Children of our time
How two nongovernmental organizations mobilize their work regarding orphaned HIV positive children
Abstract

The purpose of this study is to compare how two non-governmental organizations (NGO’s) with different backgrounds and value systems can function when it comes to mobilization of work with orphaned HIV positive children.

The ambition with the study has been to find out whether the value bases reflect how the organizations view HIV/AIDS and work with children, and how they thereby mobilize the daily practical work with and around the children. This study is of descriptive characteristic with a qualitative approach in which six interviews has been carried out at two different organizations, and in which the format of the interview questions have been semi structured.

The overall result of the study shows that the differences in backgrounds and value systems do not considerably affect the respective organizations’ mobilization and work with HIV positive children. Also, the results show that there are certain common themes and strategies for the organizations’ mobilization work. The difference that has been discerned is that the organization that is secular on paper criticizes the South African government more strongly than the organization with a pronounced Catholic value basis. With the help of the theory of social mobilization, we have shown how the organizations mobilize their work with HIV positive children. We show how the two organizations cooperate with various parties and engage in different networks with the aim of strengthening the children and their next of kin. An important aspect from the results is how two non-governmental organizations can contribute with valuable knowledge, and engage people in the work with e.g. preventing the spread on the devastating HIV/AIDS pandemic in South Africa.

Keyword: HIV/AIDS, orphaned children, nongovernmental organization.
"Four hundred thousand South Africans are dying every year of AIDS. This makes the war in Iraq look like a birthday party" - Jeremy Cronin, deputy secretary, SACP.

"Shall I repeat garlic, shall I talk about beetroot, shall I talk about lemon... these delay the development of HIV to Aids-defining conditions, and that's the truth." - Former Health Minister Manto Tshabalala-Msimang.

"That mother is going to die and that HIV negative child will be an orphan - who is going to bring that child up? It's the state, the state. That's resources you see." - Former Presidential spokesman Parks Mankahlana.

**Foreword**

We want to greatly thank all the people who in their own ways have made this thesis possible.

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Anna Rieser and Maria Nilsson, Stockholm August 6, 2011
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1. Introduction

In this thesis we have chosen to write about the plight of orphaned children that are infected with HIV/AIDS in South Africa, and illustrate how two organizations with different background and value bases try to help these children. We have selected South Africa in particular because HIV and AIDS are extremely widespread in southern Africa – and with huge social and financial consequences. The countries are poor and can ill afford to lose their most productive citizens, nor can they afford to lose an entire young generation of children to crime, poverty, homelessness and alienation.

In South Africa about 6 million people are estimated to be living with HIV. In 2005 around 240,000 children under the age of 15 were HIV positive in South Africa (UNAIDS, the University of San Francisco et al, 2009). In 2007 it was estimated that 1.4 million children in South Africa where orphaned due two HIV/AIDS. In South Africa, the HIV epidemic is especially affecting the young, poor and black people. Compared to other countries, the HIV epidemic is in South Africa one of the fastest growing epidemics (National Strategic Plan, 2000, p.11).

We intend to describe two organizations with different background and value bases in Cape Town, South Africa, working with orphaned children that are infected with HIV/AIDS. One is a Catholic organization run by Catholic nuns called Sisters of Nazareth. The other one is a secular organization called Siyaphambili Orphan Village in Langa Township. We want to see how these organizations describe and define their work and how they mobilize their resources regarding to the work with the HIV positive children. Furthermore we want to find out how their respective value systems impact the actual work and results.

The reason for choosing to investigate two organizations with different background and value bases is because we want to find out if beliefs and value systems impact the work with orphaned children and if so in what way(s).

We think that the different value systems might have an impact on the work with the children and also on their goals regarding the pandemic. We also think it has an impact on which apprehension the children will have about HIV/AIDS in the future. The reason why we believe that there might be a difference in approach and results between the two organisations is because we assume that the value basis reflects the view on HIV/AIDS and the work with children, and
thereby how an organisation mobilises the strategic and practical daily work with and around the children.

We want to put these issues in a South African political context by describing how the South African government, NGO’s and the civic society deal with the pandemic on different levels of the society.

1.1 Disposition of the thesis
In the following part we are going to describe the disposition for this thesis.

The first part – the introduction – is a description of the reasons why we have chosen to write about HIV infected orphaned children and why we have chosen to deeper analyze two organizations with different background and value systems and how they work with this specific group. The second part is the background in which a description is given about HIV/AIDS and the transmission of this disease, followed by facts about HIV in Africa, and HIV and children in Africa. Furthermore, this part includes the South African governments and the civic society’s efforts to combat the spread of HIV/AIDS.

The third part is the method in which we give a description of how the information has been collected, the search engines and search words. We also describe the creation of the interview guide and which interview method we have chosen. Furthermore, in this part we give an account of our ethical statements. Finally, we write about validity and reliability and generalizability.

The fourth part is about our theory of choice: social mobilization. The fifth part is earlier research. In this part we give readers a comprehensive overview of current work against HIV/AIDS in relation to our objectives.

In the fifth part we thematically present our results through different quotes, taken word for word from interviews that we have made. Finally, the thesis ends with the parts analysis, discussion and reflections.

1.2 Objectives (problem definition) and a scope of the thesis
The objective of this study is to compare how two NGO’s with different backgrounds and value bases can function regarding mobilization of HIV work for children. Furthermore our aim is to find out how the organizations are networking around the children to strengthen their own
resources. We also want to find out what kind of strategies the organizations are using to combat the social problems around the HIV positive children. One organization, Nazareth House, is a Catholic organization run by nuns and with a clear and very strong religious profile. The other organization, Siyaphambili Orphan Village, is on paper a secular organization.

1.2.1 Questions
- How is the practical work with HIV positive children mobilized based on the organisations’ respective value systems?
- Are there differences in the value systems within the two organisations? If so, in which way?
- What do the employees in the respective organisations regard as the biggest contributing factor(s) to the spread of HIV/AIDS in South Africa?

We think it is important to shed light on the work with orphaned HIV positive children because they are the next generation – the ones who will be responsible for the development of society in the future.

The HIV/AIDS pandemic has a big impact on the development of the entire society. Firstly, it is an economic issue, because so many people are in need of healthcare and medication, thus making it financially very expensive for the country, and therefore a threat to the economic development (Nattrass, 2004, p.13).

Through this thesis we hope to exemplify how the organizations we have chosen can influence and reduce the transmission of this threatening pandemic. We choose to focus on orphaned children because they are one of the most vulnerable groups, not only infected by HIV, but many are also orphaned because of parents who have died in the pandemic. By choosing to focus on children we will get an important and interesting focus; in our view orphans who have lost their parents are in need of important role models who can show a safe way of living with the disease. Children have in their early ages not yet created stable values and conceptions. By giving children appropriate information and tools, perhaps the rate of the transmission can be reduced. It also has an influence on the upcoming generation and the whole social progress. This issue is crucial for improving society and social work.
2. Background

2.1 HIV and AIDS

To get a better understanding of the pandemic it is of importance to know what the terms HIV and AIDS mean. HIV (Human Immunodeficiency Virus) is the virus that causes AIDS. When the virus is present in the blood it attacks certain cells called “helper T-cells” which are responsible for helping the body resist infections. When HIV virus attacks, it reproduces inside the infected cells and pushes in to the bloodstream. Then the immune system starts to produce antibodies to fight the virus and produces more “helper T-cells” to replenish the ones that are killed. Later on in the infection stage HIV destroys an increasing numbers of “helper T-cells” and the body can no longer fight other viruses. In the end the immune system ceases to work and the body is defenseless against other infections.

AIDS (Acquired Immunodeficiency Syndrome) is the medical name that indicates that a person is in an advanced stage of HIV infection with a weakened immune system. For a person infected with HIV the average time to develop AIDS is ten years.

The transmission of HIV is through having unprotected sex with an infected partner, receiving transfusion of blood or blood products contaminated with blood, or by sharing drug injection equipment used by a HIV positive person. The transmission can also be passed from mother to child during birth or breastfeeding (Irwin, 2003, s.25f). 70 percent of the 33 million people in the world that are HIV positive live in developing countries (www.actionaid.org).

2.1.1 HIV and AIDS in Africa

Sub-Saharan Africa has the highest HIV and AIDS prevalence rate in the world. In 2008, it was estimated that more than 22.4 million people living in sub-Saharan Africa were living with HIV (UNAIDS), of which approximately sex million people in South Africa. While the rate of new HIV infections in sub-Saharan Africa has slowly declined it is still high: Estimates of the HIV prevalence rate in South Africa vary between 10 and 15 per cent. In some neighboring countries like Malawi, Botswana, Lesotho and Swaziland it is believed to be even higher (20-35 per cent) (UNAIDS, the University of San Francisco et al).

HIV/AIDS in sub-Saharan countries is predominantly spread through sexual intercourse between heterosexuals, unlike in developed countries where the pandemic is concentrated to
specific groups, like injecting drug users or men who have sex with men (Chirambo et al, 2003, p.100f). In South Africa, close to six million people are estimated to be living with HIV. Close to 19% of the age group 15-49 in South Africa are believed to be infected by HIV. More women than men are infected with HIV; Women represent 55% of all HIV positive people in South Africa. The worst affected are women aged 25-29 – they make up 40% of all HIV infections. Men in general receive the infection at an older age (>50 years) and the prevalence rate is estimated at 10%. The HIV infection prevalence rate has stabilized in the past three years at about 16% (NSP, 2006, p.3).

In South Africa the HIV epidemic is particularly affecting the young, poor and the black people and compared with other countries. Linked to HIV/AIDS is the Tuberculosis (TB) epidemic. Approximately 40-50% of people infected with TB are also infected with HIV.

Among the factors contributing to the spread of the HIV epidemic in South Africa one can mention factors such as unprotected sex, multiple sexual partners and high prevalence of sexual transmitted diseases (STD). Looking on more underlying causes one can find socioeconomic factors, commercial sex workers, the low status of women, lack of education, illiteracy, discrimination, stigma, as well as cultural factors such as polygamy and superstition (NSP,2000, p.11).

2.1.2 HIV/AIDS and children in Africa

Worldwide, it is estimated that more than 15 million children under the age of 18 have been orphaned as a result of AIDS. Around 11.6 million of these children live in sub-Saharan Africa. In 2007, it is estimated that South Africa had 1.4 million children orphaned due to HIV/AIDS. In 2005, UNICEF estimated that about 240,000 South African children under 15 were HIV-positive.

For a child, losing a parent to the AIDS epidemic can result in several severe consequences. Not only will the access to basic needs such as food, clothing, education and health care be jeopardized, it can also lead to having to take on responsibility for e.g. another ill parent or family member, or being forced to choose to live in a child-headed household. This responsibility can for the child results in taking on the childcare for younger siblings and to find ways to meet the basic needs of the family. Because of that many AIDS orphans can miss
opportunities to attend school when they have to take care of the family or working to provide the family.
Losing a parent to the epidemic can also lead to the child must live in a new family, establishing new relationships. This may lead to child developing behavioral difficulties. In these unfamiliar circumstances the child is in need of emotional support and acceptance.
The social stigma and discrimination associated with losing a parent to the epidemic is great. People often assume that the child also is infected by HIV and families taking care of orphaned HIV infected children often experience social isolation. For the child this can result in further psychological stress (Murray, 2010, p.88-92).

2.2 The South African Government and the Fight against HIV/AIDS
2.2.1 The National Strategic Plan 2000-2005
Because of the AIDS pandemic, the country has designed two National Strategic Plans (NSP 2000-2005 and NSP 2007-2011) to fight the increasing rates of HIV infections among the population. The main purpose with these documents is to guide the whole country to take responsible for the pandemic both within and outside government (NSP, 2000, p.5).
The first strategic plan (NSP 2000-2005) was completed in the year 2000 (a.a p. 6). The objective was to investigate the current HIV/AIDS prevention, treatments, and care efforts in South Africa (a.a p.5).
This document is a base for all government departments, organizations and stakeholders so that they can develop their own strategic and operational plans (NSP, 2000, p.5).

2.2.2 The National Strategic Plan 2007-2011
The national strategic plan 2007-2011 is a continuation of the previous plan (2000-2005), providing guidance to governments and the sectors of civil society. The development of the new plan is affected of how the epidemic has proceeded and also because of new scientific and medical knowledge. The new plan also addresses issues of unsatisfactory coordination and unclear monitoring frameworks and a lack of clear targets (NSP, 2006, p.2).
The strategic plan contains four priority areas for reducing new infections and also to reduce the impact of HIV/AIDS on individuals, families, communities and society. The first area is prevention with a target to reduce the rate of new HIV infections by 50 % and also to keep HIV
negative people from being infected. The second area is treatment, care and support which concern e.g. the development of community-home-based care (which is a part of the expanded Public Works Program). A target in this respect is to improve the situation for orphans and vulnerable children through reinforcement of the implementation of social safety network programs. The third area is human and legal rights where one goal is to make the environment more open and acceptable to people living with HIV / AIDS. One step towards an openness in society is to promote voluntary testing and counseling services, but also having open discussions about sexual questions in the society (NSP, 2000, p.25) Finally the last key area is monitoring, research and surveillance and one part is to support scientific research in the medical sector (NSP, 2006, p.6).

2.3 NGO’s and civic society

NGO’s play an important role all over the world in delivery of HIV-prevention services. They often focus on vulnerable groups such as youths in high risk situations, prisoners, injection drug users and men who have sex with men.

The characteristics of many NGO is the absence of bureaucracy and being flexible and quick to develop new, innovative programs, low cost of operation and a high level of community participation (Chikwendu, 2004, p.307).

Many NGO’s in Africa working with HIV preventions support projects such as condom distribution or providing care for people living with HIV/AIDS (Seckinelgin, 2004, p.289).

The South African state does not have the same extensive role in society than e.g. the Swedish state. South Africa is a much poorer country and not a welfare society. National programs and public health care does not reach all recipients by far. It is worth mentioning a few community-based and non-governmental organizations that have played, and continue to play, a big role in the prevention and treatment of HIV/AIDS:

TAC, the Treatment Action Campaign. TAC advocates for increased access to treatment, care and support services for people living with HIV and campaigns to reduce new HIV infections. TAC has more than 16,000 members at 267 branches. TAC has become the leading civil society force behind comprehensive health care services for people living with HIV and AIDS in South Africa. Since 1998, TAC has held government accountable for health care service delivery;
campaigned against official AIDS denialism; challenged the world’s leading pharmaceutical companies to make treatment more affordable and cultivated community leadership on HIV and AIDS (www.tac.org.za).

_Lovellife_ is South Africa’s national HIV prevention program for youth. It was launched in 1999 by a consortium of leading South African public health organizations in partnership with a coalition of more than 100 community-based organizations, the South African government, major South African media groups and private foundations (www.kff.org).

The AIDS Foundation (AFSA), established in 1988, was the first registered AIDS Non-governmental organization in South Africa. AFSA acts as an interface between donors and community-based organizations (CBOs) and non-governmental organizations (NGO’s) working in the HIV and AIDS sector, placing donor funds with strategically selected organizations and providing them with ongoing mentoring, technical support & capacity building(www.aids.org.za/index.htm).

_The Bill and Melinda Gates Foundation_ spends most of its funds in Africa, and the foundation has identified HIV prevention as a “priority focus area”. The Foundation strives to: 1) implement model programs for HIV prevention, 2) improve and develop safe, effective, and affordable prevention technologies, 3) develop an HIV vaccine, and 4) advocate for policies and financing (www.gatesfoundation.org).

_NAPWA_, The National Association of People Living with HIV and AIDS, is a non-political, nongovernmental, not for profit membership based organization that “serves as a vehicle for change through empowerment, and strives to achieve fundamental socioeconomic change for the well-being of people infected and affected by HIV and AIDS”. NAPWA wants to raise awareness in aid of halting the wave of HIV and AIDS related discrimination and stigma throughout South Africa. It has more than 500 branches and a membership of more than 300.000 in South Africa (www.napwa.org).

2.4 Political controversy surrounding HIV and AIDS 1999-2006
To supplement the information about the above mentioned national formal plans and organization, it is necessary to give a short description of the political feuds and different views on HIV/AIDS in South Africa in the last decade. It is no secret that there at times has been a
fierce and sometimes almost bizarre public and political debate about the causes of HIV and AIDS, and how to treat it. This has been blamed for the slow response to the infection.

Former President (1999-2008) Thabo Mbeki was widely accused of detachment and of being an AIDS denialist and he did for long maintain that there was no link between AIDS and HIV. He said it was not certain that antiretroviral were safe and effective. He was also criticized for a comment in an interview (with the Washington Post) that “Personally, I don't know anybody who has died of AIDS” (www.news.bbc.co.uk).

Mr. Mbeki surrounded himself with other so called AIDS denialists, the most (in) famous being former Minister of Health, Dr. Manto Tsabalala-Msimang. Mrs. Tsabalala-Msimang is most remembered for her views that a “traditional” diet of e.g. African potatoes, garlic, beetroot and lemon was a better treatment for HIV that antiretroviral (news.bbc.co.uk).

The government had an especially ugly public spat with the Treatment Action Campaign (TAC) in the years 2000-2005. In this context, one must also mention the stigma, myths, superstition and general lack of knowledge about HIV and AIDS that many people had in the past. One example is the belief that a man could be cured of AIDS by having sex with a virgin (www.cfr.org). Many believed that Thabo Mbeki’s attitude towards AIDS was a smokescreen, or at least a reluctance to admit a giant national problem. That could be seen as a failure for the former President’s “African Renaissance” vision. It has also been suggested that he simply did not want to use state resources for very expensive antiretroviral. However, no one besides the former President knows the exact reasons for his position - or whether he was in fact simply not scientifically convinced of the link between HIV and AIDS. In 2006, the South African government changed its denialist profile and its resistance to the roll-out of antiretroviral. It increased availability of drugs and endorsed the efforts of civic groups battling the disease.

Despite the South African government’s present commended efforts to prevent the spread of HIV and extensive programs for treatment of HIV and AIDS with antiretroviral, the issue is still surrounded with some controversy. Present president Jacob Zuma said during his rape trial in 2006 (he was acquitted) that he did have unprotected sex with a young woman but that he took a shower afterwards to cut the risk of contracting HIV (www.cfr.org).
There has been a dramatic shift in policy regarding HIV/AIDS lately. On April 25, 2010, during a national HIV/AIDS campaign where the aim was to convince more South Africans to get tested, President Jacob Zuma announced his own negative HIV status (www.news24.com).

3. Earlier research

The section, earlier research will be presented in two themes, NGO and orphans. This section illustrates how an NGO mobilizes the work regarding HIV/AIDS. Furthermore, the section will describe how orphans can be forced to live when they have lost their parents in AIDS. We have examined the results of our study to see if the results are consistent with the findings of the earlier research.

3.1 Nongovernmental organizations

Nongovernmental organizations (NGO’s) play a critical role in the delivery of HIV prevention services all over the world. They have for many years provided services to marginalized and impoverished groups in many different areas of health and social development. In Africa HIV prevention programs directed at the whole community and programs for youth are the most common activities of the NGO’s. There HIV prevention work relies in the programs on peer education, condom distribution and community AIDS awareness events. The most severe barriers to program implementation by NGO’s indicated in the article are governmental opposition, stigma, religious beliefs and public discomfort concerning sexuality (Kelly et al, 2006, p. 21).

In the article The TAC’s 'Intellectual Campaign' (2000-2004) Social Movements and Epistemic Communities, the author focuses on a specific campaign, called the intellectual campaign, this was mobilized by TAC in 2000-2004. A selected group of the members were mobilized to respond to political views primarily advanced by the Mbeki Government. The purpose was to challenge the scientific orthodoxy of AIDS. The author describes Mbeki’s views as skeptical towards AIDS orthodoxy and that there were reservations about the obvious link between HIV and AIDS. There were also reservations concerning the safety and efficacy of ARV medications and magnitude of the AIDS epidemic in South Africa. Mbeki also explained HIV and AIDS as a geo-political issue where HIV was just one of many viruses in the country. The Mbeki
Government criticized TAC for ignoring the comprehensive approach to fighting HIV and AIDS and only being a single-issue campaign not fighting the real dilemmas. TAC then demanded that Mbeki should implement a program making ARV treatment available to all HIV positive patients in South Africa. TAC argued that the government was obliged to provide the medications to HIV positive patients and also fought for affordable health care for them. In this way TAC put pressure upon the state to ensure that it remained committed to its constitutional and democratic obligations. Today this target has been achieved. In November 2003 the South African Government announced that ARV treatment should be available at the public health facilities. However, there is still work to be done regarding the ARV treatment. It is estimated that 1,000 people are infected with HIV every day. 800 are estimated to die per day. Although free anti-retroviral treatment is available, only 21% of the 983, 000 people requiring treatment are receiving it, although there are programs in work to sharply increase this number (Vandormael, 2007 p.21).

The results show that the activists in TAC developed a critical understanding of the underlying causes of their illness and also its link to economic poverty and global politics. The authors say that working in and with a social movement as TAC the adult educators can assume direct responsibility for the reduction of poverty. The paper demonstrates how poor people were mobilizing around their rights, but also showing the process how to live with HIV and AIDS in a positive way of facing the life.

Regarding to the article people who are engaged in social action are learning in order to resist unwanted forms of control, understanding their own situation and experiences and also learn how to get more control for themselves. Working in groups, people are learning how to change the way they and others in the society think, feel and act (www.actionaid.org).

With a membership in the TAC there came a sense of belonging and identity. That helped the infected people to acknowledge their HIV status and TAC also promoted an approach to deal with all the symptoms from HIV. The research showed that most activists who joined TAC had when they joined, severe feelings of fear, anger and despair. But as a central initial experience was the process of learning to 'live positively'. Talking and discussing questions regarding HIV and AIDS with other people regained their dignity and also their self-esteem as they moved from fear, anger and despair to confidence and agency. There were also other ways to contribute
to activists’ sense of identity and breaking down the stigma, for example through giving members T-shirts saying 'HIV POSITIVE'. Furthermore, the TAC had public campaigns and smaller actions such as conversations with members of the public at protests. At an individual level TAC used peer education and support for the members, initiating transformed sexual practices and changes in lifestyle. Participators in the research who felt they were both excluded and stigmatized in the society talked of how they, supported by others, had taken charge of their own lives and learned how to behave in a more life-sustaining ways. They had developed a higher level of individual empowerment through TAC.

The TAC also educates people about their democratic rights and what the government is obliged to do for them. The adult educators have an important role to help the activists to become more conscious of the values underlying their work. That is done through teaching and direct action. TAC protests have proven to be a useful strategy, but the authors argues that TAC must move from an oppositional stance towards cooperation with the state, involving building partnerships between government, communities and organizations such as the TAC. Many activists considered TAC to be like their new family and home, where they have moved from a threatening obscurity, isolation towards communality, to visibility and living positively, in a belief that an alternative life is possible. At present, TAC is developing from the targets for ARV treatment towards a new objective - to transform the TAC to a people's health movement. TAC feels that it is necessary to sustain the movement, as HIV/AIDS and poverty are long term problems (Endresen, Kotze, 2005, p. 431-441).

3.2 Orphaned children

Many children have been left without parents because of the mortality of HIV/AIDS in South Africa. Even though the ARV treatment has been rolled out, the numbers of orphans are still increasing. Most of the children move into extended families, with aunts, uncles, grandparents etc. But many of those who are taking care of the orphaned children are unwell themselves and are therefore unable to provide the children with optimum care and support. South African children are, in theory, protected in the Constitution by the Bill of Rights. That states that they have the right to basic nutrition, healthcare, social service and shelter. They are also protected from abuse and neglect and to dignity, equality and a basic education. South Africa has ratified
the Convention on the Rights of the Child. That recognizes that the children should grow up in an atmosphere of love, happiness and understanding, with their best interest considered. To children infected or affected by HIV/AIDS the government has the obligation to reach these children, providing them with adequate care. In practice, all this is very difficult to achieve.

The result shows that in the urban communities there was more awareness and open discussions about the HIV epidemic than in rural communities, where community leaders did not openly deal with the problem. The article describes two distinct groups in the study regarding HIV/AIDS; those who knew that HIV/AIDS can lead to death and those who did not believe it existed.

Not uncommonly in the study was the belief that HIV/AIDS appeared because of witchcraft and that many HIV infected persons did not know they were infected, but rather thought they had been bewitched. Denial of the infection also appeared; people infected with HIV were quite often not willing to admit them where HIV infected, and they said they were bewitched or had tuberculosis.

In families where there had been denial and the parents had died from AIDS, the orphaned children were suffering because they did not know what had happened to their parents. For the orphaned children who had lost their parents in AIDS there where further difficulties because of the adaptive process when they were absorbed into the extended families. The reason was that the surviving adults often had too many children to look after; they were elderly and had a lack of resources to provide the appropriate care for the children. Sometimes the caregivers were too young and therefore had not enough experience and commitment.

In the mentioned study, the authors point to the importance of community health workers. They were reported to be very helpful, visiting children and assisted caregivers. For the community they were seen as a resource. They also gave advice to HIV positive mothers to e.g. eat nutritious food, take the babies to the hospital and encourage mothers to find out their HIV status. The results in the study shows that many of the community health workers had the opinion the communities could not take care of all the orphans even if there were nurses, teachers, family members, doctors and organizations helping the orphans. They therefore suggested that the government should build orphanages (Taylor, 2008, p.61-73).
In the earlier research it shows that NGO’s have an important role in influencing the community structures and individuals to mobilize themselves to participate and implement changes. By strengthening the individual members could TAC implement pressure on the government so that ARV treatment was usable on market 2003. Furthermore, it will be orphans because their parents died of AIDS are often taken care of by relatives. The children have difficulties in becoming part of the new family where relatives often lack the resources to care for another child.

4. METHOD

We have chosen a qualitative approach, since we aim to compare two NGO’s with different backgrounds and value systems regarding mobilisation of HIV work for children. We have chosen a qualitative method with interviews in this thesis because we want to get a deeper understanding for how six employees in different positions in two non-governmental organizations describe how they mobilise their work with HIV infected orphaned children, and if they think that the value base in their respective organization affects the actual daily work, and if so, in what way. Larsson (2005) means that in a qualitative method, where the researchers describe and try to understand the thoughts of the interviewees’ inner experiences of phenomena, the researchers can analyse the information from a theoretical framework (Larsson, 2005, p.93). In a qualitative method, the researcher is interested in having a direct contact with the interviewees to get an understanding of the persons’ experiences. To get a qualitative knowledge the researcher tries to obtain detailed information data which can be illustrated through direct quotations (a.a 2005, p. 100f).

We have in this study chosen to use an abductive method strategy, which is distinguished by changes between theory and empirical data that affect each other (Larsson, 2005, p. 23). Our empirical material has been interpreted and analysed from the theoretical perspective social mobilisation (a.a p. 24).

In this thesis, we have used a semi structured interview method, which means that the conversations have been focused on predetermined subjects, chosen by the researchers, the subjects are children, HIV/AIDS, sexuality, value basis and social mobilization. The initial questions in a semi structured interview are of quite a general character in order to make the
interviewed person relax and feel good. Later in the interview, questions are more focused on the most central themes. In the latter stages of the interview, the questions again become more general (Dalen, 2007, p.31). We created the interview guide with questions organized in themes which corresponded with our objectives, problems and theory.

During the interviews we used a voice recorder, since it is important to capture the interviewed persons’ own words (Dalen, p.33).

4.1. Scope
In this study we have limited our work by choosing to compare how two NGO’s mobilise their work with HIV positive children. HIV/AIDS is prevalent in all social groups. We have opted to focus on HIV/AIDS in Cape Town, South Africa and how two organisations mobilise their respective work there. One organization is secular and one is catholic. The reason for us choosing South Africa is that it is one of the countries in the world where the disease is spreading fastest (National Strategic Plan, 2000, p.11).

4.2 Selection
We have chosen the interviewees to be representable in different working areas, since we believe that it will give us a more extensive picture of the activities in the two selected organizations. We have chosen to interview people in different areas in each organization because we believe that we can get an idea of how the individual work is performed. By gaining knowledge of different working methods, we believe that it is easier to see the similarities and differences both within each organization but also between them. Our choice of interviewees will help us maximize our information and may thus extensive knowledge of the study area. Larsson (2005) says that in a qualitative method the situations in the study are described in a holistic perspective even if the researcher needs to clearly define the study, e.g. focus on certain themes. According to Larsson (2005) the researcher studies individual phenomena or themes, but the research is also included to analyse how the themes are put together in a holistic perspective (Larsson, 2005, p.92).
4.3 Approach
Three interviews were done at the Nazareth House organisation, and the other three at the Siyaphambili organisation. All interviews were done in secluded rooms in order for the interviews to be carried out without any disturbances. The interviews were recorded with dictating machines. One interview lasted for 65 minutes, one for 50 minutes, two for 40 minutes and two interviews lasted for 20 minutes.

4.4 Processing of data
All interviews have been transcribed and subsequently processed. The interview material has been read and analyzed several times. We have divided the interviews between us when we transcribed and then we analyzed it individually and then we discussed the results together. Finally the information has been assembled into a result part. Central portions of the interview material were divided into various themes and are presented in the Results section. The interviewees’ statements are presented in the form of quotes, in order to enhance their own stories. We have edited some quotes that we considered needed to be edited (which we will discuss further in the beginning of the Results section). Subsequently, the results have been analyzed based on the chosen theoretical frame of reference, and based on various chosen themes.

4.5. Search methods
4.5.1 Consultation
We chose to make contact with Ronald Addinal, a clinical social worker and sexologist at the University of Cape Town (UCT) both via telephone, email and a personal visit at his workplace, the Institution for social work. He gave us two reports on how the South African government works with HIV and AIDS issues (National Strategic Plan).

4.5.2 Literature search
Collection of information has been done in several manners. We have used the Internet search engines Google and Bing. We have also used the data base Academic Search Premier. We have read the books, Global Aids: Myths and Facts (2003) by Alexander Irwin, The Moral Economy
of Aids in South Africa (2004) by Nicoli Nattrass. These books have given is valuable information about earlier research in this field.

We have also read several journals and newspaper articles that have given us information about how the work with HIV/AIDS in relation to our objective can be shaped. We have searched information about the ways NGO’s work with orphaned HIV infected children in South Africa. We have also searched for names of organizations with different value bases. We have used the search words: 1) Non-governmental organization (NGO), 2) HIV, 3) project orphaned children HIV/AIDS Cape Town, 4) organization orphanage HIV Cape town, 5) NGO South Africa AIDS, 6) treatment action campaign HIV, 7) organization value base HIV.

4.5.3 Source criticism
In this study, one needs to be especially critical of information collected via the Internet. We are fully aware of the risks of collecting information from this source, since it may be difficult to guarantee the reliability of the material. It has been difficult to find up to date literature in this field when we had limited access to libraries and universities in Cape town. To get access to these would have involved a complicated and time-consuming procedure. We have therefore chosen to simplify the search process by seeking information via the internet. However, we have chosen to include such material since we believe that it is of significant value to the study, because the selected information has been relevant to our objective.

4.6. Research ethical considerations
In this study we have considered Vetenskapsrådet’s general ethic outlines. It includes four head points, information demand, consent demand, confidential demand and beneficial demand (Vetenskapsrådet, 2002, p. 6). The information demand states that the interviewees receive information about the objective of the study and that the participation is voluntarily.

We have taken account of the information demand when we informed the interview participants about the objective of the study in a letter (see appendix A) which they received at the interview occasion. We also informed them that participation is voluntary.

The consent demand means that the interviewees give the consent to participate and that they have the right to stop the interview at any time without any negative consequences. We have
taken account of the consent demand by informing the respondents that whenever they want they can cancel the interview without any negative consequences.

The confidential demand means that the material is kept unreachable to unauthorized persons. We take into account the confidential demand as we keep all the information unreachable for unauthorized people and we do not keep the information in public places. After transcribing the interviews, the recorded material will be deleted.

The beneficial demand states that the material will be used only for the aim that it is intended for. The collected data will be used only for the objective it is intended for. We have used letters to assure the anonymity of the information.

4.7 Validity and reliability

The validity of a study means the ability to measure what is intended to be measured. Low validity means that the phenomenon that is intended to be measured has not been measured in a satisfactory way. The results are therefore not reliable (Larsson, 2005, p.296).

The reliability of a study means to which degree the researcher has done the measurements of the study in a correct manner. Low reliability means that the researcher has not done the measurements in a correct manner. He/she might for instance has chosen a selection of people that are not representative, and/or because coincidences affect the result (Thuren, 2007, p. 26).

In Larsson (2005) it is clear that the qualitative method has difficulties measuring reliability and validity since these measuring methods are normally used in quantitative research. Reliability and validity is assessed in another way in qualitative studies. In qualitative research the researcher often assumes an inductive approach in which the research often leads to new definitions. The qualitative method seldom contains ready -made definitions to measure. Therefore, it is harder to measure the validity of the qualitative research than the validity of the quantitative research (Thuren, 2007, p. 26).

The purpose of this study intends to investigate how two organizations with different backgrounds and value systems mobilize their work with respect to HIV positive children. We have therefore chosen to perform our examination on two organizations that have fitted in to our chosen purpose. An interview guide was developed based on our purpose and questions. Subsequently, we examined data from the developed interview guide, i.e. we searched for
information about what we were studying. The questions were put to all interviewees in the order in which questions are presented. Furthermore, we have tried to avoid leading questions, and in doubt asked for clarification. In order to reflect respondents' statements as accurately as possible, we used a dictaphone. The interviews were then transcribed in order to be able to reproduce the interviewees’ statements as accurately as possible. The information that emerged during the interviews has been reproduced in the form of quotations to give the reader as much interpretative freedom as possible.

4.8 Methodological complications

The methodological complications we encountered in our study have primarily been of a linguistic and cultural character. One difficulty has been the language. We have written our study in English which have hampered the implementation of the essay. It has meant, among other things, difficulties in the transcription process in which several respondents have used words and expressions that do not belong to our vocabulary. It has sometimes been difficult to put the "respondent's expressions in context" and therefore to understand the big picture. It could mean that we have not interpreted the statements of respondents correctly. These difficulties may have reduced the validity of the study due to our linguistic limitations as we may not have understood the underlying message.

The second difficulty which may have affected the outcome of the study is the difficulty that existed with regard to applying the research-oriented approach which has been an issue in this study. Coming to a township outside Cape Town in South Africa and in an understandable way trying to investigate a phenomenon through interviews and still have a theoretical perspective on the university level, has been very difficult. The reason for this is that we felt that there were difficulties in understanding each other since we come from very different cultural contexts. Specifically, it has meant that we experienced that the respondents did not fully understand our interview questions, despite the fact that we during the interviews tried to rephrase questions. We believe this was partly due to our own linguistic inability to find the "right" words but also that our questions have been on a too theoretical level for the respondents to relate to. We are well aware of the results of the study may have been affected and that this may have contributed to a misinterpretation of the respondents' statements. This problem may have reduced the reliability
in this study. The question is whether the reliability would increase if we designed the interview
guide in a less academic language.

The work in this thesis has been divided as following: Anna has written abstracts, content and
background.
Maria has written earlier research, method and theory. Together we have written preface,
introduction, results, analysis, discussion, information letter and interview guide.

4.9 Concept definitions

4.9.1 Orphan
In this work we use the UNAIDS definition: an AIDS orphan is a child under 15 years old who
has lost its mother (maternal orphan) or both parents (double orphan) to AIDS. Some researchers
use the UNAIDS definition, when others increase the age for the orphaned child to under 18
years of age. It is generally accepted to also classify a child who has lost its father as an orphan
(www.unaids.org).

4.9.2 Vulnerable children
The definitions of a vulnerable child in South Africa include children who are neglected,
destitute or abandoned. Furthermore, the definition includes children born to single mothers,
living with terminally ill parents, living with unemployed caretakers, children who are abused by
caretakers or children who are disabled (Skinner, 2006, p.5).

4.9.3 Faith based organization
There is no official definition of a faith based organization, but the general explanation is an
organization, project or group that provides human service where there is a faith element
integrated (www.raconline.org). It can also be an organization which is sponsored or affiliated by
a church or a religious organization (www.yourdictionary.com). In our thesis we use the
definition for an organization which is based on a Catholic faith and founded and still runs by
nuns, The Nazareth Sisters.
4.9.4 Empowerment

Empowerment means the specific strategies used to decrease and prevent negative values held by powerful groups in society and affecting certain groups or individuals (Payne, 2002, p.366). Furthermore, the empowerment of the social worker supports individuals in a community so that they can identify the specific opportunities that can contribute to meeting their needs. Empowerment is aimed at helping individuals making decisions that might affect them in a constructive manner (Payne, 2002, p.364). In the study the word empowerment is used to describe the work with the HIV positive children and their families.

4.9.5 Nongovernmental organization

The definition of a nongovernmental organization (further on in the thesis NGO) was formulated for the first time in 1945 by UN. Even if there is no complete generally accepted definition of NGO there are a few fundamental features. The organizations have to be independent from any governmental control, focus on human rights and being non-criminal, non-profit making and not be constituted as a political party. There are many variations in how NGO are structured. Commonly it is a membership organization where individual people works in local groups with a national headquarter (Willets, 2002, p. 4).

5. Theory

In the following sections, we comment on the theory that we will use to analyze the empirical thesis. Social mobilization is about how different groups develop strategies to combat social problems in a society. The theory allows a deeper understanding of how the two organizations with different backgrounds and values mobilize resources in the work with the HIV-positive children.

5.1 Social mobilisation – community development

Social mobilization is ‘to promote economic and industrial development’ (Payne 2002, p.268). Paiva defines social mobilization as follows: "the development of human capacity to
continuously promote their own and society’s welfare.” (2002, p.278). Paiva mentions four other important aspects of social mobilization: structural change, socio-economic integration, institutional development and institutional innovation (Payne 2002, p. 278). The development mentioned in social mobilization can be done locally, regional or national in a society. For example, it may be that the state is trying to promote the economic development of a country or region to combat poverty. It may also include various community-based movements and organizations that work with a focus on the local community and seek development at the local level. Examples of organizations that tend to work at the local level are voluntary or non-governmental organizations, so-called NGOs. Many of these organizations cooperate with the government, but also do lobbying work for poor communities (Payne 2002, p.272). Social mobilization is focused on individuals in a society that should be involved and participate in various social affairs. Furthermore, the aim of social mobilization is to get individuals to achieve well-being by working for social change that contributes to solving social problems, meet the different needs and enable social and economic improvements (Payne 2002, p.281). When individuals are free to have a voice, they can through their commitment make changes locally and can thus avoid the decisions taken from above where it is harder for individuals to influence (Payne 2002, p.273).

In the following sections, we comment on the theory that we will use when analysing the empirical thesis. Social mobilization is about how different groups develop strategies to combat social problems in a society. The theory allows a better understanding of how the two organizations with different background and values mobilize resources in the work with HIV positive children.

In many cases mobilization starts when there is some sort of threat against the community. It can take a long time before people in a community mobilize and they often wait to mobilize force, energy and time until it is obvious that something has to be done in the community. In many cases people have often recognized the problem for a while without doing anything to resolve it. To succeed with mobilization work in a community it is important that people understand that there is a problem in the community and that they believe it can be changed and that something can be done to create a new situation (www.kronikan.com).
To succeed with community development in a community, several conditions are of importance:
Firstly, people must believe in the project and that they can change a negative development to create better conditions for themselves. Secondly, there must be an understanding that local mobilization work is built on resources and competence from the people in the community. It is rare that the entire community takes part in the actual work. Often there is a development group that motivates and creates positive relationships with the local community. In community development it is important to be able to handle and solve conflicts in the community. Everyone should be stimulated and take an active participation in the work. Decision making should be democratic with discussions that everyone can take part in, to maintain consensus. Decisions should not be made by majority decisions because they often turn out to be rushed. Furthermore, community members should feel that they take part in the work, cooperate with others and feel that they are needed. That will strengthen and improve the conditions for the continuing work. The process above leads to empowerment for the participators, with the strengthening of self-confidence, self-reliance and self-respect. This empowerment is built on collective work and participating in a group. That strengthens self-reliance. Things which seem impossible for the individual can be attained – by working together.

The central issue in community development is the development of human resources. In suburbs and sparsely populated areas people have a need for the possibility to influence their lives and life conditions. To carry on and develop community development, social workers need to function as catalysts, in cooperation with local development groups, social movements and social companies (www.kronikan.com).

5.1.1 Four strategies in community development

Community development can appear in all kind of social fields where vulnerable group’s interests need to be taken care of, and can be divided into four strategies. These are community organization, community development, social planning and social action. That represents different types of community work.

Community organization means that individuals in a society strive to organize and increase cooperation between different actors, for example by improving social services. Furthermore, it is about individuals clarifying what need they have and developing strategies to achieve these
goals and needs. To make these possible individuals need to develop their own knowledge. Community Development is to seek individuals in a society that actively participate in discussions on development and change. Individuals actively involved in community work establish a trust between community workers and the local people. The goal of this is to try to improve economic and social conditions in the local community and to help strengthen the democratic process and develop the individuals' own resources in the local community. Social planning means that there are state and public resources to combat social problems. It is therefore necessary to create knowledge forums and networks between organizations and governmental agencies. This created problems through analysis and formulation of the objectives and aims to achieve greater efficiency in the various welfare agencies. Social planning is primarily a planning and administrative measure for the interaction between the various players in public and collective activities. Thus, social planning associated with the development of the welfare state. Social action is often related to a rebellion with radical political basis, where there is a struggle to improve the conditions of oppressed groups. This is a collective struggle in which the oppressed group demands to get their interests heard and to bring about a change in society (p.49 Sundh 1992). In short, social work is to help and involve vulnerable and oppressed groups in society. Furthermore, it is about organizing people so that they are able to safeguard their common interests and collective work to turn a negative into a positive development. Community workers role is to act as a link between vulnerable groups, government agencies, state organizations and public administrations. Furthermore, social workers are seen as a catalyst for the promotion of development between individuals (Sundh 1992 p.202).

6. Results

6.1 Nazareth House

Nazareth House is a religious nongovernmental organization in South Africa, Cape Town. It is built on the early beliefs of a catholic nun sister, Victoire Larmenier, who arrived in Cape Town from London with a group of Sisters in 1881. They started helping elderly and orphans. Today, Nazareth House is still based on the original six core values of compassion, justice, hospitality, patience, respect, dignity and love. Each program is overseen by a Sister, ensuring that the organization is run within the philosophy of the founder, Victoire Larmenier.
Nazareth House is working to help adults and children who are in severe life circumstances, without being able to get support from neither the family nor someone else. The people in need can be divided in three groups; people who are in the last stage of life, vulnerable children and elderly people.

Nazareth House runs a hospice, St Michael’s, which provides care for ill people who are in their last stages of life. The care is short term and given to the poorest citizens who are diagnosed with incurable cancer or AIDS. The patients in care can be homeless, abandoned or refugees. St Michael’s have 14 units. Nazareth House provides assistance to 20 children who are socially vulnerable in various ways. They may be abandoned; abused, disabled (Down’s syndrome, cerebral palsy, Foetal Alcohol Syndrome, epilepsy, deafness and blindness) and/or HIV infected. Nazareth House also has a function as a Place of safety for up to eight children. These are for children that have to be moved out from a dangerous or abusive situation.

Nazareth House welcomes vulnerable, elderly people from any culture, religion or race. The units are limited (40) and the organization’s priority is taking on the most vulnerable elderly people in society, people who are mental or physically disabled, are in need of daily care, or are without a family who can look after them.

At the moment, Nazareth House is running two cottages under the care of a house mother. In one cottage there are girls and in the other there are boys. These children are presently between 11 and 16 years of age.

For a child, institutional care should be the last resort. Therefore Nazareth house tries to place the children in the care of their extended families where it is possible.

Nazareth House receives a grant from the government for each child. That covers 27% of the total running costs. The main financial contributions come from sponsorships, donations, fundraisings and bequests (www.nazarethhouse.co.za).

6.2 Siyaphambili Orphan Village

Siyaphambili is run by Ndileka Xameni who has opened her home for about 25 orphans. When Ndileka worked at a hospital in Cape Town with mothers suffering from AIDS, she concluded that she wanted to help the children left behind after their parents passed away from AIDS. In
2005 she left her job at the hospital to open up her home for orphans. She is eager to give the children a good and healthy diet. Ndileka often cooks the food herself and the orphanage grows its own vegetables.

Siyaphambili provides help to orphans who are infected or affected by HIV/AIDS. Many of the children have also been abused. Some of these orphans live with their grandparents, but others have nowhere to live. At present 28 children have accommodation at Siyaphambili. All together there are at the moment 87 orphaned and vulnerable children joining the different programs Siyaphambili offers.

6.2.1 Mission Statement
“The organization aims to assist orphaned and vulnerable children due to HIV/AIDS to be able to be self-reliant, not to be street kids, be able to take care of their siblings, to be accommodated in a safe and comfortable environment where they will be able to vent their emotions freely. To be able to feed and clothe them and assist them with their school needs.”

Siyaphambili also has several programs.

6.2.2 Weekly support groups
This support group is for the 87 orphaned and vulnerable children, including the 28 children who are accommodated at Siyaphambili. Here the children can vent their emotions freely and they can also get emotional support.

6.2.3 After school care
Siyaphambili offers assistance to the children in their school work, but they also do social things together like singing, playing games or storytelling. The children also go on camps which is a help for them to vent their stresses, get to know each other and having fun.

6.2.4 Monthly support groups for grandparents and care givers
This support group is aimed at strengthening and empowering the grandparents and caregivers, by offering parenting skills and to help them cope with the children (www.myggsa.co.za).
We have in this work, interviewed six people. We have chosen to name the interviewees A, B, C, D, E and F. The reason for this is that the anonymity of the persons must be ensured. Their age is between 25 and 59 years. A, B and C work in the same organization, while D, E and F work within the same (other) organization, but in different activities. A has trained social workers in South Africa and read many courses, such as counseling courses. B has a paramedical training. C has no university training but has worked in factories. D works in a cottage with HIV positive girls aged 11-16 years. She is the housemother and wants to train to become a social workers’ psychologist. E is a Catholic nun and social worker trained in England. F has an education as an occupational therapist and works with children who are in emergency places of safety, and with children with disabilities. Some of the children are HIV positive.

The quotations presented are edited to make the text more understandable. The editing has been done since the interviewees have repeated the same words several times and expressed themselves in a confused fashion. We have in these cases chosen to remove inaudible or repeated words and replaced them with the following characters (....)

7. Government

A recurring theme in several of the interviews is criticism of the South African government. Interview Person A says that A's organization is struggling to get financial support from the government, and have not succeeded in getting it. A feels that the government does not see what good work they are doing to combat crime. A further feels that the work that A's organization efforts are helping the government combat various types of crime, by getting hold of orphans in the streets, taking care of them and thereby preventing them from committing crimes. C talks about the government's inability to support the work being done in the organization. C says that they do not get any financial support which means that they must find money elsewhere. In addition has the impression that the government works against the organization when it criticizes the organization for not following the government’s prescribed programs. C also says that if the organization could receive financial help, it could help more children and make even greater efforts than they do today. B however has a different view than A and C in terms of government's ability to provide financial assistance to various organizations. B believes that the
government will help, but the assistance given is mainly addressed to the organizations that already have received much help and not to the organizations most in need.

Interview person E says that the government lacks money to help communities in terms of both development and education.

Interviewee E says:

“Putting money in to you know, to develop communities and to build that communities with education and structures and resources and facilities, you know. The government doesn’t seem to have the money and all the times the problems getting worse, so it’s very sad because there are many ways those who have lived here many years. These last few years it seems like the gap are becoming worse again, the poor are getting poorer and the rich getting richer and that gap is getting more distinct and so where do you ehm you know, you’ve got to start somewhere but it just seems to becoming more overwhelming, that’s the problem” (E)

Several of the interviewees say that they lack support from the South African government. They do not receive sufficient financial support and do not feel that the government acknowledges their work. Interviewee A says:

“We are really doing a very good job here for our… government not to recognize that. Because up until today we are still struggling to get funding from the South African government meanwhile we are, we think that whatever we are doing here we are assisting our government, but it’s in this, if our government doesn’t see it that way..We are really struggling here”. (A)

A also believes that financial support from government is a precondition for A to continue and develop her business. The children taken care of cannot get all their needs met because of the economic situation.

Interviewee B has a different view about the government's financial support. B says, unlike the other interviewees, that the main problem in South Africa is that people are too dependent on government. B believes that the population is generally too dependent, and that individuals expect the government to solve all their problems. B says:

“Because South African people are too dependent on government. Expect government to do wonders. They want government to build them houses and they still expect government to bring in the furniture in their houses. I mean how can, if government has given you a roof. At least it’s now up to you to do something else. So if people like all over South Africa could have this mind of starting their own organizations in order to assist the government, at least meet the government half way. Because they ask people here in the community who knows the needs exactly of us. Because I know my need, government can’t tell me my need when I know my need. You know, so if people could start opening organizations were they could assist people who really in need. That’s the only way we could help” (B)
7.1 Factors that cause the spread of HIV in South Africa

Another common theme that we have been able to discern in the interviews is the theme of poverty that all interviewees connect to the lack of education and unemployment, but in different ways. Five of the interviewees believe that the explanation for the high number of HIV infections in South Africa is partly due to the widespread poverty in the country. Interview Person B makes the following statement:

“There are many people who are suffering. And this unemployment thing, the unemployment rate is high. Everything seems to be high. Unemployment rate is high, poverty at its own peak you know, and also people who are very very very very much not educated enough you know. So that can also be the problems leading to this high rate of HIV” (B)

Several interviewees believe that there are essentially two factors, in addition to poverty, which contribute to the spread of HIV, namely unemployment and lack of education.

A says that when you are unemployed you are looking for help from different people and that help can be found in many different ways. One way might be to prostitute oneself to earn money for the livelihood.

E also believes that persons who have no work can be looking for other ways to solve the problem – and prostitution might be such a way.

“(…) The girls, the only way they can get money, there is no employment, they have not got an education. The only way they can get a bit of money is somewhere beside off the road and look appealing, and of course the truckers will take them in and then they have sex with them and that you know, that also spreading very much and the prostitution (…)”(E)

Several statements from the interviewees show that lack of education is a factor that can be strongly linked to poverty. B says that there are many people who have no qualifications at all. B says that if a person cannot read it will be difficult for him or her to absorb the relevant information about e.g. how you can protect yourself from HIV and AIDS.

E tells a startling story about the consequences of lack of education and training. E says:

“We found in the rural areas very often the old. They found that in a whole population like old grannies becoming infected. Nobody could find out how this is happening because they are not even sexual active you know, they were too old, they were really old, but they were the ones who were acting as midwives and were tending the ones who were dying in the villages. And most of them were dying of AIDS and they were also who were going out collecting fire wood and so they would get very scratched you see, and then they would come and they would deal with the birth and there would be all HIV blood all over the placenta and everything. So (…) that’s one way how these older women are becoming infected, and it all stems back to poverty and lack of education, lack of facilities” (E)
It is worth mentioning that two of the interviewees emphasize drug and alcohol abuse as a significant factor in the spread of HIV. A says that alcohol abuse is the drug that is the strongest contributor to the spread of HIV and AIDS. A believes that when a person is intoxicated he or she will commit acts that he or she would not have committed being sober. A thinks it is because the person has a lack of discernment in a drunken state. A further says that alcohol contributes to people having unprotected sex with people they never would have sober sex with. E, as opposed to A, talks about dirty syringes used for drug abuse as a contributing factor to the spread of HIV. E associates drug addiction with narcotics. Respondent C argues that in order to reduce the rapid spread of HIV in South Africa there is need for more resources in the community, and primarily in rural areas. C says that more resources should be invested in clinics for the HIV infected.

7.2 Information

In the interviews, we found a recurring theme that is all about information. We have seen that the respondents are both talking about information from a general perspective, but also from a perspective aimed at a specific audience, namely the children they work with. It is found that four of those interviewed believe that information from the state is important to prevent the spread of HIV and AIDS. They argue that information is especially lacking in rural areas and that it is important to put more resources in these areas. They believe that information has increased and improved in recent years, but that these areas are still in need of development. The interviewees believe that it is very effective to disseminate information on campaigns. Interview Person D says that a lot of information about HIV and AIDS is coming from television. D also believes that despite information given, many people still believe that "HIV and AIDS does not affect me ". D means that this reasoning is a contributing factor why there are still so many who become infected, although the number of HIV infected persons have declined in recent years. C believes that it is imperative to actively absorb new information on HIV and AIDS in order to disseminate the information to the growing generation. F says:

“I think (…) assistance campaigns within the rural areas and a kind of constant reminders of the danger the spread of HIV you know” (F)
During the interview F continues to talk about the various campaigns carried out in the countryside. F says that when the campaigns end, the villagers will not get continued information. F continues to talk about the various campaigns carried out in the countryside. F suggests that it could be more effective to have campaigns of a more permanent nature, such as posters or boards so that the villagers are constantly reminded of how the spread of HIV and AIDS takes place.

7.3 Details of the school, the children and their relatives

All interviewees talk about information being an important part of stopping the spread of HIV and AIDS. We have found that there are three areas of concern: information given in schools, information for orphans and information to the family. A, B and E say that the information about HIV and AIDS in schools are so-called awareness campaign, and in youth groups. By targeting the younger generation, they contribute to the whole society being trained, which may help to reduce the number of HIV infections. E says that people often contact her to come to school and church to provide information about HIV and AIDS. C says that she provides information to children about HIV and how they should avoid becoming infected, and that there are therapists who can support their children in how to live a positive life with the disease. Interview Person A says that she tends to have meetings with family members and inform them about the HIV virus so that they have an understanding of who is infected, in order to avoid the infected to not feel neglected and rejected by family.

Interview Person D talks in a similar way about information and education, but believes that communication is the key factor that contributes to strengthening the HIV infected child. D says:

“We help them and we support them in every way and we care and… other thing is that, they need a lot of education about how to (…) how to live a positive life with HIV, what we then do is, we have lots of talks, we talk about basically everything sex, relationships…” (D)

D points out, however, that the most important thing for the child is to have the opportunity to communicate about his/her illness in order strengthen and encourage the child.
7.4 Attitudes to HIV and AIDS

In our interviews, we have found that the theme "attitudes" in relation to HIV / AIDS is frequently repeated in five of the interviews. Of note is that when the interviewees talk about attitudes to the disease and the spread of it, they refer to three aspects: stigma, ignorance and neglectance. They explain that one of the most significant reasons for the large spread of HIV in South Africa is due to the above aspects. Two of the respondents talk about stigma being one of the main problems regarding HIV. Interview Person A tells us that when a person learns that it is infected with HIV, it means big trouble because of the stigma surrounding the disease. It concludes that the person A "knows" that he will be kicked and cursed by his family. The infected person is greatly concerned about how the society will react. A also believes that an HIV infection adversely affects the person to a large extent. This may mean that infected persons often do not talk about their illnesses for fear of negative consequences.

E has a different approach to the stigma aspect. E tells us how she actively works in an organization to help children get rid of false beliefs. Such an idea is that many young people have a concern and fear that they in the future will have children who are also HIV infected and that they will die of the virus. That is not true, says E, because it is possible to prevent a pregnant HIV positive woman transmitting the infection to the foetus. This is, according to E, because the ARV treatment has been available on the market since 2003.

E Says:

“But I think generally what from our children definitely is its getting rid of that stigma and helping them to accept the fact that they are HIV positive and that they will be for the rest of their life. And as they grow up to, help them understand how you know, they remain infectious their whole life even though they (….) maybe undetectable because of the treatment. And (…) how to help them form healthy good relationships and live a happy normal marriage life you know and have children” (E).

The second aspect: A, B and F refers to ignorance being a current attitude towards HIV and AIDS. Interviewees B and F note that ignorance is one of the reasons why there are so many who have been infected with HIV in South Africa. They do not develop their reasoning more about this. Interviewee F believes that ignorance is due to the widespread poverty and widespread unemployment in the country.

B says the following about his view of ignorance:
“So by now everyone should have known or should know that HIV still exists. But people still can ignore, the fact that HIV is killing of in South Africa. So I think it’s that” (B)

A talks about her own experiences of people who may be told that they carry the HIV infection. They are offered a counseling session and information about what the disease entails. Many end up in a crisis so they do not appear on the counseling session.

A further explains how a person with an ignorant behavior can react. A says:

“But people they don’t turn up and people who go out there with full of anger and telling themselves that, “I don’t know where did I got it” and I will give you back (…) because (…) what is happening with people, she has that anger, that she is like now HIV positive, and she is goanna spread all over the show, without using any condom. So that is why..Because what happens when you are re-infecting yourself? You are killing your T-cells and then what will happen to you. You will die of these opportunistic deceases. So that is what makes people now and again, because of ignorance” (A)

A says that ignorance can be seen as a kind of revenge on their surroundings. People who become aware of their infection often react with rage and anger against the world. They often experience a feeling that "life" has treated them unfairly, and then they act in a rebellious way. This can be done by having unprotected sex in order to infect others in their environment.

Interviewee C talks about negligence because, according to C, everyone knows that AIDS exists, but people nevertheless have unprotected sex.

7.5 Value base

Interviewees A, B and C, which are all working in a secular organization, describe their core values in different ways. A believes that one of the pillars of the organization is love and that without love you cannot engage in a job with children at risk. Furthermore, A says that other important aspects are taking care, and giving security and protection. Interviewee C says that the organization and the work carried out is the ever-present God. If there was no God, they would not carry out any work. Interviewee B has the following opinion about what the organization's value base is. B says:

“We just value human rights. I think because we have different people come here there is different us..coming from different religions you know..coming from different cultures, so we respect each and every persons, oh what can I say (…) we respect a human as a human being..that’s what we do whether you come from” (B)
The other organization, where D, E and F work, has strong Catholic values. Interviewee E says the following about the organization's key elements:

“We have got six core values, like I have to remember now, is compassion, justice, hospitality, ehm..patience, you see I know I have forgetting some…ehm..dear…anyway, but we have got six core values(….)We are a religious congregation you see, we were founded in in1881 and her core values, our founders were as like ehm its you know caring, compassion, justice, and hospitality, respect that is one (….) We try to embrace you know, we try to aviate that in all our work(…)”

(E)

Furthermore, E says that the organization also strives to give children such a safe, loving and safe environment as possible that attaches great importance to giving children educational, medical, social, emotional and psychological development. Regarding basic values, interviewee F says that the organization has Catholic values but that she personally is an agnostic. F says that she is not familiar with the Catholic faith, but believes that the organization's view is that many people have lost their morals, for example by having sex before marriage.

It is found that all respondents believe that their organization's values affect the practical work. D says that the organization's core values helps to teach young people not to have sex before marriage. D argues that the Catholic value base that contributes to young people go to church on Sundays and learn a Catholic living. A, C and E believes that the practical work is influenced by their respective values. They can not explain the way in which the practical work is influenced by the value bases. B however says that value does not fundamentally affect the practical work. F says that the value base does not affect the younger children, but that it affects the older teenagers. F Says:

“I don’t think it does for the younger children, it might do with the teenagers in terms of their believes around sex before marriage and no condoms and good control and that kind of thing. I think It might affect and I think I already have issue. I will have problems there if I have to..to kind of sex education with the teenagers, but I have to preach the you know catholic law, I wouldn't be able to do that (….) The general thing is to love and care for the children, give up a place for them to feel safe and you know, to trying do as Jesus did and I think that wonderful for the children cause that what they need”

(F)

7.6 Empowerment

In all the interviews it was revealed that empowerment was an important part in the work with children. All interviewees said that the most important way to help the children to a secure future
is to give them tools so that they themselves must cope with life's difficulties. F says that her approach to reinforcing the child's own resources is through the use of a holistic approach to work. Specifically, it means that F will help children develop by allowing them to play. This is because they by playing develop their own abilities. F means that playing helps the child to develop in the most "normal" way possible. F says that she uses the word "normally" because many of the children have developmental delays due to disability, trauma, or that they have become institutionalized. Because of their traumatic experiences, many of the children have forgotten how to play and F believes that his task is to ensure that they learn to play again. C has a different approach how children’s own resources can be strengthened: she believes that their own resources can be strengthened by C having a similar upbringing as many of the children. It is through understanding that C can help the children develop themselves and be secure.

According to A, empowerment is one of the most important main points in working with children. Also B describes how the organization works with various types of empowerment programs to strengthen the individual child.

A says:

“Our main objective here is to build their self-esteem. It’s to empower them in a way that they can be able to stand for themselves wherever so, by the emotional support group that we also offering to them. We will first build their emotional side because these kids lost their families, lost their parents, lost their father, no mother or father. I mean they have lost their whole family that will put them in trauma. So they are suffering a trauma, a lot of trauma, (….) So for us to work out the trauma..We give them, in like we will offer a counselling session if needed..The support group where they are able to talk and to share about their emotions which is the first step to peel them to be the person that they want” (A)

The results show that the respondents D, E and F, who work in the same organization, do not talk specifically about empowerment, but they said that they focus on practical tools in everyday life such as cooking, managing finances, etc. They describe how they work.

“We teach them a lot of skills of basically all the skills that they need to know ahm..about the outside life. We expose them even to some of the things like they taking public transport, of learning to budget and all this things, so yes we do teach them skills, we teach them how to cook, how to do needle work, how to sew, how to, you know and all this things. And this is basic things just to look after themselves..how to, you know they already know how to take their medication (….).”(D)

E says that she in a similar way also strives to make the children as independent as possible, by teaching them daily practical chores.
7.7 Network

It is clear in the interview subjects were chosen to work with all different types of networks. It could be anything from cooperation with police and social development to cooperation between different organizations. D says that networking is to take children out on excursions and camps where children have the opportunity to meet other children / young people who find themselves in a similar situation. According to D it is problematic that children apart from these occasions do not meet children from other organizations. D sees this as a problem when children are isolated and may have difficulties in interacting with other children and make new friends. E describes the other hand, networking as a collaboration between other organizations / orphanages. E says that if a child comes to the organization that they are unable to receive E to look through the cooperation with other organizations is that the child end up in another place. Furthermore, tells E that it can sometimes be the opposite. The other organizations working with children in touch and need their help. This will mean that E has reprocessed a good cooperation between the organizations where they are given advice and support from each other. E says that any action taken based on the best interests of the child. An example would be when they receive a child is found to have siblings who are on a different organization. They then try to bring together the siblings if they believe that this benefits the child. Sometimes it may be inappropriate to bring the siblings because of various anomalies, then refrain from this organization for the benefit of the individual child. C describes the networking process by taking the kids to camps on school holidays and weekends where they will meet children from other organizations, where they can ventilate their feelings and experiences with others who are in a similar situation. In addition to these camps C tells that they also have a number of meeting groups. A is talking about network around the children in form of various camps, where children can meet other children with similar experiences and get the recognition that they are not "alone". A says, by providing children with knowledge of that is a great relief for them and that creates affinity among the children.

A, who works in the same organisation as C, says:
“We network with the police, with the clinic and because we are dealing with HIV and AIDS, some are infected, so we have a very good network. (…) Social development also is there, child welfare from right there; they refer to these kids who are here because they know we are here, so we are really in a very good correlation with other stakeholders” (A)

Only one interviewee, F, says that she is part of a very limited network and says:

“I’m quite isolated besides the social workers that bring the children in and perhaps the school that the child goes to. And my network doesn’t really extend beyond that. I might refer a child to Red Cross Hospital for more, for maybe specific assessment or for specific treatment that I learnt myself do. Ahm so that’s kind of the extent of the network that I work within”. (F)

Interview person B says that the organization arranges various types of support groups, such as adult woman HIV support group. B tells that there is a network forum for all organizations in Langa working with HIV and AIDS.

7.8 Family Network

By processing the respondents’ statements we have been able to discern that they not only talk about networking between various organizations and agencies, but also about the networks connected to family and carers. All the respondents have expressed that they are networking with families, which means the various types of discussion groups, home visits, etc. D believes that it is of great importance to children to have contact with family and relatives to provide a secure basis for the child. Furthermore, D says that it is indeed rare that the children go home to their families, but still feels that it is important that the children have continuous contact with their families.

E believes, as D, that it is very important to ensure that the organization is working to maintain contact between parents and children:

“We encourage them to visit. We can to trying keep that bound if there is a bound there. If there isn’t we trying help them to build a relationship and you know really get to know the children. But sometimes it’s very difficult and we have to be very careful. Because unfortunately some of the mothers have really made their mind up that they don’t want the child and if we do to much to force that, it’s going to cause the most terrible problems again for that child and the mother walks out again and rejects the child. It’s happened a few times so we have to be very careful, but wherever we can (…) the first option is always to look at the biological family first, their own family and their own parents, their own aunties, their own granny’s, uncles whatever, to link them up with their own family before we look outside you know” (E)
F, who works in the same organization as E, has a different way of working. F's contact with the family mainly consists of documenting and reporting to parents about the child's development. This occurs primarily when a child leaves the organization to join his/her family again. F is usually not involved in family responsibilities, but may occasionally mediate between families and hospitals. C does not see as clearly how the work with the families look like, but says that as long as parents / guardians agree that the kids get home she does not see any obstacles with the contact between the family and children. A describes that the organization has been working for the active cooperation with the children's family, particularly with regard to children's grannies. A says that many children in the organization has no parents, therefore the grandparents often take over the role of guardians. A says:

“As working with orphaned vulnerable kids we also thought of including their grandparents. So we have a group of their grannies that is taking place as well here because we have that belief, that if we are taking care of a child definitely we have to take care of a caregiver of each child. Because sometimes when we share our experiences here to our emotional support group there are things that we are picking up from these kids so that once you get that grannie of that child and try to get another information from her, we will mix those two information's that is, where you will be able to have a whatever problem and with the one that are staying alone, taking care of other siblings. Child headed households we do home visits, we have someone that is taking care of those houses, whenever she is coming down with a problem she comes with that problem here and then we try to resolve. That is the easy way for us to work, with starting a group with those families, having meetings with them, do home visits, (...) to understand even if there was a problem with that child here, maybe you don't know” (A)

B describes, just like A, that the organization is working with well-developed family efforts in which the grannies support group is important. Here grannies learn how to manage and educate their grandchildren. Both children and their families are actively involved in networking organizations.

8. Analysis

In this section, the thesis’ results are analyzed from the theoretical framework we have chosen, and with a view of the purpose of this thesis. The objective is to compare how two NGO’s with different backgrounds and value systems operate regarding the mobilization of HIV work with children. Interviewees’ statements are presented in the form of different themes that we found fits the theoretical framework that we have chosen. The questions in this thesis have served as a beacon to capture the purpose, but will not be presented in detail.
8.1 Government

The respondents in the two organizations have different ways of looking at the government. Three of the respondents criticize the South African government and believe that the main problem is that their organization do not get any financial support. According to the respondents, that contributes to the difficulties in developing the work with the HIV positive children to the extent that they wish.

In summary, respondents in the secular organization say that they do not get the financial support they want. Furthermore, the respondents believe that if they would get more financial support, they could implement better and more effective operations. In the religious organization only one respondent comment on the governments work and believes that the government currently has no money to support the organization.

In the secular organization, there are some differences in terms of the respondents' views on the government’s work. Respondent A feels that the government does not see what good work the organization performs. Respondent C’s impression is that the government works against the organization since the organization has been repeatedly criticized by the government for not following the prescribed programs. Respondent B, however, differs in her views and believes that the government is doing wrong when they only give support to those organizations that have already received financial support. B also means that the biggest problem in South Africa is that people are too dependent on the government and expect it to perform miracles and solve all problems.

Social mobilization is about working to make the individuals in a society develop their abilities for their own development, but also to promote the development of social welfare (Payne, 2002 p.278). Several of the respondents says that they have difficulties developing their operations due to lack of financial support from the government. Both organizations are working on a local level and are so called NGOs. Community Development can be done at local, regional or national level in a society (Payne, 2002, p.272 a). One respondent in the secular organization says that they help the government by ensuring that many children do not become criminals since they take care of the children and give them a safe place to grow up. Our interpretation is that the respondent in a broader sense means that the organization is working to promote community
well-being and tackle social problems. This may be linked to the aspect of institutional development (Payne, 2002, p.278).

Our results show that the respondents in various ways are dissatisfied with government support. They do not think the government is contributing sufficient financial resources. This result shows, just like the previous research, that there is a critical stance towards the South African government. On several occasions, NGOs consider the government's efforts to be reactionary. The result of the campaign that was organized by TAC meant that the government was forced to implement changes and ensure that antiretroviral treatment became available on the South African market (Vandormael, 2007).

8.2 Factors that cause the spread of HIV / AIDS in South Africa

Five of six respondents from the two organizations agree that the factors which cause the large spread of HIV/AIDS are unemployment, lack of education and poverty. In the secular organization, three respondents have in addition commented to the above in various ways; A believes that because of unemployment in the country, prostitution is rife. Many will do anything to survive. A also believes that alcohol abuse is another contributing factor to the spread of HIV, since intoxication can lead to people having more unprotected sex. C differs in her views compared with the other five and believes that the major cause of the spread of HIV / AIDS is because there are too few resources in the community, such as in the rural areas where there are no or few clinics where the HIV infected people may receive medical help. Respondents in the religious organization have also commented on the factors poverty, lack of education and unemployment, and additional factors; their views are similar to the respondents in the secular organisation. D says, just like A, that prostitution is a contributing factor in the spread of HIV. E has a similar view as A, namely that drug abuse is a contributing factor to the spread of HIV.

The respondents say that poverty, unemployment and the lack of education are components that cause the spread of HIV in South Africa. They mention these factors in their stories. One of the respondents in the religious organization says that unemployment contributes to many women prostituting themselves to raise money, and thereby spreading the infection. One respondent in the secular organization says that many people without education cannot read and therefore cannot access knowledge of how HIV is spread. In community development the social
workers help the individuals in a community to be actively involved in development and change management through various networking groups. This creates a trust between social workers and local people and the goal is to improve the social situation and strengthen democracy (Sundh, p. 50). Our interpretation is that the work of the organizations contributes to the eradication of poverty, lack of education and unemployment. We envisage that the work of the organizations to combat poverty is done by offering the orphaned children somewhere to stay. Furthermore, the children and their families get information about HIV and AIDS. Both organizations are also working actively to prepare all children for continued studies, which according to us will in the long run help people avoid unemployment. Lack of a safe permanent resident would, in our opinion, lead to the children being at risk of becoming involved in crime etc. and if these children grow up without knowledge of HIV, they could spread the virus further. In summary, our interpretation is that the organizations' work indirectly helps to prevent lack of education, poverty and unemployment.

One of the respondents working in the secular organization believes that the extensive spread of HIV may be deterred and believes that the only way is to spend more resources on addressing the social problems, for example by building multi-speciality clinics for HIV positive people. In social planning, a key objective for combating social problems is that the government invests resources to develop social welfare (Sundh, 1992 p.49). Thus, our interpretation of the above is that in South Africa it is difficult to develop social planning when the government lacks financial resources to address social problems.

Respondents believe that the explanation for the extensive spread of HIV is due to poverty, unemployment and lack of education and not due to insufficient resources. In the previous research we found that active members of the TAC have developed an understanding of the connection between HIV, poverty and global economic policy (Vandormael, 2007). Thus it can be noted that respondents' statements to some extent correlates with what the research shows.

8.3 Information

Only three respondents (C, D, F) out of six talks about the importance of public service announcements to prevent the spread of HIV and AIDS. An effective way to disseminate information is through campaigns; primarily in rural areas the respondents think the information
is insufficient. Respondents D and F (who work in the religious organization) respond in a similar way as D (who works in the secular organization).

**8.4 Attitudes towards HIV / AIDS**

Five of the respondents say that there are different attitudes in society with regards to HIV and AIDS. The concepts they refer to are mainly ignorance and stigma. It is found that the respondents' statements are that everyone has their own individual understanding of those concepts which do not depend on which organization they work for. Respondents from the secular organization believe that any ignorant behaviour contributes to the spread of the HIV, since the people with such behaviour ignore the disease which in turn means that they can have unprotected sex. A, B and C display all the various examples of how individuals can act with ignorance. Respondent F (of the religious organization) talks about ignorance and believes that unemployment and poverty are the causes of ignorance. F does not develop further her views around the concept of ignorance.

One respondent from each organization talks about stigma. Respondent A believes that the HIV positive perceive themselves as being stigmatized, they feel a fear of telling that they are infected due to the risk of being displaced and outcast from the family. E also talks about stigma and says that there are many false beliefs about HIV. E therefore believes it is important to help children get rid of these beliefs, but also to help the children to accept the disease.

Part of social mobilization is about working for social change, and for individuals in a society to achieve welfare. Through social changes individuals' problems can be solved and their different needs met. This in turn contributes to making social and economic improvements possible (Payne, 2002 p. 281). One of the respondents in the religious organization is actively working to help children to accept their illnesses but also to get rid of false beliefs such as the notion that HIV positive women are unable to have healthy children.

The respondent's work to change children's false beliefs will eventually lead to a change in favour of the correct beliefs, as we interpret it. In the long run, contributions to the social
changes take place, enabling the children to eventually handling their problems and thereby achieve well-being.

Respondents in the secular organization believe that ignorance contributes to the spread of HIV. The reason for this, according to the respondents, is that individuals with ignorant behaviour will fail to protect themselves despite knowing the consequences. Social mobilization is often started in a community where there is some kind of threat (www.kronikan.com). Our interpretation is that when people have unprotected sex there is a threat to society in the form of spreading of a disease, individuals becoming ill and dying from AIDS. This can eventually affect the society's economic and social situation.

One of the respondents talks about stigma and says that many HIV positive feel marginalized in society and are afraid to tell about the infection. They fear that they will be disowned by family and friends. This statement is consistent with the research. In the study of TAC, it is found that individuals initially becoming members of TAC was scared, angry and desperate because of their infection. But through discussion and exchange of experience with other infected individuals, they were strengthened and relieved of their fears (Endresen, Kotz, 2005, p.431-441).

8.5 Value base
Respondents in the secular organization describe the basic values of the organization in different ways. A believes that the value base is love and without love you cannot engage in such a work in progress. Some other important aspects of their core values are taking care, protection and giving security. B says that the value basis is that the organization respects human rights and that everyone is welcome to the organization regardless of race and religion. C indicates that the value base is fundamentally about the presence of God. Without a God, it would not be possible to perform the current job. Respondents from the religious organization have a more comprehensive understanding of the organization's core values, which they refer to the catholic faith. E says that the organization's values are based on six core values: compassion, justice, hospitality, patience, respect and care. D also speaks of the catholic values that are used when the child is educated in how to live their lives, e.g. that they should not have sex before marriage. F states that the organization has catholic values, but F is not religious and only slightly familiar with the catholic faith. The two organizations we have studied are "on paper" two organizations
with different values, one catholic and another secular. Both organizations have different basic values that they assume in their work with the HIV positive children. The value basis can be seen, regardless of organization, as a mobilizing factor, both within the organization internally, but also outside, externally. The religious organization have clear core value systems that are well entrenched among many employees, they jointly have the faith to rely on in their professional practice. The secular organization differs in that each of the respondents have their own idea of what is at the core of the organization's value base. Important to note is that all respondents from the secular organization see themselves as belonging to the Christian faith. External base values can be seen as a mobilizing factor in both organizations in different ways to attract people to get involved, donate money and support organizations in various ways.

8.6 Empowerment

All the respondents describe empowerment as an important part of the work with HIV positive children. They argue that empowerment provides children with tools so that they can handle problems that may arise later in life. Respondents A and B of the secular organization say they are working with different types of empowerment programs to strengthen the individual child. Examples include the emotional support groups for children to discuss their problems and thereby build up their self-esteem and being able to stand up for themselves. C works in a different manner than A and B regarding empowerment. C has similar experiences as the children, and has an understanding of their situation and can thus give the children a sense of security. Respondents D, E and F (who work in the religious organization) do not use the concept of empowerment, but to describe the work to strengthen children's self-esteem and trusting their own resources. All the respondents describe that they help children to learn practical tools they can use in everyday life, such as cooking, managing finances, learn to play and so on.

In order to create good conditions for social work, individuals need to feel engaged at work, feeling needed and the possibility to work with others. This process leads to the empowerment of individuals with their self-confidence, self-reliance and self-respect strengthened (www.kronikan.com). The organizations are working to strengthen children's own resources by organizing empowerment programs and various support groups. It gives children the opportunity
to work with other children, discuss and work through their difficulties. Thus, our interpretation is that the children through their participation feel affinity. At the same time the community will pay attention to the children. The circumstances create conditions for children to develop their own resources and to be able to choose independently how they will live their lives in the future. They have learned through empowerment strategies how they can control and influence their lives instead of being victims of circumstances.

Endrezen, Kotze (2005) found that individuals who are engaged in social action obtain an understanding of their own situation. They also learn how to assume greater control over their lives. The results prove the previous research in which several of the respondents talk about how they strengthen children’s own resources through support groups and discussion groups. The previous research found that members of the TAC initially experienced themselves stigmatized in the community but by working together with others they learned to take control of their lives. Individuals felt that they had grown stronger and learned to live a more positive life with their illnesses (Endrezen, Kotze, 2005. p.431-441). The interviewees statements shows that the aim to teach children various skills as cooking, playing, and engage with others strengthening children's self- esteem. Through the organizations support, the child and its family strengthen the ties between them and create a secure base for both the child and the family.

8.7 Networking

All the respondents work in a variety of networks. Both organizations describe their networking activities in a similar manner. This includes taking the children to camps. A, B and C describe how they organize the various meetings and support groups. A also says that the organization cooperates with the police, the Ministry of Social Affairs and clinics. The religious organization also collaborates with other organizations. They also work in various networking groups where they provide advice and support. The organization also organizes camps and excursions for children.

Respondents in the two organizations talk about the need for active family networking and the importance of working on a collaboration with the children’s families and relatives. Respondents who work in the secular organization say that the most important link between families and children is the grannies support group. Since many children have lost their parents in the HIV
epidemic there has been a natural shift of care to grannies. In the grannies support group they learn about HIV and AIDS and how to educate children. The organization also organizes other types of support groups such as emotional support groups. Respondents D and E in the religious organization also talk about the importance of good contacts between children, family and relatives. D says that the connection provides a secure foundation for the child. In contrast, respondent F says that her networking is very limited. It focuses on writing reports and acting as intermediary. Sometimes there is cooperation with the Red Cross Hospital.

Several NGOs work with other stakeholders such as the government but also with smaller organizations where there are lobbying efforts to fight poverty in vulnerable areas (Sundh, 1992, p.272). Social mobilization also involves organizing people so that they work collectively on common interests and where each individual's specific skills are fully utilized. Social workers play important roles in this context since they act as catalysts and intermediaries between vulnerable groups, government agencies and the state (Sundh, 1992, p.202). Through the organizations' networking there is a collective effort between the various actors that they collaborate with. The so-called family networks in which they work with the children's relatives is a very important part of networking, according to the respondents. Their common interest is in particular the work with HIV positive children. The organizations function are links between the children and their families, and they create opportunities for children to have their needs met. Our interpretation is that networking is a prerequisite for developing good work that will benefit the children. But also from a wider perspective, to contribute to change the social fabric in the long run.

Previous research shows that the orphans are most commonly cared for by relatives. Research shows that it is a difficult adaptive process because relatives often have very large families with many children. It can therefore be difficult for the orphaned child to get the help and support he or she needs. Many of the children are taken care of by their grandparents who often are old and too frail to take the care of children. Our results show that both organizations are keen to invest in creating and maintaining a high level of networking between the children, their families and relatives. The importance of supporting children and their families can be understood in light of the previous research that describes the difficult situation both for the orphaned child and for the
new guardians. By organizations supporting the child and its family, the ties between them are strengthened and a more secure base for both the child and family is created.

9. Discussion

The purpose of this study has been to compare how two organizations with different backgrounds and value systems can operate regarding the mobilization of HIV work for children. Our pre-understanding was that the basic values of the chosen organizations would play a major role in the mobilization around the HIV positive children. The result shows that this is not so. Instead, it emerged clearly during the study that the basic values did not have any significant impact on how the work developed with and around children. We have come to the conclusion that the value bases of an organization it is not essential for mobilization efforts around children. However, we conclude that it is important that there is a set of values, whether they are explicitly religious or not. The fact that the results came out as they did, we believe might be explained by the fact that religion has a very strong foothold in South African society. The written word is not in the centre, but it is what is done in practice that is relevant. Furthermore, our understanding is that the basic values create the prerequisite for good cooperation, security and affection. Without a set of values, may mean that it becomes more difficult to obtain support and we believe that it also is a prerequisite for people to invest time and money in a project. The clearer set of values an organization has, the easier it is to get support.

Our study reveals that there is a criticism of the South African government's financial support, or lack thereof. Several respondents feel that they do not have the support that they need. Previous research shows that there has been criticism of the government's work on HIV. The TAC organized a campaign to press the government to implement changes. The aim was for all HIV positive to get access to ARV treatment. With TAC's pressure on the government, the result was that ARV treatment did in fact become available in the market, in 2003 (Vandormael, 2007). Here we can see that the results of the respondents are not entirely consistent when organizations' criticism is more about financial aid.

The government has created two national strategic plans in which civil society and government are guided in how to address the HIV epidemic (NSP 2000, NSP 2005). The question is to which
extent the plans correspond with reality? We envisage that there should be an evaluation after the year 2011 to ascertain what has worked, and what needs to be further developed in the plans. Furthermore, it becomes clear (in our background section) that the NGO’s held an important role concerning the delivery of HIV prevention interventions. They often work with vulnerable groups in society (Chikwendu, 2004, p.307). Like in our background section, our results show that the two selected organizations play an essential role in pressing ahead work on HIV prevention. Even in the previous research it shows that NGO's are actively working with HIV prevention efforts worldwide (Kelly et al, 2006, p. 21). We envisage that NGO's play an extremely important role in society because they are important complements to governments work on HIV and AIDS.

The study found that organizations have well developed networks with other organizations. The results from our background section reveal that there is often collaboration between NGO’s, the government, public health organizations etc. An example is the launch of a preventive program for HIV positive young people (Love Life). In our section “earlier research” it shows that it required extensive efforts to meet the orphaned children's needs. Despite the existence of outside assistance in the form of nurses, teachers, doctors, organizations, etc it is not enough, and therefore it is proposed that the government should set up several children's homes (Taylor et al, 2008, P.61-73). We see networking as skills development. Cooperation with others helps to create new perspectives on their own resources and limitations, and to find new alternative solutions to problems. Through cooperation it will be, as we see it, easier to build an effective organization and creativity is encouraged because it benefits more ways to look at the problem at hand.

Our results show that both organizations have the perception that the main causes of the spread of HIV / AIDS in South Africa are primarily due to poverty, unemployment and lack of education. There is a strong link between the above factors and prostitution, substance abuse, stigma and ignorant behavior as underlying factors contributing to the spread of HIV. Our background section confirms, to some extent, the present results. It is found that about 6 million people in South Africa are HIV infected, of which about 240 000 are children under 15 years (University of San Francisco et. Al). The explanation for the spread of HIV and AIDS are
socioeconomic conditions, prostitution, lack of education, low status of women, stigma, illiteracy, discrimination, etc. (NSP, 2000, p.11). We envisage that the key to combating the spread of HIV in South Africa is to educate the population. We put this aspect in focus because we see that without education and literacy it is harder to absorb information, so it is imperative that the government invests more resources in the most vulnerable groups in society so that as many as possible have access to education.

The results of our study show that empowerment is one of the basic aspects of the work with children. The organizations describe that they work with different types of empowerment programs for children and their relatives. In our background section it is found that empowerment is an approach often used in the work of strengthening individuals, and makes them aware of their own resources (www.napwa.org). Furthermore, it is possible to apply our results to what emerged in the past research. It is found that HIV positives who were members of TAC were assisted by the organization through various empowerment programs. It also turned out that the people involved had developed a greater ability to influence and change their lives and learn to live a more positive life although they were HIV infected (Endresen, Kotze, 2005, p. 431-441). Empowerment is, in our view, an effective way to help individuals to find and develop their own resources. By controlling her own life the individual will not rely on the environment to solve their problems. Furthermore, we interpret it as that empowerment is a way for individuals to create their own freedom, and then they can help themselves to a better life. In conclusion, much of what is found in our study matches both previous research and the findings in our background section.

9.1 Suggestions for new research
In the sections results, previous research and background, it seems clear that the causes of the spread of HIV depends on a number of factors. The factors are partly about social structures, but also on individuals' attitudes about HIV and AIDS. A proposal for future research would be to examine the factors contributing to people continuing to have unprotected sex despite knowing the possible dire consequences.
The study has revealed that all respondents believe that information is an important part of prevention of the spread of HIV and AIDS, and that a lot of resources are spent on different types of campaigns. Nevertheless, the HIV rate is still high in South Africa. Against this background, we believe it would be important with further research into the specific factors underlying individuals' risk behavior with regard to sex. A survey of the underlying factors would both facilitate and enable specific interventions to prevent individuals continuing their risky behavior with regard to sex. Furthermore, we believe that more efforts should be made to design the information about HIV / AIDS in more effective ways; perhaps there are better ways to inform individuals about the spread of HIV to make them take the disease more seriously. How can information be communicated so that those who today do not care about the serious consequences may take a different line? The question also arises to what extent attitudes are influenced by the culture. What role has the South African history played in the creation of the attitudes that contributed to the spread of HIV / AIDS? Is there a connection or is it irrelevant? We believe that if research was focused on the question of why people ignore the consequences of having unprotected sex, despite having the knowledge of how infection spreads, there could be a substantial reduction in people who become ill with HIV. Eventually HIV / AIDS, one of the most devastating epidemics today, could be added to the history of mankind.
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Appendix 1. Application for permission: Consent / Release Form

We are Anna Rieser and Maria Nilsson, studying social science (our final year) at Ersta Sköndal university in Sweden.

We are writing a thesis about HIV infected orphaned children.

The aim of our thesis is to examine how two organizations (one faith-based and one secular) work with these issues. We hope through this thesis to get an example and a deeper understanding how the work with HIV infected children can be mobilized in South Africa.

We would like to interview you because you work with the target group we want to illustrate in our thesis. We also want to take part in your experiences and thoughts regarding your work with HIV infected children.

The interview will last approximately one hour. We also want to inform you that you at any time during the interview are free to interrupt the interview or decline any of the questions.

The interview will be recorded on a digital voice recorder, because we want to reproduce the interview in a correct way and also to present it in a truthful way in the thesis.

In our thesis all the personal information will be confidential and the material will be kept unreachable to other people. When we have analyzed the material we will delete the interviews.

You are welcome to get in contact with us if you have any further questions about our study.

Yours sincerely

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Appendix 2. Interview guide

- Sex
- Age
- Work experience
- Education

General

- Can you describe your former experiences in social work?

Children

- How old are the children in your organization?
- How long in general does a child stay in your organization?
- How do you work to strengthen the children’s own resources?
- Do you prepare the children for a future life outside the organization? If so, in what way?
- Do you work with any kind of network around the children? If so, can you describe?
- In cases where the children have custodians, how do you engage them in your work?
- Do you co-operate with other stakeholders? If so, which?
- In cases where the children have custodians, how do you engage them in your work?
- What resources do you think HIV children are in greatest need of?

HIV/AIDS

- In which way do you think that the HIV infection affects the children?
- Do you tell the children about their disease, and, if so, how?
- Do you talk to the children about the fact that HIV can lead to death?
- What do you consider to be the most important work that your organization presently does to reduce the spread of HIV?
- What specifically can your organization contribute to in the general work with HIV positive children, in your view?
Sexuality
- Do you talk to the children about sexuality? If so, in what way?

Value basis
- Can you describe your organization’s value basis?
- Do you think that your value base affects the practical work of the organization?

Social mobilization
- What do you think are the reasons for the high HIV/AIDS prevalence rate in South Africa?
- Which conditions/circumstances in society affect the spread of HIV and AIDS, according to your organization?
- How can these social conditions/circumstances be influenced, according to you?

In general
- How do you think that your organization will evolve in the future?
- Is there anything else that you want to add, in addition to what we have talked about in this interview?

Thank you for your participation!