

The Campaign to Establish a Youth Centre in Masiphumelele, South Africa

2006-2007 Case Statement



Masiphumelele Youth Project



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Establishing the Masiphumelele Youth Centre

2006-2007 Case Statement

Executive Summary

In December 2005, Michael Hayden attended his medical Class of 1975 reunion at the University of Cape Town. This celebration marked the thirtieth anniversary. One of the defining aspects of the reunion was the shared recognition of the hardships of the past and acknowledgement of the profound challenges that South Africa is still facing today, particularly HIV/AIDS and its devastating impact on young South Africans. This dialogue sparked Michael to pursue the idea of uniting his classmates and the broader community in a meaningful effort to bring some benefit to the young men and women living with HIV/AIDS, specifically in the township of Masiphumelele (Masi) outside Cape Town.

The South African AIDS epidemic is considered one of the worst in the world with roughly 2,000 people infected daily, around 60 percent whom are under the age of 25. The experiences in Masiphumelele exposed the compelling need to reach adolescents as one of the primary means of stemming the tide of HIV/AIDS. Approximately 23 percent of the Masi population is HIV positive, 40 percent of which are youth, and in particular young women aged 20-29. The uncontrolled spread of HIV infection in these adolescents is fueled to a large extent by high-risk sexual behaviours, a fear of HIV testing due to stigma, lack of youth-friendly services and feelings of alienation.

In response to the enormity of the epidemic and its unforgiving effect on young South Africans, **we propose establishing a 500 square metre youth centre in Masiphumelele providing recreation, education, skills training and sexual health services to young men and women, ages 8-24.** The total fundraising goal to achieve this is R 4.5 million.

The Masiphumelele Youth Centre, to be established in partnership with Cape Town's Desmond Tutu HIV Centre and Foundation of which the Archbishop Desmond Tutu is Honorary Chair, will aim to nurture the positive development of Masi youth in order to help reduce the incidence of HIV/AIDS in young men and women. The objectives of the youth centre are to promote safer sexual choices in adolescents, increase the rates of HIV testing and voluntary counseling and create income-generating opportunities to secure a brighter future. Outcomes will be closely monitored. The Archbishop Desmond Tutu has recently donated R 200,000 to support the important project. Dr. James Orbinski, Past-President of Medecins Sans Frontieres and Founder & President of Dignitas International, has also provided his endorsement of the effort.

Currently there is 'no place for youth to call their own' in Masiphumelele. The community has expressed an urgent need and desire for a youth centre. You are invited to join in this special integrated effort to bring some relief to the young lives affected by HIV/AIDS in one of South Africa's disadvantaged townships, setting a valuable example for others to follow.



Join us in the special effort to establish the Masiphumelele Youth Centre!

Outline of the Proposal:

Key Issues

Some of the key issues that are contributing to the rampant spread of HIV infection in Masi youth include:

- **High-risk sexual behaviour:** Many kids, particularly young women, are engaged in high-risk sexual behaviour including sex at an early age, sex with multiple partners - often coerced, transactional and/or with older men – and low condom use. There is little reinforcement from adults due to closed dialogue between generations on issues relating to HIV/AIDS, sex and relationships.
- **Concerns around HIV testing:** According to research in another Western Cape township, youth have expressed concerns around HIV Voluntary Counseling and Testing (VCT) due to stigma and discrimination associated with the disease, issues of confidentiality, attitudes towards health care workers and administrative problems. These issues have resulted in lower VCT attendance rates in youth.
- **Lack of youth-friendly services:** Current after-school activities in Masi, which include watching television and “hanging out” with friends, are almost entirely self-driven and unsupervised. There is no specific place for youth to congregate, enjoy free time together in a controlled and safe environment and openly discuss issues and concerns. Youth suffer from boredom and lack of focus increasing the risk of engaging in high risk behaviour.
- **Feelings of vulnerability:** There is no central, structured environment that promotes group solidarity amongst youth. While Masi youth are generally quite determined and resilient, they are not being adequately supported to develop aspirations, nurture talents and chase dreams. The vulnerable situation may be contributing to feelings of alienation and misdirected youth.

See Appendix A for more background information on the township of Masiphumelele.

Mission & Goals

The youth centre aims to improve the lives of young men and women affected by HIV/AIDS in Masiphumelele.

The mission is to foster a safe, open and supportive environment that will nurture the positive development of youth in order to help reduce the impact and incidence of HIV/AIDS on young people and their community. The youth centre will provide sport and recreation, education, skills training and sexual health services to young men and women, ages 8-24.



The strategic objectives of the youth centre are:

1. To secure consistent attendance at the centre
2. To promote safe sexual choices in young people
3. To increase the rates of adolescent HIV testing and voluntary counseling
4. To create income-generating opportunities for youth
5. To monitor outcomes to determine factors influencing attainment of goals

The goals to achieve these objectives at 12-months are:

1. To secure significant enrollments
2. To increase condom usage among sexually active youth, delay the average age of sexual debut and average number of sexual partners
3. To administer HIV tests and provide voluntary counseling
4. To create income-generating opportunities for youth at or through the youth centre

Note: The objectives and measurable goals will be more specifically defined at the stage of actual program and service development

The goals will be achieved using the following methods:

1. Conduct an early peer-to-peer promotion and outreach campaign targeting youth and parents in Masi and surrounding “catchment” areas to build awareness of the centre and encourage sustained attendance. Formally engage youth and community from the beginning to create material ownership of the youth centre. Offer sport and other recreational activities to attract and maintain youth interest and participation.
2. Provide age-specific, interactive educational and recreational activities and workshops. Invite guest speakers to promote discussion-based learning and safe dialogue around HIV/AIDS, sex and relationships.
3. Create a confidential, private and trusted atmosphere to engage youth in HIV testing. Formally train peer counselors and nurses to handle sensitive adolescent-specific issues to build trust in the adolescent community. Conduct a centre-based campaign to encourage HIV testing in adolescents, primarily focused on reducing HIV and VCT-associated stigmas.
4. Establish relationships with local businesses with the intention of setting up exchange opportunities for youth to build and sell their talents (e.g. beadwork). Provide skills development and entrepreneurship training to youth (e.g. offer computer courses). Invite guest speakers from business and educational institutions to promote entrepreneurial and academic aspirations in adolescents.
5. Conduct biomedical and socio-behavioural research as the basis for program and services evaluation.



These objectives and goals will be achieved in a spirit of partnership, open communication about HIV/AIDS, sex and relationships, gender-equitable relations, shared responsibility, self dependence and maintaining healthy lifestyles and aspirations.

Programs & Services

The youth centre will provide after-school programs and services to young men and women, aged 8-24, from 2-6pm on weekdays and weekends when indicated. The centre will focus on four key areas of activity: 1) sport and recreation 2) education 3) skills / employment training and 4) sexual health services. All activities will be underpinned by evaluation and socio-behavioural research conducted by a local research centre called the Desmond Tutu HIV Centre (DTHC).

The centre will contain an outdoor basketball court, soccer field, swing sets and a common outdoor area for socializing. The centre will also contain an indoor common room with a television and DVD player, pool table and CD player to promote fun, holistic interaction and enhance open and safe dialogue amongst peers. Internet access and personal computers will also be set up. The centre will include several rooms, both large and small, to facilitate drama, dance, art, singing, music and cooking activities as well as health-related education workshops skills / employment training sessions. The centre will also offer sexual health services including voluntary counseling and testing (VCT), contraception, sexually transmitted disease treatment and tuberculosis (TB) screening.

See Appendix B for more information on the Programs and Services.

Community Participation

Community representatives, both adults and youth, have expressed an enthusiastic interest to become deeply involved in establishing and maintaining the youth centre. Community partners have been designated as follows:

- **Masiphumelele Community Advisory Board (CAB)**, a group of 30 local adult stakeholders who act as a community advocacy group and represent schools, NGO's, community groups and churches; and
- **Masiphumelele and Nyanga 'Future Fighters' Youth CAB**, a group of 40 adolescents who act as a teen advocacy group representing secondary schools in Masi and nearby Nyanga.

Recent focus groups held with the Masi CAB and other adolescents suggest that both adults and adolescents in Masi would openly welcome a youth centre into the community and strongly wish to participate in developing and supporting its programs and services. The youth centre recognizes the importance of engaging the community and young leaders of Masi as primary partners in establishing sustainable, youth-friendly activities.

For more information on Community and Youth Participation, please see Appendix C.



Partnerships & Collaborations

The youth centre will be established in direct partnership with the designated community partners (see above) as well as the Desmond Tutu HIV Foundation (DTHF) and the Desmond Tutu HIV Centre (DTHC). The DTHC has worked extensively with the Masi community since 1999, and continues to provide HIV care, testing and research, with a particular interest in adolescents. The DTHC's co-Director, Dr. Linda-Gail Bekker, has formed a team of ten individuals who are focused on supporting youth research in Masi.

Representatives from all collaborating groups will be encouraged to participate in a series of networking and program evaluation sessions and workshops to further identify the specific concerns and needs of youth and develop a suitable corresponding curriculum.

For more in depth information on the Partnerships and Collaborations, please refer to Appendix D.

Administration

The youth centre will be administered by the DTHF in consultation with the community partners. The centre will be run by a centre manager who will be employed by the DTHF and responsible for administering and overseeing the programs, services and staff. The centre manager will be skilled in administration and coordination will work closely with the DTHF staff.

Additionally, the DTHF will employ up to eight staff including a registered nurse practitioner, nurse, two counselors, three facilitators and a sports and recreation coordinator. The staff, some of which have already been identified, will be hired locally or in the surrounding areas of Masiphumelele. All staff will be required to speak Xhosa, the local dialect in Masi, and will undergo formal and informal training in a variety of areas. The centre will openly welcome volunteer support, and will also actively seek student assistance in this regard.

For more in depth information on the Administration of the youth centre, please refer to Appendix E.

Governance

The youth centre will be governed by the DTHF, in consultation with the project Steering Committee, who will serve as the volunteer executive board.

The Steering Committee consists of nine University of Cape Town Class of '75 representatives from seven different countries: Canada, United States, United Kingdom, Switzerland, South Africa, Israel and New Zealand. Members include Michael Hayden as Chair, Bitty Muller, Shake Seigel, Charlie Johnson, Gail Loon-Lustig, Julie Jaffer, Roelof Lourens, Joan Louwrens and Sophie Kisting. Alexandra Howard will serve as the Committee's Secretary. This Committee comprises individuals who bring the richness of experience, the expertise of their professions, and financial, social and strategic resources to the project.



Financial reports will be generated by the DTHF and reviewed by its Board of Directors and Steering Committee. An annual audit will also be conducted by the DTHF at the end of each fiscal year, which will be formally reviewed, approved and distributed to the donors.

Promotion & Outreach

The youth centre will engage in proactive promotion and outreach activities to promote the youth centre primarily to the adolescents in Masi but not excluding the nearby Ocean View, Red Hill and Fish Hoek communities. These activities will be primarily driven by the community partners through word of mouth, door-to-door distribution of flyers and invitations to the opening celebration of the youth centre. The donors will be invited and encouraged to attend. A careful promotion and outreach plan will be developed and set into motion by the DTHF, in consultation with the community partners, to build awareness and encourage youth attendance and participation.

Site Location

The location of the youth centre is currently being evaluated by the DTHF on several potential sites in Masi. The site of choice sits on a one-acre plot of residential land that is large enough to house the youth centre and associated sports facilities. This site is located on the perimeter of Masi, which will provide a more peaceful surrounding for youth to seek refuge from the burden of their daily lives. It is also within walking distance of the Masi high school.

This land is available and costs R 1 million to buy (~USD\$140,000 based on 1 R = 0.14 USD). The Foundation has expressed an interest in this land and is actively fundraising. Possible sources of funding include the South African Lottery. The land is expected to be secured by November 2006.

Development

The development of the youth centre will be divided into two phases. The first phase of development consists of establishing the centre. The second phase focuses on sustaining the centre – ensuring that the established structure is well maintained and the programs and services are properly nourished, evaluated and continued.

A comprehensive plan for sustainability will be developed and set into motion within six months of successful completion of the first phase of development. Sustainability is expected to be achieved primarily through an annual fundraising campaign drive, which will secure funds from yearly donations.



The Fundraising Campaign to Establish the Masiphumelele Youth Centre Goal: R 4.5 million

The Steering Committee has voluntarily committed to raising R 4.5 million to establish a fully functioning, sustainable youth centre dedicated to improving the lives of young men and women affected by HIV/AIDS in Masiphumelele. The DTHF is also actively fundraising and has already secured R 200,000 donated by The Archbishop Desmond Tutu, a tremendous endorsement of this important effort.

The estimated R 4.5 million will be used for the following purposes:

- a) **Capital equipment at R 3 million** represents the estimated construction cost for the proposed 500 square metre building and associated sports facilities. The youth centre will be designed at a reduced fee by a local architect yet to be determined. This cost also includes the purchase of sport / electronic equipment and supplies to support the programs and services.
- b) **Hire and train up to nine staff for a 12-month period at R 768,998** including a centre manager, registered nurse practitioner and nurse, counselor, educator/facilitators as well as sports and recreation coordinator.
- c) **Operational costs for a 12-month period at R 637,500** including running the recreational programs, transport, office and clinic maintenance and supplies, security and promotion and advertising.

Please see Appendix E for a Budget Summary for Years 1, 2 and 3, a breakdown of Desmond Tutu's contribution and justification of all budget items relative to the project proposal.

Ways of Giving

All donations will be directed to the Desmond Tutu HIV Foundation in South Africa, which is a registered charity.

The global fundraising campaign will be led by the Steering Committee and additional volunteers from the broader community. Partnerships have been established with registered charities and foundations in the primary donor countries to ensure that all donations are tax deductible. Furthermore, these organizations will serve as a fiscal conduit to effectively channel donations to the Desmond Tutu HIV Foundation in Cape Town, South Africa.



Following is a breakdown of the fundraising teams by region:

Country/region	Fundraising team
Canada	Michael Hayden, Alexandra Howard
United States	Charlie Johnson, David Helfet
United Kingdom	Bitty Muller, Shake Seigel, Pieter Bothma, Sophie Kisting
Middle East	Gail Loon-Lustig
New Zealand & Australia	Roelof Lourens
Africa	Julie Jaffer, Joan Louwrens

Outright Cash Gifts

An outright gift of cash to the Campaign to establish the Masiphumelele Youth Centre may include a gift paid by cheque or online to the Charity or Foundation in the country of donor origin (see table below). Once a gift is made, the donor will receive a tax letter from the organization and the donation will be channeled directly to the Desmond Tutu HIV Foundation in South Africa. The donor will also receive an acknowledgement of the contribution. The donation will be transferred in full to the Campaign. No administrative fees will apply.

Following is a list of the registered Charities and Foundations through which donations will be channeled to South Africa:

Country / region	Fiscal Conduit	Contact details
Canada	Vancouver Foundation	Suite 1200-555 West Hastings Street Box 12132 Harbour Centre, Vancouver Canada, V6B 4N6 Tel: (604) 688-2204, Fax: (604) 688-4170 Contact: Lisa Pullan www.vancouverfoundation.bc.ca
United States	South Africa Development Fund	555 Amory Street, Boston, MA 02130 Tel: (617) 522-5511, Fax: (617) 522-5591. Contact: Judie Blair www.southafrica-newyork.net/sadf.htm
United Kingdom	TBD	
New Zealand & Australia	TBD	
Middle East	TBD	
Africa	Desmond Tutu HIV Foundation	UCT Faculty of Health Sciences, Anzio Road, Observatory 7705 Cape Town Tel: 27 21 650 6959 Contact: Linda-Gail Bekker www.tutu-hivfoundation.org.za/donate.asp

Please see Appendix G for more information on the registered Charities and Foundations.



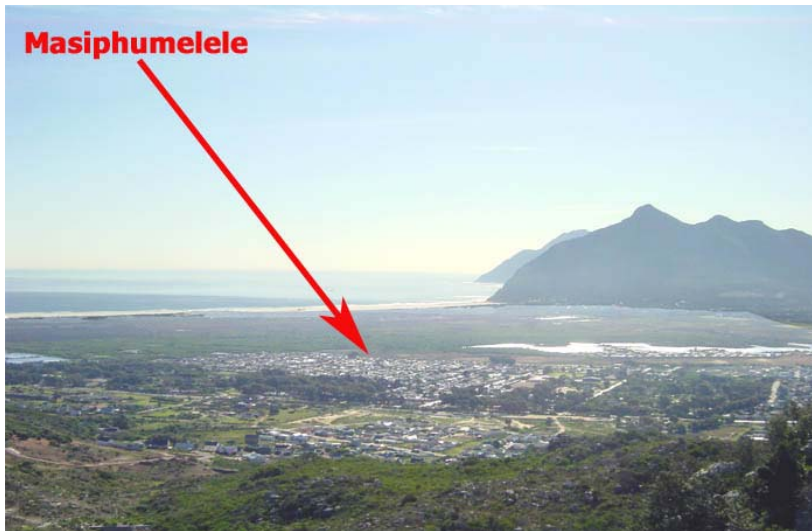
Appendix A – Background on Masiphumelele

Overview

Masiphumelele means "We will succeed" in Xhosa. This spirit of endurance was needed by the people for decades - and these words are still an expression of their hope of better times to come.

Masiphumelele (Masi) is a South African township located in the Fish Hoek area outside Cape Town. It was formed in the early 1980s by informal settlers trying to establish housing closer to where they worked. Under Apartheid laws, these families were repeatedly chased away by force and sent to live in the poorly set up township of Khayelitsha, more than 30 kilometers away. They tried again and again to move back to their former homes with little success. The influx back into the area started to grow again only after Apartheid had ended. In the early 1990's, about 8000 people built their simple homes and started to set up their own community. Until 1995, there was not even a school or a clinic in the township; however, since then there has been some improvement to the community's social structure. Today an estimated 13,711 people live in Masiphumelele.

The township was originally known as Site 5, but its residents renamed it Masiphumelele soon after the community was established. Masi suffers severely from crime, substance abuse, teenage pregnancies, depression, misdirected youth, HIV/AIDS, tuberculosis, other sexually transmitted diseases and abused women and children.

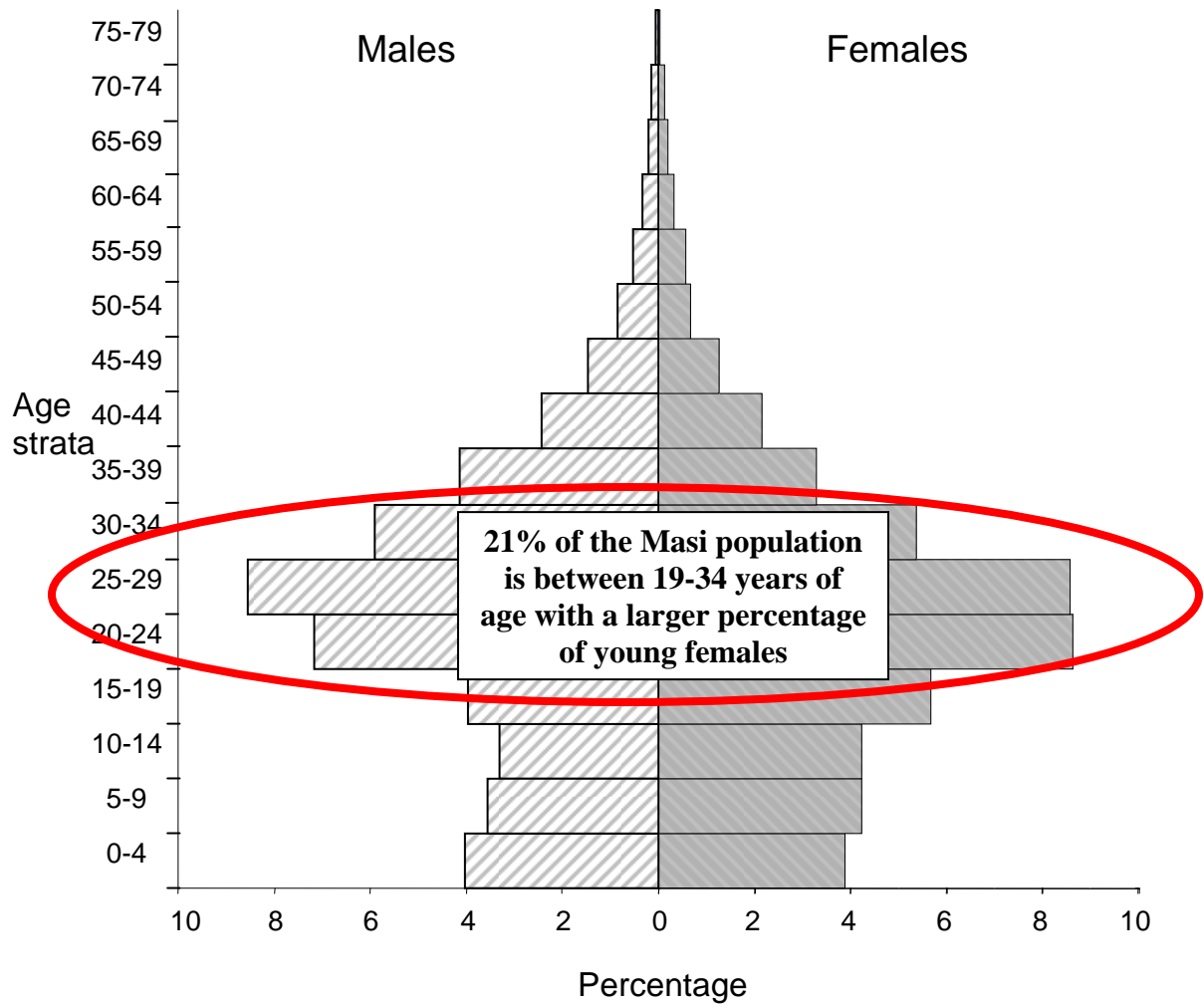


Masiphumelele is one of the smaller townships of the Western Cape of South Africa. There is a lot of movement between families who partly live in Masiphumelele and partly in rural areas of the Eastern Cape.

Demographics

The average age in Masiphumelele is 35 years. Roughly 21% of males and females are between the ages 19-34. There are a larger percentage of females who are between the ages of 19-29. The following table shows the population breakdown in Masiphumelele by age and sex (2004):





Based on a census conducted by the DTHC in 2005, the approximate number estimates of youth to be reached in Masi are:

Age Group	Females	Males
9-10	270	240
11-14	540	540
15-19	810	540
20-24	1215	1080
Total	2835	2400

HIV/AIDS and Youth

Youth are at highest risk of HIV/AIDS infection in Masiphumelele. Based on a recent survey conducted by the DTHC, approximately 23% of the population in Masiphumelele is HIV positive. In other words, 1 in 4 members of the community have HIV/AIDS. 40% of all HIV/AIDS cases in Masi are in young women ages 20-29. Based on the estimated total population of Masi, this means that there are 1,260 young women in Masi infected with



HIV, representing 54% of total young women in this age group. Could this really mean that a young man has a 1:2 chance of becoming HIV infected if he chooses to partner sexually with a young female in this age category without taking the necessary precautions? Alarming, the answer is yes!

The average sexual debut age in Masiphumelele is 14.6 years of age. It is estimated that almost 40% of Masi adolescents are sexually active, with an average number of three partners per person. Studies conducted by the DTHC show that the overwhelming risk factor for infection in Masiphumelele youth is heterosexual sex. Youth are engaged in high risk sexual activities including multiple sexual partners (mean 2.6), inconsistent/no condom use (<50%), coerced sex and violence (10%), transgenerational sex (25%), transactional sex (25%) as well as sex with strangers (12%).

Recent Development Activity

a) Community infrastructure

Masiphumelele has a primary school, high school and clinic. The primary school is attended by almost 1000 learners and the high school by more than 600 learners. The township also has a municipally-run health clinic called Nomzamo Clinic. This clinic has been designated a National Adolescent Friendly Clinic Intervention clinic and is part of a national HIV prevention program run in conjunction with LoveLife. The services are available to all the community members and include peer counseling, health information, contraceptives and advice on health, reproductive and sexuality related issues.

A primary drawback of the clinic is that the services are offered in a small and busy area, which does not allow youth to discuss their concerns and issues in a safe and confidential manner. Adolescents feel that it is unwelcoming, too formal and associated as a place for the ill. In a recent focus group conducted by the DTHC in Masi, an adolescent commented that “when you come to the clinic, there is something wrong with you – you just come here to get tested”. Furthermore, youth do not trust that the activities conducted at the clinic will remain confidential. Another adolescent commented that “It is not easy to come to the clinic for testing because sometimes the person testing us is friendly with our mothers!” It is for this reason, combined with a shortage of staff, that the clinic is not currently being fully utilized and respected by youth.

b) Youth program development

There has been some youth program development in Masiphumelele over the past few years. In 2003, the Desmond Tutu HIV Centre developed a modular school life skills program in response to research which indicated an urgent need for intervention. This includes Xhosa storytelling and drama classes targeting adolescents. The program emphasizes self awareness and life choices to reduce sexual risk behaviour and delay onset of sexual debut. This program has been running from a temporary container classroom on the premises of the primary school and is directed at all school grades. This drama-based education program could be adapted and integrated into the broader curriculum of the youth centre to achieve



greater impact. An initial evaluation of the program showed a delay, albeit not sustained, in sexual debut in 13-year old girls and an improvement in safety amongst these youth.

c) HIV testing and prevention

In July 2003, the DTHC launched and led a community education campaign called “Knowledge is Power” – Get Tested” to encourage adults and youth to get tested for HIV/AIDS at the Masi health clinic. To support the campaign, educators used informal theatre in the community in order to raise awareness of testing and address some of the community’s concerns around HIV/AIDS. Information packs and T-shirts were distributed focusing on HIV, safe sex and healthy lifestyles to raise awareness. VCT figures show an increase of more than 250% in uptake since the start of the campaign, but there is still a large, yet unknown, percentage of youth who refuse to get tested due to fear of prejudice and stigma.

HIV care was introduced in Masiphumelele in 1999 by the DTHC. Antiretroviral provision was launched in 2004. The care is family-based and aimed at all age groups.

d) Other research projects

DTHC has also recently completed an adolescent HIV prevalence study in Masi, and has partly enrolled an adolescent negative cohort, investigating the feasibility of conducting HIV vaccine clinical trials with adolescents. This study is expected to be completed in 2007.



Masiphumelele and Nyanga ‘Future Fighters’ Youth CAB members enjoyed a recent three-day camp run by the DTHC to encourage HIV testing. Youth are wearing their “Knowledge is Power - Get Tested” T-shirts.



Appendix B – Programs and Services

The programs and services will be divided into four areas of activity including; 1) sport and recreation 2) education 3) skills/employment training, and 4) sexual health services. All activities will be underpinned by evaluation and socio-behavioural research conducted by the DTHC.

The programs and services will target 8-24 year-olds, broken down into the following categories:

- 8-11 year olds (male and female)
- 12-15 year olds (male and female)
- 16-19 year olds (male and female)
- 20-24 year olds (male and female)

1) Sport and Recreation

The youth centre will provide sporting activities including basketball and soccer. The centre will offer recreational activities such as music playing and appreciation, cooking, drama, dance, singing and art. The centre will also contain an indoor common room with a television and DVD player, pool table and CD player. These activities will be overseen and managed by the activities manager and coordinators; however, peer education will also be highly encouraged based on specific talents and aspirations. All sport and recreational activities will be offered free of charge.

2) Education

The centre will provide educational workshops and sessions on sexual and reproductive health, as well as various psychosocial issues of relevance to the community and adolescents in particular. The youth centre will respond to the care and support needs of different groups of youth, particularly vulnerable orphans, girls (i.e. women-only workshops) and those who are infected with HIV.

Educational activities will be offered in an atmosphere that encourages more open communication about HIV/AIDS, sex and relationships. The desired outcome is safer sexual choices in youth including condom use, delayed initiation of sexual activity and reduction of sexual partners. These activities will be managed by the education and research coordinator, who will hold a dual post with the DTHC so that information can be used as the basis for evaluation and research.

Suggested topics of interest may include some, or all of the following:

- Peer pressure and Pregnancy
- HIV, Stress Management and Relationships
- Behaviour Change Communication
- Understanding and Articulating Youth Rights
- Importance of Safer Sex Practices
- Negotiating Safer Sex
- Understanding Own Risk to HIV/AIDS



- Gender Education
- Dealing with Parenthood
- Protection and Care for those Living with HIV/AIDS
- Violence, Crime and Substance abuse

Possible modes of delivery:

- Visiting Speakers & health talks
- Campaigns (condom, testing)
- Materials on HIV and disclosure in the form of pamphlets and videos
- Camps and retreats
- Group workshops
- Art and Theatre
- Peer education & public speaking
- Games

3) Skills/Employment Training

The youth centre will offer skills/ employment training in order to build competencies, and foster aspirations, both of which may lead to increased entrepreneurship and uptake of tertiary education. Guest speakers will be invited to discuss business skills, public speaking, national educational institutions, and income opportunities. Workshops on particular remunerable skills (e.g. beadwork) will be conducted.

4) Sexual Health Services

The centre will provide sexual health services including voluntary counseling and testing, tuberculosis screening, contraceptive services and treatment for sexually transmitted diseases. These services will be supported by a registered nurse practitioner and sexual health counselor who will be trained to offer unbiased and sensitive guidance to youth in a private and confidential manner during the Centre's hours of operation. The information generated from these activities will also be used as the basis for evaluation and research by the DTHC.

Evaluation and Research

All activities conducted at the youth centre will be underpinned by evaluation and sociobehavioural research carried out by the DTHC adolescent research team, led by Dr. Linda Gail Bekker. Activities will happen either at or through the youth centre. At the outset of the program, an assessment of knowledge, attitudes and skills will be established as a baseline in each age category. The numbers of adolescents utilizing the programs and services will also be monitored and reported. This will be evaluated at the end of the 12-month period to measure outcomes against the established set of goals. At various times, specific research questions will be posed, and data collected, to further understanding of adolescent biomedical status, attitudes and behaviour. All research activity will be funded separately through government grants.



Appendix C – Community Participation

Engaging the community and its youth is critical to creating sustained change. The youth centre recognizes that: 1) young people are assets to and experts about their own community; 2) young people should be empowered as community leaders particularly on issues that matter to them such as HIV/AIDS; and 3) young people and adults should be encouraged to work together as equal partners.

To support this underlying recognition, the DTHC has reached out to the young leaders and key stakeholders in the community to begin the process of engagement. The DTHC conducted two initial focus groups in Masiphumelele on June 5, 2006 with the Community Advisory Board and a group of teenage men and women.

Following are the formal reports:

Report One:

On 5 June 2006 a focus group was held with 16 adolescents, age 14 – 19, who live in Masiphumelele. The focus group was conducted by the Desmond Tutu HIV Centre's socio-behavioural scientist, Daniella Mark, and was held at the Nomzamo Clinic in Masiphumelele.

Aims

The purpose of the focus group was to establish and document:

- The extent to which Masiphumelele youth would accept (and attend) a youth centre
- How the Masiphumelele youth envisage the layout, services and organization of a youth centre
- Whether the Masiphumelele youth would be willing to be involved in the planning and implementation of a youth centre

Findings

No appealing youth space or activity hub in Masiphumelele: Adolescents described their current after-school activities, which are entirely self-driven and unsupervised. The main pastime is television watching, either at their own homes or that of friends. All of the parents or guardians of the 16 participants work a full day (most return home at around 6pm). The adolescents say that their parents or guardians are ignorant of their afternoon activities, and what is more, the adolescents feel that their parents or guardians have no desire to know what they do in the afternoons.

The adolescents say there is no existing, appealing youth space in Masiphumelele where they could spend free time. Although there is a 'chill room' in the Nomzamo clinic, the adolescents' perception is that the clinic is unwelcoming, too formal and a place for the ill. The adolescents said things like: 'When you come here, there's something wrong with you and you just come here to get tested'.



Strong interest in attending a youth centre: The adolescents say they would very much like to attend a youth centre in the afternoons. They would be able to attend the centre after school, from around 3pm until 6pm.

Hopes for, and requirements of, a youth centre: Adolescents described a desire for music at the youth centre, specifically a CD player and occasional DJ sessions. They would like dance classes, particularly ballet. They love pool, and would like a pool table. They want drama classes and cooking lessons. They would like computer access, ideally with an internet connection. They would like to be able to watch television, especially DVD's. They would like visiting speakers to be arranged for them. They want outdoor activities, like basketball and soccer, as well as outdoor swing sets and park games. They would like a swimming pool. They would like some food to be provided for them at the centre.

The adolescents would like sessions to be offered on the topics of pregnancy and peer pressure. They request that VCT (Voluntary Counseling and Testing) for HIV is offered at the youth centre. They say that 'It's not easy having to come to the clinic for testing. Sometimes (the person testing us) is friendly with our mothers!'

The adolescents envisage the centre as a large building with several rooms (both large and small) and an outdoor area.

Involvement in planning and implementation of youth centre: The adolescents seemed particularly excited about the idea of participating in the planning and running of the youth centre. We went round the room, where each adolescent described what they would like to do for the centre. (As an aside, this was a particularly moving part of the discussion.) Here are some of their ideas:

- Decorate the walls of the centre
- Choose which visitors are invited to speak to them
- Choose DVD's purchased for the centre
- Design and distribute invitations to Masiphumelele youth
- Make posters advertising the centre
- Take registers of attendance
- Teach their peers: Drama, Dance and Singing

Conclusion: Masiphumelele youth welcome the idea of a youth centre and would like to be involved in the planning and implementation thereof.

Report Two:

On 5 June 2006 a focus group discussion was held with the Masiphumelele Community Advisory Board (CAB). The discussion was led by the Desmond Tutu HIV Centre's socio-behavioural scientist, Daniella Mark, and was held at Ukhanyo Primary School in Masiphumelele.



Aims

The purpose of the discussion was to establish and document whether Masiphumelele stakeholders felt a youth centre would be beneficial to the Masiphumelele community.

Findings

- The CAB expressed gratitude to the Desmond Tutu HIV Centre and potential funders for considering Masiphumelele youth.
- They say that ‘HIV is a problem to all of us’, and that the youth in particular is at high risk.
- They support the youth centre proposal; they think it is an ‘important project’ and a ‘very good idea’. They think the centre would help in the fight for a better future for their children
- They think the youth centre should offer Voluntary Counseling and Testing services as they think the clinic cannot properly accommodate the youth
- They say that the Masiphumelele youth need a place that is built for them specifically. They think that the youth do not want to visit places where adults also congregate. The CAB thinks that Masiphumelele youth need a place that is their own
- They caution that the youth centre should not become a place where youth are involved in high risk behaviours, and suggest that clear rules are set from the start
- Finally, the CAB thinks the Masiphumelele community should be involved in all stages of the planning, implementation and evaluation of the youth centre. They want to be involved ‘in every detail’, ‘from the beginning’. They say they ‘don’t want to just see a building at the end of the day, and not know why it is there’
- The CAB would like to involve the organization they represent (e.g. school, churches, community groups, etc.) in the planning stage
- They think the Masiphumelele youth should also play an important role in the development of the centre

Conclusion: Key stakeholders in the Masiphumelele community support the development of a youth centre and would like to be very involved in the process.



Masi’s Community Advisory Board and adolescents welcome the Masiphumelele Youth Centre into the community and are excited by the opportunity to become involved in its establishment.



Appendix D – Partnerships and Collaborations

Desmond Tutu HIV Centre



The Desmond Tutu HIV Centre (DTHC), based at the Institute of Infectious Disease and Molecular Medicine, is a research centre affiliated with the University of Cape Town's Faculty of Health Sciences, South Africa. The centre is directed by Dr. Linda-Gail Bekker and Professor Robin Wood. The centre pursues excellence in research, training, prevention and treatment of HIV and related diseases in Southern Africa. It has a comprehensive approach to HIV in the communities hardest hit by this disease, specifically Masiphumelele and Nyanga. The Centre provides HIV care and management to the HIV infected and preventative strategies for the uninfected. DTHC has a particular interest in adolescents and their risk of contracting HIV.

Desmond Tutu HIV Foundation

The Desmond Tutu HIV Foundation (DTHF) is a not for profit, non-government organization in Cape Town, South Africa. The Foundation's Board of Directors comprises Dr. Robin Wood, Chair, the Archbishop Desmond Tutu, Honorary Chair and Dr. Linda Gail-Bekker, Chief Operating Officer, Professor Gilla Kaplan (non-exec Chair), PHRI, New Jersey, USA, Mrs. Marlene Van Der Merwe, Cape Town, Prof. Des Martin, Gauteng.

University of Cape Town

The University of Cape Town in South Africa is committed to being an outstanding teaching and research university, educating for life and addressing the challenges facing South African society. The University established the Institute of Infectious Disease and Molecular Medicine, which houses the DTHC, in order to consolidate and expand major existing efforts to combat the most serious threats to health and overall prosperity in the region: infectious diseases including HIV/AIDS and TB and non-communicable diseases, and locally prevalent cancers and genetic disorders.

Community Partners

a) Community Advisory Board

The Community Advisory Board (CAB) consists of 30 stakeholders from Masiphumelele including schools, NGO's, community groups and churches. The CAB was formed in 2003 by the DTHC. The CAB meets monthly to advise the DTHC on community issues and perspectives on the various research initiatives.

b) Future Fighters' Youth Community Advisory Board

The adolescent CAB, or 'Future Fighters', acts as a community advocacy group and comprises 25 volunteer representatives from the secondary schools in Masiphumelele and Nyanga. This group of teenage men and women regard themselves as key agents of change in the fight against HIV and high-risk behaviour. Gathering monthly, they advise and liaise with the DTHC on adolescent issues, and engage in peer education. They have elected their own executive committee, comprising five members, to represent them in global teleconferences. The 17-year-old Chairperson, Ms Phumza Samente, attended the HVTN Conference in the United States and a consultation meeting on the Inclusion of Adolescents in HIV Vaccine Trials, held by the WHO recently in Botswana.



Appendix E – Budget Information

Budget Summary for Year 1, 2 and 3 (Rand)

PERSONNEL	Year 1	Year 2	Year 3	TOTAL
Salaries	768,998	807,448	847,821	2,424,267
Personnel - Subtotal	768,998	807,448	847,821	2,424,267
CAPITAL EQUIPMENT				
Building	2,500,000	0	0	2,500,000
Recreational equipment	500,000	0	0	500,000
Equipment-Subtotal	3,000,000	0	0	3,000,000
OPERATIONAL COSTS				
Recreational Programs	57,500	60,375	63,394	181,269
Transport	48,000	50,400	52,920	151,320
Office and clinic maintenance and supplies	250,000	262,500	275,625	788,125
Security	246,000	258,300	271,215	775,515
Promotion and advertising	36,000	37,800	39,690	113,490
Total-Other Expenses	637,500	669,375	702,844	2,009,719

SUBTOTAL (excl capital equipment)	1,406,498	1,476,823	1,550,664	4,433,986
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F&A (Indirect costs)	140,650	147,682	155,066	443,399
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TOTAL DIRECT COSTS INCLUDING F&A	4,547,148	1,624,506	1,705,731	7,877,385
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Archbishop Desmond Tutu Contribution for Year 1 (Rand)

PERSONNEL	Year 1
Salaries	72,000
Personnel - Subtotal	72,000
CAPITAL EQUIPMENT	
Building	0
Recreational equipment	50,000
Equipment-Subtotal	50,000
OPERATIONAL COSTS	
Recreational Programs	57,500
Transport	5,500
Office and clinic maintenance and supplies	15,000



Security	0
Promotion and advertising	0
Total-Other Expenses	78,000
SUBTOTAL (excl capital equipment)	150,000
F&A (Indirect costs)	0
TOTAL DIRECT COSTS INCLUDING F&A	200,000

Salaries (ZAR)

			%	INST.			
			EFFORT	BASE	FRINGE	SALARY	
NAME	ROLE ON PROJECT	(months)	ON PROJ	SALARY	BENEFITS	REQUESTED	TOTALS
M Williams	Nurse Practitioner	12	100%	180,000	6,048	186,048	186,048
Du Joni	Nurse	12	100%	126,000	4,234	130,234	130,234
W Dyani, TBA	Counsellor	12	200%	42,000	1,411	43,411	86,822
TBA	Educators/Facilitators	12	300%	30,000	1,008	31,008	93,024
TBA	Sports and Recreation officer	12	100%	120,000	4,032	124,032	124,032
TBA	Project administrator	12	100%	144,000	4,838	148,838	148,838
TOTAL							768,998

Justification of all budget items for Year 1 relative to the Masi Youth Centre Project

Personnel: Salaries

1. Nurse Practitioner: Michelle Williams

- Experience running youth health services
- Time devoted to project : 100%
- Responsibilities
 - Coordinate sexual health services for the youth at the clinic, including the counseling services and the health programs
 - Design pamphlets, programs and outreach events
 - Monitor deliverables and report activities
 - Manage two Counselors

(Total: R 186,048/yr including fringe benefits Funded by City Bridge Foundation Grant 2005/6, Expect contract renewal in 2007)

2. Nurse: Du Joni

- Time devoted to project: 100%
- Rapport with youth, especially men
- Responsibilities:
 - Assist with health and sport program
 - Manage Counselors

(Total: R 130,234/yr including fringe benefits Funded by PACTG research grant until Dec 2006)



3. Counselors: Wadee Dyanti and TBD (R 43,411/yr x 2 persons)

- Time devoted to project: 200%
 - Responsibilities:
 - VCT, adherence counseling, STI education, life skills counseling including group and focus work
 - Manage 'Future Fighters' group
- (Total: R 86,822/yr including fringe benefits)**

4. Facilitators/centre staff: TBD (R 31,008/yr x 3 persons)

- Recruited locally
 - Time devoted to project : 300%
 - Responsibilities
 - Serve as local 'ground breakers'
 - Facilitate centre programs and assist with sports and outings.
 - Act as opinion leaders and youth role models
- (Total: R 93,024/yr including fringe benefits)**

5. Sports and recreation coordinator: TBD

- Time devoted to project : 100%
 - Responsibilities
 - Designing, organizing, executing and reporting all sport and recreational activities
 - Work with health team to integrate activities and associate health messages with sport and recreation
 - Manage Facilitators/centre staff
- (Total: R 124,032/yr including fringe benefits)**

6. Centre manager / Project Leader

- Time devoted to project : 100%
 - Responsibilities
 - Initial planning and execution of the building construction
 - Day to day administration and operation of centre
 - Staff relations
 - Ordering
 - Maintenance
- (Total: R 148,838/yr including fringe benefits 50% funded by Desmond Tutu for Year 1)**

Capital Equipment

1. Building

- Includes construction of a multi-use, single level building with rooms as described in the case statement.
 - Expect to cover 500sqm with construction costs set at R4000 per square metre
 - Furnishings for the building (R 250,000)
- (Total: R 2,500,000)**



2. Recreational Equipment

- Development of sports fields, basketball courts, outhouses (R 350,000)
- Purchase of sport and electronic equipment including computers, music centres, musical instruments, PA system
- Purchase of academic support equipment including data projectors, overhead projectors and screens.

(Total: R 500,000 – R 50,000 funded by Desmond Tutu)

Operational Costs

1. Recreational Programs

- Development of programs including job creation, life skills, talent support, capacity building, after school support, art and creativity
- Camps and retreats (additional R 20,000 funded by Desmond Tutu)
- Weekly or monthly occurrence, as indicated
- Purchase of supplies and refreshments

(Total: R 57,500/yr – Funded by Desmond Tutu for Year 1)

2. Transportation

- Running cost to operate two vehicles
- Transport staff to the three outreach sites namely Ocean View, Hout Bay and Red Hill
- Transport Masi youth to outreach sites, camps and retreats and bring youth from the sites to Masi

(Total: R 48,000/yr – R 5,500 funded by Desmond Tutu in Year 1)

3. Office and clinic maintenance / supplies

- Clinic running costs excluding drugs, which are supplied by PAWC DOH
- Includes rapids for Voluntary Counseling and Testing (VCT)
- Includes telephones, fax, office supplies

(Total: R 250,000/yr – R 15,000 funded by Desmond Tutu in Year 1)

4. Security

- 24-hour security guard

(Total: R 246,000/yr)

5. Promotion and advertising

- Development of marketing materials for fundraising including website and brochures
- Coloured reports for activities
- Promotional materials to attract youth to the centre

(Total: R 36,000/yr - Possibly seek sponsorship)



Appendix F – Administration of the Youth Centre

The Masiphumelele Youth Centre will be administered and governed by the Desmond Tutu HIV Foundation. The curriculum and future program and services direction will be determined jointly by the DTHF, the Steering Committee and community partners.

Operations of the Centre

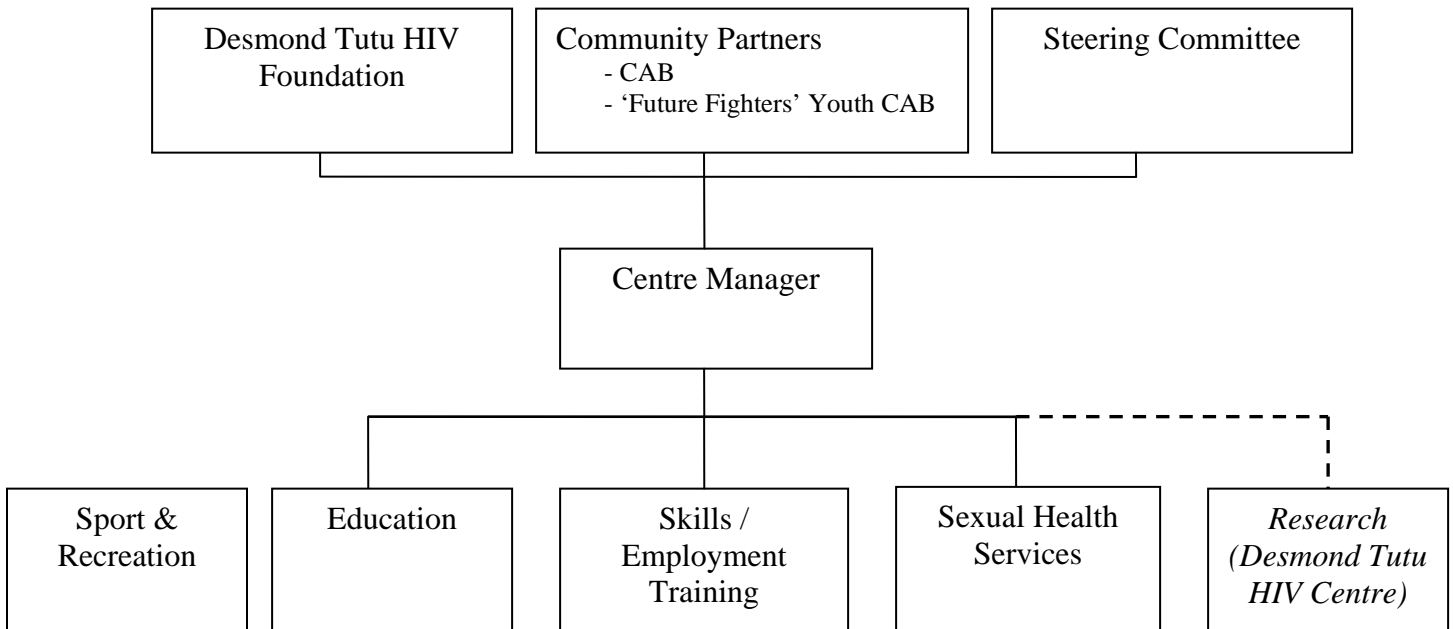
The youth centre will be under the management and direct supervision of the Centre Manager. Appointment to this post will be made by the DTHF in consultation with community partners. The Centre Manager's responsibilities will include:

- Developing and managing a 12-month youth activities schedule
- Support in determining new program directions
- Participation in appointment of centre staff
- Overall management of staff, day-to-day activities and budget
- General administration

The Manager's appointment will be reviewed after 12-months. Major criteria for renewal will be the appropriate exercise of responsibilities as listed above.

Under the leadership of the Centre Manager will be up to eight staff representing the four key areas of activity.

Organizational Structure



Programs and Services Staff

In addition to the Centre Manager, the youth centre will hire up to eight staff to support the proposed scope of programs and services:

1. Registered Nurse Practitioner
2. Nurse
3. Counselor x 2
4. Facilitators x 3
5. Sports and Recreation Coordinator

To ensure knowledgeable, dependable and sensitive support for youth at the centre, all employed staff will be selected for their skills and where necessary will undergo training through attending short courses or other formal and informal training.

Please see Appendix E for scope of responsibilities relative to the Programs and Services Staff.

Volunteers

Volunteers will be welcomed to work at the youth centre. The DTHF will also reach out to the University of Cape Town to engage summer students to volunteer at the centre. Prior to commencing work, all volunteers will be screened and approved by the DTHF to ensure that the values and quality of support at the youth centre are maintained.



Appendix G – Registered Charities and Foundations

SOUTH AFRICA DEVELOPMENT FUND

www.southafrica-newyork.net/sadf.htm

The South Africa Development Fund was founded in 1985 by exiles living in the United States to help the oppressed majority of their country. They were joined in this effort by Americans active in the civil rights and anti-apartheid movements. Originally called "Fund for a Free South Africa, (FreeSA)", the organization became a vehicle by which U.S. donors could show their solidarity with South Africans struggling for political and social justice. The Archbishop Desmond Tutu is Chair of the Advisory Board to the Fund.

The South Africa Development Fund, with its unique link between the two countries, provides a venue for dialogue, exchange and public education. In 1990, the organization became part of the national structure for Nelson Mandela's historic tour of the U.S.

The Fund is directed by South Africans who have both a vast knowledge of issues affecting their country and strong ties to the United States. The Desmond Tutu HIV Foundation is an established partner of this Fund. All contributions are tax-deductible.



VANCOUVER FOUNDATION

www.vancouverfoundation.bc.ca

Vancouver Foundation is a philanthropic non-governmental community foundation which operates primarily as a permanent collection of endowed funds. Income derived from the investment of the pooled capital of Vancouver Foundation's endowments is distributed to support the activities of charitable organizations across British Columbia. The Foundation is incorporated by a Special Act of the Legislature of British Columbia and is registered with Revenue Canada as a public charity (Charity #11928-1640-RR).

Vancouver Foundation was formally established by an Act of the Provincial Legislature - the Vancouver Foundation Act - in 1950. From its original capital of \$101,000, it has grown to become the largest community fund in Canada and the fifth largest in North America. In 2006, Vancouver Foundation is the custodian of over 950 funds which make up its Consolidated Trust Fund with a market value of \$674 million. Each year, we distribute approximately \$35 million, representing a portion of the income generated from these investments to organizations and groups which support the Foundation's mandate.

