

An Innovative Funding Model for Children at Risk

Social innovation and ‘virtual adoption’ – a response to mobilizing resources to fund the holistic child development of orphans and children made vulnerable as a result of the HIV and AIDS epidemic.

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“One of the great liabilities of history is that all too many people fail to remain awake through great periods of social change. Every society has its protectors of status quo and its fraternities of the indifferent who are notorious for sleeping through revolutions. Today, our very survival depends on our ability to stay awake, to adjust to new ideas, to remain vigilant and to face the challenge of change.” – Rev. Dr. Martin Luther King, Jr.

1. Introduction

The South African Theological Seminary's (SATS) conference: *Understanding the 4/14 window – Challenging the church to rethink its position on children's ministry* is seen within the context of a response to the *Cape Town Commitment*, which reflects the outcomes of the Third International Congress on World Evangelization (Lausanne III) that was held in Cape Town in October 2010. In this regard, “...love for the whole gospel, the whole church, and the whole world...” is given strategic intent within a Child Theology framework and forms an important input into the deliberations of the of the World Evangelization Network of South Africa's (WENSA) National Consultation for Christian Leaders, July 2011.

Dr. Dan Brewster suggests in *Child, Church and Mission: A Resource Booklet for Christian Child Development Workers*, that all children are at risk in some way. However, the reality is that vast differences exist in levels of risk – in South Africa, 4% of the child population is considered maternal orphans, and research confirms that children orphaned as a result of HIV and AIDS are 25% more likely to experience abuse. While acknowledging, as suggested, that all children are at risk to some extent, the issue addressed in this paper is that children made vulnerable as a result of HIV and AIDS are an important priority focus group, and it will be argued that these children need special attention within the context of the 4/14 window and the holistic child development movement.

¹Robert Botha, has included extracts taken from his MA Thesis in Social Behavior Studies in HIV AND AIDS submitted to the University of South Africa in October 2010, entitled: *The James 1:27 Trust Program: a case study of an information, communication and technology (ICT) response to orphans and vulnerable children in the context of an HIV and AIDS epidemic*

² Eldi van Loggerenberg worked on the paper during an internship at the James 1:27 Trust as part of a gap-year between completing High School and commencing studies in Medicine at the University of Cape Town. Her participation demonstrates the value of raising up a new generation of ‘social reformers’.

The other main objective of this paper is to present a response to the challenge of finding innovative ways of acquiring resources to ensure holistic child development. While a rethink on existing understandings on stewardship remain important, it is also necessary to find new ways of sourcing funding. The James 1:27 Trust, directed by a theistic worldview, will be introduced as a case study of one such innovative funding model.

It will also be argued that there is a strategic advantage for the South African church to take leadership in the responsibility for the holistic care and development of orphans and vulnerable children. On a tactical level, organizations such as WENSA, with its objectives of “radical discipleship, unity and reconciliation” may well be substantially advanced - an outcome of which is a critical contribution towards nation building.

2.1 The Context of the HIV and AIDS Pandemic

In their latest report on the AIDS pandemic, UNAIDS estimates that 30 to 36 million people are living with HIV, with sub-Saharan Africa accounting for 67% of all people living with HIV and 72% of AIDS-related deaths. The report indicates that globally the pandemic is stabilizing and that the rate of new infections has fallen in several countries, including countries in sub-Saharan Africa. Despite these developments, the numbers of AIDS-related deaths, especially in the developing world, threaten advances made in achieving the Millennium Development Goals (MDG) – global benchmark in measuring development. The MDGs range from eradicating extreme poverty and hunger to achieving universal primary education; promoting gender equality and empowerment of women; reducing child mortality; improving maternal health; combating HIV and AIDS, malaria and other diseases; ensuring environmental sustainability and developing a global partnership for development. While combating HIV and AIDS is listed as an MDG, it has been found that the HIV and AIDS pandemic significantly impacts the attainment of most of the other MDGs. As a result, UNAIDS is now calling for an AIDS plus Millennium Development Goals framework (UNAIDS 2009).

Additionally, the United Nations Security Council (UNSC) has suggested that the AIDS pandemic is a threat to world peace and international security. On 17 July 2000 the UNSC passed Resolution 1308, stating that the HIV and AIDS pandemic is exacerbated by conditions of violence and instability, which increases the risk of exposure to the disease. More recently (07.06.2011), the UNSC adopted a resolution which emphasizes the need for peacekeeping forces to address HIV prevention in their efforts, as it was found that many women in areas of conflict face the risk of contracting HIV, since sexual assault is still used as the “*weapon of choice*”.³ Previously, UNAIDS also warned that more people are dying of AIDS than as a result of war or conflict. Against this background, children are particularly at risk, for forced recruitment as “boy soldiers” and girls into “sexual slavery” and horrific abuse.

In reference to the 14 billion USD spent globally on AIDS last year, the CEO of UNAIDS, Michel Sidibé, has stated that although universal access to treatment remains a top priority, the present two-tiered system of global AIDS treatment – using outdated drugs for people in the developing world – needs to change. While UNAIDS estimates that approximately 3.2

³ UNAIDS press statement:

<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2011/june/20110607apssecuritycouncil/>

million people are on treatment in Africa, only about 3% are on second-line treatment⁴ and beyond. In this regard, UNAIDS is working with the World Trade Organization (WTO), World Health Organization (WHO) and the World Intellectual Property Organization (WIPO) to find ways of securing better access to treatment under the existing Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS Agreement); thus ensuring more affordable treatment (UNAIDS 2009).

Mr. Sidibé has also argued that, in order to “*break the trajectory of the epidemic*”, UNAIDS has to resume focus on HIV prevention – an area that has lacked substantive investment. Social movements with a focus on prevention are therefore of strategic importance, and the church and other faith networks are important stakeholders in this regard. UNAIDS is also calling for the closer embedding of AIDS work in primary health services: maternal and child care, sexual and reproductive health programs and the tuberculosis community⁵. Tuberculosis remains one of the most common causes of illness and death among people living with HIV (UNAIDS 2009).

In 2011 the South African government proposed an allocation of 25.7 billion ZAR for the department of Health, an increase of 15.3 % from the 21.7 billion ZAR allocated in 2010. In the 2010 national budget, R83 million was allocated as a response to the HIV and AIDS epidemic (a 33% increase from 2009 levels), intended to more than double the number of people on antiretroviral treatment to 2.1 million. According to UNAIDS, this allocation is the biggest domestic investment made by any developing country on the AIDS epidemic to date. Mr. Michel Sidibé has responded by stating that: “*South Africa can directly change the trajectory of the AIDS epidemic with such bold investments. This budget is pro-people and must serve as a model for increasing investments in health, education and social welfare even in times of economic crisis,*” (UNAIDS 2010:1)⁶.

As argued, however, allocating more money will not solve the HIV and AIDS crisis – the reason being that the HIV and AIDS epidemic is located in the context of a broader socio-economic challenge, relating to poverty and under-development. Intervention needs to be considered holistically, aligned to good practice and translated into the information society in order to scale. The issue of scaling interventions is perhaps the most pressing in the area of caring for orphans and children made vulnerable as consequence of the HIV and AIDS pandemic.

2.2 The Orphan Crisis

Estimates indicate that there are more than 11 million children under the age of 15 in sub-Saharan Africa who have lost at least one parent to AIDS-related illnesses (UNICEF 2008:42). More than half of those orphaned are between the ages of 10 and 15, and of the total number of orphans in the world, 85% are in sub-Saharan Africa. To confirm this prediction, Save the Children UK, an international NGO working in the orphan and vulnerable children (OVC) field, have stated that “*Southern Africa is in the middle of a*

⁴ Once second line therapy has proved ineffective, the drug regime moves to third line therapy which is a more advanced combination of ARV drugs. <http://www.avert.org/treatment.htm>.

⁵ “Embedding” means integrating HIV strategies into the sector.

⁶ The reference is from a media statement made by on 19 February 2010 by UNAIDS.

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protracted and unprecedented disaster, and with HIV and AIDS at its center, the consequences for children are tragic” (Save the Children 2005).

Furthermore, the UNICEF report (2008:42) indicates that children can no longer rely on the support of the traditional extended family system – “...*this coping mechanism has been over-stretched by poverty and by the sheer numbers of children to be cared for. Without the education and socialization that parents and guardians provide, children cannot acquire the skills and knowledge they need to become fully productive adult members of society.*”

A typical example for many households is an HIV positive father/adult partner, who works away from home, returning and infecting the mother who only discovers her status when going for prenatal check-ups (UNICEF 2008). Within this emotionally challenging environment the journey towards orphan-hood begins. Medical expenses start to erode the household income. The situation deteriorates as the breadwinner parent becomes too ill to work. The family is left to manage the additional expenses relating to home-based care, and in circumstances where the ill parent is the only breadwinner, the situation is complicated further. To compensate, the girl-child often discontinues schooling to reduce expenses and to assist with the home-based care of the sick parent. Household stress increases incrementally in the midst of anxiety, fear of death and destitution, as well as the trauma of stigmatization and discrimination.

The death of any child's parent is traumatic. When the death is as a result of AIDS-related illnesses the tragedy is even more devastating. Additionally, the second parent might also be infected, with the implication of developing AIDS and dying as a result. The pain of loss and grief is compounded by feelings of shame and isolation. Research indicates that levels of abuse and exploitation increase by up to 25%, compounding the risks of the children becoming infected themselves. The above hardships often exist within the context of stigmatization and discrimination as a result of perceptions towards the HIV and AIDS epidemic.

Once the parent dies, the household is forced to manage funeral costs; financial insecurity owing to the lack of the parents' income; risk of loss of shelter and home; displacement from family and friends; separation from siblings; often unwelcome moves to already overburdened homes, and inclusion in granny-headed homes with large numbers of other children. In some circumstances, the last baby born to the sick mother may also be HIV positive, thus increasing the burden of care of the young sick sibling. These traumatic circumstances negatively affect the normal process of bereavement. This in turn may stunt the emotional and psychological development of the child, contributing to incidences of dysfunctional behavior and subsequent dependency-related problems.

While the cost of school fees, books, stationery and school uniforms is a concern for most households, for orphans in AIDS-affected households, the problems become insurmountable, with access to education being compromised: “*access to education for orphans becomes a critical issue; they are more likely to drop out, perform poorly, or not be enrolled at all. Children orphaned due to AIDS are also more likely to suffer from malnutrition, further robbing them of their potential. Much has been said of a 'lost' generation of parentless children growing up abandoned and bitter to become a budding security risk to the rest of society. But it is society that must be held accountable for how it treats its most vulnerable members. Without proper support and care, orphans are more likely to end up on the streets,*

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be exploited as cheap labor, take drugs or sell their bodies - victims of society's neglect and policy failure." (Save the Children 2005:8)

Some orphaned children are taken care of within their communities; in other cases their grandmothers are left responsible to take care of them. With meager resources; tired and already overburdened, these grandmothers are forced to bear unforeseen responsibilities and financial strain. Save the Children UK (2006:8) also found that the "*...burden of care for orphaned and vulnerable children has been largely taken up by extended families at community level. These traditional support systems are under severe pressure and in danger of becoming overwhelmed.*" (Save the Children 2006:8)

Alternatively, foster parents are identified and foster care grants awarded. Yet research has shown that foster parents experience much frustration with the welfare system – their position as foster parents has to be reviewed annually; grants are often only issued after long periods of time; foster parents have to wait in long queues; grants are sometimes suspended without any notice. The implication of the above is that fostering children is not made easier by the welfare system (Mkhize 2006).

There are also circumstances when orphaned children cannot be cared for within their communities, by their grandmothers, by adult family members, or by foster mothers – they are left to take care of themselves. These children live in what is termed 'child-headed households'.

In a doctoral study on the social functioning of child-headed households, Mkhize (2006: 22) found that "*child-headed households are a deviation from the norm and a disaster,*" and that they "*create a situation where needs of children are unmet and their rights are eroded*". The study found that these households are at risk in view of the fact that the care-giving role of an adult is abdicated to children. "*The phenomenon of child-headed households presents a shift from the structural family, since a significant subsystem of a family – i.e. the parental subsystem – is non-existent*" (Mkhize 2006:22).

The study concludes that the extended family, as a result of being overwhelmed, is no longer the primary solution for orphaned children and that social workers have to create alternative options for the substitution of an adult in a child-headed household (Mkhize 2006). The findings indicate that given the extent of the orphan crisis, extended families cannot cope with the number of children that they have to absorb.

It appears that the local community is the first line of defense, but as mentioned, is struggling to absorb the scale of the problem. Estimates vary, but it seems that only 15% of children at risk are receiving care from community-based organizations (NIRSA 2009). Consequently, life for children at risk becomes progressively challenging, increasing the risks of HIV infection. Given the high levels of teenage pregnancy, the cycle of orphan-hood may continue – the difference being, however, that the subsequent generations might be even worse off. Orphaned young mothers leave babies orphaned. The cost to the individual, family, community and society is immense. How this will impact sub-Saharan African countries' ability to achieve their millennium development goals (MDGs) and New Partnership for Africa's Development goals (NEPAD), remains of great concern.

3.1 Civil Society and the church

It should be evident from the above that serious, sustained intervention is necessary to address the problem of orphans and vulnerable children; furthermore, much of the responsibility to initiate and sustain this endeavor lies with civil society and the church.

It seems that very little has been researched and published on the philosophical, theological and biblical basis for the church's response to the needs of orphans and vulnerable children (Mahlangu 2009). However, writings about the care of orphans, widows and the poor are constantly repeated throughout the Old and New Testament, and thus provide the foundation for the church's response.

Dr. Elijah Mahlangu's paper, *Theological and biblical mandate for the Church's challenge and response to orphans and vulnerable children*, has proved invaluable in extracting the essence of this Biblical mandate, and many of his insights have inspired this section. He explains that in Deuteronomy 26:8-19, God invoked the law of charity upon His people so that they could remember the magnitude of His redemptive grace toward them. In Psalm 82 God is declared the protector and the provider of justice to the downtrodden groups in society. God calls upon Israel to: "*Defend the poor and fatherless. Do justice to the afflicted and needy. Deliver the poor and needy: Rid them out of the hand of the wicked.*" This message is threaded throughout the books of the prophets of Israel. It calls attention to the fact that Israel, in their treatment of widows, orphans, and the poor, had been utterly wicked and had lacked a God-oriented perspective (Isa. 1:23; 10:1-2; Jer. 7:4-16). As Keith White suggests in *Introducing Child Theology*, "*children are seen as a sign of God's blessing all through the Old Testament, and yet they are the first to suffer when sin, deceit, war, and famine affect a tribe or city. Achan's children die as a result of his sin (Joshua 7). There are desperately sad and vivid depictions of the suffering of children throughout the Old Testament.*"

The New Testament is not silent on the subject either. In it, true Christian character is measured by one's care for orphans and widows, and nowhere is God's heart towards the oppressed more clearly shown than in the life of Jesus. Jesus scandalized the official custodians of religion and morality by proclaiming an inclusive rather than an exclusive message. Jesus offered to have fellowship with the outcasts. He described Himself as the "*Father to the Fatherless and a comforter to those in need*". This leaves us with no doubt that if HIV and AIDS was a disease in Jesus' time, He would have included the infected and affected in His ministry.⁷

Evidently, by considering both the Old and New Testaments, orphans and vulnerable children need to be seen from God's perspective – that of immeasurable love. As suggested by Pope Benedict XVI in his first Encyclical Letter, *God is love (Deus Caritas Est)*: "*Everything has its origin in God's love; everything is shaped by it; everything is directed towards it. Love is God's greatest gift to humanity; it is His promise and our hope.*"⁸

⁷ *Theological and biblical mandate for the Church's challenge and response to orphans and vulnerable children* by Dr. Elijah Mahlangu

⁸ Encyclical Letter: *Deus Caritas Est* by Pope Benedict XVI

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God instructs us repeatedly that it is our mandate – especially if we've been blessed with more than we need – to care for the vulnerable. God has given us the responsibility of protecting and caring for orphans, widows and the poor; essentially it is through the actions of the righteous that God defends the poor and downtrodden and establishes justice. Moreover, eternal life should be seen in terms of intimacy with the Father and with Christ Himself. Thus, in caring for orphans and vulnerable children, a biblical worldview needs to be established on which the focus is eternity and intimacy with the Father; an intimacy that is found in Christ.

The Bible serves as a compass in directing the church's response – and the way the local and global church respond and assist in the matter of orphans and vulnerable children is critically important. In Luke 3:11 John the Baptist says: "*Whoever has two tunics is to share with him who has none, and whoever has food is to do likewise.*" South Africa's GINI coefficient – a measure of inequality of income and wealth – is one of the highest in the world. This is reflected in the dramatic contrast that exists between South Africans living in first and third world conditions; the implication being that many South Africans have more than enough to meet their needs, while many more live below the breadline. South Africa's unique economic climate and the challenge of caring for millions of orphans and vulnerable children will force the church and civil society to realize that they are going to have to share their "*second tunic*". This challenge speaks directly into the present South African context of reconciliation and unity and addresses the key issue of 'nation building'. The sacrifice paid for democracy by so many has to be protected.

South Africa has a special legacy in terms of the church's response to social justice issues. A notable example is the first South African Christian Leadership Assembly (SACLA) which met to mobilize a united response against Apartheid in 1979. This historic meeting contributing significantly to the "*miracle of the peaceful transition to full democracy in our beloved country*"⁹ – not only did it serve to protect biblical principles of justice and equality, but it also laid an important foundation for the future role of the church in building a democratic nation.

In July 2003, SACLA met for the second time, the most significant outcome of which was to identify the giants facing the nation and to begin an important process in building a national front to combat their cause and effect. The giants identified were: violence, racism, poverty, unemployment, sexism, the family in crisis, and the biggest of the giants, HIV and AIDS. The intention of SACLA II is to "*challenge, enable and mobilize Christian leaders so that the Church in South Africa will fulfill its role in building the nation and extending the Kingdom of God.*"

In pursuit of this, a Reformation Agenda was developed and finally launched in April 2008, entitled, the *National Initiative for the Reformation of South Africa* (NIRSA); the purpose being to consolidate the battle facing the giants as identified at SACLA II. The NIRSA declaration is foundational in bringing a "*rebirth of hope, faith, confidence and renewed vision of what our nation can be under God*".

Moreover, orphans and vulnerable children have been identified as a priority focus group by NIRSA in addressing the HIV and AIDS giant. The NIRSA Declaration remains an important road map in the roll-out of a national reformation agenda. In particular, the NIRSA

⁹ http://www.sacla.za.net/public_html/3whossaclafor.htm

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declaration in response to the orphans and vulnerable children crisis states: “*we resolve to explore how the church, along with the government and appropriate NGO's can embrace in a new way the huge challenges before our nation of dealing with the poor, marginalised and destitute, most especially orphans, widows and refugees. One logical extension of this concern is for Christian couples to be open in new ways to adopting orphans*” (NIRSA, 2009:16). (In response, the concept of “*virtual extended families*” as proposed by the James 1:27 Trust offers a potentially valuable social contribution, as will be explored in section 4).

Instructive in crafting this new reality are the inputs and guidelines as proposed by the participants in the *Consultation on the State of Ministry to Children in South Africa*, hosted by TEASA, SACC and Compassion International, that met in Johannesburg on 6 & 7 May 2009. Quoting from their declaration: “*At the same time we note with concern that, for a variety of reasons, a large proportion of the children in our nation are neglected, abused, hungry, homeless, sick, missing out on good education and other opportunities, caught up in immoral activities, ignorant of the Word of God and of the fullness of life offered through the death and resurrection of Jesus Christ.... We listened to the Word of God and were reminded to welcome children in our midst, to change and learn from them. We were touched by God's heart for lost and broken children in our society, especially those outside the church. The needs of millions of children among us are an indictment against and a challenge for us as Christians, as churches and as a nation. We believe that every child is created in the image of God and belongs to Him. He entrusts children to the care of families, churches and communities, whom He made responsible for esteeming, nourishing, protecting children and helping them realise their full potential... We commit ourselves to increase our individual and collective efforts to ensure that families, churches and communities fully submit to God's design for children and do whatever is in their capacity to make this a reality. We want our churches to be places where children are at home and prepared for the challenges of life. We also want churches to lead in reaching out to children outside the church*”.

In addition, a further *National Consultation of Churches and Christian Organisations on the plight of Orphans and Vulnerable Children*, was held at the Innovation Hub in Pretoria, 5 and 6 November 2009. The main outcome of this was to embrace the Gospel through the lens of “*adoption*”, with renewed calls to increase the number of children at risk being cared for from 15% to 60%. The biblical mandate allocating responsibility was reaffirmed with good practice and models of care identified. Calls for a broad based development and communication strategy within the information society were reiterated. Advocacy and legal issues were also highlighted, with the rights and responsibilities of the child placed as foundational principles.

Important, however, is that throughout these initiatives, Children's Rights within a theistic worldview are upheld, especially given the delicate ethics surrounding the care of vulnerable children.

3.2 Children's rights and responsibilities

With regard to the provision of care for orphans and vulnerable children, the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) provide a basic framework from which to work. Furthermore, the United Nations General Assembly has adopted guidelines for the alternative care of children (UNGA 2009). The guidelines recommend “*efforts to keep children in, or return them to, the care of their family, or failing this, to find another appropriate and permanent solution, including adoption ...*” (UNGA Human Rights Council 2009). The main principles behind these guidelines is that the family is considered the natural environment for the growth, well-being and protection of children, and that all decisions should be made in the best interest of the children (UNGA Human Rights Council 2009).

In this regard, the First International Conference in Africa on Family-Based Care for Children, held in Nairobi, reaffirmed the above principles; in particular the right of children to a family – regarded as the best institution in which to raise children (ANPPCAN 2009:1)¹⁰. The Nairobi Conference recommended the need for institutions to replace the common practice of long term institutionalization of children with family-based care. They recognized the need for the establishment of community-based structures, such as child welfare committees. These would support the provision of basic services to children and their families – i.e. education, health and HIV and AIDS treatment, purposed to keep children in families. They supported calls for children to be consulted according to their evolving capacities and their input to be considered. It was felt that while institutional care may at times be necessary as a temporary measure for children under special circumstances; such care should be a measure of last resort. They noted the phenomenal and unregulated growth of institutions for child care in Africa.

In South Africa, many models of orphan and vulnerable children (OVC) care are in use, owing to the existence of many child care institutions. Some of those that have been identified as good practice include Lefika La Botshabelo Model, Isibindi Model, SA Cares for Life Cluster Model; Save the Children Model and World Vision Model.

Notable in some of the above models of care is the inclusion of ‘spiritual development’. This might raise concerns about the need for separation between issues of development and issues of faith, as South Africa is a secular state with a diverse population of different faith and non-faith backgrounds and as such, governing bodies cannot be seen to be propagating a particular religious faith. As James (2008:5) points out, “*secular donors would like a sanitized separation between the institutional and the spiritual element. Until very recently, official aid donors have viewed religion with skepticism. The connections between faith and development were ‘fragile and intermittent at best, critical and confrontational at worst’.* Religion has traditionally been seen as: *divisive – a rallying point for division and conflict; regressive – maintaining (if not indeed promoting) injustices such as slavery, colonialism, apartheid and gender inequality; irrelevant – development being an autonomous technical discipline, about which religion has nothing valuable to say; insensitive - exported in culturally highly insensitive ways; proselytizing – seeking to convert others to their faith*”.

¹⁰ African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) (<http://www.anppcan.org/node/>)

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United Nations Conferences have nevertheless committed themselves to recognizing the spiritual dimension of development. Examples of UN Multilateral conferences where differing elements of spirituality were discussed include the UN Conference on Environment and Development 1992 (spiritual development); the Habitat Agenda 1996 (initiatives that require a spiritual vision); Copenhagen Declaration on Social Development 1995 (addressing spiritual needs); and notably, the Platform for Action 1995 (where it was recognized that “*religion, spirituality and belief play a central role in the lives of millions of women and men*”).

Thus, in addition to recognizing that children need (and have a right to) a family, medical care, an adequate standard of living, education, safety and recreation, the UN also recognizes the value of enabling spiritual development. Therefore, in addition to enabling physical, emotional, and cognitive development, spiritual development completes the foundation for holistic child development (HCD).

Finally, the Nairobi Conference, in addition to a focus on the holistic rights of a child, also highlighted the importance of the responsibilities of a child. The intent was that choice always remains at individual level with support needed for a child to exercise their rights within a qualified context of their personal level of responsibility.

3.3 *Caritas in Veritate* (charity in truth)

Despite the somewhat negatively perceived legacy of evangelism historically (as described), one can argue that the church has had a phenomenal impact during times of great crisis. As Dr. Elijah Mahlangu¹¹ argues, “*the International Red Cross began as a Christian organization which sought to care for wounded soldiers. The Salvation Army began as William and Clara Booth ministered to the homeless, the hungry, and the destitute. The YMCA and YWCA were founded by Christians. Human slavery was outlawed in England and America because of the persistent efforts of dedicated Christians.*”

Other examples include the actions of clergyman Martin Luther King Jr., who led the civil rights movement and contributed to changing racial policy in the United States. In South Africa, the South African Council of Churches (SACC) and other Christian networks added considerably to the efforts of the anti-apartheid movement. The founders of the Truth and Reconciliation Commission (TRC), headed by Archbishop Desmond Tutu, also played a significant role in moving toward racial reconciliation in post-apartheid South Africa

Certainly the abovementioned Christian leaders/initiatives have been given spirit-led ‘holy discontent’ or ‘righteous anger’ toward injustices in society. This raises the question – how does this ‘righteous anger’ set the church apart from non-religious initiatives?

Pope Benedict XVI, in his encyclical letter *Caritas in Veritate*, explains: “*...without truth, charity degenerates into sentimentality. Love becomes an empty shell, to be filled in an arbitrary way. In a culture without truth, this is the fatal risk facing love. It falls prey to contingent subjective emotions and opinions, the word “love” is abused and distorted, to the point where it comes to mean the opposite. Truth frees charity from the constraints of an emotionalism that deprives it of relational and social content...Without truth, without trust*

¹¹ *Theological and biblical mandate for the Church's challenge and response to orphans and vulnerable children* by Dr. Elijah Mahlangu

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*and love for what is true, there is no social conscience and responsibility, and social action ends up serving private interests and the logic of power, resulting in social fragmentation, especially in a globalized society at difficult times like the present.*¹²

The above statement serves to distinguish religiously inspired social action from secular social initiatives. Although it is not the intent to negate non-religious social action, it must be noted that these initiatives often take place in postmodern contexts where truth is considered 'relative'. In this climate, how is social action initiated, regulated, and sustained? How are its leaders kept accountable? Although secular guidelines exist, the risk remains that “*social action ends up serving private interests and the logic of power*”.

Yet it would be equally unwise to suggest that only Christian social action has merit. There are many organizations without a religious mandate that contribute significantly to social justice issues. However, Truth, in guiding Charity, is immensely important as it serves as an immovable compass in keeping organizations structured, sustainable, and accountable. The value of Christ-centered social action thus remains foundational.

3.4 Orphans and vulnerable children, Holistic Child Development and the 4/14 window

Concerning the concept of 'Truth inspired charity' in OVC care, attention is drawn to the importance of the church in initiating Holistic Child Development. As Dr. Dan Brewster suggests in *Church, Child and Mission*, “...development is a process by which people become whole. It is characterized by growth, change and learning. It is a process of becoming...” Many non-religious organizations claim to implement holistic development, but mainly focus on the physical, emotional, and psychological aspects of the individual. However, HCD implemented by religious organizations includes the crucial aspect of spiritual development, which is often lacking in other models of HCD, and for this reason it is seen as more advantageous to the individual. It must be noted from the church's perspective, that the spiritual development referred to has its foundation in Christ, and is particularly concerned with helping children grow like Jesus did — in “wisdom and stature and in favor with God and man”. Therefore, how this principle is applied in the efforts of the various Christian denominations becomes a secondary debate.

The concept of the '4/14 window' is also of special importance in light of the OVC crisis. As mentioned, there are more than 11 million children under the age of 15 in sub-Saharan Africa who have lost at least one parent to AIDS-related illnesses – thus it would seem that some of the most vulnerable children are at an age of receptivity to the Gospel (identified as between the ages of 4 and 14). This highlights the importance of approaching OVC care holistically – if children are introduced to the transforming power of the Holy Spirit at this age, saving the 'lost generation' of fatherless children becomes a distinct possibility.

However, how the Gospel is shared with vulnerable children is vitally important. Much of what is written about children and missions refers to situations where children are supported by their parents in mostly Christian environments. HCD implemented in high-risk, poverty stricken areas needs careful consideration. As Dr. Dan Brewster aptly explains: “*Christians engaged in meeting the spiritual needs of children are often criticized by non-Christians who*

¹² Encyclical Letter: *CARITAS IN VERITATE* by Pope Benedict XVI

see evangelism as a form of exploitation. How do we respond to this accusation? What methods do we employ that make this accusation a legitimate one? How do we exercise a non-manipulative integrity and respect in our evangelism without softening the gospel and the need of children for it? ...if the child is to be treated holistically then the spiritual needs must also be met. While exercising sensitivity, we must also stand unapologetically firm in the Gospel. Children need an authentic encounter with Christ to experience the fullness of life that God intended for them."¹³ In this respect, methodology should be scrutinized and great sensitivity is required in discerning the proper time, place, manner, and approach in evangelism to orphans and vulnerable children – a lack of discernment can result in actions being deemed unethical, despite the best intentions.

If HCD is to be introduced to orphans and children made vulnerable owing to the HIV and AIDS pandemic (a group already 25% more likely to be exploited or abused, as mentioned earlier), the writers feel the necessity of including the essence of Dr. Dan Brewster's guidelines for 'child evangelism in sensitive situations':

- *Christians should not pressure children for conversion in situations where the children or their parents are completely dependent on the financial or material support of Christians (for example, in orphanages, social aid projects or communities heavily sustained by Christian development efforts.) Children are so conscious of their powerlessness that they are likely to accept any conditions attached to the support they are provided with. The gospel may be presented to children in these situations, but with sensitivity and caution.*
- *Christians should not seek the conversion of children with a patronizing attitude that distances oneself from the painful reality that the children are experiencing. The sensitive caregiver should relate empathetically to suffering children who are extremely vulnerable and have no control over their circumstances. The approach must be one of identification and compassion.*
- *It is improper to present the Gospel to children in a way that undermines, despises or denies the validity of their culture. A common historical problem in missions is that of confusing Christianity with culture. Christian conversion sometimes becomes synonymous with cultural conversion. God created cultures. Just as every culture has aspects that must be rejected or redeemed, so every culture has aspects that can be affirmed and celebrated.*
- *It is improper and may be unethical to guide children to become Christians in instances where they do not have a proper understanding of what it entails. Especially in circumstances where a commitment to Christ may involve ostracism, rejection, persecution, or suffering, the consequences of a commitment to follow Christ must be clearly presented in a manner commensurate with the maturity level of the child.*¹⁴

If the above concerns are addressed in the policy development of childcare institutions in South Africa, the potential of HCD in addressing the orphan crisis, in the context of the HIV

¹³ Dr Dan Brewster: *Child, Church and Mission* (2008)

¹⁴ Dr Dan Brewster: *Child, Church and Mission* (2008)

and AIDS giant, appears immense. In all forms of intervention relating to the OVC crisis, the importance of upholding the child's best interests as the chief priority must be emphasized.

In concluding this section, the writers would like to suggest that the HIV and AIDS giant cannot be addressed without its chief cause being considered – not overpopulation, corruption, oppressive economic practice or lack of resources but rather spiritual poverty, or more bluntly, sin and its consequences. Romans 12:2 provides valuable insight: “*Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is – his good, pleasing and perfect will.*” In tackling the ‘giants’ identified by SACLA, spiritual transformation remains of paramount importance. Emergency aid and the meeting of basic needs is deemed futile without the transformative power of the Holy Spirit in removing the ‘spirit of poverty’ – which appears to be the biggest hurdle in addressing the OVC crisis.

4.1 A social innovation response to the holistic child development of orphans and vulnerable children

As explained in section 2, presently 5.7 million South Africans live with HIV, in the context of a population of 47 million citizens. Consequently, 1 million children – 4% of the child population – are maternal orphans. Statistics indicate that these children are particularly vulnerable, as they are 25% more likely to suffer abuse. It is also estimated that only 15% of orphans and vulnerable children are reached by care-based organizations. A simple example is Thandanani Children's Foundation, a blue chip care-based organization in Pietermaritzburg, KZN, who after nearly two decades are only reaching 3500 children out of a target group of 50 000.

It is clear that efforts to provide care need to scale dramatically. In this regard, the importance of strategy, leadership and governance, innovation and diplomacy become self-evident. In terms of innovation, developments within the information society, as evidenced in recent events in North Africa and the Middle East, are instructive. Social media has become a powerful tool in promoting social justice. The main challenge is to build a model of care that forms part of an integrated community development approach. It must therefore promote prevention through development. The main challenge is to identify a “*responsibility script*”¹⁵ in which different roles and responsibilities are synchronized within a holistic child development plan. The matching of responsibilities to resources to a developmental care plan provides for a breakthrough. The evolution of “*life cycle philosophy*” into the engineering and manufacturing domain ensures for an exciting project management tool. The migration of this philosophy from “production units” to “caring units” as a means of responding to complex child care and development processes makes for thought provoking social innovation.

¹⁵ The “responsibility script” should be comprehensive – including the responsibility of the father in paying maintenance; the biological family; neighbours and the local community; child care forums; ward committees; municipal allocation of free quota of water and electricity; national departments providing essential documentation, social security, and health education etc. The innovative inclusion in this list is that of an extended virtual family who ensure supplementary support for the vulnerable family.

The James 1:27 Trust¹⁶, located with its technical partners at the Innovation Hub in Pretoria, is actively engaged in building such a social innovation response to the OVC crisis. The Trust's information, communication and technology platform includes business information management systems and business intelligence tools. The platform known as "JAMES" (James Accountability Management Enterprise System), has been built to enable care-based organizations within the OVC sector to scale present levels of care from 15% to a target of 60%. In order to do this, the James 1:27 Trust is advocating a "virtual adoption" model in which the global village is mobilized to share responsibility with the local village in responding to the care of children at risk. In this regard, the African idiom that 'it takes a village to grow a child' is given new intent. South Africans should be the first to respond, as a result of benefiting from a democratic environment and a growing economy. The South Africa Diaspora is the next priority focus group as well as the extensive international anti-Apartheid network.

"Virtual adoption" is based on virtual teams/clusters being matched through community-based organizations with vulnerable children living in care based units, and this takes place at individual, household, shelter, cluster and/or village level. The virtual sponsors are offered a menu driven set of subscribed services and products within a secure delivery system. The policy guideline is not to encourage direct contact between the sponsors and the children. While contact has obvious advantages, the inherent risks are difficult to manage. The narratives and regular reporting on the progress of the children offer an alternative, electronic one-way window; allowing for sufficient information about the children's welfare without compromising the safety and identity of the children. The responsibility thus falls on the local church and community-based partners to provide support to care-workers in the households and care units. It is believed that this integrated community development model has the potential to contribute towards a sustainable model for the future and can stimulate employment creation and social entrepreneurship. For every care service that is subscribed to by the virtual family, an opportunity for 'job creation' exists. The potential for social cash transfer into the society and second economy could be significant.

While valuable sources of international recruitment exist, South Africans (virtual sponsors) themselves need to be recruited. The Trust also believes that traditional corporate social investment needs to migrate to a social capital model in which employees, customers, clients and shareholders are mobilized.

JAMES's first product within the social space is MSOVC a Management System for Orphans and Vulnerable Children. MSOVC consists of SAP Business One, and PTC Windchill, a Product Life Cycle Management system. Future additions include a James Remote Terminal consisting of a biometric scanner capability; Talent Management Software and a Monitoring and Evaluation system. The system is also supported by "Episerver" a content management system. The latter provides a powerful communication and multi-media capability.

To date, MSOVC has been implemented at a pilot site, where the community-based partner, SA Cares for Life, have migrated to SAP Business One and to PTC Windchill.

¹⁶ The New Testament book of James 1:27, states: "*Pure and lasting religion in the sight of God our Father means that we must care for orphans and widows in their troubles, and refuse to let the world corrupt us*" (Bible 1998:1235).

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Thus it follows from the above that major social innovation, in which children at risk can be reached on a large scale, is within reach. This is in the form of three major contributions to internationally accepted good practice: the care of children within family based care units; the use of a child status index to determine vulnerability; and the implementation of holistic child development within a child care plan and care cycle. The implication is that the potential exists to focus on the 4/14 age group, ensuring holistic child development within an innovative funding model. An exciting outcome would be not only the spiritual formation of the children with the HCD approach but also the spin-off of employment creation, as all care interventions become funded and paid for within the 'virtual adoption' system.

The "virtual adoption" system is a social innovation which has its roots in the sociological concept of social capital. The local church is an excellent demonstration of the potential of how social capital can be mobilized in the pursuit of social justice. The impact on social change and community transformation is an important area for future social research.¹⁷

4.2 The role of social capital within the church

Given the scale of the HIV and AIDS epidemic, the degree of poverty in South Africa, and South Africa's peculiar history, the question that arises is: who in society is responsible for the children affected by HIV and AIDS? The answer is of critical importance, in that it identifies the source from which resources need to be made available and transferred. Therefore, without diminishing the responsibility of the church, or the state, in meeting its constitutional obligations in providing a social security net; common sense demands that resources are also needed from a broader stakeholder group. In this regard, capital that can be leveraged from stakeholder groups in business and civil society, in order to supply these resources, need to be secured. Concepts such as social capital are therefore of great value. Given the interconnected nature of our global society, the question arises as to whether social capital can be mobilized at international level. This is particularly relevant in the context of the opportunities characteristic within the information society.

It is suggested that social capital offers an opportunity to leverage benefit in mitigation of the negative impact of the HIV and AIDS epidemic. Firstly, the concept of social capital can be used to understand the negative consequences of the HIV and AIDS epidemic, particularly in

¹⁷ Corbett and Fikkert (2009) in "When Helping Hurts" present a useful map in which to navigate social change. Their underlying principle is not to start the development process by focusing on the needs of the poor but on rather on what the poor already have. Their model begins with defining the problem statement (what's wrong?) in terms of four foundational relationships (with God, ourselves, others, and creation) with sin having caused a brokenness in all of these. Central to this faith-based redemptive approach is the question: Why did Jesus come and what is the role of the Church? They therefore define poverty in terms of relationships, and believe the causes of poverty to be individual, structural and multifaceted. Poverty alleviation is seen as the ministry of reconciliation in which people are moved closer to glorifying God by living in right relationships. Types of intervention are divided into relief, "urgent and temporary provision of emergency aid to reduce immediate suffering"; rehabilitation, "restoring people to the positive elements of their pre-crisis conditions"; and development, "process of ongoing change that moves all people involved closer to being in right relationship to God" (Corbet and Fikkert 2009). In terms of practice, they advocate the principles of starting with people's assets, not needs. They look for resources, more than just financial, first from inside the community and then from outside. They also focus on participation, "not just a means to an end, but rather a legitimate end in its own right. This has to be done in a culturally appropriate manner (language, structure, etc.)" (Numan 2009). The overarching principle is not to do things for people that they can do for themselves (Corbet and Fikkert 2009). The other faith-based source referenced in term of a theoretical framework for social change is that of Bryant Myers, who in his book, "*Walking with the Poor*" brings a synthesis between the spiritual and the material and between theology and social science. Underpinning Myers' biblical world view is his focus that "there is no transformational development apart from people who themselves are being transformed" (Myers 2009:44).

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terms of the depletion of the social capital of those affected by the epidemic. Secondly, this concept may offer a valuable source of leveraging resources for the benefit of those affected by the epidemic.

While social capital can generally be regarded in terms of social networks, norms, values and sanctions, it also relates to different forms of capital. Social networks create a structure in which other forms of exchange take place: human; labor; intellectual; infrastructural.

The information society has opened up new possibilities in applying the concept of social capital. Advances in information, technology and communications provide access to social networks and structures allowing an exchange of resources. Although inherent dangers exist owing to the open nature of the virtual society, it is possible to regulate this environment. These regulations refer to internet law, internet crime, a host of international telecommunication laws and protocols, as well as norms and standards determining acceptable behavior and conduct for the virtual society.

South Africa's history is informative in illustrating the benefits of social capital for social transformation. For example, social networks and structures at national and international level, held together by common political and liberation objectives, were successfully used to mobilize a valuable source of solidarity, political and economic leverage and transfer of resources for the anti-apartheid movement – a powerful example of the value of social networks in the transfer of resources in pursuing the objectives of social justice.

Therefore, while there is general consensus that the scaling of care to children at risk is urgently needed, uncertainty remains as to how to actually achieve this objective. It would seem that there are two main challenges. The first relates to finding new sources of funding to meet the needs of children at risk, and the second to the administration and management of the funds received by the sponsors and to the sponsored care of the children themselves. The concept of “virtual adoption” as promoted by the James Model is an attempt to address the first challenge. The James 1:27 Trust's development of a management system for orphans and vulnerable children (MSOVC) can be regarded as a response to the second challenge.

5. Recommendations

- 5.1 Discipleship needs to start as early as possible. The 4/14 window is instructive in this regard (spiritual formation is recognized as a foundational part of holistic child development). The significance of holistic care in general and spiritual care in particular, offers the church not only unique opportunity for building its future but also demands responsibility from within the church at a leadership level that cannot merely be outsourced to specialized ministry.
- 5.2 Although the spiritual development of children, as part of HCD, is vital, it needs to be implemented with sensitivity and caution. Children should never be pressurized for conversion where they are heavily dependent on Christian support; Christians should never present the Gospel with a patronizing attitude or in a way that undermines the validity of their culture; and sensitivity is required in cases where children may be ostracized or rejected as a result of conversion.

- 5.3 Holistic child development (HCD) requires multi-disciplinary collaboration in order to define an appropriate curriculum. The curriculum setting out the developmental building blocks should then inform a “responsibility script” for the nation and society at large. Roles and responsibilities within a strategic framework need to be identified. Parties must then be held accountable to deliver on what is biblically, ethically, legally and politically expected.
- 5.4 In terms of a nation building objective in which the principles of non-racialism and democracy is advanced, the challenge of an HIV and AIDS epidemic and the proliferation of orphans and vulnerable children provides an important point of focus. A biblical world view consistently puts the most vulnerable at a place of priority importance and there can be little doubt that orphans and children affected by the epidemic, within the context of acute poverty, are the most vulnerable.
- 5.5 Unity and reconciliation in South Africa will be advanced when this ‘responsibility script’ is identified and implemented. Through ‘virtual adoption’, a historic opportunity arises – through working together to care together, genuine unity and reconciliation may emerge.
- 5.6 As the focus of the global church is shifting from the North and the West to the South and the East, South Africa needs to demonstrate that its multi-cultural identity is well placed to model how a complex and ‘resource-diverse’ society can address issues of development and social justice within the information age. Dealing with income inequality and sharing our ‘second tunic’ is part of the calling of South African citizens.
- 5.7 Virtual adoption has the potential to contribute towards a sustainable model for the future and can stimulate employment creation and social entrepreneurship. For every care service that is subscribed to by the virtual family, an opportunity for ‘job creation’ exists.
- 5.8 In addressing income inequality, development, and social justice, a new generation of leaders may emerge who will be able to continue in the tradition of Mandela, Tutu and Naudé – that of principled servant leadership.

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