

CIRCLES OF SUPPORT DIARY



Produced by HDA

SADC Health Sector Coordinating Unit HIV/AIDS Project
Supported by the European Union



ACKNOWLEDGEMENTS

This diary has been written by Annette Wozniak for HDA.

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Circles of Support for orphans and vulnerable children: A community and schools-based multi-sectoral approach to meeting their needs

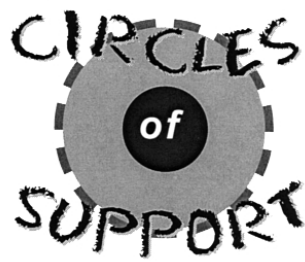
Circles of Support is a pilot project in three SADC countries: Botswana, Namibia and Swaziland.

A project funded by the European Union.

Implemented by HDA.

The project wishes to acknowledge the partners in each country: Botswana Ministry of Education, Namibian Ministry of Basic Education Sport and Culture, Swaziland Ministry of Education.





This diary belongs to:

Contact details:

Address:

Telephone (home):

Telephone (work):

Cellphone:

YOUR CIRCLES OF SUPPORT DIARY

Why do you have a diary like this?

Each neighbourhood agent or school convenor for the Circles of Support project will have a diary like this.

The aim of this diary is to help you to:

- ◆ keep a record of your Circles of Support group members and what your group is doing
- ◆ help project organisers to understand what you are doing so that they can offer you support
- ◆ make the lives of children better.

What can you find in this diary?

1. The Circles of Support Pledge

In order help make this programme successful, it is important to have a group of strong, committed and reliable people. By making a personal pledge, each member of the Circles of Support group can say what they agree to commit themselves to.

This pledge will stay in your diary.

2. The Circles of Support Poster and Game to help you talk about the situation of children in your community

You can use the Circles of Support poster and game to get community members ideas about the most important problems facing children and how their needs may be met. This will give ideas about what your Circles of Support group can do to help.

3. Information sheet 1 - *Details of people in my Circles of Support group*

There are two copies of this information sheet in your diary. One copy will stay in the file. You should give the other copy to the project facilitator. On this information sheet you write down the details of all the members of your Circles of Support group.

4. Information sheet 2 - *Details of households in my Circles of Support group*

There are two copies of this information sheet in your diary. One copy will stay in your file. You should give the other copy to the project facilitator. On this form you write details of every home visit you complete.

5. A list of the most important organisations that support children

This list is completed in your training. You will keep this list in your diary.

6. Organisational information sheets

These are information sheets that you fill in during your training. These sheets have detailed information about organisations that support children in need.

You will keep these information sheets in your diary so that you can use them in the future or give this information to people who may need it.



INFORMATION SHEET 1

DETAILS OF PEOPLE IN MY CIRCLES OF SUPPORT GROUP

Place your sticker here

*This form should be completed and should stay in your diary.
It is a record of all the members of your Circles of Support group.*

Name	Male	Female	Contact number/s	Date joined	Reasons for leaving



INFORMATION SHEET 2

DETAILS OF PEOPLE IN MY CIRCLES OF SUPPORT GROUP

Place your sticker here

These are households that have children that the COS has identified as needing support, for example: child-headed households. A form like this should be filled in for each household visited.

Name and address of household:			
Household visited by:			
Date of first visit:			
Number of children:	How many children live here?	Number of children enrolled in school	Number of children attending school regularly this week
0 - 6 years			
7 - 12 years			
13 - 18 years			
19 years and older (if still at school)			
Is this a child-headed household?			
General observations (what you noticed during visit):			
Main issues discussed during visit:			
If household leaves the support group, give reason and date			

	Handed out	Collected
Number of Activity Book 1	(no.)	(no.)
2	(no.)	(no.)
3	(no.)	(no.)



Place your sticker here

LIST OF THE MOST IMPORTANT ORGANISATIONS THAT SUPPORT CHILDREN

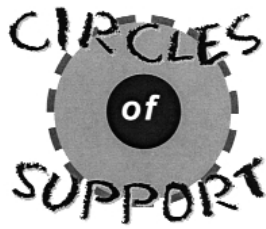
	Name of organisation / structure
1	
2	
3	
4	
5	



ORGANISATION INFORMATION SHEET

Place your sticker here

Name of organisation, community structure or initiative	
Name of contact person	
Telephone	
Fax	
Physical address	
Postal address	
Kind of service or help offered	
Hours open	
How to get there (directions)	



MY PERSONAL PLEDGE

I _____,
commit myself to help children by being an active member of
the Circles of Support group.

I will act professionally towards others by:

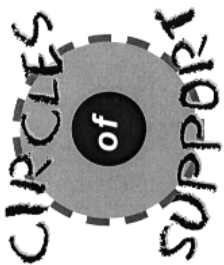
- respecting confidentiality and privacy
- treating others in the same way that I would like to be treated
- providing the best quality care and support that I can

I will help to build the Circle of Support project by:

- setting aside time for Circles of Support activities each week
- encouraging others to join the Circles of Support group
- attending project meetings
- keeping good records.

Signed _____
(Circles of Support member)

Date _____



Details of SCHOOL AGE CHILDREN in the Households in my Circles of Support Group

Place your sticker here

Please use a separate form for each household that you visit. Use the space below to list all children aged 6 years and up. Include those over 18 years if they are still schooling. If you have more you want to tell us, write it on the back of this form. Please tick the box below that applies to your visit now. It is very important to provide this information about your visit.

- = Soon after the first visit to the household
- = About 3 months after the first visit to the household
- = About 6 months after the first visit to the household

Today's date: _____

Name and Address of Household: _____

	Name of child (first and last names)	Gender	Age	Enrolled in school? Yes/No	Attending school regularly? Yes/No	Name of school
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

Comments:

Thank you. Please keep this form and give it to the project facilitator when they next visit you.