

*A Case Study*

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# Sizanani Home-Based Care





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# Sizanani Home-Based Care

*With Support from Management Sciences for Health*

Prepared by Khulisa Management Services:

Shanya Pillay

Nomvuyo Twala



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Khulisa Management Services  
Box 923, Parklands  
Johannesburg, South Africa 2121  
Phone: +27 (0)11-447-6464  
Fax: +27 (0)11-447-6468  
Web: [www.khulisa.com](http://www.khulisa.com)



# Table of Contents

ACKNOWLEDGEMENTS ..... 4

ACRONYMS ..... 5

EXECUTIVE SUMMARY ..... 6

INTRODUCTION ..... 7

ORPHANS AND VULNERABLE CHILDREN IN SOUTH AFRICA ..... 8

METHODOLOGY..... 9

PROGRAMME DESCRIPTION ..... 11

RESOURCES ..... 18

LESSONS LEARNED ..... 19

THE WAY FORWARD ..... 22

REFERENCES AND BIBLIOGRAPHY ..... 23

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*Cover photo by Shanya Pillay*

# Acronyms

AI	appreciative inquiry
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
CBO	community-based organization
DoH	Department of Health
DoSD	Department of Social Development
DIC	drop-in centre
emergency plan	U.S. President's Emergency Plan for AIDS Relief
HBC	home-based care
HIV	human immunodeficiency virus
MSH	Management Sciences for Health
NGO	nongovernmental organisation
OVC	orphans and vulnerable children
PLHA	people living with HIV/AIDS
Sizanani HBC	Sizanani Home-Based Care
USAID	U.S. Agency for International Development

# Executive Summary

This OVC case study is one of a series of 32 case studies documenting OVC interventions in South Africa. It was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the U.S. President's Emergency Plan for AIDS Relief (emergency plan) and U.S. Agency for International Development (USAID)/South Africa. This study documents Sizanani Home-Based Care (Sizanani HBC) OVC programme and lessons learned that can be shared with other OVC initiatives. It is based upon programme document review; programme site visits, including discussions with local staff, beneficiaries, and community members; and observations of programme activities. When designing this research, appreciative inquiry (AI) concepts were used to identify strengths (both known and unknown) in Sizanani HBC's OVC programme, and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

Sizanani HBC is a community-based nonprofit organisation that has its operational base in the Wesselton Township in Ermelo, Mpumalanga. Sizanani HBC was established in 2002 and is run by a board of directors and a management committee. Its operation base spans across eight locations and provides services to 167 OVC and 20 guardians. The project engages in many activities included psychosocial care for OVC, homework assistance, and, among other things, education and vocational training.

Sizanani HBC receives funding from Management for Health Sciences (MSH) and from South African government departments (including Department of Social Development and Department of Health).

Sizanani has some unmet needs that, if met, would assist in moving the programme toward serving OVC better. Of particular importance is the programme's need to establish a shelter where needy children can reside. The programme is still awaiting confirmation for land provision. One of the programme's challenges includes the delays experienced with accessing government grants, due to missing documentation. This is something that Sizanani HBC hopes to resolve in the near future.

Despite some of the challenges and unmet needs experienced, Sizanani HBC makes a way in providing a safe and caring community for children in the community. Specifically, the programme's drop-in centre and psychosocial support component are very successful.



# Introduction

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*“The pandemic is leaving too many children to grow up alone, grow up too fast, or not grow up at all. Simply put, AIDS is wreaking havoc on children.”*

**Former United Nations Secretary-General Kofi Annan**

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Despite the magnitude and negative consequences of growth in orphans and vulnerable children (OVC) in South Africa and in sub-Saharan Africa, insufficient documentation exists to describe strategies for improving the well-being of these children. There is urgent need to learn more about how to improve the effectiveness, quality, and reach of efforts designed to address the needs of OVC, as well as to replicate programmatic approaches that work well in the African context. Governments, donors, and nongovernmental organisation (NGO) programme managers need more information on how to reach more OVC with services to improve their well-being.

In an attempt to fill these knowledge gaps, this case study was conducted to impart a thorough understanding of Sizanani Home-Based Care (Sizanani HBC) programme and to document lessons learned that can be shared with other initiatives. The U.S. Agency for International Development (USAID) in South Africa commissioned this activity to gain further insight into OVC interventions receiving financial support through the U.S. President’s Emergency Plan for AIDS Relief (emergency plan). This OVC case study, one of a series of case studies documenting OVC interventions in South Africa, was researched and written by Khulisa Management Services (Johannesburg, South Africa) with technical support from MEASURE Evaluation and with funding from the emergency plan and USAID/South Africa.

The primary audience for this case study includes Sizanani HBC, OVC programme implementers across South Africa and other countries in sub-Saharan Africa, as well as policy-makers and donors addressing OVC needs. It is intended that information about programmatic approaches and lessons learned from implementation will help donors, policy-makers, and programme managers to make informed decisions for allocating scarce resources for OVC and thus better serving OVC needs.

The development of these case studies was based on programme document review; programme site visits, including discussions with local staff, volunteers, beneficiaries, and community members; and, observations of programme activities. The programmatic approach is described in depth – including approaches to beneficiary selection, key programme activities, services delivered, and unmet needs. Programme innovations and challenges also are detailed.

It is our hope that this case study will stimulate the emergence of improved approaches and more comprehensive coverage in international efforts to support OVC in resource-constrained environments across South Africa and throughout the world.

# Orphans and Vulnerable Children in South Africa

With an estimated 5.5 million people living with HIV in South Africa, the AIDS epidemic is creating large numbers of children growing up without adult protection, nurturing, or financial support. Of South Africa's 18 million children, nearly 21% (about 3.8 million children) have lost one or both parents. More than 668,000 children have lost both parents, while 122,000 children are estimated to live in child-headed households (Proudlock P, Dutschke M, Jamieson L et al., 2008).

Whereas most OVC live with and are cared for by a grandparent or a great-grandparent, others are forced to assume caregiver and provider roles. Without adequate protection and care, these OVC are more susceptible to child labour and to sexual and other forms of exploitation, increasing their risk of acquiring HIV infection.

In 2005, the South African Government, through the Department of Social Development (DoSD), issued a blueprint for OVC care in the form of a policy framework for OVC. The following year, it issued a national action plan for OVC. Both the framework and action plan provide a clear path for addressing the social impacts of HIV and AIDS and for providing services to OVC, with a priority on family and community care, and with institutional care viewed as a last resort. The six key strategies of the action plan include:

1. strengthen the capacity of families to care for OVC
2. mobilize community-based responses for care, support, and protection of OVC
3. ensure that legislation, policy, and programmes are in place to protect the most vulnerable children
4. ensure access to essential services for OVC
5. increase awareness and advocacy regarding OVC issues
6. engage the business community to support OVC actively

In recent years, political will and donor support have intensified South Africa's response to the HIV/AIDS epidemic and the growing numbers of OVC. The South African government instituted guidelines and dedicated resources to create and promote a supportive environment in which OVC are holistically cared for, supported, and protected to grow and develop to their full potential. Government policies and services also care for the needs of vulnerable children more broadly through such efforts as the provision of free health care for children under age five, free primary school education and social grants for guardians.

The U.S. government, through the emergency plan, complements the efforts and policies of the South African government. As one of the largest donor efforts supporting OVC in South Africa, the emergency plan provides financial and technical support to 168 OVC programmes in South Africa. Emergency plan partners focus on innovative ways to scale up OVC services to meet the enormous needs of OVC in South Africa. Programme initiatives involve integrating systemic interventions; training of volunteers, caregivers, and community-based organisations; and delivery of essential services, among other things. Emphasis is given to improving the quality of OVC programme interventions, strengthening coordination of care and introducing innovative new initiatives focusing on reaching especially vulnerable children.

# Methodology

## INFORMATION GATHERING

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Beneficiaries play at Sizanani HBC.

When designing this research, we used appreciative inquiry (AI) concepts to help focus the evaluation, and to develop and implement several data collection methods. Appreciative Inquiry was chosen as the overarching approach because it is a process that inquires into and identifies “the best” in an organisation and its work. In other words, applying AI in evaluation and research is to inquire about the best of what is done – in contrast to traditional evaluations and research where the subjects are judged on aspects of the programme that are not working well. For this case study, AI was used to identify strengths (both known and unknown) in the Sizanani HBC OVC programme (hereafter referred to as Sizanani HBC/Sizanani, or the programme), and to identify and make explicit areas of good performance, in the hopes that such performance is continued or replicated.

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*“Appreciative inquiry is about the co-evolutionary search for the best in people, their organisations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives “life” to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms. AI involves, in a central way, the art and practice of asking questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential”.*

**David Cooperrider, Case Western Reserve University, co-founder of appreciative inquiry**

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Fieldwork was carried out in September 2007 over a period of two days. Two researchers conducted the fieldwork which comprised of key informant interviews, an AI workshop, and a set of observations. A three-hour key informant interview was held with Sizanani’s chairperson at the programme’s site in Ermelo, Mpumalanga. In particular, the chairperson discussed the programme model, design, resources and, among other things, challenges with the researchers. She also provided the researchers with supplementary documentation, such as the programme rules, procedures, business plan, and proposals for funding. A five-hour AI workshop was also held with participants, who either receive services (beneficiaries) from the programme or who provide these services (staff). In total, 19 participants attended the workshop, which was held at the programme site. Participants from the beneficiaries included the programme’s OVC coordinator, a youth worker, and a representative from the nearby hospital, a peer educator, a volunteer, and nine caregivers. The beneficiaries included guardians and OVC from the community. Following the AI workshop, the researchers observed some of the activities at the programme site. Specifically, the researchers observed OVC who came in for lunch after school. They had informal conversations with the OVC and interacted with them outside during play time. Staff cooking activities were also observed. The researchers were also shown the programme’s gardening project and some nearby premises that the programme hopes to be awarded (by the municipality) for establishing a shelter for those OVC who have no place to stay.

## FOCAL SITE

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Sizanani HBC is based in the Wesselton Township in Ermelo in the Mpumalanaga Province within the Msukaligwa Municipality. The estimated population fo the Msukaligwa Municipality is 124,319 and it is predominantly a rural municipality comprising farmland, mining operations, and timber industries. The unemployment rate is estimated at around 38% with approximately 31,209 people being economically inactive.



*“I am proud of Sizanani because they came to my house and found my sick, disabled uncle. They arranged for a social worker to come in who helped him register for a disability grant... everything is good now...”*

**Beneficiary**

# Programme Description

## OVERVIEW AND FRAMEWORK

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*Beautiful artwork (painting and drawings) done by OVC are displayed at the drop-in centre at Sizanani HBC.*

In 2001, a few women from the community were approached and provided training on HIV/AIDS by a teacher and some of the nurses from the local hospital. After having received training for one year, these women realised the importance of establishing a centre that could see to the many social challenges that were being experienced in the community. In 2002, Sizanani (meaning “to help each other” in Zulu) HBC was founded. An OVC baking, and gardening programme was also established as part of Sizanani HBC. Currently, its operational base is in the Wesselton Township in Ermelo, Mpumalanga. Sizanani HBC is a nonprofit, home-based care (HBC) organisation that aims to positively contribute to the social, economic, and health development of this community.

The programme is run by a board of directors and a management committee. Sizanani HBC operates in eight villages and currently provides services to 167 OVC and 20 guardians. The programme’s main focus is to provide services to those living with chronic illnesses, with particular focus on HIV/AIDS. Other issues of concern for the programme include violence and abuse and poverty. The programme also places emphasis on empowerment, especially for women and children in the community.

Some of Sizanani’s objectives are:

- to provide basic health care to people living with HIV/AIDS (PLHA) and terminally ill patients;
- to strengthen the capacity of volunteer health care workers and family members to care for the chronically ill;
- to provide holistic services that are accessible to OVC in the community; and
- to stimulate community responses to OVC in the community.

The programme engages in numerous activities and provides many services that best serve the needs of OVC in the community. OVC are provided psychosocial care, receive homework assistance, general education, and vocational training. The programme also has a drop-in centre (DIC).

Sizanani’s approach to the challenges faced by OVC in the community is comprehensive. The programme seeks to deliver services in a way that takes cognisance of the local cultural norms and practices that build on African traditions of collective concern, mutual obligation, and family support. Using this approach, Sizanani HBC networks with other organisations within the community to remove the negative association with HIV/AIDS. This approach aims to create a caring, responsive environment to those living with HIV/AIDS.

## PROGRAMME STAFF AND VOLUNTEERS

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As of September 2007, Sizanani HBC employed 19 staff members and five volunteers. Staff members include a director to oversee the entire programme, cooking staff, caregivers, and volunteers. The director ensures that reports are completed and submitted on time. She also ensures that staff carry out their duties and ensures financial issues are taken care of. Cooking staff are in charge of cleaning the kitchen, placing food orders, and the daily preparation of meals. Staff members operate primarily in the community whereby their chief role is to ensure that children are taken care of. In particular, they assist children with homework; provide love, care, and support; and assist and teach children life skills. Staff and volunteers are recruited in many ways. Some of these ways include direct advertising in the community, using posters, and also through word-of-mouth. Once candidates have made contact with Sizanani staff about employment opportunities, these candidates are contacted and asked to come in for an interview. Those who seem capable and who are passionate with high levels of commitment are employed. Volunteers are recruited in the same manner. Both volunteers and salaried staff receive training on childcare, which is provided by DoSD. Training lasts approximately three weeks, and volunteers are taught about how best to serve the needs of vulnerable children. They are also taught how to counsel and provide psychosocial support to children. Staff and volunteers also receive training on cooking over a period of two days. The Department of Health (DoH) provides the services of a nutritionist, who has taught staff and volunteers about healthy cooking methods. Kitchen staff members receive R500 per month and childcare workers receive R375 per month.

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*"I am proud of Sizanani because it gives nutritious food to the children and to the sick."*

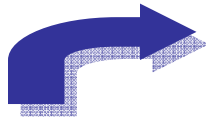
**Guardian beneficiary**

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# Sizanani Home-Based Care

## Programme Goals

Sizanani HBC seeks to provide basic health care to PLHA and terminally ill patients, to strengthen the capacity of volunteer health care workers and family members to care for the chronically ill, to provide holistic services which are accessible to OVC in the community and to stimulate community responses to OVC in the community



### External Resources

#### MSH (through the emergency plan)

- Pays for food for drop-in centre
- Used to fund operational costs
- Money used to buy stationery for OVC

#### SA Government and other Donors

- DoSD finances meal costs and assists with food parcels. DoSD also provides training on project management for staff. The DoSD also pays the projects monthly rental costs of R1000.
- DoH provides funds for first aid kits, pays out stipends to volunteers, provides multivitamins for OVC, provides some health related training for caregivers.
- Shoprite Stores: donated R13000 worth of appliances to the project.
- Eskom: donated R13000 worth of food to the project.

### Sizanani HBC

#### Home Visits

- Needs assessments
- Target those infected and/or affected by HIV/AIDS
- Holistic care targeting social, emotional, and biological needs

#### Drop-In Centre

- Meals are provided twice a day (breakfast and lunch)
- Psychosocial support provided to OVC
- Memory box activities
- Life skills training
- Income generating activities.

#### Community Mobilisation

- Local church: assistance with spiritual healing and psychosocial support. Church also donates blankets and clothes.
- Local schools: Assist with OVC identification.
- Thandolwetu NGO: Assistance with OVC identification.
- Helping Hands NGO: Assistance with OVC identification.
- Local Women's Circle: Donate food and clothing.



### Outcomes

- Improved health services for OVC
- Improved educational services for children
- Increased knowledge around HIV/AIDS
- Decrease in HIV/AIDS prevalence
- Improved emotional wellbeing through psychosocial support and counselling
- Sense of belongingness and love for OVC
- Food security for families and OVC
- Economic opportunities through income generating activities for the community and OVC
- Life skills training promotes good quality of life

## KEY PROGRAMME ACTIVITIES



Sizanani HBC performs a host of activities in order to meet the needs of PLHA in the community. Some of these activities are detailed below. These include home visits.

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*“We want to see the children of the street. Children must become less vulnerable and they must be given food, love, and shelter. We treat the children as if they are our own – they are always placed first and we love them all.”*

**Sizanani Chairperson**

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### Home Visits

Home-based care occurs from Monday to Friday between 9 a.m. and 4 p.m. Families that are affected or infected by HIV/AIDS are visited at least two or three times a week. Caregivers provide holistic care, which seeks to meet the social, emotional, and physical needs of beneficiaries. In particular, beneficiaries (including OVC and guardians) receive psychosocial care if needed, they are bathed by caregivers, and their homes are cleaned. Caregivers become part of the family and they form relationships with them.

Caregivers are exceptionally thorough with documenting the details of their home visits. They write detailed synopses about each visit and capture information about what service was provided. Caregivers capture information about an individual’s health status or health progress. Other information includes the number of homes visited per day, how many of these homes had individuals who were unwell, and how many people are in receipt of social and foster care grants. This information, which is captured in a book by each caregiver, is then taken back to Sizanani HBC offices every Friday. The coordinator then captures this information using a paper-based system. This information is used to compile monthly monitoring and evaluation reports to submit to DoH and DoSD, as well as to Management Sciences for Health (MSH). These reports include detailed, updated information on the number of OVC who have been identified to date, the number of child-headed households, how many people receive material assistance or food parcels, and, among other things, how many beneficiaries have been referred to other organisations for other services.

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*“I like the way that they approach us then they visit us at home – they show us respect and make us feel special.”*

**Beneficiary**

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## Community Participation

Sizanani HBC receives emotional support and material resources from local faith-based organisations. The church leaders from a local church are part of Sizanani's executive board. They assist in getting donations from the community, which is then given to people in need in the community. In particular, blankets, clothes, and money are donated by the community through the church. The church also provides spiritual guidance for beneficiaries.

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*"I like that Sizanani encourages us to pray and go to church."*

**Beneficiary**

*"I like that Sizanani works with other organisations and with the community in helping children and everyone else who are in need of assistance."*

**Beneficiary**

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The local schools also participate in the work that Sizanani does, in the form of OVC identification. For example, if a teacher recognises a need for a child in school, then he or she contacts Sizanani staff who then carry out an evaluation of the child, to determine the extent of the child's needs. Essentially, Sizanani relies heavily on this contribution by school teachers in identifying, and subsequently serving, OVC in the community.

Other local NGOs from the community also provide ad hoc support to Sizanani HBC. Thandolwethu and Helping Hands, two other NGOs that operate within the community, assist also through identification and referrals of OVC. Businesses in the community, such as Shoprite, also provide material support and food donations, although not on a consistent basis. The local Women's Circle also provides donations in terms of food and clothing to Sizanani.



## Drop In Centre

Approximately 165 children attend the Sizanani's HBC DIC. The DIC is opened on weekdays between 6 a.m. and 4 p.m. Children are provided breakfast in the mornings and lunch after school. There are eight dedicated caregivers who work at the DIC and who also prepare the meals for the children, daily. Essentially, these caregivers take care of meal provision, support recreational and play activities at the DIC, and provide love and affection to these children. Children are engaged in many activities that seek to develop their emotional well-being and social skills. Some of these include play activities and others are educational (using books and learning material). Children between the ages of 13 and 18 are taught about the dangers of promiscuity and unsafe sexual practices, and they are provided information about HIV/AIDS. These sessions occur once weekly. Psychosocial care occurs as and when needed. If a child presents emotional difficulty through death and bereavement or through any other issue, then caregivers offer counselling and help OVC through this. One of the successful psychosocial activities that Sizanani uses is the making of memory boxes. This activity helps children move beyond the grief and sadness associated with loss and death of a parent or family member. It teaches children how to positively embrace memories and capture them in a way that promotes emotional development. The majority of caregivers have received some form of training in psychosocial support. Children are also provided with general education where emphasis is placed on improving reading and writing skills and homework assistance. These activities are

carried out daily and occur between 2 p.m. and 4 p.m. at the DIC. Children are also afforded the opportunity to develop life skills as they are taught about gardening, cooking, and baking.

## BENEFICIARIES

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Sizanani HBC operates in eight locations and currently provides services to 167 OVC and 20 guardians. Guardians receive support indirectly as the children that they look after are provided food and some material support through the programme. Beneficiaries and guardians are identified through door-to-door visits, which are conducted by caregivers.

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*“Sizanani is special because they help with love and commitment and because they are quick to help.”*

**Beneficiary**

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When conducting these visits, caregivers ascertain whether children are being cared for sufficiently, whether there are any parents or guardians who provide support to these children, or whether there is any abuse or misconduct in the home. When a need is identified, these children are placed on a register and grouped into one of three categories (a group with both parents deceased, a group with one parent deceased, or a vulnerability group). OVC are also identified and integrated within the programme through referrals by other organisations and community members. For example, local school teachers identify vulnerable children at school and then contact Sizanani to inform the programme of this. Other NGOs, such as Thandolwethu and Helping Hands, also refer OVC to Sizanani. Other than OVC, beneficiaries also include grandparents, especially grandmothers, and aunts and uncles who act as guardians to the OVC. OVC typically leave the programme when they receive support from other organisations or sources. If they receive social grants or foster care grants then they exit the programme. Another point of exit from the programme is when a child turns 18 years of age or when the child moves to another location that is a distance from Sizanani HBC.

## SERVICES PROVIDED



Through the key activities discussed above, Sizanani HBC provides the following services to OVC:



### Food and Nutritional Support

Children are provided breakfast and lunch on weekdays at the DIC. These meals are nutritious (caregivers were provided training in nutrition, which was funded by DoH) and are prepared daily. Children are also provided with food parcels but this occurs on a very irregular basis.



### General Education

Children are assisted with homework daily at the DIC and also at home visits. Caregivers ensure that children complete their programmes and assist those who have reading and writing difficulties on a needs basis. Some children are also provided with school uniforms but this occurs infrequently.



### Economic Strengthening

Because of high poverty rates and little to no income coming into most homes, OVC are taught about starting their own income-generating projects. They are taught how to manage money, how to bake, cook, sew, and grow vegetables. They then sell these products for a profit. These activities occur at the DIC as well as when conducting home visits.



### Psychosocial Support

Death in the family, especially the death of a parent of a close family member can be particularly traumatising for a child. Often, the consequences of such experiences result in children becoming withdrawn and depressed, especially if they are not given any opportunities to discuss these feelings. Sizanani deals with emotional issues like these through the provision of counselling and activities such as memory box making. Children are told constantly that they are free to talk to any of the staff if ever they feel they need to.



### HIV Prevention Education

The DoH provides Sizanani with first aid kits, which are used to provide emergency medical assistance to OVC. Sizanani also works closely with the local clinic and takes OVC to the clinic to collect their medication and treatment. The staff also assist in following up with patients who do not go back for test results or treatment. The names of such people are provided by the clinic and given to staff. Sizanani also conducts many health awareness talks for children and youth, especially in the areas of HIV/AIDS and other sexually transmitted diseases.

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*“Sizanani has helped us reduce the number of sick people. There are less people who are sick from HIV/AIDS and they care for the OVC as well.”*

**Beneficiary**

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# Resources

## DONORS

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*An OVC has lunch at the drop-in centre.*

Sizanani HBC receives funds and resources from many sources. Resources such as clothing items and toys are made available, on an irregular basis, by community members such as the local church and the women's circle. Funding and resources for the programme is made available by DoH, DoSD, and from private organisations. The DoH provides first aid kits, multivitamins, training in health-related issues, and money for volunteer stipends. The DoSD provides funds for meals, provides food parcels, and training on programme management and childcare. MSH through the emergency plan provides approximately 20% of Sizanani's operational funds, with the DoSD funding 50% and DoH funding 30%.

## IN-KIND CONTRIBUTIONS

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Local businesses, such as Shoprite stores and Eskom, also provide additional resources. In the past, Shoprite provided Sizanani with R13,000 worth of appliances and Eskom supplied R13,000 worth of groceries. A Muslim society also donated R10,000 worth of blankets for the children yearly. Sizanani HBC's monthly rent is R1000 and DoSD pays for this. The Ladies Circle donates teddy bears for children and has sent two children to learn how to use computers.

# Lessons Learned



*Sizanani cooking staff prepare lunch for OVC.*

Sizanani HBC is a dynamic programme that values on-going learning and development. The programme envisions a community where awareness of HIV/AIDS encourages safe behaviour practices and ultimately reduces the overall infection rates of HIV/AIDS. In working towards achieving this, Sizanani HBC recognises the need to acknowledge the barriers and challenges that they currently face and look at innovative ways to work around them. Some of Sizanani HBC's challenges, unmet needs and successes are discussed, below.

## PROGRAMME INNOVATIONS AND SUCCESSES

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### **Drop-In Centre Activities**

The DIC is very successful and affords many OVC the opportunity to interact with other children in a safe environment. Children are provided meals, engage in play activities, and receive counselling as needed. The DIC provides a safe haven for children to grow and develop. Children experience a sense of belonging here and they escape from trauma and bereavement as a result of having lost one or both parents to HIV/AIDS.

### **Successful Psychosocial Support Provision**

Caregivers provide psychosocial support to OVC and their families through counselling. This takes place on a needs basis and occurs during home visits and at the DIC. The positive outcomes of receiving this support makes this service a very successful component of Sizanani. Children are made to feel loved and important and care givers note that once having received counselling, children have a pleasant demeanour and seem more socialised. As a form of psychosocial support, caregivers use memory box making as a way to positively embrace past memories. OVC at the DIC really enjoy this activity and it has helped many of them to move beyond feelings of disappointment and rejection.

### **Effective Economic Support**

In a community with very few employment opportunities and high rates of poverty, it is important to teach children alternate ways of generating an income. One of Sizanani's high points is the way in which it is able to successfully train young children in income generating activities. Specifically, OVC are taught to cook, bake, and sew. They are also taught about how to manage money, how to calculate profits, and how to use their money to grow their income. These activities have been very successful and the OVC enjoy engaging in these activities. They are able to use this money to help out at home with food and other costs.

## PROGRAMME CHALLENGES

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### **High HIV/AIDS Prevalence**

Sizanani HBC aims to create a community where the awareness of HIV/AIDS is translated into positive behavioural change towards controlling and reducing the overall infection rate of HIV/AIDS in the community. The rate of infection is still high in the community with more than 50% of the community being infected. The work and services being offered by Sizanani seem to be having less of an impact in the community due to ongoing infections. This leaves Sizanani staff frustrated and highlights the challenge of finding a sustainable approach towards reducing HIV/AIDS prevalence in the community.

### **Limited Training Availability**

Sizanani maintains that training is essential to developing staff and thereby improving service delivery to OVC. While some training has been made available by the DoH and the DoSD, Sizanani staff would appreciate more training so as to develop their skills even further, especially around management skills.

### **Increasing Beneficiary Intake**

As part of Sizanani's drive towards creating a safe and caring community for OVC in the community, Sizanani acknowledges the need to increase the number of OVC that they provide services to. From a cost perspective, this poses a significant challenge. In order to increase beneficiary numbers, the programme will require additional funds for employing more staff, buying larger premises and for other material costs such as clothing and food.

### **Promoting Hope among OVC**

Sizanani staff find it difficult to motivate youth and children in many aspects. In particular, children who have been faced with trauma and bereavement due to HIV/AIDS-related deaths in the family, tend to be discouraged and lack motivation. Trying to keep their confidence up and encouraging them to go to school is sometimes difficult. Another challenge related to this deals with finding innovative ways to discourage unsafe sexual behaviours.

### **Delays in Grant Approval**

Perhaps one of the greatest challenges in developing the community and improving the quality of life for OVC is that people in the community still find it difficult to generate any form of income. Because of this, poverty rates are very high. One way in which poverty is reduced is when people receive government grants to support their children; however, applications for child care and foster care grants take very long to be processed, sometimes taking up to even six months. Missing documentation, such as birth certificates and identification documents, further delay this process. The result of this is that many desperate families that are poverty stricken are unable to look after themselves and their children. This is one of the greatest challenges that Sizanani faces.

### **School Attendance**

Because of high rates of unemployment, many families are unable to pay school fees for their children. These children are sometimes denied access into schools. Children who do not attend schools run the risk of increasing their vulnerability as they are less educated and will find it difficult to find employment in the future. This is directly linked both to knowledge around social problems like HIV/AIDS and to poverty. Sizanani tries to assist in school fees exemption for children, but, due to high rates of unemployment, the large numbers of children who can not afford school fees are not always accommodated.

## UNMET NEEDS

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### **Inability to Establish Shelter**

The need for establishing a home or shelter for OVC is currently a priority for Sizanani. The programme makes a significant difference to the lives of OVC while they are at the centre (through activities, meals provision, and psychosocial care), some OVC are left homeless and without food, care, or shelter once they leave the centre in the evenings. Sizanani hopes to be awarded a property that is vacant (an old, vandalized mining house that accommodated miners) so that it can develop it into a shelter and place of safety for OVC who are homeless. The programme has put through a request to the municipality, but is still waiting to hear if the programme has been granted this request.

### **Lack of Efficient Transport facility**

Transportation poses a serious problem for the programme. It can be difficult for OVC to walk long distances, especially in poor weather conditions, to the site after school. Also, if children are sick and need to be taken to the hospital, transport is not always available. Sizanani has expressed its need for a vehicle to assist in this regard.

### **Need for Clothing and Uniforms**

Despite receiving clothing in the form of donations, clothing, and uniforms in particular, still represent an unmet need for Sizanani. The availability of school uniforms has a direct impact on school attendance, whereby children who are unable to afford uniforms are bullied and teased by other students and, in some instances, even denied access into schools by teachers.

# The Way Forward



Sizanani HBC endeavours to develop a safe and caring community for OVC. It hopes to establish a shelter soon for children who are homeless and who are being mistreated in their own homes. The establishment of this shelter depends upon approval by the municipality to use an old, vandalised building. Another area in which Sizanani hopes to develop is to increase its overall organisational capacity, both in terms of training and enhancing staff skills and competencies, as well as increasing beneficiary intake to be better placed to accommodate more OVC at the centre. Sizanani also hopes to expand its operating hours to weekends. Currently it only works on weekdays. This will ensure that children are provided meals, love, and support in a consistent manner.

Sizanani also recognises the need to involve the community in all its initiatives so as to make enhanced quality of life a way of life rather than a privilege. Ascertaining commitment and buy-in from community members is paramount towards achieving this. Sizanani hopes to increase the involvement of religious leaders to assist with spiritual healing for traumatized OVC.

Sizanani wants to encourage more youth participation and wants to develop ways in which the youth are able to embark on activities of community education, counselling and information sharing towards reducing OVC related stigma.

The programme hopes to empower youth with life skills. Sizanani HBC is looking at training youth in knitting and sewing so that youth can sell their goods for a profit. Furthermore, the programme is also interested in involving OVC in the gardening project to a greater extent, so that the children can also learn about income generating activities, which they can then replicate in their own homes.

Sizanani is focussed on mobilising the community and increasing the community's participation in the programme. As suggested by the project coordinator, it would be a great achievement if the programme could motivate the community to take on a more active role in this programme. Sizanani wants to create a sense of urgency and let the community see the dangers of HIV/AIDS. Doing so will assist in the drive towards reducing the negative outcomes of HIV/AIDS in the community.



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Sizanani Home Based Care  
Gert Sibande District, P. O. Box 2528  
Ermelo, 2350  
Tel: 017-819-4081