

Mitigating the Impact of AIDS on a Rural Community:

Observations of the inner workings of a rural non-governmental organization

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April 2009

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Acknowledgements

I would like to first acknowledge and thank the staff of the Bhekuzulu Self Sufficient Project for their hospitality, willingness to allow me to stay and observe at their organization for a month, include me in their work, and answer questions. Without their openness and assistance, this project would not have been possible. I would especially like to thank Nozipho, along with Musa and Therese, for hosting me, and Fezile for her assistance in setting this study project up and her willingness to allow me to come on such short notice. Special thanks to Therese for including me in her work, allowing me to follow her around, and providing so much information about the work of the Bhekuzulu Self Sufficient Project. Thanks to Thuli and Mama Mpembe at the crèche, for putting up with me every day and welcoming me to hang out and play with the children. I would like to acknowledge Zed McGladdery for his assistance and guidance in formulating and editing this paper.

Abstract

The purpose of this study project was to understand the impact of HIV/AIDS on a community and to assess the ability of a non-governmental organization to mitigate the negative effects of disease and poverty in the spaces where the government has failed to address community needs. The author observed employees at the Bhekuzulu Self Sufficient Project in rural KwaZulu Natal over a period of three and a half weeks in order to gain an understanding of the work done there. Secondary research was done to supplement these observations and better understand the social and economic impact of HIV/AIDS on a community, in order to assess the effectiveness of BSSP programmes in the surrounding areas.

Through these observations, it was concluded that an NGO can successfully bridge a portion of the gap left between the government's provision and the needs of a relatively poor, rural community. Programmes in many ways can diffuse the negative effects of poverty and illness on households and especially children and reduce the risks associated with growing up in such an environment. However, as a rural NGO dependent on outside donations to provide the funding and budget of the organization, there are many challenges this organization faces. These challenges create limitations on the impact an NGO can have on a community, and may even pose a threat to the long-term survival of the organization.

Introduction

Sub-Saharan Africa, despite accounting for about 11% of the world's population, accounts for two thirds of all people living with HIV/AIDS worldwide, and three quarters of all AIDS-related deaths. South Africa itself has the highest global incidence of HIV/AIDS. With an estimated 5.7 million HIV-positive citizens, this nation-wide epidemic is showing no signs of declining.¹ AIDS is "an illness of the disadvantaged"; it is concentrated among the poor, uneducated, and those with least access to health care² While people in poverty are at higher risk of contract AIDS due to a multitude of factors, AIDS has a strongly negative impact on the economic potential of affected families, creating a downwards spiral of poverty and disease. Rural areas have been particularly devastated by this epidemic, as the communities there tend to have greater levels of poverty and fewer resources for coping with the disease.³

The South African Government has implemented numerous strategies hoping to provide relief for individuals and communities affected by poverty and HIV/AIDS. Unfortunately however, there is an often gaping void left between the services provided by the government and the needs of these communities. In some instances, non-governmental organizations (NGOs) have emerged within these communities to attempt to fill this gap and mitigate the often devastating impact of poverty and AIDS.

The intention of this study project was to observe and understand the workings of one such NGO, assess its ability to diffuse the negative impact of poverty and disease on the members of its service area, and observe the challenges and limitations that an organization doing this type of work faces. The Bhekuzulu Self Sufficient Project -- a community-based NGO located outside Estcourt in rural KwaZulu Natal -- was chosen as the site of the this study project. It was an ideal location to study this topic because it provides a fairly large range of services, each with the expressed purpose of alleviate some of the hardships faced by the local community. It receives funding from a wide variety of sources ranging from the government itself to international organizations. Finally, the organization has managed to sustain itself and even grow in size over the last nine years, maintaining a track record that appears successful in both gaining funding and implementing projects.

¹ UNAIDS, Fact Sheet: Sub-Saharan Africa

² Farmer, pp 217

³ UNAIDS "Rural Communities"

Methodology

The data for this paper was primarily collected through the my own experiences volunteering for three and a half weeks at the Bhekuzulu Self Sufficient Project (BSSP), a rural non-governmental organization (NGO) located outside the town of Estcourt, in KwaZulu Natal. During this time, I lived with the BSSP programme manager, the financial coordinator, and an American Peace Corps Volunteer. I visited the BSSP office daily, and interacted with the employees based at the office. Much of my time was spent assisting and observing at the crèche and researching and writing fundraising letters. I had the opportunity to observe the daily routines, day-to-day occurrences at the centre, and the activities of staff members, and ask questions when and where seemed appropriate. I was able to accompany an Orphans and Vulnerable Children care worker to a halfway house and briefly observe the workings there. Through this experience, I was able to study and document not only some of the many programmes offered by BSSP, but also the challenges the organization faces in accomplishing the tasks they set out to do and the threats to the overall sustainability of the project.

I formed relationships with employees and community members, and gathered data for this paper was gathered primarily through these relationships. I had many informal conversations and also gained access to Bhekuzulu Self Sufficient Project reports and promotional material, used for providing funders with project updates and attracting new funders. A large portion of the data and observations used in this paper came from the experiences of the American Peace Corps Volunteer. As an outsider with a degree in International Development, Therese had unique insight into the work of the organization, and its successes, failures, and challenges. However, despite having lived in Bhekuzulu for over a year, her perspective was still that of an outsider, which impacts her perspective and therefore mine. Undoubtedly, my relationship with Therese affected my perspective of the BSSP in a different way than interacting solely with local employees would have. While working with an organization is not the most efficient means of gathering data, the advantage of this type of study project is that much of the work that goes on at the organization is personally witnessed; the reality of challenges and obstacles become clearer than they would if only interviews were conducted.

In addition to the primary research done, secondary research was used to supplement the observations of the NGO and to better understand the challenges a community faces with regards to HIV/AIDS and poverty. Through this secondary research, I gained an

understanding of the economic and social implications of disease and lack of resources. I could better understand and analyze the possible impact of BSSP's current programmes, as well as the limitations they experience. Of particular use to this paper were the UNAIDS analysis of the impacts of HIV/AIDS, the South African Child Health for All Manual, Catherine Boone's article on Politics and HIV/AIDS in Africa, and the mental health lecture to the SIT class by Dr. Arvin Bhana. These sources were academic and insightful, providing insight into the work of the BSSP. However, because the HIV/AIDS crisis changes so fast, many of the sources -- which were sometimes 8-10 years old -- were slightly outdated. The Health Manual accessed was an older edition from 2001; the most recent addition was not available.

While limited in scope and facing some limitations mentioned in a subsequent section, this paper provides some insight into the inner workings of one rural NGO, the challenges and limitations they face, and their ability to address the needs of the community they serve.

Findings and Analysis

Economic Impact of HIV/AIDS

AIDS is both a disease caused by poverty and a disease which causes poverty. According to Catherine Boone, a scholar of funding and AIDS NGOs, "poverty is surely one consequence of the AIDS epidemic. Unfortunately, poverty and its offspring- illiteracy, joblessness, homelessness, lack of medical care, and despair—are also major factors in the spread of AIDS."⁴ Concentrated mainly in areas of extreme poverty, some of the highest prevalence rates of HIV/AIDS can be found within rural communities.⁵ In many places, people return to their rural homesteads when they become sick with AIDS, depleting the resources of the family, and leave their children there as orphans to be cared for when they die.⁶ The downward spiral of poverty and disease is having an increasingly visible impact in South Africa, including "dramatic reductions in life expectancy, the loss of adult workers in every sector, and a striking increase in the number of orphans and other vulnerable children."⁷ According to UNAIDS, HIV/AIDS "erases decades of health, economic and social progress, reducing life expectancy by decades, slowing economic growth, deepening

⁴ Boone pp 19

⁵ UNAIDS "Rural Communities"

⁶ UNAIDS "Rural Communities"

⁷ White pp 186

poverty, and contributing to and exacerbating food shortages.”⁸ In the 1990s, the World Bank redefined its paradigm for dealing with HIV/AIDS from purely a medical or social-delivery problem to a “major developmental crisis.” The Bank has now identified AIDS as “the biggest threat to all gains in health, education, life expectancies, and the standards of living.”⁹

In already impoverished families and communities, a family member contracting HIV/AIDS means the loss of income, which can be devastating to the economic situation of the family, even more so if the infected individual was the sole breadwinner.¹⁰ In many places:

*Traditional coping strategies based on the extended family and stable rural communities are strained to breaking point as the twin burdens of sickness and care undermine agricultural productivity and the ability of households to meet their basic needs.*¹¹

AIDS, unfortunately, strikes at productive adults, “the asset most likely to help during a crisis,” depleting a family’s resources and reducing or removing their ability to sustain themselves economically.¹² As parents die as a result of AIDS and AIDS-related illnesses, their children are often passed to grandparents, extended families, or even neighbors, placing economic and emotion strain on entire communities, not simply the families of the infected.

Impact of AIDS and Poverty on Families and Children

Like many illnesses, HIV is prevalent among the poor, and causes those in poverty to spiral into even greater economic difficulties. The effects of disease, poverty, HIV/AIDS, and opportunistic infections on rural communities cannot be easily differentiated. However, all have profoundly negative impacts, and r place children growing up in these circumstances in a special position of risk. While HIV/AIDS is now the single leading cause of death in children under 5, the impact of this disease on children is far broader than simply the children who are infected with the virus or die from it.¹³ As subsequent paragraphs will explain, children growing up in impoverished communities where disease is prevalent, without

⁸ UNAIDS “Impact of AIDS” pp 41

⁹ Politics and AIDS

¹⁰ UNAIDS “Impact of AIDS” pp 45

¹¹ UNAIDS “Rural Communities”

¹² UNAIDS “Impact of AIDS” pp 47

¹³ Schvaneveldt, pp 331

interventions to alleviate the resulting stresses, tend to have much poorer outcomes than their peers.

Many children are affected by HIV even though they may not be infected with the virus themselves. According to Jay Schvaneveldt, a scholar on the effects of AIDS on children:

After illness and death, the harshest impact on children is the death of one or more parents, and the resulting loss of affection, support, and protection. Countless children are becoming responsible for the care of their siblings and other families members when parents are debilitated by poor health.¹⁴

Children who lose parents, siblings, or family members to this disease must face the consequences of this emotionally and financially. Children who are orphaned by HIV/AIDS are at greater risk of not having enough food, to not being in school, having no social security, and living in homes where no one is employed.¹⁵ They are more likely to experience anxiety, depression, post-traumatic stress, delinquency, peer problems, and conduct problems than their non-orphaned peers.¹⁶ Children whose primary caregivers are unwell face similar risks.¹⁷ Not only does HIV/AIDS cause adult caregivers to be ill and later die, but it is responsible for a multitude of opportunistic infections which can also impact the health of a caregiver and subsequently the care received by children in the household.

Children who grow up in circumstances of poverty --which, in South Africa, almost definitely means communities with high HIV/AIDS prevalence -- are also at significant risk. According to the South Africa Child Health for All Manual:

Children differ from adults in two ways: they are growing and developing, and they are dependent on others for sustenance and protection.... Children need adequate nutrition, protection from the environment, essential health care, and an emotionally nurturing family setting. Deficiencies in one or more of these components are why millions of children around the world still die unnecessarily every year, and why untold millions fail reach their genetically endowed potential.¹⁸

Children in situations affected by AIDS and poverty are less likely to receive sustenance and protection. Poverty and AIDS cause inadequate nutrition, which leads to malnutrition. AIDS removes parents from the household and causes a breakdown in traditional family structure,

¹⁴ Schvaneveldt, pp 332.

¹⁵ Bhana, Lecture to SIT

¹⁶ Bhana, Lecture to SIT

¹⁷ Bhana, Lecture to SIT

¹⁸ Wagstaff, pp 2

creating insecurity and a possible lack of protection and nurturing family setting. Disadvantaged and impoverished environments “contain many threats to the well-being of children, and [families in these situations] seldom have facilities or resources for dealing with problems when they do occur.”¹⁹ The deadly combination of AIDS, opportunistic infections, and poverty in a community creates a poor setting for children to grow up in. The South African Child Health For All Manual states the believe that “most parents... rear their children as best they can under the prevailing circumstances”²⁰ This is likely true, however, the prevailing circumstances involving instability created by lack of resources and a-typical family situations often create extremely difficult circumstances for raising well-adjusted and high-functioning children.

Children are growing up in communities burdened by AIDS, illness, and poverty are often growing up in “poor” neighborhoods, which can “continually undermine the values and socialization goals of even intact and well-functioning families,”²¹ and the families of children growing up these communities are unlikely to be well-functioning. On a macro level, the long-terms costs of this epidemic include an estimated 3 million orphans under the age of 18 by 2015.²² This is estimated to lead to increased juvenile crime, reduced literacy, and increased economic burden on the state.²³ “Children are classified as being in difficult circumstances when their daily lives constitute a risk to their survival, protection, and development.... Difficult circumstances... generally originate from a child’s micro- or macro-environment. Significant poverty is a major underlying factor together with adverse family, social, and political conditions.”²⁴ AIDS and poverty together create difficult circumstances which put children at significant risk.

Mitigating the Impact of Poverty and AIDS

Despite the apparent bleak outlook for communities, families, and children affected by poverty and AIDS, there is hope that their negative effects can be diffused by alleviating some of the stress caused by illness and lack of resources. According to the Child Health for All Manual:

¹⁹ Wagstaff, pp 21

²⁰ Wagstaff, pg 22

²¹ Wagstaff Pg 20

²² Bradshaw, pp 3

²³ Bradshaw, pp 1

²⁴ Wagstaff pp 512

The most critical level of analysis for child health and development is the micro-environment of the child, consisting of the household, the family, and the child's relationship with caregivers. It is the nature of these proximal factors that creates the day-to-day experiences of children and is thereby most closely related to the children's survival and developmental outcomes. While poverty and its associated negative physical and social environmental factors may place a child at risk, whether that risk is actualized is, to a great extent, dependent on the nature of the micro-environment of the child.

If a child's macro-environment itself is not the single determinant of his or her welfare, there is hope that changing the micro-environment could significantly deter the effects of a negative environment and reduce the risks to the child. If the "proximal factors" and a child's "day-to-day experiences" determine the degree to which a risk is actualized, then changing his or her specific circumstances could reduce or eliminate many of these risks, and alleviate the impact of poverty and disease on children and families. Grants, poverty relief, food delivery schemes, health care, and social networks of support for those impacted all could possibly slow the downward cycle of poverty and disease and diffuse negative effects on entire communities.

While a child who is orphaned by AIDS cannot be un-orphaned, placing that child in a stable living situation, with adequate resources and an emotionally-nurturing environment can prevent many of the emotional and behavioral problems associated with orphan hood.²⁵ While orphans have elevated levels of depression, delinquency, and conduct problems compared their peers, these effects are eliminated if orphans have access to food, school, and grant, and live in a household where someone is employed.²⁶ The effects of anxiety, delinquency, conduct problems, and peer problems can be eliminated, and the severity depression lessened if a child lives in a house where the primary caregiver is not always sick and the child is expected to do less than three hours of chores a day.²⁷ Ensuring that a child has food, can attend school, receives a grant, and gets adequate attention from a caregiver are all realistic possibilities, and something practical that outside organizations can do to assist families and communities impacted by HIV/AIDS.

Economically, it may also be possible to mitigate the negative impact illness has on a families financial situation, and prevent a downward spiral into deeper levels of poverty and illness. "HIV/AIDS specific activities, including counseling and the provision of support for [people living with HIV/AIDS] such as home visits, palliative care, as well as supplying food and blankets, and providing assistance with house building and home repairs... can alleviate

²⁵ Bhana, Lecture to SIT

²⁶ Bhana, Lecture to SIT

²⁷ Bhana, Lecture to SIT

the various pressures faced by households affected by HIV/AIDS, and allow family members to pursue livelihood activities that can secure food and income more effectively.”²⁸ While providing this support does not cure AIDS, it has the potential to prevent a family from falling deeper into poverty and to reduce the strain of one family member’s illness on an entire extended family structure. Families can be assisted in ensuring that ill relatives receive care and that well family members can support themselves.

Both illness and poverty are significant sources of emotional and financial stress for a family, and stress has been linked to negative child outcomes. Stress decreases the ability of parents to give attention to their children and invest emotionally in their children’s growth.²⁹ Any social services which reduce emotional and financial stress and/or help with the burden of caring for sick relatives, raising children, and providing food, clothing, and shelter to their families can alleviate some of this impact. While illness and poverty distinctly harm individuals, families, and communities and place the children of these communities at risk, the negative effects of these environments can be diffused if social services and assistance are provided to families in difficult positions.³⁰

Government Provision, or Lack thereof

Historically, South Africa has a relatively poor track record in responding to the HIV/AIDS crisis. “Even Nelson Mandela, by all accounts one of the twentieth century’s most visionary leaders, waited until the end of his five year term before he finally delivered a major speech on the disease in late 1998”, and his successor Thabo Mbeki spent much of his presidency debating the legitimacy of HIV and antiretroviral drugs.³¹ While the government now provides free anti-retroviral drugs, only a percentage of the people in need of them have actually been able to receive the drugs. The government has a slightly better record with poverty relief programmes, providing 26% of the country with social grants, and at times vocalized goals of improving education, literacy, and unemployment. It has at least put forth a significant effort to reduce poverty and alleviate its effects.³² However, the South African government is still fairly inexperienced providing these social services, as programs for poverty alleviation for rural, black families have only been implemented since the end of

²⁸ White, pp 194

²⁹ Wagstaff, pp 23

³⁰ Boone, pp 8

³¹ Boone, pp 7

³² Boone, pp 8

Apartheid. Because of the government's late start in handling the HIV/AIDS crisis, too few resources to address too many problems, and a lack of experience, the government is often unable to fully meet the country's needs.

There is often a significant gap between the services provided by the government to assist in illness and poverty and the needs of the people. "Rural people in poor countries tend to be especially disadvantaged in terms of social services," and this is particularly true of South Africa.³³ Grants can be difficult to apply for in areas where children are more frequently born outside of hospitals and people frequently lack documentation to receive grants and other forms of assistance.³⁴ The grant application process can also take time, and orphans, children from poor families, and the disabled receive little or no income in the meantime. According to workers at the Bhhekuzulu Self Sufficient Project, government provision for education for HIV/AIDS, care for the ill, and poverty alleviation schemes are often too far and too few.³⁵

Non-governmental organizations have emerged at the grassroots level in some areas in an attempt to bridge the gap between government support and the needs of communities. Believing that the negative repercussions of disease and poverty on individuals, families, community, and society can be allayed through social services and support, NGOs strive to address the needs they see in their communities. "NGOs have emerged in the spaces left vacant by the state, including where the state has failed or declined to provide basic social services to citizens."³⁶ These service providers often receive their funding from both government and non-governmental agencies, domestic and international. NGOs run by community members have the advantage of "social capital," -- they are known and trusted -- possibly giving them success in providing programmes and services in their communities in ways a government agency could not.³⁷ "Developing countries are frequently confronted with serious internal and externally imposed constraints on the ability of governments to provide meaningful support for their populations."³⁸ NGOs, however, may not necessarily face these same constraints, and may have opportunities to provide services in ways governments cannot.

³³ UNAIDS "Rural Communities"

³⁴ Conversations, BSSP, April 2009

³⁵ Conversations, BSSP, April 2009

³⁶ Boone pp 15

³⁷ Boone pp 14

³⁸ Nel pp 3

AIDS, Poverty, and the Bhekuzulu Self Sufficient Project

The Bhekuzulu Self Sufficient Project (BSSP) states that its purpose is to “promote health and dignity for all by providing holistic, fully integrated, community centered services” to the surrounding community for those who are impacted by HIV/AIDS.³⁹ Begun in 2000 by Fezile Hadebe, and registered as a non-profit organization in 2001, the BSSP supports an impressive number of programmes. Each which contributes to this end of poverty and AIDS alleviate, and attempts to reach a broad cross-section of the community from toddlers and youth to pregnant mothers and grandparents. This organization is located in the village of Drycott, in the Imbabazane Municipality, in the Uthukela District.

According to the statistics that the BSSP provides its funders, the BSSP’s service area encompasses the district’s 852.59 km² and 110 594 people. The organization claims that this municipality has an 89% unemployment rate, and 43% HIV/AIDS prevalence rate among pregnant women ages 25-29, two factors which are not unrelated.⁴⁰ Within the village of Bhekuzulu itself, the Department of Health has told the NGO that the prevalence rate is 60%.

⁴¹ With unemployment, poverty, and disease so high, no one living in this area is unaffected. Currently, the organization employs 57 community members, as well as one American Peace Corps Volunteer.⁴²

According to Hadebe, she began the Bhekuzulu Self Sufficient Project when she, as a school teacher, saw the need for an NGO to provide social services and assistance beyond that which the government was currently providing to the surrounding community. Through a set of fortunately circumstances, she gained access to funding and training through the Bristol Myers Squibb “Secure the Future” foundation, the Valley Trust, and the AIDS Foundation. Over the last nine years, the organization has grown to include several children’s crèches, a home based care programme, a prevention of mother-to-child transmission programme, orphans and vulnerable children care including five halfway houses, LoveLife programme, feeding schemes, income generating projects, and assistance to community members trying to access government services such as grants and the National Student Financial Aid Scheme.⁴³

³⁹ Bhekuzulu Self Sufficient Project promotional material

⁴⁰ Bhekuzulu Self Sufficient Project

⁴¹ Claxton, Therese. Conversations April 2009

⁴² Observations, BSSP, April 2009

⁴³ Conversations, BSSP, April 2009

BSSP Programmes

The Crèche

The Bhhekuzulu Self Sufficient Project has one crèche associated with it which serves approximately 45 children a year, and several others attached to the five surrounding halfway houses. Children ages 0 to 6 years come on weekdays when school is in session to the crèche from 7 am until around 2 pm. The crèche area consists of an indoor trailer and an outdoor play area. Children receive constant supervision, nutritious porridge or oatmeal for breakfast, and a traditional Zulu meal usually consisting of rice or pap and some form of protein for lunch.⁴⁴ Children who are currently receiving a child care grant from the government pay R10 a month, and those who do not come for free. However, no child has been refused for lack of payment.⁴⁵ The crèche provides supervision, which is especially helpful for women who may work or are responsible for a large household. It provides the children with adequate nutrition, and perhaps most importantly, a touch point where additional, non-family adults can observe the children and monitor their overall well-being.

A wide range of overall child welfare was observed at the crèche. Some children had bald spots on the back of their head, or slightly bowed legs, supposedly resulting from being left lying on their backs or tied to their mothers backs all day respectively⁴⁶. While some always had clean clothes and looked bathed, others were frequently dirty. There were limited means for the crèche workers to help in these situations. However, having children show up at the crèche daily allowed them to monitor the health of the children to a degree, and converse with parents or notify other people if there was a specific problem. For example, one child showed up several months before the author observed him with third-degree burns all over his chest from being ironed by his four-year-old brother when his guardian fell asleep. His aunt, who was caring for the children after their mother had died, did not think he needed medical attention. The crèche nurse was able to direct the child to a hospital where he turned out to need three months of treatment.⁴⁷ Another child was observed by the author to frequently arrive at the crèche without nappies, even though he is not toilet-trained and receives a child care grant. The health workers spoke with his mother about her purchasing

⁴⁴ Personal observations, BSSP crèche, April 2009

⁴⁵ Hadebe, Thuli. Conversation, 2 April 2009

⁴⁶ Conversation, Therese Claxton, 7 April 2009

⁴⁷ Conversation with Gladrose Mpembe, 20 April 2009

nappies, and although she did not, they are able to continue to monitor the child's well-being and encourage his mother to take better care of him.⁴⁸

Additionally, feeding the children ensures they receive adequate nutrition.

Kwashiorkor, or protein-energy malnutrition, which is common among children of poor families, is prevented by feeding the children two meals, five days a week, with adequate amounts of protein.⁴⁹ According to the Child Health for All Manual:

*Stress is linked to negative child outcomes, probably as, among other things, it decreases the time parents have available for small children, and increases parental irritability and anti-social inclinations, making it more likely that they may abuse alcohol or act aggressively. Social support, on the other hand, has been found in many studies to mitigate the adverse affects of stress, probably through material assistance, role and work sharing, and advice, as examples.*⁵⁰

The crèche successfully provides material assistance, work sharing, and advice to mothers and children. It gives parents time where they do not have to additionally supervise their children, assists them in providing nutrition to their children, and occasionally dispenses advice when it seems as though a child or parents are not doing well. This can mitigate some of the economic hardships of trying to feed many children and the emotional and physical difficulties of constant supervision for mothers or grandmothers caring for multiple children. Many of the mothers of crèche children are very young themselves, and sometimes have not finished with school.⁵¹ Providing crèche care during school hours on school days allows mothers to attend school without placing an additional burden on grandparents or extended family members. In a community where many families have adopted children or parents have died leaving children to be raised by grandparents, this assistance is particularly beneficial.

Home Based Care

The Home Based Care (HBC) aspect of the Bhekuzulu Self Sufficient Project employs 24 caregivers to visit approximately 300 households in the surrounding areas and “encourage health and dignity and... provide holistic care.”⁵² Home Based Caregivers have training in First Aid, HIV Counseling, and DOTS. They visit both sick and well families, providing supervision and care for patients sick with AIDS, tuberculosis, diabetes, or other

⁴⁸ Observations, conversations with Thuli Hadebe April 2009

⁴⁹ Dalloway, Lecture to SIT

⁵⁰ Wagstaff pp 23

⁵¹ Observations, BSSP, April 2009

⁵² BSSP promotional material

illnesses requiring supervision of medication or care, supervise DOTS TB programmes, oversee patients taking antiretroviral drugs, and visit community members who are ill.⁵³ Caregivers provide personal contact with patients, emotional support for patients and families, and can oversee treatment and provide answers without people needing to travel to clinics. HBC workers can assist in assessing ill family members and determining if and when they need to visit a clinic. In addition to providing information, care, and support to ailing community members, HBC workers visit well families and provide health education.

In rural areas, where population densities are low, therefore the nearest clinic is often a distance away, and few people have access to personal transportation, HBC workers can bring health care to patients, provide a valuable connection between patients and clinics, and promote health education. This is essential for mitigating the impacts of disease and HIV/AIDS on a community. Education is essential for preventing the spread of AIDS, as well as to teach people basic hygiene and disease prevention. Preventing diseases before they occur is particularly cost-effective, not only for health care systems, but for families and communities.⁵⁴ Ensuring that people comply with antibiotic regimes for tuberculosis treatment and antiretroviral drugs for HIV/AIDS maximizes their health. Antiretroviral medication can extend the life of an individual, postponing the impact that the gradual loss of an income earner or a caregiver, and later their death can have on family members. “A significant reduction in the number and trend of orphaned children can be achieved through antiretroviral treatment programmes to all HIV-positive individuals who need treatment.”⁵⁵ HBC is an essential part of ARV treatment programmes, as well as DOTS, and the supervision of chronic illness, all of which maximized health and minimizes the impact of disease on the financial, physical, and emotional capacity in a community

Prevention of Mother-to-Child Transmission Programme

The Prevention of Mother-To-Child Transmission (PMTCT) programme was started and funded by a Bristol Myers Squibb “Secure the Future” grant. Consuming a large portion of both the funding and employees of the Bhekuzulu Self Sufficient Project, this programme aims to assist HIV infected mothers. Pregnant women who attend antenatal care at a local clinic and test HIV-positive are referred into this programme. One of the 25 PMTCT workers

⁵³ Observations, BSSP April 2009

⁵⁴ Dickson-Tetteh pp 162

⁵⁵ Bradshaw pp 3

will then contact the pregnant women, provide her with education and support during her pregnancy, and help her to create a strategy to ensure she gives birth at a clinic and receives nevirapine before and during birth.⁵⁶ Doing so can reduce the probability of passing HIV/AIDS on to her child to an almost negligible level. After her child is born, the PMTCT worker will follow up regularly with the mother to support her in exclusively breastfeeding. This reduces the risk of transmission through breast milk which is associated with mixed feeding. Approximately 200 HIV-positive women have given birth to HIV-negative children since the start of the programme a year and a half ago.⁵⁷

When a mother is identified for PMTCT, the PMTCT worker begins talking to surrounding households in her neighborhood about HIV/AIDS, and eventually the household of the mother. This not only provides the mother with confidentiality if everyone in the surrounding area is addressed, but also hopes to reduce the stigma associated with HIV/AIDS in communities. By simply showing up in communities and talking openly about AIDS, PMTCT workers' visits bring a stigmatized and often un-discussed topic into the light and into a forum of semi-public discussion. "Stigma has concrete repercussions for people living with HIV. Family support and solidarity cannot be assumed. A woman who discloses her HIV status may be stigmatized and rejected by her family."⁵⁸ By talking about the disease, and supporting women who are positive in deciding to share or not share with their families, PMTCT workers can provide emotional support and alleviate some of the difficulties associated with stigma and the shame of having HIV. There is an added benefit of providing education to the surrounding community about the disease, and hopefully preventing its spread. According to UNAIDS, "reducing stigma and discrimination goes hand in hand with providing help to HIV-affected households."⁵⁹ Mothers in the PMTCT programme also have the option of joining a support group with other women in similar situations.

Most recently, the PMTCT programme has taken on income generating activities with the mothers. A local artisan was hired to teach 12 women beading crafts over the course of a month, and a relationship was built with her studio to market products made by women, and return the profits on items sold to them.⁶⁰ A UNAIDS analysis of the impact of HIV states that "income-generating initiatives that address women's particular economic vulnerability

⁵⁶ Observations, BSSP, April 2009

⁵⁷ Observations, BSSP, April 2009

⁵⁸ UNAIDS "Impact of AIDS" pp 44

⁵⁹ UNAIDS "Impact of AIDS" pp 49

⁶⁰ Observations, BSSP, April 2009

are integral to the AIDS response.”⁶¹ The income-generation aspect of PMTCT aims to provide vulnerable women with an extra source of income to support themselves and their children. However, one potential problem with this plan is that of “local skill saturation,” where more people are employed or practicing a particular form of income-generation than there is a market for. In order to equip more than 12 women with income-generating skills, a new market might need to be found.

Prevention of mother-to-child transmission could be of particular importance to alleviating AIDS and poverty in rural communities. The government may not be able to implement such a broad, inclusive programme because “even though these [PMTCT] regimens may be cost effective, many developing countries lack the infrastructure of the resources for implementation of ARV interventions. Critical to any intervention is a system for HIV counseling and testing for women and their partners and a mechanism for following-up mothers and infants who are HIV-positive.”⁶² The Bhékuzulu Self Sufficient Project’s programme provides this mechanism. It works to prevent the spread of AIDS to babies, which impacts the babies themselves, but also means fewer medical care bills and better economic prospects for the entire family. In Sub-Saharan Africa, women are 30% more likely to be HIV-positive than men, and women often play the role of “care-ers, producers, and guardians of family life. This means they will bear the largest AIDS burden.”⁶³ Because women are more vulnerable, and their role in the family means that their health more drastically impacts the overall welfare of both children and the family as a whole, PMTCT, in specifically targeting women and providing them with care, counseling, education, and economic empowerment helps alleviate the impact of AIDS on both a vulnerable population and the family unit as a whole.

OVC Care and Halfway Houses

Orphans and Vulnerable Children (OVCs) are defined by the US embassy as children who have lost one or both parents to HIV/AIDS, who are HIV-positive themselves, or are otherwise placed in a vulnerable position due to HIV/AIDS and poverty in their community. The Bhékuzulu Self Sufficient Project OVC care team consists of two OVC workers and the project nurse who works with 250 children in the surrounding areas. OVCs are identified by school teachers, who may notice that a child is struggling in school, lacks adequate nutrition,

⁶¹ UNAIDS “Impact of AIDS” pp 50

⁶² Wagstaff pp 354

⁶³ UNAIDS “Impact of AIDS” pp 43

is poorly dressed and/or has poor hygiene, etc. Generally these are children who are either not receiving child care grants, or the grants are somehow being withheld. Once a child is identified, the two OVC workers will visit the residence of the child and perform an evaluation of the living, family, and economic situation. Many of children identified are living with large families in one room houses, on less than R300 a month, and are not receiving adequate nutrition. Once identified, OVC workers work to acquire school uniforms and other necessary items for the children, in addition to referring them to the nearest of the five halfway houses, which provides them with two meals a day on school days. Each halfway house serves 30 children at a time.⁶⁴

Children visit the halfway houses for a limited period of time. During this time, the OVC workers work with the parents or guardians to gain access to the appropriate grants. Usually, once children begin receiving grants, their families are able to sufficiently provide for them. In exceptional circumstances, the child may continue to visit the halfway house. OVC workers visit one of the five halfway houses a week, talk to the children, and the project nurse weighs them and records their weight to ensure they are not underweight or continually malnourished. OVC care workers continue to follow up with children even after they are moved out of the halfway houses.⁶⁵

In addition to overseeing halfway houses, OVC care workers are responsible for identifying and keeping track of child-headed households in the community. Zodwa Phakathi, the head of the OVC programme, said that the government policy is that child-headed households, where viable, are preferable to putting children in orphanages.⁶⁶ OVC care workers visit these households regularly, and ensure that they are functioning properly, that children are physically and emotionally healthy, receiving grants, attending school, maintaining proper hygiene, and have sufficient food to eat. For both child-headed households and OVCs, the OVC care programme provides additional adults in the lives of vulnerable children who are checking to make sure they are not only surviving, but that their basic needs are met. They also provide relationships for children so that if a problem arose, there would be someone for them to contact for help.

In 2002, the government predicted that as more and more children become orphaned by the HIV/AIDS crisis:

⁶⁴ Observations, BSSP, April 2009

⁶⁵ Observations, BSSP, April 2009

⁶⁶ Phakathi, Zodwa, Conversation, 24 April 2009

*Meeting the needs of orphaned children will be a massive challenge, clearly overwhelming the formal (statutory) systems such as orphan, foster and residential care. It is widely acknowledged that informal systems are likely to shoulder the biggest share of the burden of orphan care.*⁶⁷

While the informal systems shouldering the burden of orphan care are frequently extended families and relatives, an OVC care programme can alleviate the pressure placed on already impoverished families by having to care for additional children. Obtaining government grants can be difficult, particularly if documentation is lacking. According to one worker, most frequently, a child will be orphaned by unmarried parents, and one side of the family will refuse to produce death certificates, and so the children are ineligible for grants.⁶⁸ BSSP assists families in navigating the legal system to acquire appropriate documentation and access grants. The R680 a month for a foster care grant, or even the R260 a month for a child care grant significantly improve a family's financial situation, give children greater access to adequate nutrition, and reduce the overall stress of the household.

In addition to providing physical support, by visiting child-headed households and OVCs, OVC care workers can support vulnerable children emotionally.

*Orphaned children are not only traumatized by the loss of parents (whose physical deterioration they may often have witnessed), they may lack the necessary parental guidance through crucial life-stages of identity formation and socialization into adulthood. The impact on the ability of these children to eventually participate constructively in social and economic life is likely to be significant, and will no doubt increase levels of juvenile crime. Psychosocial effects will be worsened by accompanying threats to the basic survival (food, housing, education, and health care) and security (protection from exploitation and abuse) frequently experienced by orphans*⁶⁹

By providing vulnerable children with food, housing, education, and health security through OVC programmes, OVC care removes some elements of insecurity in many children's lives. Workers can support them physically and emotionally in a very difficult time and alleviating some effects of AIDS, orphan hood, and poverty on their lives. While some circumstances, including disrupted or broken families, "are thought to inevitably give rise to adverse effects... even in these cases, the social and cognitive outcomes of children depend on the unique circumstances of each case."⁷⁰ By improving the unique circumstances of OVCs in Imbabazane Municipality, the adverse effects of poverty and AIDS can be somewhat diffused.

⁶⁷ Bradshaw pp 4

⁶⁸ Conversation, Zodwa Phakathi, 16 April 2009

⁶⁹ Bradshaw pp 2

⁷⁰ Wagstaff pp 16

Government programmes, while providing financial support, lack the necessary community structures and manpower to sufficiently monitor communities for children who are struggling and vulnerable, to identify them, and to provide immediate assistance. The BSSP assists the government in identifying them. Because grants can be difficult and take time to apply for, BSSP fills this gap by providing immediate assistance and helping children and families navigate the legal process to access government aid.

Additionally, the head of the OVC programme is hoping to expand life skills discussions to local halfway houses, to provide vulnerable children with additional education, as well as a safe environment in which to discuss sensitive but highly relevant social issues. Current life skills discussions with other groups have included topics such as crime, HIV/AIDS, sexual behavior, alcohol and drug use and abuse, tuberculosis, etc. The workers are currently in the process of polling halfway house attendees on topics which they would like to discuss or would find relevant to their lives. This is beneficial, because it is health education coming from a trusted source. Hopefully, by educating kids on relevant issues, the spread of HIV/AIDS can be reduced and overall health improved.

After School Youth Club

Technically a part of the OVC programme, the Bhhekuzulu Youth Club meets after school from approximately 2:30 pm to 4:00 pm on Mondays, Tuesdays, and Wednesday when school is in session. Approximately 50 students ages 8 to 16 attend. The goal is to make crafts two of the three days, and have a life skills discussion on health and lifestyle topics which seem relevant to student's lives. Topics are either chosen by the leaders or by students themselves. Students must attend life skills discussions in order to be allowed to do the current craft project.⁷¹ While opinions differ on whether kids should be learning income-generating skills, the founder of the club believes that "right now, they're just kids, and they've got nowhere to have fun. That's why we started the club, so they could have fun."⁷² Kids observed at the centre seemed to be having fun, and seemed to be enjoying having a space to come, simply hang out, and do activities together. Craft projects have included

⁷¹ Observations, BSSP, April 2009

⁷² Claxton, Therese. Conversation 16 April 2009

beading, making bags, and embroidery. Surprisingly, this seems to be popular even among the young men.⁷³

The youth club provides youth in the community with an escape from difficult family situations. Many of the attendees qualify as orphans or vulnerable children, and having a safe space where they can talk about issues, gain health education apart from simply a classroom discussion. Also, regular attendance allows youth club leaders to keep track of youth in the community, so if problems arise- the youth stop coming to school or the club, noticeable changes in diet or hygiene, etc.- there are other adults present in their lives who will notice and can address the problem. “People try to come up with complicated programmes that sound good on paper, but really, all you can do is make sure kids have food, clothes, are going to school, and have somebody in their life who they can talk to. That’s really all you need”⁷⁴ The youth club, like the crèche and OVC care, provides one more space for kids to find someone to talk to and people to make sure they have food, clothes, are attending school, and generally surviving.

Life skills discussions address issues which are relevant to the community and to them specifically. In the past, this has been discussions of alcohol and drug abuse, crime and theft, and numerous health issues. “Children need to understand the AIDS epidemic and the specific actions they can take to prevent HIV infection, especially during adolescence”⁷⁵ Life skills discussions help kids understand not only the AIDS epidemic, but tuberculosis, basic hygiene, good nutrition, and a variety of other topics which enables them to improve their own health, and hopefully prevent the spread of AIDS and other illnesses.

LoveLife and Youth Education

LoveLife, while not a programme unique to the Bhekuzulu Self Sufficient Project, seems to be particularly helpful in helping educate adolescents and address issues of HIV/AIDS and sexual health. Launched in 1999, LoveLife is a national organization, “focused on improving the sexual and reproductive health of South Africa adolescents. Its main goal is to effect positive behavior change among youth South Africans to reduce teenage pregnancy, sexually transmitted infections, and HIV/AIDS.”⁷⁶ At Bhekuzulu, four employees work for LoveLife, and coordinate their activities through BSSP at 15 local high

⁷³ Observations, BSSP April 2009

⁷⁴ Claxton, Therese. Conversation 19 April 2009

⁷⁵ Wagstaff pg 355

⁷⁶ Dickson-Tetteh pp 161

schools. They have all recently completed their matric from secondary school, meaning they are close enough in age to the students they work with for them to relate personally.

LoveLife has three main intervention strategies: “awareness and education, institutional support and outreach, and monitoring, research and evaluation.”⁷⁷ Through literature and training, the four LoveLife workers visit five high schools, and run programmes, workshops and activities with students, discussing relevant sexual issues with them. In contrast to abstinence-only education, this programme seeks to understand high school kids’ perspectives, educate them, and empower them to make healthy decisions about their lives. The programme makes an effort to be “cool”, to be attractive to high school students.⁷⁸

Several adolescent studies have shown no correlation between HIV/AIDS knowledge and condom use, no relation between knowledge and the adoption of prevention measures.⁷⁹ Prevention campaigns must, therefore, focus on “what’s at stake,” on the social issues behind why the members of a community behave the way they do, and the role that sexuality plays within that community, and address these issues with teenagers. The majority of South Africans begin sexual activity in their mid-teens, with a national average rate of first intercourse at 14 for boys and 15 for girls.⁸⁰ Clearly, to prevent the spread of HIV/AIDS, this age group must be targeted specifically.

LoveLife helps to alleviate the impact of AIDS in a community through preventative education. It is focused on preventing the spread of HIV/AIDS within teenagers by focusing on realistic ways this population might accept behavior change to protect their health. In addition to simply prevention however, LoveLife’s work aims at removing the stigma and shame associated with HIV/AIDS. Like PMTCT counseling, LoveLife brings HIV/AIDS into the light and talks about it, forces kids to think about and discuss why this disease carries such shame, and to rethink this situation. By education and empowering the next generation of South Africans to think differently about HIV/AIDS, there could be a change in the way it is viewed.

Preventing teenage pregnancy is also strongly associated with poverty alleviation. The younger a girl is when she first conceives and has a child, the more likely she will drop out of school and the more likely she is to be in poverty. An additional child in a household where there is no additional income provider is another mouth to feed, and a financial burden to the family.

⁷⁷ Dickson-Tetteh pp 165

⁷⁸ Observations, BSSP, April 2009

⁷⁹ Farmer pp 217

⁸⁰ Dickson-Tetteh pp 163

Feeding Schemes

The Bhekuzulu Self Sufficient Project includes OVC and crèche feeding, but also a soup kitchen for 25 families and approximately 150 beneficiaries from the local community who receive two meals a day, six days a week. These are families who are in particularly difficult and vulnerable situations, often include HIV-positive members on antiretroviral drugs, have recently lost a caregiver, or are otherwise in positions of extreme need. Traditional Zulu food, including samp and meat, beans and rice, or meat and curry, was observed to be served.⁸¹

Providing additional nutrition alleviates some of the stress and insecurity associated with vulnerable and challenging times. It alleviates a small portion of the financial need for the family, and the need for a family member to cook an extra meal a day. Adequate nutrition is essential for antiretroviral drugs to be as effective as possible, and taking ARVs on an empty stomach can cause nausea. Providing food to families which include members on these drugs ensures good nutrition and adequate energy intake, allows drugs to be taken on a full stomach, and prevents families from suffering from a food shortage due to a lack of income from the sick individual(s).

Income Generating Projects

The Bhekuzulu Self Sufficient Project currently has several income generating projects (IGPs) in progress. These include the aforementioned women's beading project with PMTCT mothers, a bakery, training in material and patchwork, vegetable gardening, and potato farming. In the past, leather working was done with an HIV/AIDS support group. The US embassy donated funding to purchase industrial baking equipment, and a room is currently being built to house it. The hope is to employ community members to bake bread and possibly other baked goods, to be sold at local spazas, or shops. Loafs of bread will be sold for R4, a fairly competitive price, which will bring R1 profit per loaf sold. Currently, potatoes are being grown as a pilot test project. Land was prepared, and several BSSP employees were trained to work in the garden to grow potatoes, which will be sold locally. At the moment, profits go to the centre until the programme is stable enough to begin

⁸¹ Observations, Bhekuzulu Self Sufficient Project April 2009

employing community members. The hope with both projects is to invest the profits made in the workers and back into the community.⁸²

In a municipality with a professed 89% unemployment rate, income generating projects are designed to provide both employment and input financial resources back into an impoverished community. Through these current projects, and with the hope of expanding IGP's to include more projects and more community members, unemployed people in the community are given a chance to not only earn money, but learn valuable and marketable skills. Learning to grow vegetables or potatoes at the BSSP garden teaches people subsistence farming, which they can use to grow other crops on their own land if they chose, and can possibly create an additional source of income for their family. Learning crafting skills, how to bake, or how to farm are all transferable skills which are marketable and could be used to start independent initiatives, or gain employment elsewhere.

In 1999, the World Bank called AIDS the "foremost threat to development in the region [of Sub-Saharan Africa]. AIDS... has an unprecedented impact on economy and society because it skills so many adults in the prime of their working and parenting lives, it decimates the workforce, impoverishes families, and shreds communities."⁸³ Because HIV/AIDS both creates and perpetuates poverty, teaching adults who are well enough to work marketable job skills, and providing employment and a source of income to individuals and families is essential for allaying the effects of AIDS. "Poverty, whether absolute or relative, generally places children at risk."⁸⁴ Any measure to reduce poverty for a family and provide a source of income reduces this risk for children. Additional income means better nutrition, better access to health care, and provides security for families in the event of illness or other challenges a family may face. In situations where a family member has AIDS, resources must be used for their care, the care of their children, and eventually, for funerals. Imputing additional finances into these families alleviates some of the material and financial stresses that illness causes.

Cooperation with the Government

The Imbabazane community is fortunate that the South Africa government has identified the Bhekuzulu Self Sufficient Project as not only an asset to the local community,

⁸² Observations, BSSP, April 2009

⁸³ Boone pp 18

⁸⁴ Wagstaff pp 17

but a potential partner for distributing services. BSSP employees, through Home Based Care and Orphans and Vulnerable Children Care programmes, identify local families who qualify for government assistance, but may not have documents, or for other reasons cannot access grants or other social welfare programmes. Employees assist these families in gaining the necessary paperwork and getting grants. The Department of Health and the Department of Social Welfare each provide some funding to the Bhekuzulu Self Sufficient Project to continue the work they do. Childcare grants of R240 a month are given to children under the age of 14 in low-income families, foster care grants of R680 a month to families responsible for the care of orphans, and food parcels to vulnerable households earning R300 a month or less create an enormous difference in the standards of living for most families.⁸⁵

In addition to grants and social welfare assistance, the BSSP has also been identified as a site where applications for the National Student Financial Aid Scheme can be distributed and potential applicants can be assisted with applying for bursaries, loans, and acceptance to universities. Approximately 120 youth from the community have taken advantage of this opportunity, and gained access to financial assistance through the BSSP in order to pursue higher education.⁸⁶

Assisting in financially enabling youth to gain access to higher education is essential to reducing both poverty and HIV/AIDS. A university degree makes a graduate far more likely to get a job and avoid unemployment. Zulu families tend to support each other, so if members of their families are employed, even elsewhere in the country, a portion of this income is usually funneled back into the community to support their family.⁸⁷ Imputing skills into the local community, when university graduates return to the Imbabazane Municipality, is essential for promoting job creation and enhancing the local economy. Increasing the overall level of education in the community is beneficial to the entire community, not just those individuals who have attained higher levels of education. HIV/AIDS spreads most rapidly among the poor and uneducated, so increasing both education and wealth should reduce the spread of disease. Educated women, in particular, tend to put off getting pregnant, have lower chances of contracting HIV/AIDS, and in general are far less likely to be in poverty.

According to Boone, “for an effective fight against AIDS, it is also important that NGOs are in a position to be *partners of the state*. Academics, public policy makers,

⁸⁵ Observations, BSSP, April 2009

⁸⁶ BSSP promotional material

⁸⁷ Observations and Conversations, BSSP, April 2009

journalists and activists who closely follow AIDS in Africa often stress the critical role of NGOs in confronting the HIV epidemic.”⁸⁸ The Bhekuzulu Self Sufficient Project has worked to partner with the state, assisting state departments in identifying individuals and families who qualify for government assistance and facilitating the delivery of these services to the eligible recipients.

Other Community Resources

The Bhekuzulu Self Sufficient Project is currently in the process of building a new centre, which would offer the community additional resources. In addition to helping community members gain access to health care, government grants, and other benefits to which they are entitled, the BSSP has at times coordinated HIV/AIDS support groups, social clubs for various sectors of the community like grandmothers, health awareness campaigns, and traditional healer training to recognized HIV/AIDS, tuberculosis, and other illnesses requiring immediate medical attention.⁸⁹ These benefit the community by creating social networks of support, providing health education for the prevention, care, and treatment of disease, and utilizing already-existing health networks to increase the overall health of the community.

Currently, construction for a computer lab is underway, which will house ten Dell computers, recently donated. Plans are being made to offer computer classes to the local community.⁹⁰ Computer literacy is a valuable job skill, and makes class participants more marketable as potential employees. Additionally, this space will allow community members to type and print documents, such as Résumés and CVs, which are difficult to get done in town if a person cannot type or use a computer, and can be costly. This increases community members’ potentials for job seeking. Computer skills classes are an additional input of skills, and potentially financial resources into a generally unskilled and impoverished community, which has the potential to improve overall community welfare.

Challenges and Sustainability

Bhekuzulu Self Sufficient Project’s work addresses many of the local community’s needs by providing a broad range of services to populations made vulnerable by poverty and

⁸⁸ Boone pp 14

⁸⁹ Observations, BSSP, April 2009

⁹⁰ Observations, BSSP, April 2009

disease. However, as a rural, not-for-profit, non-governmental organization, the BSSP faces many challenges to delivering these services, as well as to its overall sustainability as an organization. The sheer geographic size of the Imbabazane Municipality, as well as the number of people within the district makes it difficult to provide services to everyone who needs them. Of the 110 594 people in BSSP's service area, they provide services to approximately 4 300 of them annually.⁹¹ While this is an impressive and significant accomplishment (and the impact of the work they have done extends beyond the people addressed directly to their families and communities) with such high unemployment and HIV/AIDS prevalence rates, there are clearly more people than this single NGO can possibly serve.

“Community initiatives are frequently impeded by a fairly standard list of constraints, such as a lack of finance, equipment, technical expertise, organization skills, and inadequate knowledge.”⁹² Bhekuzulu is no exception to this observation. Simply put, there is not enough money to fund all the programmes that a rural community struggling with poverty and disease could need. Funding comes from local, national, and international donors, each with an agenda and specific programmes they are willing to fund. Moreover, the challenges of operating a non-governmental organization in a rural community- which lacks infrastructure and both physical and human resources- cannot be overlooked.

Funding

Perhaps the most crucial factor in determining the ability of an NGO to accomplish its goals, to create successful programming, or even to simply survive in the long-run, is the funding it receives. “The work of non-governmental organizations... is by nature ‘unprofitable’.”⁹³ Nothing which the Bhekuzulu Self Sufficient Project does enables it to bring in its own income; indeed, in a community struggling with poverty and lack of resources, funding must come from outside the community.⁹⁴ The Bhekuzulu Self Sufficient Project receives funding from the Department of Health, Department of Social Welfare, Department of Arts and Culture, AIDS Foundation South Africa, the Mpilonhle Project, Bristol Myers Squibb “Secure the Future”, US Embassy- PEPFAR grant, Al Imdaad Foundation, Operation Jumpstart, the MTN Foundation and the John Barry Foundation.

⁹¹ Bhekuzulu Self Sufficient Project promotional experience

⁹² Nel pp 5

⁹³ Viravaidya, foreword

⁹⁴ Note: the name Bhekuzulu Self Sufficient Project refers to not an intention of creating a self-sufficient NGO, but rather to empower the people of Bhekuzulu to provide for their own needs and become “self sufficient”

However, like most NGOs dependent on external funding, “the volatility and unpredictability of funding” is a source of constant concern.⁹⁵ Grants are given for a specific length of time, but there is no guarantee they will be renewed or new donors can be found when grants end or money runs out.

Grants are given to BSSP to fund specific programmes, but most come with many restrictions attached. Most often, grants will fund one programme, and require that all expenditures relate directly to that programme and meet a set of generally rigid criteria.⁹⁶ Receipts and all expenditures must be carefully documented, and the AIDS Foundation requires that private auditor additionally keep track of all spending to ensure it is in line with the grants given.⁹⁷ This is beneficial, because it encourages donor confidence in the organization, proves that money is being spent responsibly and not stolen or embezzled, and encourages future donations.

However, having expenditures determined by donor organizations means that there while there is often an abundance of funding for some projects, other projects, as well as general overhead costs and salaries, lack funding. “Grants and donations carry restrictions on the types of expenses that they may cover. The most common restriction is to cover only direct programme costs, but not the cost of support services or other overhead costs incurred by the NGO.”⁹⁸ Costs like petrol for the generator or office supplies can be difficult to find because few grants allocate for overhead. While the author visited BSSP, one volunteer was desperately trying to spend an extra R10, 000 on the youth programme left from a PEPFAR grant, in order to end the grant and reapply for a new one. However, R400 could not be found to print brochures to send to potential international donors, because there was no budget for it, and purchasing printer ink with money designed for the youth club would be hard to justify.⁹⁹

Bristol Myers Squibb (BMS), one of the larger donors to BSSP, apparently is fairly liberal in permitting grant money to be spent on salaries. However, this is atypical: most donors will not allow their project funds to be spent on salaries, or only in very limited quantities.¹⁰⁰ This is a source of some anxiety at BSSP, because when the current BMS grant runs out, if it is not renewed with similar stipulations, it will be difficult to find money to allocate for employee salaries. However, employing people to do the work and run the

⁹⁵ Johnson pp 498

⁹⁶ Conversations on funding, Nozipho Hadebe and Therese Claxton, April 2009

⁹⁷ Claxton, Therese, Conversation 15 April 2009

⁹⁸ Viravaidya pp 1

⁹⁹ Observations, Bhhekuzulu Self Sufficient Project April 2009

¹⁰⁰ Observations, Bhhekuzulu Self Sufficient Project, April 2009

projects is one of the most important aspects of project and organization success. Even with extremely liberal funding and all available resources, a programme is unlikely to succeed without enthusiastic and dedicated staff invested in it. In an organization providing services to children, the presence of adults willing to invest in children makes almost as much difference as the food and activities that grant money does cover. If salaries are not paid, and do not remain relatively competitive on local standards, staff retention could become a problem and could undermine the success of the organization.

The issue of funding appears to be a problem for NGOs. According to a scholar on NGO funding, “restrictions imposed on many grants and donations, along with the uncertainty of these funds over time, make it difficult for NGOs to do long-term planning, improve their services, or reach their full potential.”¹⁰¹ At Bhekuzulu, the prevention of mother-to-child transmission programme is funded by Bristol Myers Squibb (BMS). However, the grant is scheduled to end in August 2009. In April 2009, the programme had already stopped taking new mothers in, because it was unsure if the current BMS grant would be renewed or a new donor could be found to cover the programme. In the meantime, no new participants could be accepted, because it would not be worthwhile to enter new mothers in if they would be giving birth after the programme was over.¹⁰² However, if a new donor is found, several months will have been wasted and many pregnant mothers will have been left out of the programme.

Donor priorities concerning projects do not always align with the needs an NGO desires to address in the surrounding communities or the projects they would like to run. PMTCT, for instance, at Bhekuzulu, took up a large percentage of the total budget and half of all employees were designated for PMTCT, because the project had received a large grant. The money was allocated for PMTCT, and it was offered for the organization to take or leave, so BSSP decided it would be better to have a programme than to refuse the money.¹⁰³ During the year and a half that PMTCT has functioned, 200 women have given birth to HIV-negative children.¹⁰⁴ However, the women were identified after they had come voluntarily to clinics for antenatal care and chosen to HIV test, so it is possible that many of them would have made it to clinics to give birth and received ARVs regardless of whether they had been in PMTCT. Several employees believed that PMTCT was “completely pointless” and the

¹⁰¹ Viravaidya pp 2

¹⁰² Observations, Bhekuzulu Self Sufficient Project, April 2009

¹⁰³ Observations, BSSP, April 2009

¹⁰⁴ BSSP promotional material

money could be better spent elsewhere.¹⁰⁵ However, the decision to begin and run this programme was made by BMS. So while this programme definitely has benefits, whether or not that amount of money and employees could have perhaps been used in more efficient ways. Unfortunately, it was not up to the Bhhekuzulu Self Sufficient Project to determine where that money could have made the biggest difference to the community.

Another example of a mismatch between donor funding and community needs is the generous donation made by BikeAfrica. BikeAfrica is one branch of a biking organization which decided to donate bikes to overseas. In Africa, the organization decided bikes would be most beneficial to community health workers (CHWs) across, in order to enable them to reach more patients in less time.¹⁰⁶ In theory, this sounds feasible, because biking is faster than walking, requires no petrol or other additional financial input on the part of CHWs, and would enable them to reach more people. In reality, however, most CHWs are middle-aged women who have never ridden a bike, are frequently somewhat overweight, and the regions they care for are hilly, and accessible frequently only by dirt roads or cow paths.¹⁰⁷ BikeAfrica made a donation of 100 bikes to the Bhhekuzulu Self Sufficient Project, and BSSP did its best to distribute the bikes to the intended recipients. However, most of the community health workers simply gave the bikes to their sons, creating jealousy among a lot of the youth and fear among the BSSP staff that there would be a break in for the rest of the bikes. Over half the bikes, which were delivered in October 2008, are still sitting in a garage because the centre has no way to deliver them to the rest of the community health workers (appendix c).¹⁰⁸

Therese Claxton, the America Peace Corps Volunteer working at the centre made the observation that “people like to fund complicated-sounding programmes. All kids really need is food, clothing, and somebody they can talk to if stuff goes wrong. That’s the best you can really do for them.”¹⁰⁹ This is largely true at least for children- the most efficient and worthwhile programmes that the centre was running seemed to be those which involved OVC care and halfway houses, the youth programme, and the crèche.¹¹⁰ Simply being a presence in the lives of children and helping them gain access to financial and material resources seemed to best diffuse the problems caused by poverty and AIDS and meet their current needs.

¹⁰⁵ Observations and conversations with BSSP employees, 16 April 2009

¹⁰⁶ Observations, BSSP, April 2009

¹⁰⁷ Observations, BSSP April 2009, Information conversations with employees

¹⁰⁸ Observations, BSSP April 2009

¹⁰⁹ Claxton, Therese. Conversation April 2009

¹¹⁰ Personal Observation, BSSP April 2009

Lack of Education and Training

Of the 22 employees who worked at the main centre office, only two had university degrees and one was a nurse. The rest of the employees have passed matric, but received no further education. Of the two people with university degrees, one has a degree in teaching- not exactly fully applicable to her job as the Project Director- and the other a degree in rural development.¹¹¹ Fortunately, most of the jobs performed by BSSP employees could be taught and mainly required enthusiasm, a willingness to learn, and a commitment to the local community. However, when an organization employs community members with little prior training or education, much time and money must be spent on frequent staff training. Three separate staff trainings were held in April and two staff members had been sent to a conference training at the end of March.¹¹² Staff training, while beneficial, costs the organization money and occupies time which employees could be investing elsewhere.

Etienne Nel, a scholar on South African NGOs, believes that “Factors such as shortages of local capacity and resources... play a part in ensuring that... community self-reliance initiatives are ‘unlikely to achieve more than small sporadic victories for the disadvantaged majority’.”¹¹³ A shortage of local educational capacity is definitely a limiting factor in the effectiveness of staff and the organization. Training can compensate for this, but costs the organization. At least two employees are currently enrolled in UNISA, working towards university degrees, and several others have plans to do so.¹¹⁴ This could bring additional skills to BSSP; however, it is also a concern is that once these employees get degrees, they will move out of the organization to better paying jobs. This would require BSSP to hire new employees from the local pool of generally uneducated community members and invest money and time all over again in training.

The people who are employed to work with crèche children, for example, are enthusiastic and seemed to care deeply about the kids they were working with. However, while one crèche teacher was a nurse, neither have particular training in child development, so there is no curriculum and few organized activities occurring at the crèche. Children, up until the age of 6, are not being emotionally stimulated in many ways, and are receiving no preparation to attend primary school. Some days, the teachers were observed to try and sing with the children, once they were told a story, and another day they danced. However, many days, the children simply played outside or entertained themselves. In light of the many

¹¹¹ Observations, Bhhekuzulu Self Sufficient Project, April 2009

¹¹² Observations, BSSP, April 2009

¹¹³ Nel pp 3

¹¹⁴ Observations, BSSP, April 2009

responsibilities of watching a large number of young kids, concern for enhancing their development or preparing them to enter school is ignored.¹¹⁵ While the crèche is still a beneficial programme for the community and has many positive aspects, a lack of training and educational capacity is hindering the crèche's ability to provide local children with the best care possible.

Another issue which arose at the Bhekuzulu Self Sufficient Project related to the lack of educational capacity involved employee relations. None of the women involved in the organization has any formal training in business management or managerial skills. This is unfortunate, because tensions have arisen at the centre between several employees, and there is no one who has the training, experience, or knowledge to successfully diffuse this tension. Additionally, there is no space for employees to voice complaints or suggestions, or receive affirmation or suggestions for improvement on their work. Short of asking for a meeting with their boss, which would create speculation and gossip among other employees, there are no performance reviews or similar form of communication between the manager and her employees.¹¹⁶ Likely, this directly relates to that fact that no one has experience or training in running an office or acting as a supervisor. Unfortunately, this lack of space means that employees rarely get feedback, and minor conflicts between employees or situations of discontent become larger problems than they need to be. Overall, this situation creates a risk of employees getting frustrated and leaving the organization. Because most employees have been trained on the job and there is little skilled labor available, lost employees could be hard to replace, and could jeopardize the ability of the organization to continue to run the programmes it does.

Perhaps the most significant problem with the overall level of education at the Bhekuzulu Self Sufficient Project involves the capacity of employees to express themselves in written English. While many employees at BSSP speak impressive English, only the American Peace Corps Volunteer is a native English speaker.¹¹⁷ Employing local native-Zulu speakers is an asset to the organization in most capacities, because local people who speak the language fluently have greater social capital than an outsider would. Social capital is extremely important in situations involving a highly stigmatized illness and poverty alleviation, which often involves developing close relationships with local families and

¹¹⁵ Observations, BSSP crèche, April 2009

¹¹⁶ Observations, BSSP, April 2009

¹¹⁷ Observations, BSSP April 2009

children. However, even the second-language English speakers who had attended university had subtle difficulties with grammar and formal written English.

This poses a problem to the organization's capacity to apply for grants with large corporations and funders either domestically or abroad, because it is extremely difficult to convince an organization to seriously consider investing in a project with cover letters and written communication which is less than flawless. Most of the fundraising letters and written communication is currently done by the American Peace Corps Volunteer, although staff members have expressed a desire for her to transfer those skills. Several employees have expressed concern for the future of the organization if this does not happen. While fundraising and letter-writing skills can be taught in a short period of time, it is far more difficult and time-consuming to teach the language and writing skills necessary to communicate with organizations on this level. It is unlikely the Peace Corps Volunteer could do this in the year she has left at the organization. Unfortunately, this situation poses a serious concern to the ability of the BSSP to continue to raise funds and attract new funders once they no longer have an American working at the organization.

Local Challenges in a Rural Community

Operating an NGO from within the community it is trying to serve has the aforementioned advantage of social capital. Grassroots movements who draw their employees directly from the local community are more likely to be trusted, and are accepted more easily than an outside organization. Social capital is a "factor empowering civil society organizations"¹¹⁸ Drawing employees directly from the local community also creates employment, and local people have an inherent knowledge of the challenges their communities face. However, hiring employees from a local community struggling with HIV/AIDS and situations of extreme poverty has the disadvantage of the fact that most likely the employees hired will face many of the same problems as the local community.

In a community where an estimated 40% of people are infected with HIV/AIDS, many employees at the Bhekuzulu Self Sufficient Project be HIV-positive themselves. Approximately half of BSSP staff members have admitted to being HIV-positive.¹¹⁹ While this gives them an intimate knowledge of the challenges their ill neighbors face and perhaps increases their compassion and allows them to know how to better assist their community,

¹¹⁸ Boone pp 14

¹¹⁹ Claxton, Therese, Conversation, 21 April 2009

HIV/AIDS has a negative impact on the organizational capacity of any organization and the Bhekuzulu Self Sufficient Project is no exception. HIV/AIDS causes “increased absenteeism, staff sickness, and death... resulting in the loss of experience and skills, growing costs to organizations, and overall reduction in the capacity to respond to the impacts of HIV/AIDS.” Most of the admittedly HIV-positive members of BSSP take antiretroviral drugs, and take time off from work to go to the clinic, and several were observed to be sick during the author’s visit.¹²⁰ Inevitably and unfortunately, these employees will continue to get sicker until they are eventually no longer able to work. As HIV progresses in these individuals, most likely they will have to take more sick days, there will be an increased turnover rate of employees, and the capacity and efficiency of the organization will decline.

Another challenge to operating an NGO within a rural community struggling with AIDS and poverty is that community support is often hard to find. In an impoverished area, clearly no one can support an organization financially, but people are also less willing or able to volunteer their time. Fezile Hadebe, the woman who began the organization, professed that she has had trouble finding people to volunteer their time on the new buildings (although the people currently working in construction are volunteers), or to help with various programmes.¹²¹ Poverty, large family size, and high burden of disease means that people have many other responsibilities and assisting the local NGO may not be a high priority.

Practically, rural villages have limited infrastructure, which makes the operation of a professional organization in that area difficult. Politically, Bhekuzulu votes predominantly ANC, in a municipality where the majority of people vote IFP. This means that the local government is unwilling to provide services to the village, and few roads have been paved.¹²² Unpaved roads make transportation difficult, and put wear and tear on vehicles. The BSSP was given a bakkie by the Bristol Myers Squibb Foundation. However, it broke down from use over time but BMS would not fund fixing it. There were no funds to fix the car. Currently, there is no transportation available beyond minibus taxis and the programme director’s personal car. Without cars, it takes 45 minutes on a minibus taxi, plus up to an hour wait for the taxi to arrive, in order to get into Estcourt, which is the nearest place to purchase supplies for the centre. Anything purchased must then be carried back, which limits the amount that can be bought in any one trip.

¹²⁰ Observations, BSSP, April 2009

¹²¹ Hadebe, Fezile, Conversation 2 April 2009

¹²² Hadebe, Fezile, Conversation 2 April 2009

Another challenge of operating an NGO in a rural area is the nature of tribal land ownership. Rural land in the Imbabazane Municipality, like many rural areas, is owned by the tribal chief, and cannot be bought and sold freely. At the end of 2008, there was a mild dispute with the chief's daughter, who asked the BSSP to leave the land they had been allocated. In January 2009, BSSP was given a new plot of land, which was larger than the first, but had no buildings or facilities and new ones had to be built. This is not only expensive, but there is a lengthy transition time in which temporary facilities must be used. The new land is a further walk away from the main part of the Bhekuzulu village and less accessible by minibus or road.¹²³ This has caused a reduction in the number of children attending the crèche, because parents are unwilling to walk that far, and has caused the centre to cancel a luncheon club for grandmothers, because of the distance they would have to travel.¹²⁴ Fortunately for BSSP, both the AIDS Foundation and Operation Jumpstart stepped up to fund some of the costs of the new buildings, which will ultimately be more spacious and better suited for use than the original facilities. However, in the mean time, it is still a long distance for even workers to travel, creates a lot of inconvenience, and limits the effectiveness of the organization. Currently, BSSP does not yet have the boundaries of their new land in writing from the chief, and the staff has expressed nervousness about the terms of the agreement changing in the meantime.¹²⁵

At the new centre, the building housing the office, temporary youth club room, storage space, and soup kitchen had to be built quickly to minimize disruption to BSSP programming. A stick-and-mud building was erected, which the organization hopes to reinforce and plaster some day. However, this poses a number of problems in the meantime. Firstly, stick-and-mud is not too stable, so mud falls off the wall onto the floor, and all surfaces have to be swept daily. Mud also often falls off the walls and into the computers and printers, jamming the printers, fax machine, and scanner, making keyboard keys sticky, and likely doing damage to the inside of the computer. During the author's visit to BSSP, the main printer was non working and was waiting to be serviced because it had mud in it.¹²⁶ Additionally, mud buildings are cold, and have no source of heat. Work has been canceled on several occasions, because it was simply too cold for people to be in the buildings. During the author's time at the centre, a youth club was ended early because of the temperature.¹²⁷

¹²³ Observations, BSSP, April 2009

¹²⁴ Observations, BSSP, April 2009

¹²⁵ Observation, BSSP, 2 April 2009

¹²⁶ Observation, BSSP, April 2009

¹²⁷ Observation, BSSP, April 2009

Because the new centre is located a distance from the main street, it will be a large project to bring electricity to the buildings. Currently, the Bhekuzulu Self Sufficient Project is waiting for Eskom to wire the buildings and connect them to the local electricity lines. In the meantime, there are two generators, one which pumps water, and another to power the buildings. When the author arrived at BSSP, the main generator was broken, and so none of the computers could be run. There is one man in Estcourt who is capable of fixing the generator, but he insists on being paid upfront, leaving little incentive for him to complete the job quickly. The generator remained broken for a full two weeks, until it was fixed. During this time, the computers were at one point disassembled and carried piece-by-piece to one of the houses where several employees live so work could get done. On another occasion, the generator ran out of petrol, and had to wait a day until someone could go to town and purchase more. Total, out of 19 work days in April, the centre only had electricity on 11 of them. Apparently the lack of electricity hinders the overall efficiency of the organization because most data is reported and stored on the computers, and internet is essential for communicating with funders, partners, and the larger community.¹²⁸

The high prevalence of HIV/AIDS and poverty, even among employees, the lack of infrastructure, far distance to a commercial town, and challenges unique to rural life pose challenges to operating an NGO, and place limits on productivity of the organization as a whole. Unfortunately, these hindrances are a reality of operating an NGO in a rural area, and likely there is little that BSSP can do to change them.

Conclusions

During the three and a half week period the author observed the Bhekuzulu Self Sufficient Project, it became obvious that the programmes which were being implemented were fulfilling very real and often urgent needs of the local community, and the work they were doing was assisting people in need tremendously. Programmes seemed, overall, remarkably in touch with the needs of the local community. Despite many challenges, limitations, and obstacles the organization faced, it was succeeding in mitigating many of the negative effects of poverty and disease in the local community. Through cooperation with the government as well as external funding and programmes, the BSSP assists in bringing what government services do exist to the people who were eligible for and in need of them. It creates additional programmes to meet the needs of people where government programmes

¹²⁸ Observation, BSSP, April 2009

have fallen short. While the Bhekuzulu Self Sufficient Project is not perfect and may have significant shortcomings, the dedication required on the part of the staff, the genuine concern for their community, and the hard work required to start, build, and sustain an NGO in a rural area should not be overlooked or discounted.

Despite the good work that the Bhekuzulu Self Sufficient Project is doing, they clearly faced a large number of challenges which reduce their general efficiency, and place limitations on the extent to which they are able to make a difference in their community. Dependent entirely on government and external donors, funding and parts of many programmes are determined by those who paid the bills, and are not always as accurate and efficient as they could be if the organization had more freedom in its funding. The dependency on receiving their approximately R1.5 million annual budget from local, national, and international donors seemed to place the BSSP in a somewhat precarious position. The relationship that the organization has with its donors has little long-term security, which raises questions about the overall sustainability of an organization like this. Additionally, challenges such as a lack of local educational capacity, unresolved staff problems, and the difficult nature of doing business in a rural area could also pose a threat to the long-term survival of this NGO.

The work that the Bhekuzulu Self Sufficient Project is doing is clearly fulfilling the real and urgent needs of a community suffering from HIV/AIDS, poor health, and above all poverty in the absence of assistance from the government or other organizations. While this NGO has its shortcomings, the work, commitment, and accomplishments of this organization, as well as the dedicated woman who began it and her coworkers who continue to build, expand, and sustain it should be credited for the things they have accomplished. That said, whether BSSP and its employees will be able to continue the work they do in the long-run is debatable and raises the question of whether non-governmental organizations are truly the best means of meeting these needs, or if there is a better way, perhaps involving the government or other organization.

During my time at the Bhekuzulu Self Sufficient Project, I was able to see the organization in a period of transition. The Project is currently in the middle of completely rebuilding its centre, which creates a need for additional funding, as well as evaluation of current programmes in order to design the new facilities in such a way as to anticipate how they could best accommodate future programming. Through this, I learned about aspects of NGO managing, how funding is applied for and received, and how the organization works to gain new funders and obtain grants. I was able to observe the benefits that this funding can

provide, as well as the challenges that designated funds and forced auditing can pose. Programmes which would provide a tremendous benefit to the local community, but seem too simplistic or do not appear as sophisticated or effective on paper, may struggle to find funding while those which sound impressive but are ultimately less helpful do.

I was able to spend a large amount of time at the crèche, and observe the interactions of children growing up in this community, the general level of care they received, and the challenges many of their parents faced in raising them. Through outside research and interactions with children, I learned some about the stages of development children go through, and how various negative environmental factors, such as disease, poverty, and loss of parents or familial stability can impact their development.

Overall, I mainly observed the daily limitations of an NGO in a rural setting in a way that would be hard to understand without having experienced it. Running a non-profit organization is much like running a business, except that in a rural setting, the organization must cope with the challenges of little infrastructure, few roads and the associated transportation difficulties, buildings made out of locally available materials, often an absence of power, and staff whose families struggle with many of the same issues they are trying to alleviate in their community

Limitations of the Study

The limitations of this study were several. Firstly, language and cultural barriers existed between the author, an English-speaking, white American, while the employees of BSSP consist entirely of native Zulu speakers. Much of the conversation and staff meetings at the centre are conducted in Zulu, which the author has a limited knowledge of. This clearly impacts her ability to gather data, as well as communicate with staff members who struggle more with English. While the author's acceptance into the community was somewhat facilitated by the presence of both a prior and a current American Peace Corps Volunteer, clearly significant cultural differences existed. The author spent much of her time with Therese, the current Peace Corps Volunteer. Undoubtedly, many Therese's personal experiences, opinions, and biases influenced the author's experiences and views of the organization and much of them are undoubtedly reflected in this paper.

The short length of time the author was able to witness work at the Bhekuzulu Self Sufficient Project, as well the specific timing of the visit, limited the data gathered for this paper. The author was only at the centre for three and a half weeks. During the month of

April, there is a week and a half school vacation during which no school-related programmes operated, and many public holidays during which the centre was closed. During this time, the author was able to personally experience some aspects of BSSP's work- fundraising, crèche care, the after school youth club, general office functioning, food provision schemes, and a visit to a halfway house. However, during this time, the author was unable to visit more of the halfway houses, build relationships or interact with the OVCs served by BSSP, or participate in PMTCT, and relied on stories and data provided by other members of the organization.

The secondary resources available to the author were also limited. No research budget was available for this project, limiting the online research which could be done to free articles and the American and International journals available to the author through her home university. No South African journals could be accessed. Additionally, internet access was also limited, restricting the potential sources the author could utilize.

Recommendations for Future Studies

To study the idea of non-governmental organizations and their ability to succeed in mitigating the impact of poverty and disease in rural communities, additional NGOs need to be studied and compared with the observations made at the Bhekuzulu Self Sufficient Project. A more in depth look at funding, specifically, could be done, interviewing large domestic and international funders on the NGOs they fund, the programmes they give money to, the specifications of the grants they give, and why they have chosen these criteria. This could be compared to interviews with the organizations who receive these grants, and their views on the programmes they have grants for, their usefulness, and the challenge that grant specifications pose to their work.

Also, this study tries to look at an NGO attempting to bridge the gap between government provision and the needs of a community. Clearly, while making a significant impact on the local community, the nature of NGO funding and the challenges they face make the nature of this work fairly volatile and questionably sustainable. Possibly, if the donor funding was funned through the government, it could increase its programmes and eliminate the need for an organization such as BSSP. This could be a more cost-effective, efficient, stable solution to the needs in rural community. Further research could explore this possibility and whether it would truly be an improvement. There are often similar programmes offered by both NGOs and the government. For example, BSSP offers a

PMTCT programme, and the government is currently scaling up a similar programme me. A study could be done to compare the results of both projects, the community responses, the cost-effectiveness, and the ability of both programmes to attract and maintain external donor funding.

Summary Review of Essential Texts

Johnson, Krista. "Between Self-Help and Dependence: Donor Funding and the Fight Against HIV/AIDS in South Africa." Africa: The Journal of the International African Institute 78.4 (2008) Project Muse. 25 April 2009 <<http://www.muse.jhu.edu>>

This essay offers an in-depth look at the funding received by both government and non-governmental organizations working to fight the HIV/AIDS crisis in South Africa, the nature of funding programmes, the stipulations on grants, and the challenges posed to organizations receiving funding.

Wagstaff, L A and Kibel, M A. Child Health for All. 3rd ed. New York: Oxford UP Southern Africa, 2001.

This Manual covers an extensive number of topics concerning child health. Of particular relevance to this paper is insights into how macro-environments, including poverty and disease, can impact the development of a child. It addresses micro-environmental impacts as well, such as the loss of a parent or specifically stressful household situation, and the extent to which these negative environmental factors can be mitigated.

Boone, Catherine and Jake Batsell. "Politics and AIDS in Africa: Research Agendas in Political Science and International Relations." Project Muse. 26 March 2009 <<http://www.muse.jhu.edu>>

While mainly focused on the political agendas of both foreign donors and African countries in the struggle against HIV/AIDS, this paper provides insight into the impact of HIV/AIDS on a community and international donors who fund HIV/AIDS assistance programmes. It also addresses the role that NGOs play in the fight against HIV/AIDS.

Bradshaw, Debbie, Leigh Johnson, Helen Schneider, David Bourne, and Rob Dorrington. "Orphans of the HIV/AIDS Epidemic: The time to act is now" Medical Research Council (2002): 1-4. <www.mrc.ac.za>

This brief pamphlet gives statistics about AIDS orphans in South Africa, as well as discusses the psychosocial and developmental implications that losing a parent can have on a child's development and future.

UNAIDS. "The Impact of AIDS on People and Societies." UNAIDS (2004). <<http://www.unaids.int>>

This UNAIDS study gives a comprehensive look at how HIV/AIDS impacts families, communities, and individuals, and also briefly addresses some attempts which have been made to alleviate this impact.

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Daily Log

Wednesday 4/1/2009

I met Fezile, Musa, Nozipho, and Therese at the AIDS Foundation re-opening celebration of its office building in Durban. I met several AIDS Foundation employees, took a tour of the new building- which looked very nice and well furnished- mingled and ate food, and then we got into Fezile's fairly new, very nice VW Pasat and drove the two hours to Bhhekuzulu.

Thursday 4/2/2009

8:00-16:30

I slept the night at Fezile's house, and then we met Therese (Peace Corps Volunteer) and Musa (the programmes manager/assistant director) and went to the centre. The centre is being built right now, so there is one stick-and-mud office building currently used as a soup kitchen, storage area, youth crèche, and office. I met the employees and learned who was responsible for what, and got a tour of the office building, and both new buildings in progress. There was no power, because the generator was broken, so Therese and I went and helped out at the children's crèche for a little while, which is still located at the old centre, about 10 or so minutes away, because the new crèche isn't ready yet. We brought them some paper and crayons, and then drove into town to buy a bed for the room I'm sleeping in, pick up some groceries for the centre, and look at used office furniture for the new offices.

Friday 4/3/09

8:00-16:30

I went to the centre in the morning for prayers, hung out for a bit and talked to some of the employees. The electricity was still out, so not much was being accomplished at the center. I left to go help at the crèche for the morning. After that, Therese and I did some computer work to start looking at grant writing at home. She somehow acquired a large binder of international funders, and went through and highlighted all the ones in which the programmes they funded matched any aspect of BSSP's work. I edited a fundraising letter she had written previously, and then spent two hours typing up the names of all the organizations, so they can be copy/pasted onto letterheads. Since there is no power at the office, we carried a printer across the field to our house and set up there to work.

Therese spends a lot of her time writing letters to various organizations trying to get grants to fund her programmes and the new centre. She has met with moderate success, and has gotten R250 000 for the programme so far. The biggest funder seems to be BMS, but also PEPFAR, the government, and several embassies. Overall, however, Therese seems to have to invent her own projects, because ultimately, the project is just not organized enough for there simply to be things to do that no one is doing.

Monday 4/6/09

8:00-16:30

The generator is still broken. Therese and I went to town in the morning, grocery shopped, and then bought a ton of embroidery floss and t shirts for the youth club, because she has R10, 000 left from a grant from the peace corps to run this programme, and she suspects if she uses it up and writes up the report for it, she might be able to get another grant. Plus, she is afraid this programme will fall apart when she leaves, so she wants to stock up on stuff, so Zodwa, Lindiwe, and Thuli can run it in her absence.

When we got home, we worked on the grants more. I addressed all the envelopes, which took all afternoon to copy down all the addresses by hand. Nozipho and Musa brought a full-size computer, piece by piece, to the house so they could accomplish some work.

Tuesday 4/7/09

8:00-16:30

Today was mostly more grant writing. Therese finished with the South African grants, so I spent the morning faking Fezile's signature on all the letters she printed out, folding letters, and stuffing envelopes. Then I documented all the organizations, with their addresses, and all the international organizations, into an excel document, so that we have a record of who we wrote to, and can keep track of the responses we've gotten. School break started yesterday, and will continue until next Wednesday, so everyone is doing whatever computer work and paperwork they can in the meantime, which makes it a particularly frustrating time to not have power to the computers.

Wednesday 4/8/09

8:00-14:30

We went to town again this morning because we ran out of envelopes for the grants we're writing. We bought some other things for the youth club, and came back. I printed some more grant letters, and then took the afternoon off because there was literally nothing to do. Since there is no power and the kids are on school vacation, there isn't a whole lot happening at the centre. The employees who work for LoveLife, OVC care, the Youth Club, and the crèche just hang around the centre, talk, and perhaps catch up on paperwork, planning, and evaluations. The centre is still open and running, however, despite the lack of power, because the kitchen is at the centre, and selected, particularly vulnerable families from the local community come everyday around 13:30 or so to get a meal. Normally, more school kids would attend, and the crèche children would be fed also if the Youth Club and crèche were in session.

Thursday 4/9/09

8:00-16:30

I went to the Centre at 8:00 for a staff meeting. Musa ran the staff meeting; Fezile was late. The meeting lasted until 11:30 or so, during which time we got reports from Orphans and Vulnerable Children, home based care, the crèche, the Youth Programme, PMTCT, the AIDS conference, and income generating farming. PMTCT and IGF were the only presentations I understood fully, as the others were predominantly in Zulu. Jabu and Zodwa both went to the AIDS conference on free passes, and reported back on what they had learned. Fezile was unable to get a free pass, which seemed strange- Therese thinks it got lost in the mail. Staff meetings are supposed to occur once a week, but this was the first one in three weeks. PMTCT hired African Spirit, an organization run by a white woman, to teach 12 positive mothers to do beading crafts- 6 for 4 weeks and 6 for two weeks. African Spirit sells their beading, and pays them for each item sold. Jabu read the prices for the items being sold, and they seemed lower than I have observed similar items being sold elsewhere.

Fezile talked about income generating projects. They want to learn to grow and sell potatoes, however, what I caught of the conversation was that at the moment, no one was heading this project, and they needed someone passionate about it in order for it to succeed. I think they also needed to find someone to teach them about growing potatoes for this to work. The municipality has an 89% unemployment rate, so any form of income seems as though it would be beneficial.

Tuesday 4/14/09

8:00-14:30

I came in at 8 this morning to the centre for prayers. Since Therese is gone, no one else really gives me work to do, I have to make it up myself. We had the usual prayers for fifteen minutes or so, and then a very brief staff meeting, during which I think it was decided that some kind of staff training will be happening on Friday. After that, I decided to forge Fezile's signature on 35 more international donations letters that we finished on Wed. I got halfway through, and realized Therese had accidentally omitted the word "grant" from the sentence asking them to send us applications for available grants, which is crucial to the whole point of the letter. Since I didn't have the original file, I had to retype all the letters, fix that error and a couple other spelling errors, and reprint the whole stack. After printing them, I realized that nowhere does it say that BSSP is located in South Africa- assumed by all the donors we've contacted so far, but not so obvious when you mail a letter to Belgium. I need to find a red marker to match the heading, and I will write it in by hand- they are too expensive to reprint. I then re-forged signatures on all of them, and addressed the nine envelopes I was able to find lying around the office. I think Therese has more envelopes, so when she gets back we can finish those. Printing is a big deal, because ink is expensive, and a lot of the money given to the centre is allocated to certain things, so can't necessarily be redistributed. We aren't including brochures in the grant letters, although they probably would be helpful, because of the prohibitively high cost of printing.

After that, around 2:30, since there were no more envelopes, and nothing else to do, I went home to make posters for the crèche of numbers and colors, so maybe Thuli and Mama Mpmembe can start to teach the kids colors and numbers. Unfortunately, everything was locked and I had already walked back and forth from the centre several times, so I decided to stop for the day. The distance the new centre is from the crèche and the rest of the village can be prohibitively long.

Wednesday 4/15/09

8:00-16:30

I went to the centre at 8, conversed for a bit and had prayer. I left after prayer to go the crèche for the morning. I helped out Thuli with the kids, served them their porridge meal, and then left to go work on the posters for the crèche. I came back, and brought bubbles and my camera, which was really fun. I think chasing the bubbles and eating were the only organized activities for the kids for the day. The kids all left by 2:30, and I went back to the centre. At the centre, I helped Jabu come up with team building games for staff training on Friday, and then sat in on the youth club. The youth club was happening for the first time since before vacation, and the kids were working on decorating bags. The bags are those really cheap ones you buy to carry groceries, and they are embroidering fabric shapes on the fronts. They have learned two different stitches to embroider with. There were 24 kids there, ranging from about 8 until later teens. They all seemed to be engrossed with and enjoying the activity. When the youth club was over, I observed a meeting between a member of the department of health and Musa.

The DOH guy was upset with Musa, because none of the staff other than her, including Fezile, had done their paperwork. All staff are supposed to write out very brief agendas for two weeks ahead, and sign registries every day to say they were at work, but very few people do. Musa was frustrated, because she tells them this all the time.

Thursday 4/16/09

8:00-16:30

I went to the centre in the morning, and there was a staff meeting for about an hour. The meeting was about creating committees for each project the programme is working on and the projects they hope to create. It seemed useful, but no one wanted to volunteer to be on the fundraising committee. There was also a lot of frustration expressed that Therese has not “transferred skills” to the organization. It seemed more like frustration at their own inability to fundraise and use computers than really at Therese. After that, I went to the crèche with Thuli and watched the kids. Mama Mpembe told them a story, and played a game to identify body parts with them.

Around 1:00, I went with Mama Mpembe, Zodwa, and Lindiwe to the New Canaan Halfway House. They met the kids who get food there, and Mama Mpembe weighed them all, and recorded it, to keep track of their growth. The kids danced and sang for us as an activity. Then they spoke to the kids in Zulu for a while, and explained to me later that they were asking the kids about life skills topics they would like to talk about. Currently, the youth club only functions at the centre and only kids from Bhekuzulu go because of the distance. They would like to expand life skills discussions to the halfway houses as well.

Musa, Therese, and I sat up later at night to brainstorm what to do at staff training the following day. Musa’s degree is in rural development, so she has no training to know how to run a staff training. We brainstormed teambuilding games we had played in the past, and used Therese’s slow internet connection to look for corporate team building activities. We finally found enough to keep everyone occupied for a while, and a good combination of staff training/teambuilding activities and simply fun things to do.

Friday 4/17/09

8:00-16:30

Today, work and the crèche were suspended for staff training and getting government certificates. The Department of Social Welfare came to the centre this morning, so people from the surrounding areas could come and apply for food parcels while they wait to get approved for grants. Thuli helped out with it in the morning. The rest of the staff had staff training all day. Therese, Musa, and I came up with the activities last night. They took personality tests to determine what kind of person/worker each was and played some teambuilding games, one of which they had to get into groups and draw a picture of an imaginary perfect team member, combining all of their best characteristics, and then a worst team member, and share it with the group.

After staff training, the group just played a bunch of games together, including visual charades, and then did some Zulu dancing. There has been a lot of pettiness and hurt feelings at the office lately, so this seemed like a really good activity. Everyone ate lunch, and then hiked back to Bhekuzulu around 4 via a minibus taxi.

Saturday 4/18/09

I went to town in the morning via minibus taxi for some personal errands, and mailed 34 of the domestic fundraising letters we have written since I got here, because 34 stamps was the number I could buy with the R100 allocated for fundraising this week.

Monday 4/20/09

8:00-16:30

I went to the office for prayers, and then the staff split up into committees to have committee meetings. Since I'm not on a committee, I went to the crèche to help Thuli out. We fed the kids breakfast, and Thuli taught them in Zulu for a bit. I went back to the centre, finally finished all of the fundraising letters, and set up for the youth club. The kids came and worked on their bags for about two hours, and then we sent them home early because it started to rain and the centre was freezing.

Tues 21/4/09

8:00-14:30

I went to the office for prayers, and then headed to the crèche. It was really cold, so only 13 kids came to crèche. It was too cold for them to be outside, so we all huddled around a space heater in the trailer for the morning. The kids got fed, and then mostly slept until their parents came to pick them up. Mama Mpembe and I were going to head over to the centre for youth club, but we met Jabu on the way, who told us that no kids had come because it was so cold. So we all went home early for the afternoon.

Wed 22/4/09

Elections day! No work! Fezile had asked Therese to write a letter of recommendation for Nozipho to get a bursary in order to get her first college degree, in social work. Therese had already written one, so I wrote the letter for Fezile.

Thurs 23/4/09

8:00-16:30

I went to the office for prayers, did some photocopying for Fezile, some printing for Therese, and finally finished printing the last of the fundraising letters. About half of the letters have gotten mailed, the rest will be mailed as money becomes available. After finishing up stuff at the office, I went and helped served lunch to the crèche kids. After, I returned to the office to give Fezile the paperwork and get a letter for Nozipho signed. I assisted on the computers for a bit, and went back home with Therese. We sorted and labeled everything that had been purchased for the youth club, to prevent people from borrowing it and stuff from disappearing.

Friday 24/4/09

8:00-16:30

Last day at Bhakuzulu Self Sufficient Centre ☺ I went to the office in the morning for prayers, and then brought breakfast the crèche and helped served it. I stopped back at the office and the crèche to say goodbye, and then left for town.

Appendices

Appendix A: Impact of Orphan-hood on children¹²⁹

¹²⁹ Bhana, Lecture to SIT

	Effect of being orphaned by AIDS	Effect remaining if child has food, school, a grant & lives with someone employed	Mediational effect
Depression	Highly significant	Effect eliminated	Very strong (p<.000007)
Post-traumatic stress	Highly significant	Effect remains	Very strong (p<.000009)
Peer Problems	Highly significant	Effect remains	Very strong (p<.000002)
Delinquency	Moderately significant	Effect eliminated	Very strong (p<.00002)
Conduct Problems	Moderately significant	Effect eliminated	Very strong (p<.0002)

	Effect of being orphaned by AIDS (independent of age and gender)	Effect remaining if caregiver isn't 'always unwell' and if <3 hrs/day housework for child
Depression	Highly significant	Moderately significant
Anxiety	Moderately significant	Effect eliminated
Post-traumatic stress	Highly significant	Effect remains
Peer Problems	Highly significant	Effect remains
Delinquency	Moderately significant	Effect eliminated
Conduct Problems	Moderately significant	Effect eliminated

Appendix B:

Map of Bhekuzulu Self Sufficient Project Service Area¹³⁰

¹³⁰ BSSP promotion material

Appendix D:

Holes in the walls in Youth Crèche during Youth Club



Appendix E:

Bhekuzulu Self Sufficient Project Staff



Appendix F:

Bhekuzulu Self Sufficient Center: New buildings in progress

