Makhuduthamaga Umbrella: The dynamic Public Private Partnership for Health Care

INTRODUCTION

This case study illustrates the power of partnerships to drive innovation in service delivery to the needy, especially in rural areas. It reports on the project that won the Centre for Public Service Innovation (CPSI) Runner-Up Award in 2007 in the category of Partnership in Service Delivery.

Conditions were tough, but the Makhuduthamaga Umbrella project (the MK Umbrella project) brought relief to the needy, and prolonged and saved lives in rural Limpopo.

The CPSI acquired the information presented in this case study on a project visit and through interviews with key people involved in the MK Umbrella project, especially Constance Mamogobo and Jami Peterson.

BACKGROUND

The MK Umbrella organisation was founded under the auspices of the Limpopo Department of Health and Social Development in November 2003. Its purpose is to coordinate and empower small Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs) and Faith-Based Organisations (FBOs).

The organisation operates in 146 villages and 35 wards within the Makhuduthamaga Municipality through its 29 affiliated Non-Profit Organisations (NPOs).

The organisations under its umbrella assist people exposed to, or infected by, a range of illnesses. These include cardio-vascular hypertension, diabetes, cancer, asthma, tuberculosis (TB), mental illness, Human
Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

Table 2: Makhuduthamaga Umbrella Health Care Interventions.

The MK Umbrella has an amazing capacity to reach out and offer help to more than 3500 people in the municipality.

Its mission statement is:

Ensure that all vulnerable households in the 146 villages within Makhuduthamaga receive medical assistance, counselling, hope, emotional support, knowledge of their human rights and other support by capacitating and coordinating those Community-Based Organisations, Faith-Based Organisations and Non-Government Organisations offering Home-Based Care Services.

There will be a strong focus on preventing and reducing the spread of HIV and providing longer and better lives for those infected and affected with the virus. The Umbrella will coordinate with the Municipality, Department of Health and Social Development and other organisations to increase awareness and effective services as well as advocacy on behalf of Makhuduthamaga Home-Based Care.

The staff of MK Umbrella is:

• Managing Director: Constance Mamogobo.
• Programme Manager: Seipati Nkadimeng.
• Office Manager: Ida Maabane.
• Finance Officer: Angie Thipane.
• Project Coordinator: Stella Ramaila.
• Lay counsellors’ Mentor: Johannes Magaela.
• Professional Nurse: Mirriam Sekome.
• Capacitator: Jami Peterson.

PROBLEMS FACING THE COMMUNITY PRIOR TO MK UMBRELLA

• The NPOs in the area lacked the training, communication and organisational skills to meet the needs of their communities and funders. They lacked knowledge and understanding of palliative care.
• Most people infected with HIV and their families were stigmatised and discriminated against.
• People were afraid of ill people and would often chase them away.
• Families were hiding their sick family members.
• There was no bereavement counselling.
• There were few support groups.
• The Voluntary Counselling and Treatment (VCT) clinics were underutilised.
• Patients defaulted on treatment.
TURNING THE SITUATION AROUND

The formation of the Umbrella turned the social welfare situation in the area around. Partnerships were formed and volunteers recruited to work in the communities.

Partners

The partners of Makhuduthamaga Umbrella are:

• Operation Hunger, an organisation that assists the needy.
• Khulisa Management, a private organisation that conducted Orphans and Vulnerable Children (OVC) research for the Umbrella.
• Hlatololanang, an NGO that is also active in the Sekhukhune District. It offers the same services as the Umbrella.
• The South African National NGO Coalition (SANGOCO), to which Makhuduthamaga is affiliated.
• The Peace Corps, a United States of America international NGO that spearheaded the formation of the Makhuduthamaga Umbrella. It provides capacity and volunteers.
• The Makotse Women’s Club. This is based in the Capricorn District municipality and shares lessons with the Makhuduthamaga Umbrella.
• The Limpopo Business Support Agency (LIBSA). It’s role is to integrate enterprises in the Mining, Tourism, Agriculture, Manufacturing and Construction and Information Communication Technology sectors into the mainstream economy.
• The Sekhukhune Educare Project.
• The African Medical Research Forum, an international NGO that mentors some of Makhuduthamaga Umbrella’s stakeholders.

Volunteers

There are more than 400 volunteers. Their local NPOs recruit them.

The volunteers:

• Have completed grade 12.
• Have good communications skills.
• Are able to maintain confidentiality.
• Have good self-images.
• Have integrity.
• Are able to read and write.

According to the officials of the MK Umbrella, the volunteers are involved in the Expanded Public Works Programme (EPWP), work with the Umsobomvu Youth Fund and do lay counselling for the needy. Free training is their reward.

They implement basic nursing care. They also promote support for Orphans and Vulnerable Children (OVC), greenery and drop-in centres.

SUCCESSES: EFFECTING CHANGE IN MAKHUDUTHAMAGA

MK Umbrella initially focused on developing the organisation, coordinating its members and its support programmes for OVCs. Management has also focused on creating effective
representation and coverage of all 146 villages in the Makhuduthamaga Municipality.

Its successes include:

- Identifying more than 3,000 OVCs in the municipality.
- More than 300 OVCs, and a total of 700 people, participated.
- More than 300 youth (10 to 16 years old) competed in its Youth Month Competition for HIV/AIDS in June 2005.
- Establishing an aggressive programme with the support of The Departments of Home Affairs, Health and Welfare and the South African Social Security Agency. The programme moved mobile vans from Home Affairs into remote areas to support a registration drive for social grants.
- Building a database to monitor the awarding of social grants to vulnerable and deserving people.
- Introducing a rigorous programme of interaction with the affiliated 29 NPOs to enable them to improve the quality of the data they use for reporting on their activities.
- Holding izimbizo to sensitise communities about care for, and support of OVCs and to prepare them for establishing childcare fora.
- Establishing working relationships with the Departments of Home Affairs, Health, Education and Social Development. These relationships allowed the departments to explain the services they offer and how they could be accessed.
- Engaging with schools in order to provide programmes aimed at OVCs. This led to the Umbrella receiving a Platinum Award in recognition of its excellent performance in improving the quality of public service (which promotes accountability) by the Mpumalanga Department of Health and Social Development.
- Capacity building in Umbrella member organisations. They include psychosocial support for home-based care; financial management; care planning; service package and project management training; training of lay counsellors for VCT; improving knowledge about palliative care; establishing support groups for the clinics; and bereavement counselling.
- Establishing six drop-in centres in villages in the municipality to date. Equipment was bought and distributed to these centres. The centres are Good Hope, Maserum Park, Kukanang, Itoteng, Rwadishanang and Mamone. The centres provide food for children and after-school care.
- Responses by organisations under its umbrella to diseases occurring in the villages of Makhuduthamaga. These underline the enormous significance of the partnerships for service delivery. See Table 2 for details.

CHALLENGES

Although the MK Umbrella is bringing health care and social relief to the people of Makhuduthamaga municipality, the project...
managers, volunteers and other partners are experiencing some challenges. They include:

- Working with limited material and human resources.
- Low computer literacy.
- Budgetary constraints (no long-term funding).
- Volunteers who work for more than five years without payment.
- Stigmatisation associated with HIV infection and discrimination against infected persons.
- People defaulting on treatment.
- People who disclose and regret, especially those that are seized at church services.
- Women volunteers who cannot travel everywhere, anytime because of safety concerns.
- Infected people who do not disclose infection, especially of HIV, to family members.
- Inadequate health care facilities for the number of people who live in the Makhuduthamaga municipality (279 602). See Table 1.

### TABLE 1: HEALTH CARE FACILITIES IN MAKHUDUTHAMAGA

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<tr>
<th>Facility</th>
<th>No. of facilities</th>
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<td>Hospitals</td>
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<td>Doctors</td>
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### NOTES FROM THE MAKHUDUTHAMAGA MEMBER NPO SITES: PROJECTS WITHIN A PROJECT

There are 29 affiliated NPO members. Their projects are similar to those of Rwadishanang Centre and Good Hope Home-based Care, described below. They can be described as networked projects within a larger networked project.

#### Rwadishanang Centre

Mrs Lenah Phaasha owns this NPO. It is a drop-in centre that operates from the old Catholic mission building in Jane Furse.

It provides OVC care, gardening and life skills. Its after-school and daily nutritional programmes cater for 80 schoolchildren.

It was established in 2003 by Mrs Phaasha, a nurse who retired in the same year.

The partners in this project include the Anglican Church. It provides life skills training.

Makhuduthamaga Umbrella has supported the project by paying R1000 for two staffers.

This project has assets like a computer, kitchen utensils and a stove.

Its challenges, according to Mrs Phaasha, are inadequate food security, no library or playground for the schoolchildren, and insufficient water and seed supplies.
The Department of Social Development also supports the project. It provides a grant.

Nine caregivers provide home care. A further 10 women volunteers work in the garden. There are three ‘full time’ administrators, including Mrs Phaasha.

One of its success stories is a fundraising drive which yielded R17 000. This impressive fundraising drive began in June 2007 and lasted until August 2008.

Rwadishanang spent it on school uniforms comprising tunics, grey trousers, shoes and tracksuits for needy children from different schools.

The centre raises funds by selling flowers from its garden, recycling bottles and a laundry service.

**Good Hope Home-based Care**

Sylvia Mamogobo is the acting head of this project. Elsie Mahlasi, Muriel Radingwana, Sbongile Constance Mamogobo and Olga Masemola established it on 16 June 2002.

The project has 878 beneficiaries. Of these, 114 are registered beneficiaries, 411 are non-registered beneficiaries and there are 352 OVCs.

The centre provides counselling, health care, palliative care, TB Dot and HIV/AIDS care. It also has a support group for terminally ill patients and monitors the medication of patients.

The centre has 18 carers. They cater for five villages: Kigarithuthu, Thabeng, Bothaspruit, Marishana and Soetveld. Soetveld, approximately eight kilometres away, is furthest from the centre.

The local council, the Peace Corps, church organisations, the Department of Health and the Department of Social Development support the project. These organisations provide Reconstruction and Development (RDP) houses, water, blankets, food parcels, school uniforms, payment for the staff, spiritual support and write letters of support.

The centre works with schools to identify abused children, and Ten schools benefit from the project.

The centre interacts with clinics and hospitals for referrals – both back and forth. Traditional healers are among the health care providers.

The CPSI team met several volunteers, who provide health care, on site during a visit. They were Paulina Matlejoane (active since 2003), Matebogo Phaasha (active since 2006), Gladys Nhlelkeng Masemola (active since 2003), Georgina Nchabeleng (active since 2006), Matseka Mosehle (active since 2003) and Anna Leloko Maphutha (active since 2006).
The carers often have to help dying parents with drawing up wills to assist those they will leave behind.

These carers are motivated by their shared fondness for community development; the benefits they derive from the accredited training they undergo; and by a desire to do more than their professions (as nurses, for example) demand.

REPLICATING THE MAKHUDUTHAMAGA INNOVATION

To replicate the project, the organisers recommend:

- Mobilising communities and all relevant stakeholders, all departments, and all civil society organisations.
- Sensitising communities and other stakeholders about the project and its importance.
- Using the existing projects as benchmarks for sharing the lessons learned.
- Using the MK Umbrella financial statements to determine what an organisation of this kind requires to function. The income statement for the year ending in June 2007 shows that this organisation had an income of R1 373 773. This was used to finance administration, office accommodation, outreach to the needy (OVCs and home-based care), capacity building in member NPOs and direct assistance to clinics. However, the value of the output exceeds the amount spent in that financial year.

LESSONS LEARNT

- Networked organisations are resilient. Their constituents contribute their shared expertise to achieve the objectives of the network.
- Partnerships enable departments to work with the partners to improve social welfare and health care services.
- Innovation is not constrained by lack of funding. The impressive work done in 146 villages in Makhuduthamaga by the MK Umbrella was funded by a mere R1 million a year.
- Projects of this nature can be replicated in other areas to enhance public service delivery because of their low costs and because partners work together to achieve their shared goals.

CONCLUSION

The MK Umbrella supports its member organisations to sustain them. The umbrella organisation brings together organisations to ensure that their joint projects are sustainable.

The benefits to the communities where the project operates are immense.
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<th>Cancer (all types)</th>
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