Challenges faced by Phuthanang Home Based Care in providing care and training in Mankweng Township in the Limpopo Province

By

Chenjerai Muwanuki

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Supervisor: Dr H.D Mabasa

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DEDICATION

This piece of work is dedicated to my wife Ellen, my daughter Jaden – Inzwirashe, my family and friends for their love and support during the period of study. They understood that my seemingly lack of cooperation both emotionally and financially was for a good cause. I love you all.
DECLARATION

I, Chenjerai Muwaniki, declare that the Mini-dissertation hereby submitted to the University of Limpopo, for the degree of Masters in Adult Education has not previously been submitted by me for a degree at this or any other University; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

_________________ _______________
Chenjerai Muwaniki                                                                           Date
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My brothers, sisters, Mom and Dad and my Mother in Law for always saying “munopedza riniko chikoro?”, “When are you going to finish school?”
ABSTRACT

This report describes the research conducted at Phuthanang Home Based Care in Mankweng Township in the Limpopo Province of South Africa. Mankweng constitute a mixture of both formal and informal settlements, both urban and rural settlements and is situated about 32 km to the east of Polokwane which is the provincial capital for Limpopo. The aim of the research was to investigate the challenges faced by Phuthanang Home Based Care (HBC) in providing care and training in Mankweng Township. Having established the challenges faced by Phuthanang Home Based Care the researcher intended to recommend possible solutions to these problems. In an attempt to meet the above mentioned aims; the following research questions were formulated:

Main question:

• What are the challenges faced by Phuthanang Home Based Care in providing care and training?

The following sub questions were asked derived from the main question above:

• What are the aims and objectives of Phuthanang Home Based Care?

• What are the existing services and training programmes offered by caregivers at Phuthanang Home Based Care?

• What are the experiences of caregivers in relation to training for Home Based Care?

• What is the level of community participation in Phuthanang Home Based Care activities?

Chapter two outlines the theoretical framework based on relevant literature on the subject under study. I also formulated assumptions about the challenges that could be facing home based care programmes; these include issues such as lack of funds, inadequate training and stigmatisation among others. In this chapter key concepts were defined and operationalised to suit this research and to avoid ambiguity in interpretation.
Chapter three outlines the research methodology. It clearly explains the research design used, data collection and data analysis. This study was purely qualitative and took the form of a single case study design. This enabled a detailed and intensive study of the case as it exists in its natural setting. Data was collected according to two streams which are fieldwork and document analysis. In fieldwork the researcher used multiple data collection techniques which include open ended interviews with the Project Coordinator, Administrator and Caregivers. The other technique used was observations. A focus group interview with the Coordinator, Administrator and four caregivers was also employed during fieldwork. A data matrix was used in the analysis of data.

Chapter four constitutes the presentation and analysis of findings of the study. In this chapter; I describe the setting of the organisation in terms of location, historical background as well as its aims and services rendered. It outlines the challenges encountered by Phuthanang Home Based Care in providing care and training based on the results from document analysis, interviews, observations and focus group interview with the Caregivers’, the Administrator and the Coordinator of Phuthanang Home Based Care. The findings will suggest recommendations that will help bolster the state of care giving, training, and improve the way care is rendered to people living with HIV/AIDS and other terminal illness.

Chapter five presents my conclusions by outlining the challenges faced by Phuthanang Home Based Care in providing care and training. This chapter also presents recommendations that might contribute towards finding solutions to the problems faced by Phuthanang Home Based Care. After the recommendations I presented a section on reflections of the research process. In conclusion to this chapter I recommend further research on the challenges faced by home based care organisations which have an element of training in poor communities such as townships, informal settlements and rural areas.
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LIST OF ACRONYMS

ABET: Adult Basic Education and Training
AIDS: Acquired Immune Deficiency Syndrome
CASE: Community Agency for Social Enquiry
CHBC: Community Home Based Care
DoE: Department of Education
DoH: Department of Health
DOTS: Directly Observed Treatment
FBO: Faith Based Organisation
HAART: Highly Active Antiretroviral Therapy
HASA: Hospice Association of South Africa
HBC: Home Based Care
HIV: Human Immunodeficiency Virus
HSRC: Human Sciences Research Council
NGO: Non Governmental Organisation
NPO: Non Profit Organisation
PMTCT: Prevention of Mother to Child Transmission
PLWA: People Living with AIDS
RDP: Reconstruction Development Programme
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>TASO</td>
<td>The AIDS Support Organisation</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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