To all Siyakwazi’s stakeholders and interested parties,

2020 was not what we all expected and planned for and as you continue to read through this report, you will notice that through Siyakwazi’s Covid response, there was learning, growth and a reflection that Siyakwazi’s inclusive model became more effective in many ways.

In spite of demands imposed by Covid-19, Siyakwazi staff continued to deliver to children in need of care, balancing delivery against safety. We are enormously grateful to staff for this extra effort resulting in record number of children being cared for as well as record funds raised. We are especially grateful to those who afford us annual contributions making our planning for the future so much easier.

We would like to thank all staff members, funders and partners that endeavoured through the challenges to ensure that all children were still reached and supported.

RORY O’DONNELL
CHAIRMAN
Home visits and home-based learning were the buzz terms for 2020. Following the announcement of the National Lockdown in response to the Covid19 pandemic, Siyakwazi adjusted its working model and developed a strategy for reaching children in their homes. This meant that teams were co-ordinated based on areas rather than our previous approach of having different teams who supported Schools, ECD Centres and Non-Centre based families. Logbooks and registers were created so that Siyasizas could be allocated to children living in their area. In some instances, this meant a different Siyasiza was allocated to supporting a child and so a process of information and knowledge transfer was done. A covid19 response plan was developed and outlined, indicating our areas of intervention at different alert levels.

Most importantly children with disabilities were prioritised with intervention as soon as Siyakwazi could reopen as a home-visit/care facility for disability under Lockdown level 4 regulations. Following 5 weeks of no face to face interaction it was important that we could encourage parent participation and assess where each family was at and needed. It was then decided, and with thanks to relief funding provided that ALL children with disabilities (then 57) would receive support through our Therapy programme. Because therapy at the centre was assessed to be too high risk (use of public transport and too many people at once) we began the process of doing door-to-door therapy visits in the homes.

At the same time that we were doing home interventions and therapy assessments, it became apparent that there was a need for some curriculum-based learning which all children could access. We therefore set about creating monthly themed learning packs for all children with disabilities which were distributed by the teams. Activities were laddered according to different age groups and abilities and resource packs were developed.

The positive impact from all the adapted interventions has been more than we anticipated. We plan to carry through many of these interventions into 2021. Parent participation and therapy escalation is at the forefront of how we move forward in supporting all the children we work with.
54% of the children supported with disabilities in 2020 have cognitive and/or sensory disabilities and benefit from Occupational Therapy support.

In 2020 there was incredible growth in our Therapy programme. We had begun to include monthly sessions with an Occupational Therapist (OT). It was a decision made in 2019, based around the fact that 54% of the children supported with disabilities in 2020 have cognitive and/or sensory disabilities. Relief funding increased our capacity for therapy from once a month to weekly sessions. Every child with a disability supported by Siyakwazi received therapy interventions from either the Physiotherapist, Occupational Therapist or in some cases both.

Our Therapy programme has many facets and includes supporting of referrals to access government services and support in accessing assistive devices. Where affordable devices are available and not issued by the local clinic, Siyakwazi will endeavour to provide families with these devices, for example: Standing frames, soft and hard splints and eye patches.
The referral process is an important part of the Therapy programme and can be a time consuming and often unsuccessful endeavour for families. Often because there are socio-economic factors within the household, but also because the health system is itself overburdened and ‘bogged’ down by numerous factors. In some instances children may wait up to/over a year before receiving a necessary operation. This is when supporting the parent/guardian to persist to ensure that their child’s needs are met, is essential in accessing the critical support they need and deserve.

In 2021 we wish to extend our referral reach for families who have come to the end of the line of options available in the health system. There are a handful of these cases, but we believe they matter and are worth finding solutions for.

An example of such cases is that of a young boy with Cerebral Palsy who’s family has been supported through Siyakwazi’s services since 2016. He is unable to attend a mainstream learning environment and is supported by his family at home and regular visits from our Siyasiza. His condition has caused a dislocation of his hip. Unfortunately the hospitals state that he exceeds the age cap for an operation on his existing hip to reattach his hip, but is also still too young for a hip replacement. This means that the only current course of action is pain management, and he will be unable to access all positioning like standing and lying on his side which is necessary for his continued functioning and development.

69% of children supported with disabilities in 2020 have a formal diagnosis. We will continue to support and refer parents for diagnosis. We have noticed particular challenges with the health system in diagnosing children with cognitive/learning disabilities, the closest Paediatric Neurology Department is approx 140km away.

In addition to referrals for healthcare support we’ve begun to more aggressively pursue the support of families receiving diagnosis for their children. A diagnosis is critical for two reasons, 1) it allows the family to access the Care Dependency grant and 2) a diagnosis can support the family, teachers and other healthcare practitioners understand the child’s condition and how to support their unique individual needs.
A 13 year old boy supported by Siyakwazi with what is most likely Spina Bifida is unable to walk. Cognitively there are no specific delays and he is a bright and engaged young boy. Unfortunately, due to limitations around his disability and home circumstances, he has been unable to attend mainstream school.

In 2020 he received a wheelchair from therapists at the local clinic. Besides making movement around the home easier, the wheelchair has allowed the boy to access new freedoms such as going to the shop with his friends. He says it’s easy for him to use his wheelchair because it is comfortable and easy for his friends to push him around.

Midway through lockdown another young boy, who is of a similar age and who is in Grade 3 at the nearby Primary School, joined him in his home for home-based learning sessions with Kaizer. The two boys have loved learning together. Even when schools went back, the two boys would spend afternoons learning together.
"I am worried about the future of my child’s education since we have a shortage of special needs schools and it takes long for children to be accepted."

At the end of 2020, there were 18 children who will be needing to access SEN schools in the next 1-2 years. 13 of these children are currently attending mainstream schools in their areas through inclusive support, but will struggle to continue past Grade 1 as they grow older and the gaps in their learning widen. There are only 2 SEN Schools which service within a 50km radius area of support and not all of these schools are accessible for all types of disabilities. For parents of children with disabilities, they are worried about the future of their child’s education. Inclusion in mainstream or “full service” schools can support addressing these challenges, but may not be a sustainable solution as resources are limited; including large classes and limited skills to implement inclusion successfully.

All children with disabilities have been supported with learn from home activities in 2020. Whilst previously home visits were only conducted with children with disabilities not in ECD or Schools, 2020 created necessity for relationships to be built with all families. This has strengthened parent relationships and accountability. Parent’s eyes have opened to the beneficial impact that they have on their children’s lives and how they can support children. A total of 4319 home visits for children with disabilities were conducted in 2020.

In 2021 we would like to continue the relationships that have been built with parents, whilst balancing it with the relationships built with schools and ECD centres.

“There are a few words, he is pronouncing, and now I can see he is understanding better. Communicating with him is much better and he is clever because he can tell you if he wants or needs to do something like eating, toileting etc.”
68 people participated in the home-based awareness. Before the activities 51% of the individuals identified with the belief that people with disabilities are unable to do things that other people can do. After the activities, only 30% of people identified with this belief. There was also a 47% increase in the number of people who were aware that a person might have a disability which is not visible or easily identified. Following the awareness 59% of people wanted to talk to others about disability to educate them, and only 3% of people said that they feel uncomfortable around people with disabilities.

Our biggest measure of increased awareness amongst parents around inclusion was the 26% increase in the number of children supported with disabilities over the course of the 2020 year. Upon reopening limited services under level 4 restrictions a total of 57 children with disabilities were supported with home visits. By the end of 2020, this number had increased to 72 children with disabilities. 46% of these newly supported children were under the age of 3 years. This is a critical step in our model of early intervention as various studies support that a child with disability who is identified and supported within the first few years of their lives are far more likely to reach their potential within their individual development than a child who is left undetected and unsupported.

To celebrate National Disability Rights Awareness month (3 Nov- 3 Dec), our team conducted awareness sessions with families. The activities included a number of activities that Siyakwazi uses in its inclusion training with other organisations who are wanting to promote a more inclusive environment within their community. Activities included various fun ‘games’ which ask individuals to reflect on the experiential learning cycle – what do they see, what do they think, what do they feel, and address any possible preconceived notions or prejudices that they may have around disability.

"Inclusion is to include all children regardless of their situations in whatever we do. We must give them the chance to participate and encourage them to be involved."
Feedback from Nontuthuko Ngeleka, ECD hub Coordinator and Woza area manager:

In 2017 we were supporting a local ECD Centre in Kwanzimakwe, Woza Entokozweni. A young boy, about 2 ½ years, attended the ECD Centre. He had not been diagnosed with a disability but myself and the teacher noticed that there was something ‘not right’ with him. He was acting aggressively towards other children, hitting them and he was not articulating any clear sounds or speech.

We approached the mom that year to raise our concerns. The mom said everything was fine that he was just young. She said he cried a lot when he was a baby but that there was nothing wrong with him. The mom didn’t understand about invisible disabilities, she assumed that when you have a disability you use a device like a wheelchair or crutches. These were things that her son did not need.

Then in March 2019 Siyakwazi started the Ndinogona programme with uHambo and Mlungisi’s mom was encouraged to participate. The ‘Let’s talk disability’ helped support her to understand disability, but she was still not convinced that there was anything wrong with her child. However, she did become more involved with her child and she started using the toy library at Siyakwazi’s Resource Centre.

At the beginning of 2020, her son started Grade R at the local Primary School. He scored 7 No’s on the Grade R Red Flag Tool. The mom approached me to say that she was worried about her child. She explained that she could observe that he was having difficulty understanding simple questions that she asked him. The boy was assessed by Siyakwazi’s OT in Jan 2020 and was subsequently seen every month by Dani for the remainder of Term 1. His mom also took him a couple of times for therapy at the local clinic. There is still no formal diagnosis for him, but the therapists have developed a programme for him that will support his learning and development. An assessment by a private psychologist in July confirmed suspected ADHD, but further neurological assessments will need to be conducted before a formal diagnosis can be issued.

The mom is more involved, she is making sure she gets involved with his work and supporting his learning especially with the home visits and the activity booklet that Siyakwazi have provided during the lockdown.
Counselling support was limited to one on one sessions with families in 2020. It is clear from interactions that the burdens of many families have been heightened as a result of the Covid19 pandemic. For a lot of families this has included the limited/ interrupted access to healthcare services from the local clinic and hospitals. There are 3 children who were due for medical procedures in 2020 and who have still to receive their operations at the start of 2021. Our teams are hard pressed to continue to motivate these families who often experience burn out as South Africa’s health system lacks in providing the services that their children need.

A huge success this year with our team’s counselling has been an increase in advocacy. A large percentage of the 26% new children who were referred to Siyakwazi for support in 2020 were referred by parents of children who were already supported by the team. We’ve also noticed an increase in the number of children under 3 who have been referred, which supports our model for early intervention and indicates that parents are becoming less afraid of the stigma of disability in the community and more open to seeking support for their children.

“Before I thought disability is a curse and that my grandchild has a problem because other children were always looking at her in the way that was not good. I always feared when she was playing with others, I didn’t want her to be involved. Now I realise that all children should be together and involve children with disabilities in activities.”

R5730 was raised through the sale of masks & bags from June - August through our sewing hub. Training in the sewing hub will re-commence in 2021 with parents.

Parents have supported each other with counselling and referral support.
SCHOOL READINESS

SUPPORTING UNDER 7'S

The overall improvement in Red Flag children in schools being able to 'catch-up' was 94.9%, which was only down by 2.1% on 2019. There were several takeaways from this that we are going to investigate further in 2021, especially since there was 100% improvement in the Grade 1 Catch-up children.

It was only following the announcement of moving to alert Level 3 of the National Lockdown did our teams begin to support school readiness through home-based learning. The target was of course the children who had been identified for the Catch-up programme at the beginning of the year following our Red Flag screening. Unfortunately, limited access to registers and accurate information from the schools meant that we were unable to reach all of the Red Flag children on our list. To make good use of the Siyasiza’s time, we focused on supporting entire households with learning from home across the different age groups under 7 years. This meant that we were able to support 276 children with school readiness.

This year we undertook to conduct Red Flag screening in 6 schools, with the 6th being a control school, KwaNzimakwe Primary. A total of 1089 children were screened across all 6 schools. Of which 200 (18.37%) were identified as Red Flag. Because no intervention had been scheduled for KwaNzimakwe Primary, 181 children were identified for the Catch-up programme. 63 of these Catch-up children received home-based intervention throughout the course of the year. 150 children from Primary school received school readiness home visit support (unreliable data from the schools meant that it was unclear from the names on our registers whether children receiving home learning support were Red Flag or not).
The overall improvement in Red Flag children in schools being able to ‘catch-up’ was 94.9%, which was only down by 2.1% on 2019. There were several takeaways from this that we are going to investigate further in 2021, especially since there was 100% improvement in the Grade 1 Catch-up children.

- Increased exposure to Siyakwazi’s programmes over the past 3 years within the community has allowed children to become more confident in the screening, this may mean that we need to adjust the administering of the screening so as not to create an environment where children are becoming over familiar with the activities and therefore learning how to answer.
- There is a developmental pathway in all children that is formed early on and if the right foundation is there children will then continue to naturally develop even without focused intervention.
- Most of the schools administered some type of ‘learn from home’ programme to children, children learning in a less distracted environment i.e. not a classroom of +/- 40-50 children, may have supported more engaged learning.

Unfortunately, data collected from our control school was inconclusive as there were not enough children in the school who could be rescreened at the end of the year to accurately determine their viability of our Catch-up programme. We are staying mindful of this information as we prepare the School Readiness programme, with some adjustments, for 2021.
Our work in ECD Centres did not continue throughout 2020 due to restrictions laid out by the pandemic. ECD sites had to closely monitor the comings and going of personnel upon reopening. As part of interventions in 2021 we will endeavour to support aprox 23 ECD services in Kwanzimakwe and kwaXolo.

6 ECD Centres were screened with the Red Flag tool at the start of 2020. Of the 91 children who were screened in pre-Grade R, 42% were identified as Catch-up. This is a significantly higher percentage than the 25% Red Flag children identified in Grade R.

Of the Catch-up children identified only 23% were present for retesting at the end of the year. Of those who were retested 67% remained Red Flag.

Learn at home was inevitable in 2020. Fortunately, with the help of our funders we were able to support the development and distribution of resources. These included the Book Dash books, LEGO, Singakwenza Learning from waste activities and our own isiZulu translated work booklets (these ranged from pre Grade R – Grade 1), including playdough packs to support play and learning in a fun way.

**OUR MISSION**  
To support every child reach their full potential

Whilst the available data for ECD Centres is insufficient to draw any conclusive insights, it does indicate the following:

- There is a vastly higher percentage of children who are Red Flag in ECD Centres than in schools, although there could be a number of factors that affect this and prolonged testing over time could reveal more insight.
- The Catch-up rate for children in ECD Centres is low, however there was less home-based interventions organised by ECD Centres during the Lockdown and many children did not return to ECD in the course of 2020 (it would be speculative to say why, but monthly fees as well as older siblings being more available to look after children could all be factors).

Of the 91 children who were screened in pre-Grade R, 42% were identified as Catch-up. This is a significantly higher percentage than the 25% Red Flag children identified in Grade R.
"The programme is very helpful it has information that I didn’t know about and open my eyes about the importance of giving my baby chance to play. I have enjoyed the play and learn ladder activities where I have to challenge my son to crawl and reach for a toy. Also spending quality time with my son.”.

In 2019 Siyakwazi’s 0-2 year baby programme was launched. The programme was designed as a way of supporting ECD practitioners with the younger children in their centres. Showing them that by providing laddered learning activities across different developmental areas, they could assist in supporting the critical development pathways that form the foundations for a child’s learning and development.

Following the closure of schools and ECD Centres in March 2020, ECD Centres remained closed to younger age groups (under 3) for the remainder of the 2020 year. Siyakwazi’s Baby programme was therefore adapted to be implemented in homes, with a similar methodology, working alongside and supporting parents.

Assessments done at the start and the end of a 4 month (Sep – Dec) intervention cycle showcased a 35% improvement in the average score for parents assessed in the 12-18 month category (19 participants), and a 58% improvement in the average score for parents assessed in the 6-12 month category (6 participants). Considering the short amount of time that the programme was implemented this shows a great improvement.
WHAT 2020 TAUGHT US

Quality over Quantity. Instead of trying to maximise our reach to as many children as possible, we realised it is important that we focus on mentoring our team to implement the programmes with the best quality possible. Whilst the cost per child supported may be higher through this approach, we feel it is the best way to support measurable impact over time that is sustainable. We feel that we have achieved quality interventions in 2020.

Parent participation. Although this has always been a principle we have adhered to, through our changed plan of interventions involving more support within the homes, we realised that the relationships built with parents, are invaluable to supporting children. Siyakwazi’s programmes have been strengthened through this approach of more intense parent support and we believe needs to be a priority in any future planning and goals.

Inadequate access to support for children with learning disabilities. We have noticed through support from our OT and through intense work in helping families access support from government healthcare, that there are delays to accurate diagnosis. In addition, the Department of Education does not have an actionable plan in practise to support children with learning disabilities or barriers to learning within schools, thus compounding the learning gaps which inevitably occur as a child progresses through their schooling career.

Continuity for older children with disabilities (7+). We have noticed that support for children with disabilities in schools should continue after Grade 1. Continuity in a child’s education, needs to be followed and supported according to their specific needs.

Burnout is Real. We have been made aware through intense support of parents and tightening our referral system, that a lot of parents of children with disabilities experience burnout at some point and that support to prevent burnout can have better long term impact than helping parents when they are already at the end of their rope. It’s a balancing act between doing too much to support versus too little and needs to be managed with experience, case by case.
In 2020 we experienced financial support from all our ongoing funders. Because of Covid-19 we experienced difficulties in raising funds with new funders and some already submitted proposals were put on hold indefinitely.

Siyakwazi has endeavoured to raise stipends to minimum wage and support the income of the Siyasizas who work to support inclusion and school readiness in their communities. Even though financial stability has become increasingly attainable, it is critical that ongoing fundraising throughout the year is done to support growing programmes and support future stability year on year.

**R1 545 586 invested in our programmes to support children under the age of 7**

- **Fundraising**: 59.7%
- **Donations**: 25.3%
- **Training**: 10.7%
- **Interest Received**: 2.1%

**Sales of Goods**: included second hand shop sales & sewing hub sales

**Training**: Inclusion & School Readiness training done with other organisations as well as Educational Resource partnership with uHambo

**Donations**: Monthly and Once off donations from individuals and small businesses

**Fundraising**: Annual funder grant agreements

Staff costs for 2020 came in at 60% of total operational expenses for the year and was aprox 60% higher than a 12 month period of the 2019 financial year (2019 Financial year June 2018 - Dec 2019). This can be accounted for in the increase in stipends allocated to employees to support market-related salaries as well as the increase in management to support quality interventions as the organisation grows.

**R159 910**
allocated to therapy services

16% Of total spend for 2020 was raised through Covid relief funding

**R55 490**
allocated to educational resources
OUR 2021 GOALS

Our way forward takes into consideration the changes we have had to make with our programmes as a result of adjusting to the new normal brought on by the Covid19 pandemic. Our intention for 2021 is therefore not to just go back to how we did things before but look at ways that we can include some of the positive outcomes and changes into our way of working going forward. Our goals for 2021 include the following:

• Continuing a more home-based intense approach for all the children we work with, including those in schools and ECD centres.
• Continuing area based support where a Siyasiza supports his/her surrounding area with children in homes, ECD centres and Schools, strengthening relationships and sustainable solutions, with less travel expense and being more time efficient.
• Intentionally grow the 0-2 Baby programme and support parents’ to enable their young children to thrive from an early age.
• Continue to refine Siyakwazi’s M&E processes and systems to inform and support quality programmes in both Inclusion and School Readiness.
• Continue to expand into KwaXolo with 1 new school, 2 new ECD centres and actively finding children needing support in their homes.
• Exploring plans to address the need surrounding children with cognitive disabilities.
• Investigating current administration backlogs within the Health System and working alongside doctors and specialists to seek support for children with specific medical conditions/ needs who are not currently supported by health care services.
• Engage in expanding the Resource centre to include both a therapy room and sewing hub, as well as a second hand shop.
MONTHLY & ONCE OFF DONORS

Director
Cathy Mather-Pike
Tel +27 71 274 6285
Email cathy@siyakwazi.org

Physical Address
Bhambula, Kwanzimakwe
KwaZulu-Natal, South Africa

Postal Address
PO BOX 1537
Port Shepstone, 4240
KwaZulu-Natal, South Africa

N.P.O number
118-910

PBO number
930047588