

Case Study

dlalanathi

A deep dive into the journey, organisational structure, service model, and population supported by dlalanathi, with reflections on its impact and key lessons learnt



dlalanathi

City Pietermaritzburg

District KwaZulu-Natal Province

Country South Africa

Region Africa



Organisational profile

Team size	Small (11-50 people)
Age of organisation	10+ years



Key aspects of our work

Primary contextual issue	Trauma affected Populations/ with a focus on Families and Caregivers/Pregnancy and Motherhood/ Service Providers and Youth
Life stage	All
Gender focus	All
Annual Reach	7300+ people
Level of intervention	Prevention & promotion + Assessment & Direct Care and Support while building the capacity of local families and communities to respond to the mental health needs of children, youth and families.



Our mission is to create a safe community space that supports the holistic wellbeing of communities and the environment through participatory and play-based methodologies.



Contextual issue

In many under-resourced communities in South Africa, including rural and peri-urban communities around Pietermaritzburg, KwaZulu-Natal, **historical trauma and present-day socio-economic hardship continue to shape mental health, family relationships and community life.** These communities carry the effects of political violence, HIV/AIDS-related loss, poverty, unemployment, unsafe living conditions and everyday violence. While formal education, social and health services exist, they are often under-resourced and overstretched, limiting their ability to provide the emotional and relational support that people also need. **These pressures are felt across the life course:** by pregnant women, parents and caregivers trying to care for young children in difficult circumstances; by children needing safety, play and development opportunities; by young people navigating relationships, health and their futures; and by families and communities trying to build trust and connection.

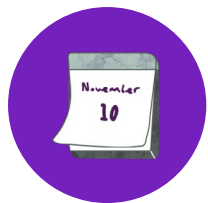
South Africa has strong rights-based laws and policies, but rights to safety, care, development, health, protection, participation and play are difficult to realise when people lack everyday support in their homes and communities. Together, **these conditions leave a critical gap in practical, community-based psychosocial support** that strengthens children, caregivers, families and local structures together, supporting development, care, connection and healing,



Objectives

dlalanathi responds to the gap in accessible, relational and community-based psychosocial support by strengthening care, connection, protection, development, participation and agency among children, youth, caregivers, families and communities affected by trauma, loss and socio-economic hardship in South Africa. We use relationship-based, trauma-informed, strength-based and participatory approaches because emotional wellbeing, responsive relationships, play, joy, protection and participation are central to personal, family and community development.

Our evidence-informed, practice-based programmes support parents and caregivers to provide nurturing care from pregnancy and early childhood, including responsive care, play and early learning in the home. Our work also supports children's right to play and participate, child protection, family communication, youth wellbeing, SRHR, leadership and personal development. We work directly with children, youth, caregivers and families while building the capacity of Department of Health Community Health Care Workers (CHWs), Educators, CBOs, NGOs, community members and local structures to continue support beyond our direct involvement. We share our skills and approaches with partner organisations training, mentoring their implementation and supervision, locally and nationally and have also worked internationally supporting the testing for the Training of CFC (caring for the caregiver) UNICEF New York and WHO adopted programme.



WHEN?

When was the organisation established?
dlalanathi meaning Play with Us in isiZulu, (formally known as the Rob Smetherham Bereavement Service for Children), was launched on 1 December 2000, World Aids Day during South Africa’s HIV/AIDS crisis and was registered as an NPO on the 16 September 2002.



WHERE?

Where did the organisation start implementing its activities?
The organisation began its work in a rural community called Sankontshe, outside Pietermaritzburg, KZN where children and families affected by HIV/AIDS-related deaths had little access to meaningful psychosocial support.



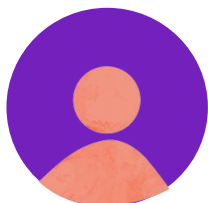
WHY?

Why did the organisation start its activities?
At the peak of the HIV/AIDS pandemic in South Africa many children faced loss and grieving caregivers needed support for their own grief and accessible ways to support their children emotionally and this needed to be at scale.



WHAT?

What did the organisation do in its initial stages?
Initially, dlalanathi used play-based grief groups to help children cope with death and loss, and also supported caregivers through their journey of healing and to reconnect with their children using play.



WHO?

Who started the organisation?
Liesl Jewitt (Social Worker and Play Therapist) along with a small management committee of volunteers passionate about supporting children facing the impact of death and loss due to HIV/AIDS started the organisation.



HOW?

How was the organisation’s work started?
The organisation was launched through funds raised from an art exhibition by Rob Smetherham, a local farmer whose terminal illness inspired support for children affected by the death of a parent, and later a grant from the Nelson Mandela Children’s Fund.

Organisational structure

dlalanathi is led by the CEO, supported by the Operations Director, Finance Manager and Project Managers. Governance is provided by a seven-member Board. The organisation’s areas are:

- Community Based Strengthening
- Youth in Action
- Strategic Partnerships
- National Advocacy Project/ Families4Children
- Self Help Group Approach

All of these are supported by Operations and Finance. Strategic decisions are made by the Board, while project and operational decisions are made through the Leadership and Management Team, which meets bi-weekly. Project Managers lead their teams and coordinate implementation.

Financial management

dlalanathi manages resources through **strict financial policies aligned with governance, audit and donor requirements**. Annual audits are conducted by a Board approved auditing company, and an AGM is held annually. **Project proposals and budgets are developed collaboratively** with Project Managers on an annual basis so that activities, targets and resources are aligned before implementation. **Financials are reviewed monthly** by the CEO, Operations Director and Finance Manager, and quarterly with Project Managers. A contracted CFO provides high-level financial support when needed.

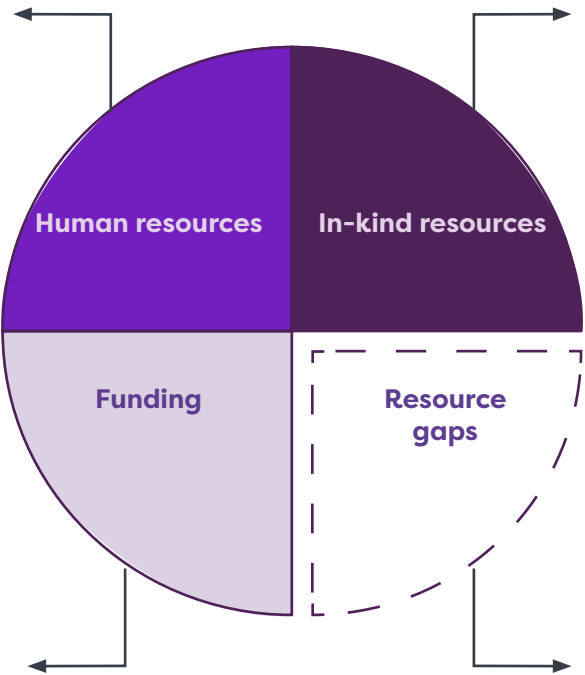
Budgets are adjusted in line with funds received to prioritise activities and ensure resources are used effectively. dlalanathi also maintains a sustainability reserve, with 1% of donated funds requested for this reserve where possible. Training fees are charged where appropriate to cover facilitation, materials, travel and accommodation.

Resources

dlalanathi employs 22 paid staff members, which includes two newly qualified young professionals in a one-year funded internships. Programme staff have backgrounds in Psychology, Child and Youth Development, Social Work, Youth Work, Community Development and Education. Operations staff bring expertise in Finance, Bookkeeping, Administration and Human Resources.

dlalanathi’s 2026 budget is approximately USD 780,000. Guaranteed funding totals around USD 670,000, with approximately USD 111,000 still to be raised.

Most of dlalanathi’s funding comes from International and local trusts and foundations. We do generate some income from training provided and interest from our investments.



dlalanathi receives significant in-kind support from Uthando Projects, a volunteer-based organisation in Australia. Uthando provides around 700 doll kits (all materials needed to make a hand sewn doll) annually for parenting programmes and to train Strategic Partners, and approximately 2,500 handmade dolls for children in the community to support play and caregiver-child connection.

dlalanathi’s main resource gaps are skilled M&E, fundraising and marketing capacity, and expanded advocacy support. Strengthening our organisational visibility, social media and the holding of events will assist with diversifying our funding sources as well as contribute towards partnership advocacy and network-level influence.

Model & activities

Target population

dlalanathi works with **children, youth, caregivers, women, families and community members in under-resourced rural and peri-urban communities** primarily near Pietermaritzburg in KwaZulu-Natal.

We work across the life course, and our target communities **are affected by layered trauma and loss linked to poverty, unemployment, violence, HIV/AIDS-related bereavement, political violence, family stress, child protection risks and limited access to psychosocial support.**

Where possible, **we work in communities where other organisations and services are present, so that referral pathways, collaboration and community systems can be strengthened.**

Services or interventions



dlalanathi works with **children, youth, caregivers, women, families and community members in under-resourced rural and peri-urban communities, primarily near Pietermaritzburg in KwaZulu-Natal.** We work across the life course with communities affected by layered trauma and loss linked to poverty, unemployment, violence, HIV/AIDS-related bereavement, political violence, family stress, child protection risks and limited access to psychosocial support.

Where possible, we work in areas where other organisations and services are already present, so that referral pathways, collaboration and community systems can be strengthened rather than duplicated.

Our approach is trauma-informed, person-centred, relational, participatory and strengths-based. We work with what already exists, trusting that the people and communities we serve hold the insight and capacity to address their own challenges, and that our role is to support and mobilise this rather than impose external solutions.

This is anchored in an ecosystem-strengthening model: children and young people's wellbeing is shaped not by isolated interventions, but by the quality of the relationships, families, communities, institutions and broader social conditions around them. dlalanathi therefore works simultaneously across multiple levels – individuals, families, communities, partner organisations and systems – to build environments that are protective, responsive, participatory and developmentally enabling.

Sustainable change depends on local ownership and collective agency, not dependency on outside intervention. Direct community practice is accordingly combined with partnership development, capacity building, learning and advocacy to achieve broader, more lasting impact.



Impact

Key desired outcomes



Children, youth, families and communities build safer, more caring, playful and responsive environments that support mental health, holistic development, safety, participation, and agency.



Children, youth and families strengthen emotional connection, responsive care, parent-led early learning, healthy relationships, SRHR knowledge, support-seeking and confidence to act in their own lives and communities.



Community actors and systems provide more trauma-informed, play-based, protective, developmentally supportive and spaces for children, youth, and parent.

Methods

dlalanathi uses a **mixed-methods approach across programmes**.

- **Quantitative data is collected through attendance registers**, reach figures, home-visit records, training records, activity reports, partner-organisation reports, and baseline and endline assessments. Qualitative data is gathered through participant feedback, supervision and mentoring notes, facilitator reflections, case stories, community consultations, interviews, focus groups, and evaluation/reflection sessions.
- Data collection involves programme staff, trained community facilitators, CHWs, youth facilitators, partner organisations and managers. **Data is reviewed quarterly to track progress, adapt programmes, and inform donor reporting.**

Reflections on impact so far

Our work has grown from bereavement support into a life-course, community-based psychosocial model that uses play, relationships and capacity building to strengthen care, protection, development, family communication, and individual and collective agency. **Since 2000, we have worked in 24 peri-urban and rural communities, reaching 43,706 children, 7,202 families, 13,799 adults and 30,970 youth, those that are active participants who go on to reach out to their peers.** This has expanded access to play-based emotional support, responsive care, child protection, youth development and community-led support in communities with limited psychosocial services. **Our first 1000 days programme, Ibhayi Lengane, has been implemented in three provinces, reaching 42 clinics, 589 CHWs and 1,264 mothers**, and informed both the Department of Health's Side-by-Side campaign and UNICEF's Caring for the Caregiver programme. We have also worked with and **trained 120 strategic partner organisations** in relationship-centred programmes and approaches.

Information systems

dlalanathi uses a combination of **digital and paper-based systems** to collect programme data.

Field teams use Kobo, a digital data collection tool, alongside paper-based forms and records that are later captured, reviewed and analysed through spreadsheets, narrative reports and thematic analysis. These include intake forms, registers, consent forms, supervision records, reflection notes and partner reports. Programme staff, managers, trained facilitators and partner organisations contribute data.

These systems are practical for community-based work and capture both numerical and narrative information. **Current limitations relate mainly to limited dedicated skilled M&E capacity and the need for a more centralised system to support cross-programme learning.**

Learnings

Strengths or drivers

dlalanathi's core strength is the integration of psychosocial support, child protection, youth development, and caregiver strengthening treated as interconnected threads in one community ecosystem.

That holistic framing is the hardest thing any NGO can build. We believe families and communities can already protect their children, so we aim to exit in 3–4 years. We scale through methodology and partnerships, not service delivery, extending reach without diluting quality, and we learn from implementation rather than rigidly replicating.

Limitations

dlalanathi's relational, psychosocial, and participatory approach is inherently slow and contextual, making it difficult to demonstrate impact through the short-term, output-focused metrics. As a practice development organisation rather than a direct delivery one, the funding landscape is narrower. Our clearly defined scope means we depend on other system actors to provide complementary services for referred beneficiaries, a significant constraint given widespread poverty, unemployment, and weak government service delivery.

Challenges

The most pressing challenge is funding sustainability in an environment where donors increasingly favour scale and measurable outputs – a model dlalanathi's work resists. KwaZulu-Natal's persistent poverty, inequality, unemployment, and HIV/AIDS burden continue generating need that outpaces community-based responses. Finally, the transition from direct implementer to learning and practice development organisation demands careful navigation – reshaping staff identity and programme design internally, while maintaining partner trust and clear accountability structures externally.

Opportunities

Growing recognition that relational, trauma-informed, community-rooted practice produces more durable outcomes positions dlalanathi as a valuable reference point and learning partner for larger organisations, networks and government systems. Translating methodology into adaptable, transferable practice remains a lever for influence at scale. Meanwhile, the convergence of psychosocial, protection, and development agendas reflected in international frameworks like the SDGs and child rights advocacy opens doors for meaningful policy dialogue.



Partnership Journey with Ember

Initial assessment

dlalanathi is highly distinctive in its focus on play therapy within under-resourced and rural communities, as well as its commitment to embedding programmes through community collaboration and local ownership. Its tailored, time and resource-intensive approach is designed to ensure that interventions can be sustained long after dlalanathi's direct support and mentorship have ended. By centering the diverse needs and contexts of individual communities, dlalanathi offers a compelling blueprint for sustainable grassroots scale—providing an alternative to many of the predominant approaches within global mental health.

- Looking ahead, dlalanathi aims to expand its model across South Africa while maintaining the adaptability, community ownership, and sustainability that underpin its success. The organisation is particularly interested in strengthening collaboration with the Department of Health, increasing its advocacy efforts, and championing the role of community health workers.
- These workers are uniquely positioned to deliver community-based mental health support, yet are often underpaid, overworked while drawing on their own lived experience in the communities they serve.
- A key opportunity for the Ember partnership was supporting dlalanathi as it navigated the challenge of expansion. As the organisation sought to replicate its model across South Africa, the partnership had the potential to explore strategies for scaling while maintaining the local adaptation, community ownership, and long-term sustainability that underpin its approach.

Key achievements

Over the course of the partnership, dlalanathi made significant progress in strengthening both its internal foundations and external influence. A key achievement was the organisation's intentional focus on team wellbeing.

- With support from Ember, dlalanathi explored and embedded practices that help nurture wellbeing across the team, while also investing in organisational structures that support long-term growth. The organisation has consciously strengthened its leadership pipeline, creating greater capacity beyond the founding team and positioning itself for the future.
- The partnership also helped expand dlalanathi's networks and visibility. Participation in a conference in Cape Town, supported by Ember, created valuable opportunities for connection and relationship-building with peers across the sector. Reflecting on the partnership, dlalanathi described Ember as acting “like a mirror”, providing encouragement and confidence that their work matters and is creating meaningful change.
- dlalanathi demonstrates strong and visible community impact, with clear evidence of positive change in the communities it serves. The organisation also identified network-building, organisational structure, leadership development, and wellbeing as areas that have strengthened over the course of the partnership.
- While dlalanathi has a strong vision within individual projects, there is an opportunity to articulate a clearer organisation-wide vision for the future. Storytelling emerged as another area for development, particularly around capturing and sharing the organisation's knowledge, expertise, and learning in ways that strengthen its influence and support its long-term legacy. Continuing to strengthen financial sustainability and diversify income streams also remains an important priority.

