

Updates & information on
psychosocial support



The Shared Journey: Psychosocial support and community mobilisation

Communities and extended families are our most valuable resource in providing social and emotional support for children and youth. No institutional centre or outside group can hope to replace the daily, consistent care and love that the people in everyday contact with vulnerable children can provide.

Effective community mobilisation is therefore crucial for ensuring that this care and support is provided. But this is often easier said than done. Again and again, we hear organizations working with children crying out for assistance to do this effectively.

Yet successful models, tools, training and case studies exist, particularly founded on REPSSI's *Journey of Life* training package. In this issue we look at how communities can be brought through a journey of awareness, to become sensitized to the needs of the children in their midst, and aware of their own ability to work together to make a difference.

It is fitting that we should focus on this issue just as we at REPSSI begin to celebrate our own journey. 2012 marks ten years since REPSSI was founded, and this year we will be reflecting on what that journey has brought, and where it will take us next. More details about "REPSSI@10" will follow in future issues: expect events, stories, videos and lots more.

- Noreen M. Huni
REPSSI Executive Director

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We don't receive wisdom;
we must discover it for our-
selves after a journey that
no one can take for us or
spare us.

- Marcel Proust

Rooted in Community Mobilization

One long-standing partner of REPSSI has rooted their entire programme in community mobilisation, an approach which has brought them great success.

“Our organisation started in 1994 out of the need to see care and support for orphaned children who had been left by their parents as a result of AIDS,” explains Kathleen Okatcha, over cups of sweetened black tea at the Kenyan Orphans Rural Development Programme (**KORDP**) offices, in Western Kenya.

At the time, she says, the communal response was minimal due to fear of associating with HIV positive people, and the little being done was mainly on an individual basis. There were so many young children in need of help that at first Kathleen and her colleagues despaired.

With no financial resources to invest, they began by holding community conversations. Guided by the communities' wishes, KORDP helped to establish Early Childhood Development centres under trees.

Today, communities have organized themselves into 57 ECD committees, caring for 6,200 children in 5 districts. These centres are now housed in tin or mud-walled huts, built by the community. Children attending receive a meal, health care, literacy skills

The communities initiated the programme, they initiated the solutions, they initiated the strategy. We just helped them along.”

- Kathleen Okatcha, KORDP Director

and psychosocial support. All of this is done by unpaid community care providers.

REPSSI's *Journey of Life* has been the main tool used to engage communities in this approach. “It facilitates community reflection, dialogue and action to support children,” Kathleen explains.

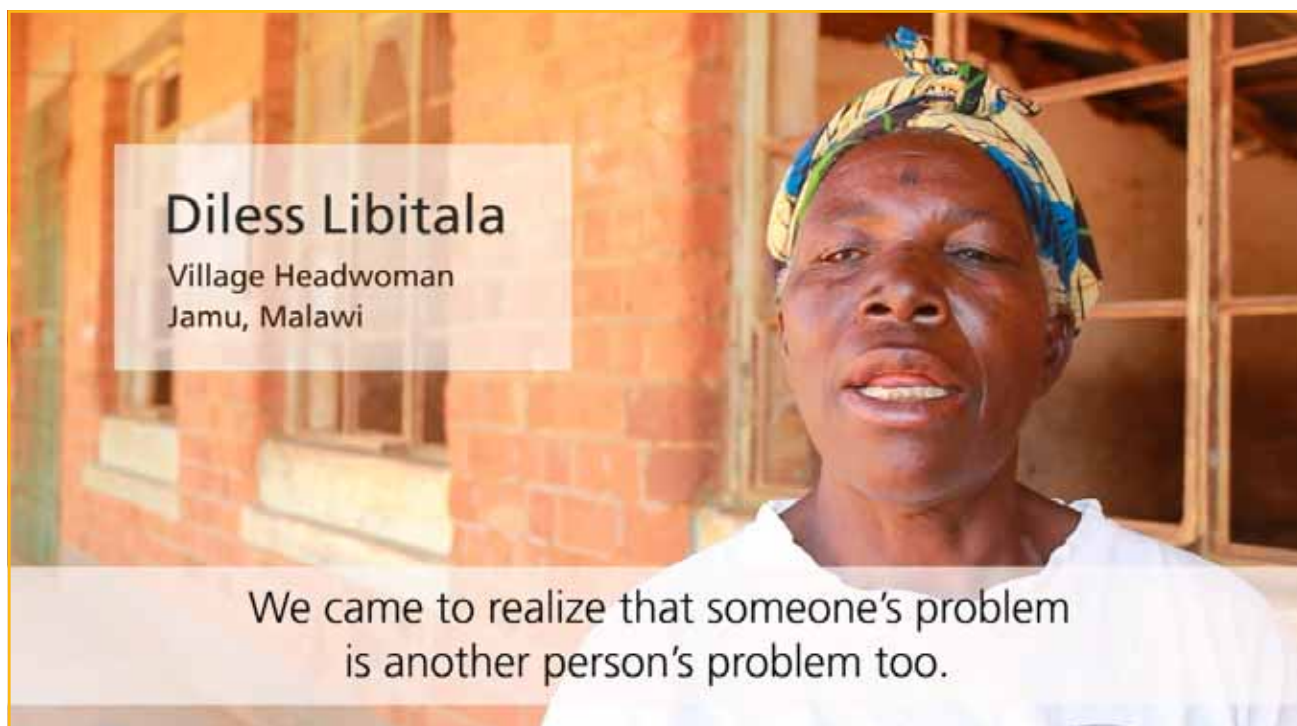
Typically, community members gather weekly in the community building used as an ECD centre during the day. Community members take it in turn to present child wellbeing topics from the *Journey of Life*, and develop a shared action plan to resolve their problems.

She concludes: “One of the things that has made KORDP unique is the community based approach and the fact that the communities initiated the programme, they initiated the solutions, they initiated the strategy. We just helped them along.”



Members of an Early Children Development community committee, KORDP, Webuya, Kenya

Voices from the Community



A still image from the video of a village headwoman speaking about the changes in her community

Drawing together voices from Malawi, Kenya and Zimbabwe, a new 5-minute video shows the potential for communities to join together and care for their vulnerable children.

Community potential

Teachers, traditional leaders, community workers and neighbours are the people who interact with children every day. Especially in the context of the widespread illness or absence of parents due to HIV and AIDS, they are best placed to provide support and care for vulnerable children.

However, much of the distress vulnerable children face in their daily lives can actually be due to the unsupportive behaviours and attitudes of those in their communities.

Teachers often chase away orphans who don't have money for school fees, traditional leaders fail to protect vulnerable children from exploitation and abuse, and neighbours and peers stigmatise or ignore them. As a result, many children feel isolated, unwanted, unloved and alone.

But the community, if brought together and helped to understand the impact of their actions, can play a

crucially important role in providing love, care and protection for their vulnerable children.

Testimonies of change

This new short video brings us the words of teachers, grandmothers, village heads and community workers who have been changed by going through psychosocial support activities, including a community mobilisation tool, REPSSI's *Journey of Life*.

They explain their previous actions, attitudes and feelings towards vulnerable children, and how their attitudes and behaviours have now changed. Many have become strong advocates for child rights, and found ways in their personal and professional capacity to be more supportive and caring.

"I have realised my ability to assist other people," a Malawian teacher explains. "Now I'm not dormant as I was before, I am now active."

You can watch the video by clicking [here](#), or visiting our YouTube channel: <http://www.youtube.com/user/ChannelREPSSI>

These Are Our Children



Children at a community discussion in a community centre, Bethany Project, Zimbabwe

Our partners' experiences show that effective community mobilisation can help shift problems from being the responsibility of an individual to being the responsibility of the whole community. This is a return to the traditional knowledge that "it takes a village to raise a child."

Zimbabwe

Using a network of 400 volunteers, **Bethany Project** works with Child Protection Committees, a local government structure. They have been using the *Journey of Life* to outline the responsibilities and roles of the committees, and engage the wider community.

"The tools have really helped the community to understand it's not only the things you can see, but there are also things happening inside the child which need to be addressed," Alice, a staff member at Bethany, explains. 'Invisible' issues such as grief, anger and low self esteem are now also a focus for the committee members in caring for children.

As a result of the *Journey of Life* training, they have seen a fundamental shift in the sense of responsibility for children.

"Before, if a child had no school fees, the community would say this is not our problem. They would wait

for a donor to come in. But now they are owning it, and not saying these are Oxfam's children or UNICEF's children, but these are our children."

Malawi

A similar shift has been seen in Malawi, as a result of *Journey of Life* training.

"In the past, if a child had a problem, we assumed that it had to be tackled by the child's family alone," a staff member at **CONSOL Homes** in Malawi explains.

But after the *Journey of Life* training, there is now an understanding that "if a child had a problem, that problem is equally everyone's." The training has also led to a system for referring children's problems to traditional leaders or government structures for further specialised support.

"If a child has a problem, it's now the responsibility of the community. It doesn't matter if the child is not a blood relative, it is the community," says a coordinator at **Malawi Girl Guides Association**.

"The *Journey of Life* taught us that a problem solved, if we work together, becomes smaller. Problems are inevitable, but we should keep going on our journey, and there are people around who can help."

Taking Joint Action

Community-authored action plans are a highly effective way of catalysing joint care and support for children. Here, three partners of REPSSI share their stories.

Visits and care

The Zanzibar Muslim Women's AIDS Support Organization (ZAMWASO) used the *Journey of Life* methodology with their community projects.

As part of their action plan, one community established an OVC fund, where each parent contributes 500Tsh so that all vulnerable children in the community can be taken care of. They began monthly home visits to the children, to check their progress and needs, and refer them to appropriate government services. They also put structures in place for regular meetings with all the children together, to hear what they are experiencing.

"The community as a whole has changed," said one community member. "Before, everyone was looking after themselves, and because of the stigma of HIV sick parents were avoided. Now they are saying this is the journey of life, everyone will pass this way."

Gardens

Batanai HIV&AIDS Service Organisation (BHASO) in Zimbabwe used *Journey of Life* with a group of grandmothers. A garden was included in their action

plan, and proceeds from this garden were used to support vulnerable children. This in turn led to the establishment of a Saturday kid's club at the garden.

"We were able to identify problems before, but not solutions," explains one grandmother. "After the training we realised that we were able to get together and do something to help the children."

Kid's clubs

Midlands AIDS Service Organisation (MASO) has also used *Journey of Life* to mobilise communities.

"We found out the level of literacy among the community leaders and grandmothers was very low," explained a staff member. "To make them understand we used the picture codes in the *Journey of Life*... We talk about the problems some children face, and then they say, 'oh yes, there's somebody like this child in our community'."

This leads to questions about the actions to be taken to help these children. One teacher decided to set up a kid's club as part of the action plan.

A student in her club says, "The *Journey of Life* can help us connect, the old and the young... it brings together different people and different aspects of life, different problems... you maybe are an orphan and maybe I have been abused, but we are both on a journey and we can connect."



"After training we realised we were able to get together and do something to help the children."

- Grandmother, BHASO, Zimbabwe

A grandmother working in the community garden established in a Journey of Life action plan, BHASO, Zimbabwe

Government Focus: Interview with Kefilwe (Botswana)



In 2005, the Government of Botswana responded to alarming HIV statistics by implementing a plan of action focused on food parcels and material support for orphaned and vulnerable children.

An evaluation two years later showed that psychosocial support was missing from the response, and the government set about addressing this gap. It was a REPSSI community-mobilisation tool, the *Journey of Life*, that they turned to.

Kefilwe Malebe, who coordinates psychosocial support for the Government of Botswana, explains that *The Journey of Life* was selected "because it offers a simple practical approach that can be used regardless of literacy level, and the participatory nature allows communities to conceive their own solutions and develop plans to carry them out. Workshops are also cost effective in terms of time and resources."

With their development partner PCI Botswana, the government embarked on a national roll out to mobilise communities with the use of the *Journey of Life* tool.

“This experience has demonstrated that governments can be leaders in providing effective PSS. As shown by the government of Botswana, Governments can provide critical national vision, direction and motivation, and can coordinate national plans of action that take effect at community, and can empower and mobilise communities, in a cost-effective way.”

The national roll-out, through established district child protection committees, has already reached 2144 children & 1104 caregivers. The GoB and PCI Botswana are committed to reaching 18,922 children and their families in the next five years through *The Journey of Life* tool.

“REPSSI for me really did bring a new kind of light in terms of talking about psychosocial support,” smiles Kefilwe. “They provide the specific tools to bring a child to that safe place, where they can become who they want to be. That’s what I love REPSSI for.”

REPSSI partners with governments in 13 countries across East and Southern Africa. Read more on the Journey of Life tool on page 10.

Case Study: Project Concern International

Dimpho, a thirteen year old girl, grabs a teacher's hand. "You will be my mother on my journey" she says. They start walking hand-in-hand on Dimpho's "road of life", a path marked by stones.

At the first obstacle on the road of life Dimpho stops. "This is where my mother died" she says. The other participating children and elders become quiet. Many recognise the situation.

"After my mother passed away I lived with my uncle. He was nice." At the next stone obstacle she puts her head down... "This is where my uncle died" she cries... The teacher puts her arm around Dimpho. "From now onwards I will be your mother," she says.

Dimpho's story

Dimpho shared her life story during a *Journey of Life* Awareness Workshop in the village of Mochudi in Botswana. Dimpho's social support system crumbled because of the impact of HIV and AIDS. As a result she had no-one left to care for her. Unfortunately Dimpho's story is all too common in Botswana.

Through the *Journey of Life* Awareness workshops, adults and children identified the most pressing needs of children like Dimpho. Together the young people and adults in Mochudi brainstormed available resources in the village to tackle these needs. At the end of the workshop, participants developed a Community Action Plan.

Results

The case study shows that a year on, *The Journey of Life* in Botswana has facilitated:

- Personal transformation through reflection and increased awareness
- Improved adult-child communication and relationships
- Improved referral systems for vulnerable children and their families
- Income generating activities to alleviate the cause of many social ills – poverty
- Less corporal punishment in schools
- Support groups in schools and in communities.

Dimpho's story is an excerpt contained in a case study by [Project Concern International \(PCI\) Botswana](#) on REPSSI's tool, the *Journey of Life*. "[CASE STUDY: Community Mobilisation using the Journey of Life in Botswana](#)" describes how *The Journey of Life* is changing lives, and documents its successes in helping communities identify and better understand the social and emotional (psychosocial) issues of children, and finding their own solutions within their own means.

PCI has been working with the Government of Botswana (GoB), with funding from [PEPFAR](#), to roll out community-level *The Journey of Life* workshops nationally, in order to involve communities in supporting the high numbers of orphans and vulnerable children in the country.



Children at a *Journey of Life* session take part in the activity "Bridge of Life". This activity prompts discussions about the importance of support systems, and how to rebuild them in cases where they have broken down.

Photo © PCI Botswana

Certificate Graduate: Cathia Dehwe



“I applied most of the principles that I learnt from that module and I’ve seen the community at the forefront... they take ownership of the programme... they take the lead.”

Batanai HIV & AIDS Service Organisation (BHASO) was born in 1992, from the first HIV & AIDS support group in Zimbabwe.

Cathia Dehwe is an outreach officer with BHASO. “My work is to work with support groups of people living with HIV. I provide psychosocial support and counselling sessions at the station,” she smiles.

Some of Cathia’s work is in a nearby resettlement site, where there are high numbers of orphans, and many children don’t attend school because of a lack of fees. The *Certificate Course in Community-based Work with Children and Youth* has helped her to value the knowledge within the community.

“I have to be able to understand their way of doing things, and I see them from their own point of view,” she explains. “Before maybe I would have told them to find assistance from the district authority, but now the way I did it is I asked them how best they could help these children.”

The community suggested building a centre where children could play and learn basic reading and writing skills. And this is what they have since done.

“Now they’ve built a day-care centre, where these students attend from Monday to Friday. They’ve got care-givers who assist these children.”

It was Module 5 of the Certificate that proved most beneficial in changing her approach. “I applied most of the principles that I learnt from that module, and I’ve seen the community at the forefront... They take ownership of the programme rather than us as the organisation taking ownership. So now they feel “it’s our own project, it’s our own programme, it benefits us.” So they take the lead.”

The Course in Community-based Work with Children and Youth is accredited by the University of KwaZulu-Natal, and delivered in Zimbabwe through the African Centre for Childhood. The third intake will begin in July, in 11 countries in East and Southern Africa. If you are interested in learning more about the Certificate, contact info@repssi.org.

Module 5 outcomes:

- Understanding community development and the processes to bring it about
- Applying participatory approaches that build on local people’s skills and knowledge
- Thinking about levels of intervention and stakeholder partnerships to facilitate maximal impact for children
- Self-reflecting on your role of development facilitator in contexts of adversity.

Bringing Experience to Practise

The stories and case studies in this newsletter provide rich reflection for programming staff.

A Good Starting Point

Engaging communities in self reflection and thinking through joint action to address situations of children is a good starting point when designing interventions that seek to strengthen community care and support for girls and boys.

Programs should recognise that families and community caregivers provide frontline services for children. This means there is value in investing in families and community-based caregivers for sustainable care and support work.

Bridging the Services Gap

National social service programmes need to build on existing community level services. Linking community action to government service delivery contributes towards bridging the gap between national policy and service implementation at community level where change should take place.

Strengthening the capacity of the social service workforce should be done on a continuum, recognising that skills gaps exist at all levels from the community to the national level.

To this end, advocacy efforts for recognition of community care workers as part of the mainstream social service workforce is vital for sustainable national response.

Scaled up national responses to harmonize service delivery for children, based on cross sector coordination, capacity building and monitoring of services and outcomes are possible. Strategic partnerships between communities, civil society and government are essential. These can be the basis for innovative mechanisms to bring together experience and practice.

Continue the discussion online

The Mental Health and Psychosocial Support Network (www.mhpss.net) hosts a wide range of discussion groups, including one on [Community and Family Mobilisation](#). You can also click here to join [REPSSI's discussion group](#) on the MHPSS network.



Opinion Piece: Making Child Care Count

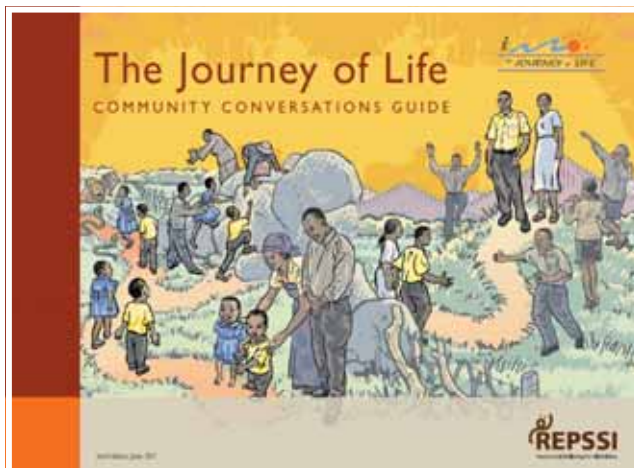
An opinion piece by REPSSI's Head of Advocacy, Dr. Tapfuma Murove, on the need to professionalise and recognise the efforts of community carers in Africa was recently published in several newspapers and on allafrica.com.

"In Southern Africa, a cadre of committed community caregivers – such as teachers, community health care workers, and community volunteers – are the cornerstone of the region's care and support network. While the global economic situation will likely force organisations to make tough support decisions in the next few years – a situation worsened by the recent Global Fund crisis – tapping into this important social workforce must remain a priority, especially when it comes to children."

[Click here to read the full piece](#), published through the GenderLinks Opinion and Commentary Service.

Resource Page: Community Mobilisation

REPSSI has a range of materials and trainings that are useful for community mobilisation. Read more below.



The Journey of Life

Throughout our discussions with partners, we have heard about the value of the *Journey of Life* package in bringing a community together, helping them to reflect on children's needs and identify problems and child protection issues in their area, and inspiring them to see what they can do with their skills and resources.

Key to the success are the participatory "Picture Codes", which are engaging, require no literacy, and prompt participants to talk about what they see in the picture and relate it to their own lives and parenting.

The *Journey of Life* process also results in a community action plan, which gives concrete expression to the community's learning. Whether it is a food garden in Zimbabwe, or an OVC fund in Zanzibar, we have seen countless communities thinking up their own ways of generating money for children's material needs. We have also seen communities recognising that many needs don't require money, just time, love and care. This is being provided through regular home visits, kids clubs, or just being aware of, and listening to, children who may be in need.

This process seems to successfully shift problems from being the responsibility of an individual to being the responsibility of the whole community.

Other REPSSI Tools

Find more information about our tools and training. Contact training@repssi.org or visit www.repssi.org.

2012 Training

REPSSI will also be holding the following open trainings in 2012:

Psychosocial concepts (10 days) in Tanzania in July: for an understanding of PSS concepts, principles and approaches, which will enable participants to train others and coordinate psychosocial programs.

Weaving Hope for Our Children (5 days) in Zimbabwe in July: to strengthen the capacity of Home-Based Care volunteers to conduct their work with an awareness of and ability to respond to the psychosocial needs of children.

Are we making a difference? (5 days) in South Africa in September: gives participants a set of tools that can be used in ongoing monitoring, and in impact evaluations.

Hero Books (5 days) in Namibia in October: self authored Hero Books enable a child to draw upon internal and external strengths and use the knowledge to overcome or manage an obstacle in their life.

You can contact training@repssi.org to discuss the above trainings, or tailored training solutions.





Members of a Teen Advisory Board working on the new REPSSI materials on children as carers

Research: Community Advisory Boards

By Lisa Langhaug, REPSSI Head of Research

Involving communities has been a part of the research process for quite a few years now.

Given the significant benefits in terms of accountability and increased collaboration, large funders of research like the US National Institutes of Health, the Medical Research Council of the UK, the Wellcome Trust, and university ethics boards, now stipulate the involvement of communities when conducting large research trials.

At the very start of a research project, members of the community are invited to become Community Advisory Board members. Traditionally they represent a wide sector of the community, including village leaders, traditional healers, trusted community members, and religious leaders. Gatekeepers in the community who know their membership best are asked to nominate candidates.

After selection, the research team will host a workshop where the programme and the study objectives are explained. A critical component is to help everyone understand the difference between participating in the programme versus participation in a study.

For example, a programme might involve improving the information nurses have on psychosocial support for their patients. So while everyone who attends that clinic is exposed to the programme, the research might only look at the impact in a select group of patients, pregnant women.

Community Advisory Board members can then act as spokespeople for the project, explaining this difference between the programme and the research, and providing credibility to the research idea.

News: Launch of Children's Photo Exhibition on Community

Over the last few months children and young people in Zimbabwe, South Africa and Uganda have been talking about what they do for their community and what their community does for them. They then went out and took photos that would tell others about the role they play in their home and community and about the kind of support they receive.

A new photo exhibition, **“What we do for our community, what our community does for us”**, launched by the Regional Inter-Agency Task Team (RIATT-ESA) on Children and AIDS in Eastern and Southern Africa showcases the results.

You can view a selection of the photographs they took by clicking [here](#). They give us a rich and at times intimate insight into how children perceive themselves in relation to their families and their community.



“This is a very important job you have given us – to take photographs. We are going to do it very carefully so many other people know about children like us.” (Girl, 14, Uganda)

RIATT-ESA was formed in 2006 between regional political and economic bodies, civil society organisations, academia, donors and UN agencies in East and Southern Africa in response to the need to respond to children affected by AIDS. REPSSI is a member of RIATT-ESA.

Dates For Your Diary:

- **April 15: International Day of Families**
- **May 6-8: first Conference on Child Protection Systems Strengthening in Sub-Saharan Africa.** Held in Dakar, Senegal, the goal of the conference is to reinforce national efforts to improve child protection systems' impact on children.
- **March 4: UN Commission on the Status of Women (CSW).** At the CSW meeting in New York, stakeholders will be tabling a resolution on “Women, the Girl Child and HIV”.
- **28-29 May: Fifth International Policy Conference on the African Child:** hosted by The African Child Policy Forum, this biennial events promotes policy dialogue and provides a platform for policy makers and practitioners to positively engage on action to mitigate the challenges faced by children in Africa.

In the Next Issue

The theme of the next issue is Changing Culture and Attitudes., looking at shifts in practices towards better protection and participation for children.

We will be **celebrating our tenth anniversary**, “REPSSI@10”, at the 19th International AIDS Conference 2012 in July this year, and at a host of national events across East and Southern Africa. More information, videos and materials will be released in the next issue.

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