SALT

STRATEGIC ALLIANCE FOR LEARNING AND TRANSFORMATION

Community-based Health Strengthening Programmes

Annual Report 2013

CONTENTS

NAME OF THE PROGRAM

SALT Community-based Health Strengthening Programme

Vision:

To increase the knowledge and skills of selected community groups to access, use and develop resources for basic health and HIV/AIDS prevention and care by 2015.

Date of completion:

Dec 2015

Key programme leaders:

Jakolien Meas (PRISMA, Netherlands)
Deborah Hancox (NewDay United, South Africa)

Country:

South Africa

Theme:

Basic Health & HIV/AIDS

Period covered:

2013

ABOUT SALT

SALT is an NGO alliance for learning and collaboration. It was formed in South Africa in August 2010 by a group of five NGOs who had already been learning together for some years.

Member organisations all share the goal of increasing the knowledge and skill of community groups to access, use and develop resources for basic health and HIV/AIDS prevention and care in South Africa.

SALT focuses on peer learning, peer accountability and capacity building interventions amongst its members. They do this through on-line collaboration and twice yearly consultations when members meet at different venues around the country.

SALT Members are currently collaborating on the following learning projects:

- Gender mainstreaming
- Strengthening communities to lobby and advocate
- Assessing impact of Health and HIV/AIDS programmes
- Contextualised bible studies

SALT Members share a common Christian faith and value system.

SALT MEMBERS

CMD/USIZO AIDS TRUST
AIDSprogramma Ladysmith 2013 - Capacity building of Change Agents

MFESANE
Community action against HIV/AIDS "Together we WILL beat HIV" Basic Needs Program

THEMBALETHU HOME BASED CARE (THBC)
Zamokuhle Home Based Care trading as Thembalethu Home Based Care

MEMBER: CHRISTIAN COMMUNITY CENTRES KWAMHLANGA
Orphans and Vulnerable Children (OVC) Project (Vezubuhle, Thembalethu and Phumula)

TRANSWORLD RADIO
Ethembeni Rural Women's Health Program
Isolomndeni (Health & Family Program)
Phambili (Health Leadership Program)

NAKEKELA CHRISTIAN COMMUNITY CENTRE ASSOCIATION
Hospice program

GOVERNMENTAL STRUCTURE & SECRETARIAT

SALT reports to our funders: PRISMA (De Verre Naasten, Woord en Daad, TWR Netherlands, Bijzondere Noden).

The SALT secretariat has offices in Cape Town, South Africa. The Secretariat comprises a team of two who serve the SALT Members:

- Deborah Hancox (NewDay United: Secretariat Facilitator & Project Manager)
- Kerry Feldman (Administrator, Website & Social Media).

PROGRAMME OVERVIEW

Objective

To increase the knowledge and skills of selected community groups to access, use and develop resources for basic health and HIV/AIDS prevention and care by 2015.

Strategies

The main strategies of the programme are:

- To increase health seeking behavior and use
- To increase the role of change agents
- To increase performance in lobbying and advocacy
- To foster human resource quality management

Activities

Key activities include working with community groups and (among others) support groups, religious congregations, families, youth groups, health facilities and schools to assist vulnerable groups attain good health through disease prevention, provision of home based care, development of change agents, access to health services, nutritional support, psycho-social support, palliative care.

Members

SALT has six Members, all South African NGOs spread across 4 provinces, who carry out the activities of the program.

SALT COMMUNITY-BASED HEALTH STRENGTHENING PROGRAMME

Implementing environment in South Africa

Political context

Broadly speaking, the working environment has not changed significantly during the reporting year, 2013. The political conditions have remained relatively stable, but with an increase in labour strikes and service delivery protests, especially building up to the elections scheduled for April 2014. However, these strikes and protests have not signifcantly impacted programme delivery.

Economy

The economy of the country may be described in 2013 as somewhat sluggish, with South Africa's GDP growth only 0.7% in the third quarter of 2013, the slowest pace in more than four years.

Inflation averaged around 6% for 2013, although this is expected to rise as the effect of the weakened Rand (since second half of 2013) is felt. This, and ongoing reduction in foreign funding to SA, hampers fundraising efforts of SALT Members. Economic conditions in general are also not improving for communities where programs are being implemented, with high unemployment continuing, especially amongst the youth. However, the Employment Tax Incentive Act (also known as the Youth Subsidy Wage Bill) was signed into law in December which is a tax

incentive from government to employers that employ any unemployed youth under the age of 35.

Poverty line

South Africa ranks 129 (of 182) on the Human Development index. 26% of the population lives below the line of $1 a day, and 43% live below $2.4. Many of the SALT Member beneficiaries are in these groups.

Social factors

Socially, violent crime and domestic violence continues at an unacceptable rate. An indiciative statistic is the murder rate in the country. There were 15 609 murders in 2011/12 and 16 259 murders in 2012/13. In addition, corruption at all levels in government and society is prevalent and there is not a good understanding of what constitutes good governance. This directly impacts service delivery to those living in poverty.

An indicative statistic is from Transparency International's 2013 Global Corruption Barometer which shows that that almost 50% of South Africans have reported paying a bribe to a government official in the last year. In addition, 83% of South Africans consider the police to be corrupt.

HIV/AIDS in South Africa

HIV/AIDS remains a serious problem in South Africa. According to the recently released 2011 National Antenatal Sentinel HIV Prevalence Survey, 29.5% of pregnant women attending state clinics in 2011 were HIV-positive. The survey estimated that about 5.6-million people living in South Africa were HIV-positive in 2011.

IMPACTING FACTORS 2012/2013

ARV roll-out

A positive change is that the government has rolled out a new regimen of ARVs which combines 3 different drugs into one tablet. This gives hope that the number of defaulters will decrease significantly as ease of adherance increases. This will make the work of programme community health workers easier and more effective.

Crime

One SALT Member reports that people in their area are stealing ARV's from those who are HIV+ or selling their own ARV's in order to obtain money. People have started using ARV's as a drug by mixing it with tobacco and smoking the mixture. Some ARV's now have a high street value. This is causing a localised shortage of ARV's and resistance to some of the medication.

Tribal tensions

In one implementing area, the uprising tribal fighting is bringing the work of the CBOs to a standstill. This affects the volunteers' work performance as they are no longer safe.

Domestic violence

The increase of domestic violence and intimate partner violence as well as violence against children and women has been noted by some SALT Members. Staff and volunteers of some SALT Members also live under these challenging circumstances.

Economic opportunity

Both the social and economic status of SALT Member target groups has remained low as a result of underdevelopment and lack of economic opportunities, leading to poverty and unemployment.

KEY OBJECTIVES AND RESULTS OF 2013

The SALT Programme fits within the MFS II Health and HIV/AIDS Programme and related results framework.

OBJECTIVE 1: Well-established accountability mechanisms in which civil society effectively calls the health system to account for the delivery of equally accessible basic health care

Activities carried out included:

- Home-based care programs
- Health awareness & promotion programmes
- VCT testing
- Collaboration with department of health during community health outreach

Examples of results achieved in 2013:

- Patients, family members and community members can see a fruitful change in terms of the usage of medication, improving life style and self-esteem of patients (outcome CMD/Usizo); family structures and support groups are strengthened, by that more family members caring for their sick at home (Mfesane)
- Health status of patients and OVCs has improved (CMD/CBOs) and ex-patients able to return to work and school (Nakekela – 54 total)
- Referral by traditional healers to THBC when traditional healer suspects HIV as well as referral by hospitals to give support after discharge (THBC)
- Increased collaboration and stronger relationships with stakeholders in the respective areas (all)

Mfesane change agents

Worker demonstrates how to wash child's head (THBC)

OBJECTIVE 2: Capacitated change agents through which civil society promotes effective prevention of SRH problems, HIV transmission and disabilities

Activities included:

- Support groups
- Seminars for change agents (focus on youth and church leaders)
- Youth camps and peer education programmes
- Leadership workshops
- Family development programmes
- Implementation of CABSA programmes
- Women group training and support
- Outreach to schools, churches and government institutions

Examples of results achieved in 2013:

- Youth as change agents: monitoring among teachers and students shows that teachers and other school students observed change in terms of discipline, self esteem, making right choices, respect and hope (CMD), disclosing their HIV status (Nakekela)
- Church leaders as change agents: part of the trained church leaders have in turn given formal and informal training to their churches, families, friends and relatives (Nakekela)
- Peer educators received medals from Presidential Award programme (Mfesane, THBC)
- Focusing on behavioural change through change agents has become an important focus for all SALT members. Monitoring tools are developed to measure the change.

OBJECTIVE 3: Well-established HRH policies, strategies & activities that improve the quality, accessibility and sustainability of the health system

Activities carried out in support of this objective:

- Development and implementation of key policies
- Staff training
- Meetings with local government, understanding accreditations, training, funding available
- Submission of business plans

Examples of results achieved:

- Developing or updating or staff policies, resulting in improved staff performance (CBOs)
- Increased signed agreements with the government which resulted in more financial support for project activities and/or salaries (Mfesane, THBC)

KEY LESSONS LEARNED BY SALT MEMBERS IN 2013

Working collaboratively requires strengthening of SALT Members own management teams.

Members have come to realise the importance of collaborating with other stakeholders; however they unable to benefit fully from such collaboration as long as their own management teams are not capacitated to deal with challenges and opportunities associated with collaboration. In many ways, this is about changing the organisational culture, policies and procedures to work collaboratively rather than in isolation.

Outcome monitoring of programme activities requires strengthening.

Following an Outcomes Review Project in the second half of 2013, SALT Members agree that, whilst some outcome monitoring is taking place, there is a lack of skill and activity in this area. As a result, SALT Members are taking specific outcomes and learning together how to increase their skills and data collection in outcomes monitoring.

Management teams must be strengthened to the point where there are enough people with broad organisational knowledge and skills.

In order to address this issue with the limited financial and human resources available, one SALT Member is adding more staff to their management team as nominated by the fellow staff members. This team is becoming knowledgeable in the writing of proposals, policies & procedures, budgets, strategic plans, etc. whilst continuing their other programme functions.

Programming has best results when one capacitates people to serve their own communities.

This as opposed to bringing in people from other communities who may already be trained but do not have the necessary relationships in place or the in depth understanding of a particular community.

Working with the family holistically is critical.

This means empowering families to respond to their own needs responsibly with the assets that they have - including social and cultural, financial, human and spiritual assets according to a Sustainable Livelihood Approach. SALT Members have learned the importance of teaching the families about taking responsibility to care for their loved ones themselves. SALT Members give them support e.g. by assisting with the transport to the clinics and also visiting family members while they are ill. It is seen time and again that ill people without familial support struggle to get well and flourish.

Local lobbying is necessary for community change.

A realisation from training given at the October 2013 Salt Meeting is that SALT Members need to study their local government structures to identify people they can lobby to take up community health related concerns. As a result, some have already started to approach local authorities.

With most of the church leaders, it takes time to build trust.

Whilst churches and church leaders offer good entry points for community strengthening, it takes time and concerted effort to build a working relationship with church leaders to the point that they are willing and available to involve themselves or their church members in HIV/AIDS and health related programme activities. This time and resource for this activity is not always factored in.

Youth are keen to be change agents but there is a lack of necessary skills for the role.

Change agents must be given adequate training and ongoing support if they are to impact others beyond the change agent group. Evaluation is showing that change agents do pass on information and skills to others *when* adequately trained and supported.

COMPLEMENTARITY AND HARMONIZATION BETWEEN SALT MEMBERS

The SALT Programme began as a bringing together of different existing programmes from across the country, hence complementarity and harmonization is something that was not strong in the original design. At the individual SALT Member level, there has been an increase in Memorandum of Understandings signed with government for delivery of community health services. However, in some cases excessive government collaboration has been avoided as it reduces the civil society role and independent programming that is needed to strengthen communities. Theory of change learning and application that is ongoing in the programme is changing the approach of SALT Members to their work and they now actively seek to engage other local stakeholders in their work.

During 2013 there was not much collaboration between SALT and the ICCO Regional Office. However, the Face2Face meeting in June 2013 provided a good opportunity for connection, updating and learning both with the ICCO Regional Office, and other country programmes within MFS II Health and HIV/AIDS. At the same time, collaboration between SALT and ICCO partners in one province could be attempted. At the October meeting it was agreed upon by the SALT members situated in KwaZulu Natal to seek contact

with the ICCO partners present for the purpose of getting to know each other and linking and learning.

ICCO and Hivos have regular meetings with the Royal Netherlands Embassy in Pretoria especially on coordinating activities in the field of HIV/AIDS. It was our wish that the relationship between ICCO, Hivos and SALT would improves in 2013, i.e. that SALT coordinator be made aware of this meetings, can give input on behalf of SALT and receives updates after the meetings. However, this has not happened. It seems to be unclear as to where the initiative and motivation for this connection should come from. In 2014, it would be good to formalize and interaction that is seen to be beneficial for the broader ICCO Alliance group.

SALT is in the process of adding a new Member who has attended two of their meetings. This is an organisation strong in food security and sustainable livelihoods. There is also a good fit of values and geography and existing relationships to build on. A seventh possible Member in the area of family strengthening may also join after interaction during 2013.

INTO THE FUTURE…

All SALT members aim to continue as an alliance (SALT) beyond 2015.

In 2014 the agreement and support of the respective CEOs and Boards will be sought and a trajectory will start to redefine vision, mission and strategies as SALT and to develop a common Theory of Change, while criteria for SALT membership will be developed.

This is a process which will be facilitated but not directed towards a certain aim by the back donors.

PROGRAMMATIC APPROACH AND LINKAGES WITHIN THE PROGRAMME

Within the Programme Coalition, linking and learning is the strongest feature (as already mentioned) given the way in which the Coalition was formed. However, this year has seen a definite shift in SALT Members seeing themselves as a Coalition and working together to understand issues of Health and HIV/AIDS and explore new ways of working e.g. family strengthening, growing skills in local lobby and advocacy and becoming aware of sustainable livelihoods as a lens through which to improve health and strengthen communities. These themes will continue to be developed during 2014 and the Coalition will spend time in 2014 planning their work, apply principles and tools used in the Programmatic Approach and seeking new funding as a Coalition.

Four SALT Members began collaborative fundraising to run the Foundation for the Foundations for Family module; at the close of 2013 no funds had yet been raised.

In June, under the leadership of Mfesane, an EU application was submitted. The intention was that this would include most SALT Members, but due to short deadlines and low skill levels in institutional funding proposals, in the end the proposal included only Mfesane.

Here are some illustrative comments taken directly from SALT Members:

- *The only challenge experienced in connection with Programmatic Coalition, has been how to practically apply the concept in practice beyond sharing lessons and experiences. The challenge is that organisations are pre-occupied with their individual programmes and leave little time for collaboration among us as SALT family.*

- *THBC had embraced the concept of collaborating with other stakeholders as we rarely implement an activity without the involvement of other players. We fully understand that the issues that we are addressing are quite complex and cannot be addressed through an intervention by one organisation irrespective of her size. Locally we have worked with many stakeholders tapping from the experiences of our previous years of doing the work we are doing.*

- *As SALT Members we do not collaborate on programmatic activities, due to the fact that we are in different provinces. However the good learning and sharing that takes place during the partner meetings in February and October. Training topics are always relevant and adds value to the programs, for example the Family Impact training materials are implemented as part of our family strengthening work program.*

- *Mfesane is in great support of the Programmatic Approach and is part of different networks and coalitions on local and provincial level in implementing programme and to bring about change. Example of a provincial coalition is in the OVC programme with government (DoSD), NACCW and other implementing organisations.*

- *The Programmatic Approach helped us to be more in touch with the communities served, hearing them and getting feedback that influenced the programme planning.*

We are quite satisfied with the work done under SALT family especially when it comes to sharing experiences and learning from one another.

SALT has been a tool when it comes to development for all the organisations that are part of that alliance. The development of the website for SALT and Kerry's work helped in ensure that the good work done by the SALT community is shared with the outside world including the donors.

- *The intervention and guidance given by our SALT consultants has helped us to be more organized in what we are doing, especially to identify our measuring tools.*

- *SALT has also helped us to learn a lot on Peer Assessment and also sharing of expertise.*

- *Within the SALT alliance we are capacitated to improve on major aspects of the project. The last meeting was very helpful in understanding the M&E process. The effective role of organisations in advocacy was also exciting to realize. It seems that the Alliance has also reached a level of maturity in communicating to each other, insight in the overall goals and especially in collaboration and learning together significantly.*

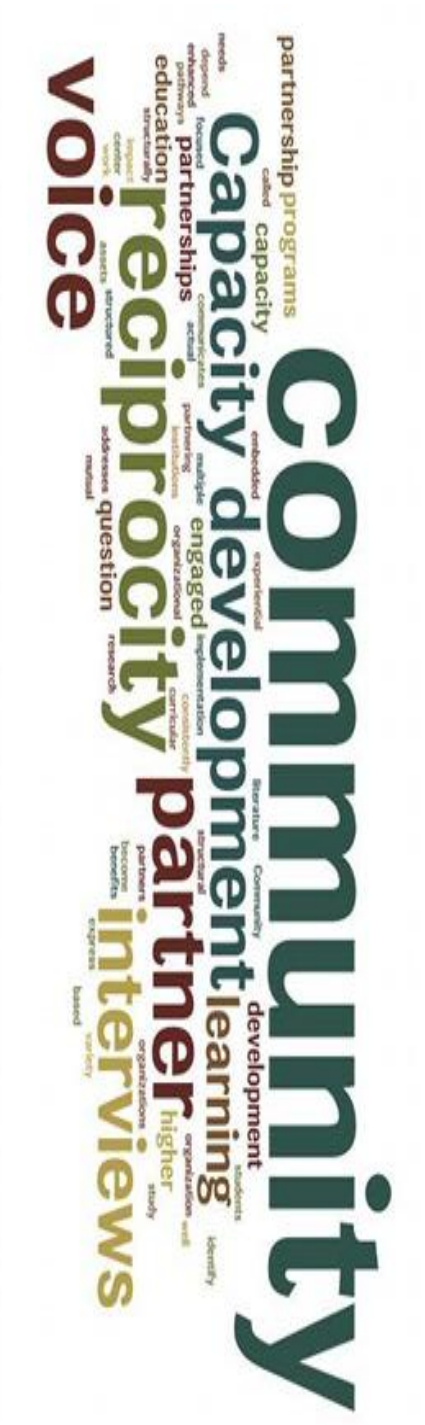
CAPACITY DEVELOPMENT

Capacity Development has continued to be a key part of the Program, at Alliance level, within individual organisations and within the communities where SALT Members work.

The following areas were included in Coalition-level Capacity Development:

- Training by Family Impact in their Focus on the Family material which several SALT Members are now using and which is helping volunteers to move deeper in terms of sexual health issues.
- Community Health Evangelism – a holistic, biblical and asset based approach to community health was introduced
- Introduction to Transformational advocacy and lobbying by Micah Challenge representative.
- M&E training and an extensive Outcomes Review Project leading to improvements in outcome monitoring with a special focus on change agent work as part of the learning question.
- An introduction to the topic of sustainable livelihoods.
- An introduction to the development agenda post 2015.

At an organisational level, several SALT Members have conducted board and governance training for board and staff and are working to strengthen board functioning and governance post these trainings.



Staff development continues to be an ongoing area of development, and an ongoing challenge given the levels of skill and education of many of the staff. As one SALT Member puts it:

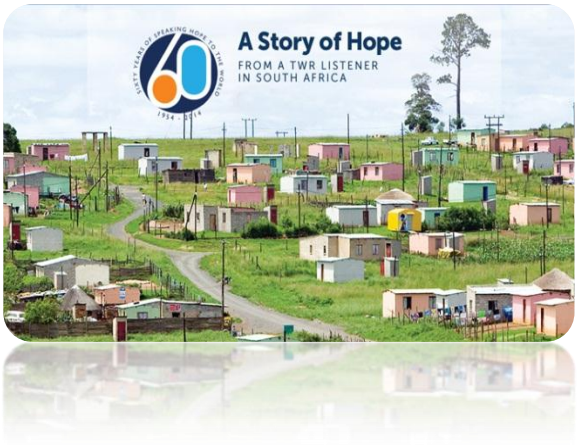
> *"Another key component is training and workshops for Project Leaders. Being champions of the projects it is of paramount importance that the right people are in place who understand the dynamics of the organisation and adapt accordingly.*
>
> *Having a strong board of directors, CEO and Project Leaders will definitely lead to changed culture for the entire organisation as the Project Leaders will also influence the staff working under them. In addition to the focus on board members, CEO and Project Leaders, there are plans to improve the capacity of our staff through workshops, on-site trainings and doing appraisals for the staff especially for 2014 and going forward."*

Other capacity-building work in 2013 included:

- Staff Policy, Strategic Plan, Employment Contract, Job Descriptions and Evaluation and Monitoring Tools
- First Aid
- Peer Education
- One SALT Member accredited as trainer/assessor in Health Care and Child and Youth Care
- CABSA Training
- Tearfund – Hand-in-hand bible study: To transform our response to HIV
- Sungardens Training: “Caring for the patient at home”
- VCT Training
- Support Group Training
- Computer Course
- New ARV’s Training
- Staff trained on the physiology of the human body

SALT Members continue to use the O-scan to assess their organisational development in conjunction with their PRISMA donors.

GENDER AND THE RIGHTS-BASED APPROACH



As mentioned in last year’s report, SALT Members understand the role gender issues play in their programmatic work and in their organisations. Working at the community level, they have firsthand knowledge and sometime personal experience of how gender dynamics play out in the lives of those in poverty and those with HIV/AIDS.

SALT Members have staff and boards that reflect gender diversity and do not negatively discriminate amongst their target groups based on gender. Most SALT Members developed or reviewed their gender policy. However, there is an understanding of the need to keep ensuring that programmes are acceptable and accessible to men as one cannot address health and gender by focusing predominantly on women and youth who are often easier to reach.

Of particular concern to SALT Members are the high levels of violence against women and children in South Africa, especially domestic violence. Working with family units and in church congregations is one way SALT Members are seeking to address this. Another approach is working with and through peer change agent programs to challenge attitudes to women and to promote sound values and behavior.

At the October 2013 SALT Meeting, the SALT Members went through the ICCO Alliance RBA Position Paper. However, this was an awareness / communication exercise and no concrete actions were agreed in order to align programming with this position paper. The Position Paper was well received by SALT Members.

COMMUNICATIONS AND MARKETING

SALT does not specifically market themselves – this is an Alliance borne out of relationship. However, the Alliance has a strong website and social media presence as a means of communicating and sharing what SALT Members are doing and as a tool for support and encouragement.

The SALT website has been through several iterations and includes an overview of the Alliance and of each organization, a blog and programme descriptions.

SALT's Facebook page is increasing in importance as a means to share stories and connect world-wide.

Take up by the various organisations has been slow, but in 2013 there has been an appreciation of the possibilities that social media brings not only for relationship-building, but also to raise funding and reach out to potential investors.

MEMBER: CHRISTIAN COMMUNITY CARE CENTRES

Orphans and Vulnerable Children (OVC) project

The Christian Community Care Centres exist to deliver a comprehensive service to orphans and vulnerable children, their families and/or caretakers. The Centres address the physical, emotional, educational, spiritual and social needs of the beneficiaries. There are currently three centres in the KwaMhlanga area in Mpumalanga: Thembalethu, Vezubuhle and Phumula.

Highlights

- All OVCs have individual Care Plans and access to health care services through referrals by the Centres.
- The managers of the Centres went through a capacity-building programme during the past 18 months and are now equipped with knowledge, skills and experience to manage the Centres effectively and efficiently.
- The Boards of the different Centres attended a governance workshop which has resulted in more effective functioning of the boards due to greater understanding of their roles and responsibilities.
- A human resource policy was developed and implemented. This includes job descriptions for each staff member, employment contracts and a performance appraisal tool.
- The Centres engaged in income-generating activities to contribute towards the sustainability of the organisations.

Challenges

- To become self-sufficient by the end of 2015 when the funding from MFSII stops. This includes identifying new donors, accessing state/government subsidies and more income-generating activities.
- There are a growing number of OVCs in the communities, which has resulted in waiting lists of children wanting to attend the Centres.

VC
WE GIVE HOPE

THEMBALETHU
CHRISTIAN COMMUNITY CENTRE
"UNGALAHLI ITHEMBA"

Phumula
God our source
Community Christian Center Association

QUICK STATS:

- 300 OVCs have access to health care services and have attended the programmes presented by the Centres.
- 83 care-givers attended support groups.

"It is our dream to become the voice for broken children who can't speak for themselves and to contribute toward their healing."

MEMBER: CMD/USIZO AIDS TRUST

AIDS Programme Ladysmith 2013 - Capacity building of Change Agents

CMD/Usizo Trust supplies holistic, relevant social services in KwaZulu-Natal, South Africa. They focus on the more rural, poor communities of the uThukela district (including towns like Ladysmith (Mnambithi), Bergville, Winterton, Estcourt/Mthezi, Mooiriver and Weenen) and the uMsinga municipality (including communities like Pomeroy, Msinga Top, Keate's Drift, Tugela Ferry and Nhlalakahle).

Services are mainstreamed to address HIV and AIDS-related issues and encourage communities to take control of their own situation in their private life, family structures and society.

Highlights

- In terms of home based care, in all areas patients, family members and community members saw fruitful change in terms of the usage of medication, improving unhealthy life style habits and patient self-esteem.
- CABSA church leaders training improved knowledge on HIV, exposed stigmatization and encouraged dialogue on HIV.
- Capacity building training: Project managers were trained in skills to manage, report, and evaluate. This was equipping them better to enhance the outcomes of the projects. The outcome review was also a good value added to the process. The SAW training done to selected volunteers also enhanced their capacity.
- Volunteers trained in basic skills relevant to their community. Family value training helped volunteers to move deeper with regards to speaking about sexual health issues. The "Foundation for Families' course also encouraged staff to personally aim for a healthy family life..

Challenges

- Low managerial skills of local CBOs and lack of capacity to grow and be self-sustained: they operate in exceptionally poor areas with little government support. There is also quick turnover of volunteers.
- Lack of funding to implement more community change agents' exposure to training and capacity building. This also relates to lack of capacity to employ full time staff as coordinators of projects.
- Lack of infrastructure (transport, communication, staff shortages) - this project covers an area of over 200 kilometres.
- In the Mhlumayo area, the uprising tribal fighting is bringing the work of the CBOs to a standstill and volunteers are in danger if they work.
- The increase of domestic violence and intimate partner violence as well as violence against children and women - many of our staff and volunteers also live under these challenging circumstances.
- Bigger focus on marriage and family values for our own staff is needed in order for them to be relevant change agents as well as wounded healers.

eThembeni

QUICK STATS:

- 88 home-based care volunteers trained
- 147 religious leaders took up CABSA material
- One CBO registered
- 40 volunteers work with youth as change agents
- Change agents meet regularly for support

Networking at all levels is crucial. Capacitating people to serve their own communities is most effective and essential.

MEMBER: MFESANE

Community action against HIV/AIDS "Together we WILL beat HIV" Basic Needs Program)

Mfesane is a leading Christian Development Agency which empowers communities through piloting new development initiatives by using internal and external knowledge and resources, building the capacity of communities to respond to their own needs sustainably ("Give Yourself a Job")and facilitating networks and partnerships.

Highlights

- Implementation of the Family Impact material in the 'Care and Support Programme to Families and Children' added great value to parent workshops, particularly encouraging fathers to be more involved in family life.
- Family members were taught how to care for their sick at home, and now take greater responsibility for their own sick family members specifically over weekends when health workers are not always available.
- Church mobilization programme strengthened and mentored church volunteers dealing with issues like HIV/AIDS, discrimination, family strengthening, dealing with substance abuse, domestic violence, poverty etc. that the community and church members are struggling with.
- Strengthened ties with government particularly Department of Health and the Department of Social Development to partner with them in delivering services to vulnerable families and children in communities.
- Mfesane is the provincial implementing organisation (PIA) of the Community Works Programme (CWP).
- The addition of 5 young people in Moorreesburg employed through the IDT Programme as change agents in their community towards youth development. These young people have enjoyed opportunities to grow and learn through training, youth development activities in their community, visiting a career expo, working with local police services and ongoing mentoring from Mfesane.
- Excellent training opportunities for staff members leading to improvement of programs and implementation of training, improving service delivery, staff skills and team/organizational capacity.

Challenges

- Ongoing discrimination and rejection of family members who disclose their HIV status. Fear of disclosure is still high.
- Mobilisation of local youth to make good decisions based on the information they received through the programme and to take responsibility for their own health.
- Unavailability of leaders and congregants due to many church activities.
- Managing and coordinating the different demands/activities of partner relationships (audits, field visits, reports, meetings, workshops, training).

mfesane
CHRISTIANITY IN ACTION
CHRISTENSKAP IN AKSIE

QUICK STATS:

- Not Employed Educated & Trained (NEET) Youth programme successful in providing skills to youth (financial, social and health)
- 8 signed agreements with government departments to deliver essential services

"Family members feel empowered and take greater responsibility for their own sick"

MEMBER: NAKEKELA CHRISTIAN COMMUNITY CENTRE ASSOCIATION

Step Down Facility Programme

Nakekela Christian Community Centre (NCCC) is a "Step Down Facility/Hospice" giving care to the terminally ill in the greater KwaMhlanga community. Nakekela's mission is to render palliative and curative care in a holistic manner to both in– and out–patients in the KwaMhlanga Community whose lives are impacted by HIV/AIDS.

Highlights

- Nakekela exceeded their patient treatment target, with 114 patients admitted.
- Teams reached 5487 people in diverse communities, teaching on health-related issues as well as performing regular home visit care. Nakekela is recognized and welcomed in many communities.
- The youth training programme encouraged 240 young people to speak out about HIV/AIDS, reaching 4200 children and teaching about HIV/AIDS, Teenage Pregnancies and Life Skills.
- Pastors Training "Positive in the Church" equipped pastors to break the stigma of being positive – pastors are sharing the material with families, friends and relatives.
- The building extensions were completed! The enlargement of the centre means that Nakekela can now admit an additional 8 patients, caring for up to 20 patients.
- Nakekela's management, board members and staff had combined training on the functions of the board as well as the management of the center so that team members understood various roles. Other training interventions included Tearfund modules, CABSA, Support Group, Voluntary Counselling and Testing, ARV Treatment and in-house medical training.
- Staff unity at the facility made the patients feel safe and loved, and staff enjoyed their work and the relationships within the workplace.

Challenges

- Patients without familial support rarely prosper and get well: it is essential to teach families about taking responsibility to care for their loved ones and to give families full support by assisting with challenges like transport to the clinics, as well as home visits and education.
- Conflicts of interests in 2013 proved very challenging and damaging to the organization: it was agreed that in future a board member cannot have family members working at the center.
- A staff member who was given training did not pass their externally-moderated course (as agreed to up-front) and the resultant stress/tension and consequences led to the resignation of the staff member and also affected the local community.

QUICK STATS:

- 114 patients admitted
- 71 patients referred by HBC-team
- 5487 visits in 22 communities
- 378 patients treated: 101 released on ARVs, 39 received social grants, 36 working again, 10 self-employed and 8 back at school
- HIV/AIDS Training of 240 youth & 34 pastors
- Facilities extended to accommodate 8 more patients

"Our audience responded … to individuals who were willing to speak personally about how they are living and still prospering while being infected with HIV..."

MEMBER: THEMBALETHU HOME BASED CARE (THBC)

Home-based care

THBC is located to the south of Kruger National Park in the Nkomazi region of Mpumalanga province, on the border of Swaziland and Mozambique. They operate in 22 villages through different programmes. The organisation also operates in some parts of Mozambique close to the South Africa border. THBC offers home-based care, orphan care, spiritual counseling, social welfare, garden projects, burials, health services and food parcel distribution.

Highlights

- Change agent and peer education training is experienced high take up. 235 agents of change attended graduation in November – several worked towards Presidential Awards, receiving bronze and silver medals.
- THBC has healthy working relationships with primary health facilities: clinics and hospitals continue to provide test kits for HIV and sometimes refer patients to THBC for continued support after release from hospital.
- Relationships with traditional healers continues to be healthy - as a result they continue referring some of their patients to THBC once they suspect HIV. This approach is beneficial to the entire community as both institutions complement one another instead of competing.
- THBC continues to encourage food gardens, providing seeds and seedlings. In December a function was held for 150 people with gardens in 2013.
- The drama team, together with the leaders of the organization, visited Holland and UK, cementing relationships with partners in those countries. Teaching on HIV/AIDS, the team reached over 6,000 people in 2013.
- Over and above afterschool care, THBC assisted OVCs to acquire legal documents which will allow them government grants and future opportunities (such as schooling). 10 OVCs also completed an online course that aims to improve their academic performance through focusing on their reading ability and memory.

Challenges

- There were few positive role models in the community. This diluted the good work done by THBC and other stakeholders in addressing the challenges associated with HIV/AIDS as information alone is inadequate in changing people's behaviour.
- THBC struggled to make afterschool care programmes self-sustainable as OVC economic situations make it difficult for them to make any contribution as agreed upon with THBC's partners.
- THBC's organizational restructuring in 2013 brought many challenges but also presented areas of growth.

Thembalethu
A division of Zamokuhle Home Based Care

QUICK STATS:

- 329 children reached through 3 afterschool care centres
- 7 two-roomed houses built for families
- 3827 youth reached through drama teams

"2013 saw great collaboration among the projects of THBC: agents of change, drama team, afterschool care, VCT and the home based care programmes."

MEMBER: TRANSWORLD RADIO

Ethembeni Women's Health Program

This project brings together the women of Ethembeni. Issues such as communication skills, HIV and how to live with it, recognising symptoms of a child on drugs, coping skills for dealing with drug abuse, life skills such as anger management and forgiveness, all with a foundation on the power of the gospel to transform every area of life.

Highlights:

- Seeing the capacitated women implementing their knowledge to their own families, communities, churches.
- The dignity of women has been restored in such a way that they are confident to speak about their status and transform others about the importance of taking medication
- Others were able to forgive after many years of not being able to forgive and that has brought spiritual growth and inner healing through counselling which is done by our partnering social worker from an NGO
- Family relationship problems relating to communication between mother and children have been mended through our programs teaching communication skills - parental anger has subsided and children are no longer insubordinate and arrogant when they speak with their parents. There is now harmony and even if it's difficult sometimes but the word of God and prayer plays a vital role.
- We had a wonderful time of fasting and prayer and there been powerful testimonies
- Our listener groups are now transforming the community and winning others to Jesus Christ, and are also being empowered to discuss difficult issues of health with their spouses. They are implementing the lessons they hear from the radio and getting positive results, seeing improvement in their health because of our programmes
- Their prayer life is powerful
- Dignity is being restored – not only through physical care for themselves, but also through the opportunity to learn and start up income-generating projects to meet personal and community needs.

Challenges

- Funding to get programmes onto more radio stations
- Guest stipends can be costly, and recording times have to be extremely flexible to meet the time constraints of our guests
- Practical challenges in airing programs
- Increasing numbers of women want to attend listener groups – the need for more transport is urgent in order to maintain the relationships that are developing

twr
Speaking Hope to the World

QUICK STATS:

- 280 change agents capacitated with life skills & support
- 30 programs produced
- New meeting space for pastors' wives
- Listener groups meet weekly

"For transformation to take place we have found that consistency, evaluation and reflection are of vital importance."

MEMBER: TRANSWORLD RADIO

Isolomndeni (Health & Family Program)

TWR Plays an important and constructive role in capacitating change agents through radio programmes and community projects (e.g. health volunteers, youth leaders and religious leaders). This programme focuses specifically on religious leaders to be change agents in their communities and capacitates them to start support groups within their communities.

Highlights

- 147 Change agents were capacitated through training and workshop seminars. The material was greatly appreciated, valued as very practical and excellent for equipping course facilitators. When participants arrived and as day one was in progress, they were calling friends and acquaintances to come and join in, showing how much value they saw in the course right from the beginning.
- Our courses were rolled out in disparate locations, including Molweni; Embo; Botha's Hill; Kwa-Nyuswa; Umlazi; Shongweni; Dassenhoek; Durban; KwaNdengezi and Mnamatha.
- Widows and singles were reached through locally-established forums - Umyezane Widow's forum, Inchanga group, Mbumbulu Listener group and Nyuswa group.
- Marriage Training for Pastors and Church leaders was very successful; reaching an amazing total of 50. One of the Pastors said: *"For the first time in my 10 years of ministry I am confident about what to teach to couples and the families, I feel greatly empowered."* And, for the first time, couples arrived as husband and wife. This was a great excitement. One Pastor said: *"This training has opened my eyes to see that 90% of my success in ministry was due to the support I got from my wife and today I have been equipped with material that will help me to love and appreciate her more."*

Challenges

- There are challenges with radio stations because of their costing to air our programmes, as well as ongoing time slot inconsistencies
- Due to a directive to produce 40 instead of 26 programmes, TWR had to reduce the stipend paid to guests – this meant that some were no longer as freely available, thus delaying production.
- A cultural norm of husband and wives cannot share the same status in some rural areas. This means that marriage courses often experiences just one spouse attending (sometimes due to work commitments too).
- TWR currently does not have capacity to monitor and follow up on course attendees.
- Material availability (or lack thereof) after course interventions also makes it difficult to roll out the programme continuously and consistently.

twr
Speaking Hope to the World

QUICK STATS:

- New Children's programme developed to capacitate churches, NGO's and childcare centres
- Visited 16 churches
- 8 preaching invitations
- 5 000 Households have been reached through radio stations: Ikhwezi, Divine touch FM, Good News Community, Umgungundlovu FM
- 350 youth, 50 women, 42 families and 19 children's ministers part of 'On-the-Family'
- 60 % of programs broadcast on Air and over 105 programs on listening devices
- 200 religious leaders trained on HIV stigma removal

"Today I have been equipped..."

MEMBER: TRANSWORLD RADIO

Phambili (Health Leadership Program)

TWR Plays an important and constructive role in capacitating change agents through radio programmes and community projects (e.g. health volunteers, youth leaders and religious leaders). This programme focuses specifically on religious leaders to be change agents in their communities and capacitates them to start support groups within their communities.

Highlights

- Working together with Church leaders in the communities, and experiencing their willingness to cooperate in the transformation of their communities, especially in the area of health.
- Strong partnerships with CBO's and Media Organizations helped to send a unified message of hope and transformation.
- Use of professional people in recordings gave listeners proper education about STI's and the HIV stigma removal.
- Infected and affected persons began to speak openly about HIV/AIDS.
- Some pastors were encouraged and became courageous to speak out about HIV/AIDS related topics.
- Feedback received from radio listeners and listener groups showed that people's minds were enriched and that they had better understanding about infection and how and where to find help.
- The programme attracted health institutions who were available to deal with people referred to them.
- Stigma was reduced in the churches as pastors and church leaders became aware of the positive role the church can play in changing mindset of people in the community at large.

Challenges

- It takes time to build trust with church leaders.
- One needs to be patient in dealing with people and more flexible since TWR works with people who are in very rural areas. Sometimes meetings were set up only to find out that people were not able to come because of other factors like lack of transport to a proposed venue.
- Community radio stations needed to be since they were not always reliable. Some stations had administration problems which affected broadcasts.
- It was difficult to find qualified people who were available to come and do recordings. In the 2012 budget TWR was able to give reasonable honorariums, but budget for 2013 was reduced due to the additional programmes that TWR needed to produce. Guests did not accept the decrease on the amount TWR gave them as compensation for their work and time: recording and production were slowed.

twr
Speaking Hope to the World

QUICK STATS:

- More than 20,000 households reached through radio broadcasts
- 90 church leaders given skills and tools they can use to teach about effects of HIV/AIDS
- 15 Listener groups were formed, using Audi Bible players
- 35 programs recorded
- 2 seminars and 1 workshop conducted

"Through Phambili, TWR also gets the opportunity to connect with both government and community leaders on a local level."

FINANCIAL PERFORMANCE

The financial expenditures of the SALT Members are on track.

Financial sustainability and fundraising

Raising adequate funds continues to be a challenge for most SALT Members, who are however generally in a reasonable funding position compared to many South African NGOs who are experiencing funding crises. SALT Members benefit from committed donors (such as their PRISMA partners) and have some internal skill in fundraising.

The biggest issue is the anticipated ongoing drop in foreign funding for South Africa. Members need to act now to secure funding or work differently post 2015. SALT Members agreed in 2013 that during 2014 and 2015 they will seek to raise funds collectively as SALT and there is an openness to bring in new SALT Members to give adequate scope and reach to a SALT collective.

One financial threat is that the communities which SALT Members seek to capacitate lack access to skills and funding and therefore struggle to continue independently of their SALT Member.

Over the past few years solid and meaningful relationships have been built, which provide the platform for capacity building and liberty to ask questions, explain challenges and give feedback on the impact of projects.

Operational/organisational staffing and fraud

SALT Members continue to have long serving, committed, stable leadership and management and this is one of the strengths of the Alliance.

Few staffing and organisational issues were reported.

However, one SALT Member had significant struggles with a key staff member in 2013 that impacted the organisation negatively and raised issues about the need for improved board and staff policies.

Building capacity of staff and volunteers is an ongoing activity in all SALT Member organisations and this includes developing the Board and their capacity.

No issues of fraud have come to our attention in 2013.

For more information about SALT please visit us at www.saltalliance.org or email the Secretariat at info@saltalliance.org

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