

THE RAPHAEL CENTRE: MOVING TOWARDS THE RATIONAL STAGE

By Mary Humphreys. The illustration on page 50 is drawn by a child with AIDS, who is taking part of the activities at the Raphael centre.

The Rational Stage is the second stage of four that NGOs naturally move towards. The first phase is the Pioneering Phase. The third and fourth phases are the Integrated and the Associative Phases, respectively.

Situated in Grahamstown in the Eastern Cape, the Raphael Centre started as an HIV and AIDS community initiative in 1998. At the time, the Anglican Bishop of Grahamstown encouraged the church to develop a project to assist people living with HIV. Two projects were suggested. One was a soup kitchen in one of the townships, the other was the idea of a support group. Al-

though the Bishop himself preferred the idea of the soup kitchen, the Centre was begun by local volunteers in as a support group for about thirty adults who were living with HIV. In 1999, the Centre formed a committee, drew up a constitution and registered as a non-governmental organization. The name "Raphael" was chosen because St Raphael was a saint who healed pe-



Children cleaning up their community. Items collected were used to make art.

ople. The original committee chose to drop the "St" because they did not want the Centre to be linked with any particular faith.

As an NGO, the Raphael Centre could fundraise. Successful fundraising led to the appointment of some of the support group members as staff at the Centre. Two of these original support group members are still staff members at the Centre.

In 2002, the Centre staff realized that it was not enough to support people living with HIV. Something should also be done to prevent the spread of HIV. The Centre began offering voluntary counselling and rapid HIV testing (VCT) on an immediate walk-in basis. The Centre was the first non-medical site to achieve accreditation as a provider of HIV testing and counselling services. At the time this was an invaluable service because it was difficult for people to have an HIV test due to the stigma of having a test. Although tests were offered at the hospital and the government clinics, many nurses did not keep the results confidential and as a result, people were scared to test at these places. The Centre also provided information and support to anyone who tested positive for HIV so that people could be given the best chance to live positively with the virus and to protect those they loved.

From about 2006 the Centre was still offering these two services – HIV testing and a support group. However, access to funding became harder and harder. This was for a number of reasons. It was partly because the funds were directed elsewhere and via different channels, for example, many international donors began directing funds via the government. Partly because these services were no longer addressing an urgent need because the government services improved. Partly because the Centre did not

report well to the funders that supported them.

Between 2008 and 2012 the Centre was without a clear direction and almost closed several times due to a lack of funding. Staff tried to shift direction to offer to support to children born with HIV or children whose parents had died from AIDS. These children, often referred to as Orphans and Vulnerable Children (OVC) were a group in dire need of support and funds did once again become available for this work. Unfortunately, however, because the Centre made these changes in a rush and in a desperate attempt to stay open, interventions were not carefully nor wisely planned. Partnerships with other organisations such as Child Welfare were needed and these relationships were not properly developed. The Centre lurched from financial crisis to financial crisis. At one stage, staff members were all on month-to-month contracts. The rent was not paid. Operations became more and more chaotic and this led to worsening relationships with funders and poor staff morale.

In 2012, the Centre appealed to the Grahamstown public for help. A total of R12 000 was raised, enough to pay two or three of the seven staff salaries.

Staff members were unmotivated and tired. Working in the field of HIV is emotionally taxing without having all the financial and organisational burdens the staff faced on a daily basis. Mid 2013, the staff of the Centre made a very courageous decision to reflect critically on all the work conducted in order to assess if the Centre really could still play a positive role in the Grahamstown community. Research and hard, honest reflection led to the following realizations:

- The widely applied ABC approach has failed. ABC is the approach which emphasised



Abstinence, Be faithful, Condomise. If you cannot remain Abstinent, please Be faithful. If you cannot Be faithful, please use a Condom.

– Prevention does not equal HIV testing and counselling nor education (at least in the way it is being conducted). Studies indicate that HIV testing and counselling has done little or

nothing to impact on the reduction of the transmission of HIV.

We reflected that for real and sustainable change and development, one needs to change behaviour and we realized that this change or development must come from within:

”... people cannot be developed; they can only develop themselves.”

For a while it is possible for an outsider to build a person’s house, an outsider cannot give the person pride and self-confidence in themselves as human beings. Those things people have to create for themselves by their own actions.

They develop themselves by what they do; they develop themselves by making their own decisions, by increasing their own knowledge and ability and by their full participation – as equals – in the life of the community they live in...

We also realized that HIV and AIDS are not simply medical and physical health issues. We

VALUES

1. Integrity and honesty
2. Respect and caring
3. Discipline and good work ethic
4. Courage
5. Humility
6. Loyalty
7. Lifelong learning

Our programmes changed significantly too to focus on the whole person and to be integrated.

recognized that hope and resilience are two of the most important internal conditions to live a purposeful life. To believe that one's life has purpose is necessary to protect oneself from HIV.

We therefore revisited our vision and our mission and created a new:

VISION

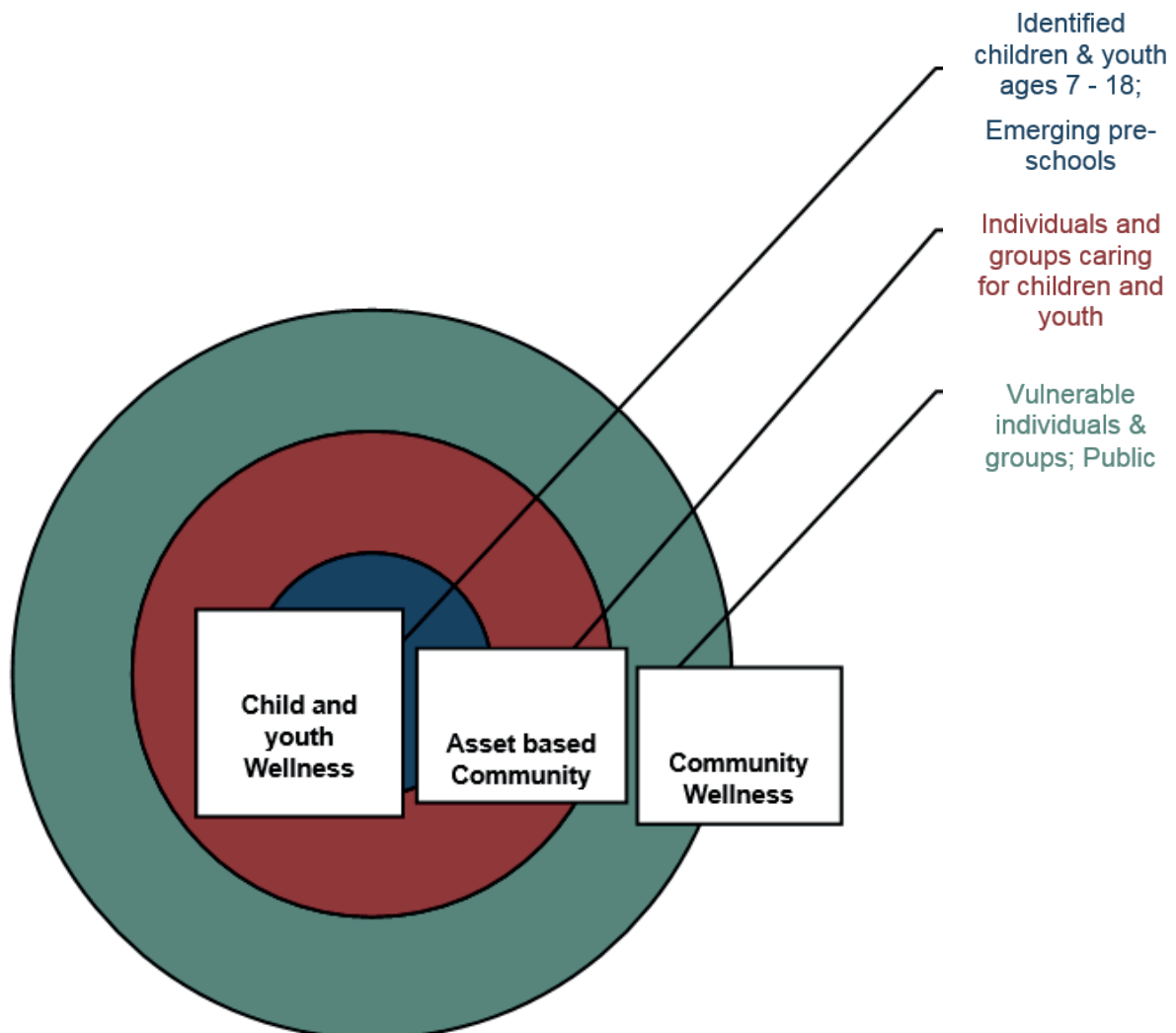
People believing in themselves, working together to create healthy and caring communities.

MISSION

We recognise health as a state of complete physical, mental and social wellbeing. Our mission is to strengthen healthy living for people in Ma-

kana working together with community members and organisations. We believe this will enable citizens to protect themselves and others from HIV infection and inspire positive living and hope.

We also made fundamental shifts in leadership and in organisational management and development. One of these shifts was moving away from long, little understood Code of Conduct and Operating Principles and towards values. As a group we explored the values most important to us. Our values are at the core of all we do.



OUR PROGRAMMES

1. The Child and Youth Wellness programme aims to encourage and assist our children and youth to make positive life choices and develop into purposeful and responsible citizens who contribute towards HIV-prevention.

We believe resilience and hope are two of the most important internal conditions necessary to live a purposeful life and to protect oneself and others from HIV-infection.

2. Instead of focusing on what is lacking, our Asset Based Community-driven Development (ABCD) programme focuses on the strengths and capacities communities already have and builds from there.

ABCD

- * Stimulates citizenship and spontaneity
- * Builds communities from the inside-out
- * Develops a self-conscious framework for understanding how change happens.

This programme runs across our child and youth and adult wellness programmes. It links all our work to a shared development paradigm. The purpose of this programme is to unlock and unblock skills, talents, resources and knowledge within communities so that people can drive their own development processes to build healthy and caring communities.

We believe that sustainable development comes from within.

3. The aim of the Community Wellness programme is to promote and facilitate HIV prevention and wellness for vulnerable and hard to reach populations.

We believe that early intervention, holistic care and social protection through asset based community development (ABCD) are key to an HIV free generation and the creation of healthy, caring communities.

In conclusion, things are going very well.

Staff members work in teams and because we can see the impact of our work, coming to work is rewarding and satisfying despite the challenges we face. Through the changes we have found great value in reflection. Here are some of the things we have learnt:

- Change takes time
- Be open minded
- Be humble
- Be curious
- Never make assumptions
- Listen
- Trust the process
- Create space within programmes for new things to emerge

We look forward to continuing to learn and develop as an organisation so that we can be facilitators of change for caring and healthy communities.

