

Mainstreaming Psychosocial Care and Support within Food and Nutrition Programmes

For practitioners working with children and families affected by HIV and AIDS, conflict and poverty



Psychosocial Wellbeing For All Children

REPSI is a regional non-governmental organisation working with partners to promote psychosocial care and support (PSS) for children affected by HIV and AIDS, poverty and conflict in East and Southern Africa.

THE REPSI PSYCHOSOCIAL WELLBEING SERIES

Through this series, REPSI strives to publish high-quality, user-friendly, evidence-based manuals and guidelines, all characterised by subject matter that can be said to address the issue of psychosocial wellbeing. Within the series, different publications are aimed at different levels of audience or user. This audience includes: 1) community workers, 2) a variety of social actors whose work is not explicitly psychosocial in nature, but in which it is felt to be crucial to raise awareness around psychosocial issues, 3) caregivers, parents, youth and children, 4) specialised psychosocial and mental health practitioners. Apart from formal impact assessments, towards further developing the evidence base for our tools and approaches, we welcome user feedback around our materials.

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Foreword

REPSSI is a regional non-governmental organisation working with partners to promote psychosocial care and support (PSS) for children affected by HIV and AIDS, poverty and conflict in East and Southern Africa.

REPSSI advocates that services, programmes and policies designed to support vulnerable communities need to respond holistically to the needs and rights of communities and children. It is important that psychosocial care and support programmes are not only specialised stand-alone programmes.

Instead, REPSSI advocates for the social and emotional needs of children and their caregivers to be addressed in an integrated manner. This can be done by mainstreaming psychosocial care and support into all types of programmes designed to support vulnerable communities. Food and nutritional support programmes offer a unique opportunity to reach many children with psychosocial support. Including a focus on psychosocial support in your programmes may in turn enhance the quality of nutritional support that one is able to offer, while improving the impact and sustainability of such support.

These guidelines provide practical steps to mainstream psychosocial support and care into your food or nutrition programme. It is hoped that REPSSI partners and other stakeholders working to improve the welfare of children will find these mainstreaming guidelines useful and inspiring in aiming to improve the wellbeing of children and families.

Muni

Noreen Masiwa Huni
Executive Director,
REPSSI, May, 2009



“The REPSSI vision is that all children affected by HIV and AIDS, conflict and poverty benefit from stable, affectionate care and support.”

I Introduction

It is very important for children to have access to food and good nutrition to grow and be healthy. But a child is more than just a biological or physical being. Children also have relationships with people, ideas about themselves, and feelings about different things. It is important that we do not only focus on building their bodies, but that we also focus on building their minds and social connections. Most food and nutrition programmes focus more on children's nutritional needs, yet the programmes they run can help with the provision of psychosocial support and care to children. These guidelines have been developed to help stakeholders in the field of food and nutrition provide more holistic (overall) care to support the wellbeing of children and their families. It is hoped that they will be useful to them.

What mainstreaming psychosocial support into nutrition programmes is all about

Poverty, civil strife, wars, accidents, health epidemics like HIV and AIDS, and natural disasters like floods, bring with them social and psychological consequences that often undermine people's ability to carry on with their lives. They are also very likely to lead to families and communities not having access to adequate food. Victims of natural disasters such as floods



are likely to not only lose food crops but also get emotionally, socially and spiritually affected by the experience. Those in a war situation often struggle to maintain farming activities and this usually leads to food shortages. There are also those fleeing their homelands because of war.

Accessing food becomes very difficult in such a situation. Aid through food support may come to such people but if it comes in isolation, without accompanying psychosocial support and care (PSS) interventions, it may undermine people's ability to cope with the experiences they are going through.

Moreover, the ability to provide food and nutritional support to people in crisis may provide valuable opportunities for enhancing psychosocial wellbeing. The way in which food and nutritional support are offered may strengthen people's ability to cope and support one another. This guide looks at such ways of enhancing people's wellbeing through food and nutritional support programmes, with a particular focus on children.

Mainstreaming psychosocial support (PSS) into food and nutrition programmes means ensuring that in every part of the child's life at home, in the classroom, on the playground, in the street, on the way to school, at the clinic, at the soup kitchen, and at the kids club, and so on, the child feels adequately supported socially and emotionally. Mainstreaming PSS should therefore mean ensuring that this "stream or

river" of wellbeing flows widely, strongly and continuously in and around children and their families.

Mainstreaming PSS into food and nutrition programmes is about looking at how your programme can feature PSS in the way you deliver food or nutritional support, and the way you involve the community and caregivers of children and children themselves in food and nutritional support work. It is also about the way you address the social and emotional needs of children while you are offering nutritional support. In this way we try to make sure that as many children as possible have access to psychosocial care and support, and in as many areas of their lives as possible. This does not necessarily mean doing everything yourself, but may involve linking with other specialised PSS organisations who are able to support the children and families in your care.

Key messages in this guide

The main points that we hope you will take away from this guide are that:

- Food and nutritional support programmes can be helpful to support the wellbeing of children in the communities where they operate
- Showing respectful and caring attitudes to the children and caregivers in one's food and nutritional support programmes is one way of building confidence and encouraging cooperation and care.

- Involving the caregivers of children in the food and nutritional support programmes builds their dignity while developing nurturing relationships between the caregivers and children. This is important to a child's psychosocial wellbeing.
- Nutritional support programmes do not have to do everything themselves – children with special psychosocial support needs may be referred to other organisations for further assistance.
- Through linking with other organisations it may be possible to make higher level changes that affect many children's wellbeing in the future.

The story and people behind this publication

These guidelines were written by REPSSI in collaboration with the University of Zambia, in consultation with REPSSI partners working in nutrition programmes in Africa. A consultative workshop was held to find out how programme practitioners felt that psychosocial support could best be integrated into their work. In developing these guidelines, the workshop tried to explore relevant definitions of psychosocial support and tried to draw on existing food and nutrition initiatives that enhance psychosocial support. The guidelines make use of case studies, background information and practical suggestions for mainstreaming psychosocial support (PSS) into food and nutrition programmes.

These are some of the people that were actively involved in developing the guidelines:

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Who are these guidelines for?

The guidelines were written for organisations involved in food and nutrition programmes. They may be relevant to:

- Directors and managers
- Project managers
- Fieldworkers and practitioners in food and nutrition programmes
- Donor organisations supporting such work

2 Key concepts in food and nutrition, PSS and mainstreaming



ACTIVITY

Activity 1:

Role play on the psychosocial needs of the child

Develop a roleplay of a child that is affected physically, spiritually and emotionally by the vulnerability of the household she or he comes from. Both the child's parents are sick and may soon pass away. Use the role-play as a springboard for your discussions about the definitions of nutrition and psychosocial support.

As a person or organisation interested in mainstreaming PSS into the Food & Nutrition sector, it is helpful to develop a common understanding of nutrition, PSS and PSS mainstreaming. This section will help you understand the common terms that have been used in this guideline.

Key terms about nutrition

Food: The people consulted to help develop this guide gave a helpful definition of food as:

- Anything that we eat
- Something that gives us energy
- Protects us from diseases and provides nutrients
- Helps us grow

When asked to state what food is and why it is important, the organizations consulted in the development of this guide reported that food was something essential for one's life. The reason why these organisations provide food to the children and their families is that most families are vulnerable and cannot afford to provide three meals to their families. The nutrition programmes are also as a result of the realisation that children were not able to learn well on empty stomachs and also they lacked concentration, absented themselves from school and were generally not active due to hunger.

Nutrition is about the science of foods. It is about the action around food, and balance in relationship to health and disease.



It covers the ways in which we eat, digest, absorb, transport, and use nutrients and even the way we dispose of their end products. In addition, nutrition must be concerned with the social, economic, cultural, and psychological implications of food and eating.

Good nutrition is essential for:

- Growth, development, replacement and repair of cells and tissues
- Production of energy for warmth, movement and work
- Carrying out digestion, metabolism and maintenance
- Protection against disease and recovery from disease

Nutrients are the chemical substances contained in food that nourish the body and must be supplied in suitable amounts released during digestion. These include water, protein, fats, carbohydrates, minerals and vitamins.

Food Security: When all people at all times have both physical and economic access to sufficient food to meet their nutritional needs, we call this food secure. When people do not, it is called food insecure.

Malnutrition: Problems with health because of too little or too much food, or not enough balance in the diet. It includes under-nutrition and not having enough of the right nutrients to keep the body healthy.

Key terms about psychosocial support

Psychosocial support

Psychosocial care and support is about helping children, families and communities to improve their psychosocial wellbeing. It is about building better connections between people, and building a better sense of self and community. This is done through caring and respectful relationships that show understanding, tolerance and acceptance. It is about having everyday consistent care and support in the family and community.

Psychosocial wellbeing

Psychosocial wellbeing is about the connections between the child and others, its community and society (“social”). It is also about how a child feels and thinks about him or herself and about life (“psycho”).

Such wellbeing includes many different aspects of the child's life, such as physical and material aspects, and psychological, social, cultural and spiritual aspects. The focus of psychosocial wellbeing is not just on the individual, but on households, families and communities.

Appendix 2 provides some other simple and useful definitions of PSS. A table is also provided of definitions of PSS in different languages. It is helpful to find a definition that works well for you and it may be an interesting exercise to generate or adapt your own working definition.

Psychosocial support mainstreaming in relation to food and nutrition programmes

PSS mainstreaming in relation to food and nutrition programmes is about looking at all aspects of programming, policy development and organisational development, always keeping in mind children's psychosocial wellbeing. It involves incorporating PSS elements into:

- Food and nutrition policies and procedures
- Food and nutrition programme design and activities
- Planning and budgeting for food and nutrition programmes
- Capacity building and human resource development
- Monitoring and evaluation
- Networking with government sectors and institutions that are involved in food and nutrition activities

Nutrition and psychosocial wellbeing are integrally related

The example below from “Northern Uganda Psychosocial Needs Assessment Report” p. 43 demonstrates the relationship between food and nutrition programmes and psychosocial wellbeing:

Child malnutrition was reportedly prevalent and a major source of concern to parents in the region.

“Parents find themselves unable to feed the children. One father threatened to kill himself if his child was not assisted/cared for.” (Adjumani, Care Provider)

Orphaned children are vulnerable to food insecurity

“Hunger is very terrible because it is now difficult to go to school. Even if you go to school you think of other things and you forget about class work.” (Orphaned child from Kitgum)

Worries about food were reported as a big source of stress.

“They are always hungry, which makes them weak and susceptible to disease. Wondering how and when they will get their food makes people worry and causes them to think and behave in “bad ways”.” (Gulu, youth; boys)

Unfortunately, even when there was food, the people were also at risk because the rebels sometimes came for their food.

“Whenever we receive food rations, the rebels immediately come in to cut, kill and abduct. This problem happened to my brother.” (Adjumani, who has a physical disability)

The comments are taken from a wide range of contexts, yet they all show how food and psychosocial wellbeing are integrally linked. Yet a review of the literature on PSS and nutrition programmes shows that these are often treated separately.



3 An overview of different types of food and nutrition programmes in the region

There are many different approaches which are currently being used to address food and nutritional support.. These were some of the different types of programme identified at the consultative workshop in Zambia. The list is not comprehensive as it is based on the information that the workshop participants had at the time but it gives us an idea of some of the types of nutrition programmes in the region.



Kenya

Type of Programme	Description
School nutrition programmes	Government-funded meals offered to children in schools
HIV and AIDS support	Food supplements and parcels to people affected by HIV and AIDS
Food centres	Food is contributed to community food centres and is distributed by community-based organisations to those who are in need
Portable gardens	These are gardens which can be moved from place to place. They make it possible for those without land to grow food

Namibia

Type of Programme	Description
Soup kitchens	A soup kitchen or bread line is a place where food is offered to the poor for free or at a reasonably low price. Frequently located in lower-income neighborhoods, they are often staffed by volunteer organisations such as church groups. Soup kitchens sometimes obtain food from a food bank for free or at a low price, because they are considered a charity
HIV and AIDS support	Food supplements and parcels to people affected by HIV and AIDS
Food gardens and income generation	The projects are supported by NGOs, UNFAO and Government targeting the vulnerable groups such as people living with AIDS, caregivers, volunteers and vulnerable children.
Emergency food relief	This is organised by the government and NGOs for people in need during disasters
Government Safety Net – Social Grants	Through the Ministry of Gender Equality and Child Welfare, social welfare grants are offered for child care and foster caregivers
World Food Programme	The World Food Programme (WFP) offers specialized support to orphaned and vulnerable children

South Africa

Type of Programme	Description
Government school nutrition programmes	Government-funded meals offered to children in schools
HIV and AIDS support	Food supplements and parcels to people affected by HIV and AIDS
Social grants	Monthly welfare support grants to support child care, foster caregivers, people with disabilities etc.
Food gardening projects	Government support for vegetable gardens and agricultural projects in poor communities
Soup kitchens	Food is cooked by local community-based organisations and is offered to children in poor communities. This is supported by the government.

Zimbabwe

Type of Programme	Description
Food for work	Community members work on a project (e.g. making a road) and then they are given food such as cooking oil and mealie-meal
Emergency food relief	This is organised by the government and NGOs for people in need during disasters
Income generating ventures	NGOs are supporting the development of small businesses to promote economic independence
Agricultural support	NGOs and community-based initiatives are developing the capacity of communities to grow vegetables and generate their own food.

Zambia

Type of Programme	Description
World Food Programme in community schools	Through Project Concern International, WFP provides cooked food at school and is given to children to eat. Community school teachers have been trained to provide PSS.
HIV and AIDS support	Food supplements and parcels to people affected by HIV and AIDS
Social cash transfer	This is a pilot project aiming to reduce extreme poverty, hunger and starvation in the 10% most destitute and incapacitated (non-viable) households in the pilot region. The focus lies mainly – but not exclusively - on households that are headed by the elderly and are caring for OVC (orphaned and other vulnerable children) because the breadwinners are chronically sick or have died due to HIV/AIDS or other reasons.
Public welfare assistance scheme	This is the Zambian Government social assistance scheme aimed at providing support to the poorest and most destitute members of society throughout the country.
Food for work	Community members work on a project (e.g. making a road) and then they are given food such as cooking oil and mealie-meal
Therapeutic nutrition	This is a specialized nutrition programme for severely malnourished children in hospitals
Food security programme	Under the EU (European Union) in the Southern Province, food supplements were given to the sick while a ration of maize seed and sorghum was given to the whole family. Education was provided in conjunction with Sylva Catering. Recipes on how to prepare food with sorghum were given to the people. Beneficiaries under the programme were also given agricultural inputs (treadmills) for irrigation; seed (vegetables and maize) and chickens. The programme is being run through home-based carers (HBC).
Agricultural support	PLAN in Zambia has ECCED centers through which it provides seeds and training to community members. When the crop has been harvested it is taken to food centers from where the food is shared. There are other projects like chicken farming where the proceeds are used to feed children.
Growth monitors	Growth monitors teach children how to prepare simple food which is available in the communities
Income-generating ventures	NGOs are supporting the development of small businesses to promote economic independence



From the literature review and the stakeholder consultative meeting, it was clear that few of these food and nutrition programmes include the provision of PSS in their activities. There is also a tendency to rely on handouts of food, rather than developing skills so that people may become independent in their nutritional wellbeing.

The case study that follows is an interesting example.

Case study:

School nutrition programme scheme in Swaziland without PSS mainstreaming

The case study which follows comes from Swaziland and was reported by the UN Integrated Regional Information Networks on November 29, 2002



CASE
STUDY

School Nutrition Programme Provides Hope for Children

“There is no food at home. I am fed at school. I think I would die without school meals, like my sister did,” Janice, an eight-year-old second grade student.

Janice, who comes from a home affected by HIV and AIDS, is among the most vulnerable of Swazi children in the current food crisis. But she is now being assisted by a new school nutrition programme. Her mother said that Janice’s sister died of an AIDS-related illness, and it was the lack of food at home that worsened her condition.

“With the food crisis, AIDS has become an opportunistic disease of hunger,” said Abigail Mngomezulu, a nurse in the dry southeastern lowveld of Swaziland’s largely undeveloped Shiselweni district.

At the time of this study in 2002, one-quarter of the population was reportedly without food, according to the National Emergency Relief Task force, which monitors drought conditions and food supplies. Shiselweni and eastern Lubombo regions are at the centre of the food crisis, and where the UN Children’s Fund (UNICEF) has based its school nutrition programme.

As the end of the academic year approaches, the five primary schools involved in the initial pilot project were reporting promising results.

“The most heartening thing we are seeing is that the schools’ drop-out rate has stopped and reversed,” UNICEF’s national representative Alan Brody told IRIN.

“Some children were too weak from hunger to walk long distances to rural schools.”

Of the more than 14 million people facing starvation in Southern Africa, half are believed to be children. UNICEF said that over 10 percent of school drop-outs are due to families forced to use school fees to pay for the rising costs of staple foods.

In Swaziland the price of maize has increased 61 percent this year, placing it beyond the financial reach of two-thirds of the population that live in poverty.

The food crisis has also affected the traditional extended family’s ability to fulfill its previous function as a social

safety net, forcing relatives to turn orphans and vulnerable children away.

The food, provided by the World Food Programme (WFP) and coordinated by UNICEF, hopes to save 36,000 children in rural areas who are severely affected by the drought conditions.

It provides breakfast and lunch to young students and sponsors school gardens that ensure a regular supply of vegetables.

“The lunch is porridge and vegetables, or soup and beans. It is not much, but those two meals a day have really changed the students. They are arriving early, before the teachers, for their breakfast. These are children who used to absent themselves,” Johannes Masilela, chairman

of the Sobani Primary School committee, told IRIN.

“The big problem before school feeding was children sleeping in class, or not paying attention. They were just so weak,” teacher Sizwe Shabangu explained.

“There was no liveliness in the class. Children were not acting like children, but like old folks or invalids. Now they are more attentive in class, and they are running like children in the playground.”

Sibonakaliso Myeni, 12, a sixth grader at the school, said: “My parents could not feed me and my brothers. I now live with my aunt. But the only time I have food is at school.”

<http://www.aegis.org/news/irin/2002/IR021118.html>

This case study suggests that although the importance of food is highlighted as affecting different aspects of wellbeing, PSS was not explicitly considered as an important part of the food programme. However the case study already shows some of the positive impacts of school food and nutrition programmes on school attendance and performance among children. The provision of food to children most likely makes the children feel cared for by the school and community. Schools have been identified as key nodes of support (including nutritional and PSS support) for children and families affected by HIV and AIDS, and linked to such community food and nutrition programmes as described, offer valuable opportunities for integrating nutritional support and PSS to meet the needs of the most vulnerable populations in the community. For example, the nutrition programme could be used as an avenue to provide PSS to children who have lost loved ones such as Janice.



Here is another case study, this time from Zambia, which shows a growing awareness of the need to focus more on psychosocial support within a school nutrition programme.



School nutrition programme at Bwafwano Community School in Zambia

With a total pupil population of 650 pupils receiving free education and school materials, Bwafwano community centre continues to face a challenge of escalating number of orphaned and vulnerable children that are malnourished. The vulnerable children come from severely impoverished homes and it is hard for them to concentrate in class while hungry. To respond to this great need, Bwafwano runs a feeding programme supported by the World Food Programme (WFP). All the 650 students receive breakfast and lunch at Chazanga Centre every day. The breakfast is porridge or samp, nshima with meat, cabbage or kapenta and beans. Although the children sometimes feel that the food is not enough, it is better than going without anything.

To ensure that the children have enough food even when they go home, Bwafwano provide the children with home take-away dry rations on a monthly basis. The home take-away is normally 50 kilograms of maize.

“As a result of the feeding programme, pupil attendance in school has improved dramatically as a result of the meal they get everyday” say educators at the school.

Those children who used to be absent before the take-away rations was introduced and stayed home to sell in order to supplement home income have now started attending school regularly because they have something to take home every month. Judging by the children’s increased concentration and performance, the nutrition programme has yielded positive results.

“The only unfortunate thing, is when food is distributed, some pupils cry when the food they are given is not enough. Some pupils complain openly that their friends are favoured by the people who serve the food” (comments by an observing nutritionist). Some pupils are also withdrawn and do not complain, but seem to be content with whatever they are given. Since the pupils are many they are made to stand in a single file to receive the food.

4 PSS programming principles

The stakeholder consultative meeting on the development of this guideline recommended many important programming principles that are critical when mainstreaming PSS into food and nutrition programmes. Individuals and organisations planning and implementing PSS mainstreaming into this sector should consider the following guiding principles:

Focus area	Applying the PSS principle
<p>Dignity</p>	<p>Try to find respectful ways of interacting with children, families and communities. Building a sense of dignity is important in developing a sense of wellbeing.</p> <p>How nutrition is provided is important – is it done with dignity, respect etc.? Provide eating utensils for children as some children have no spoons and eat very hot porridge with their hands. Cleanliness of the equipment and surroundings is an important way of showing respect. Also if one has a plate which is in a poor condition, he/she may feel too embarrassed to bring it and may opt to pick up a can to eat from. If a child feels 'less' than other children, his/her school performance may be affected negatively. Encourage children to show respect and care for one another, like helping younger children to making sure that everyone gets enough food.</p>
<p>Non-discrimination</p>	<p>Try to find ways of helping the most vulnerable children without stigmatising them (treating them as different).</p> <p>Try to make sure that everyone is treated exactly the same and do not allow anyone to discriminate against someone based on sex, race, nationality, ethnicity, class, religion, age, physical ability, or illness like HIV and AIDS.</p>
<p>Intervention appropriateness</p>	<p>Consider the individual needs of children e.g. porridge may be suitable for young children but not for older ones.</p> <p>One should concentrate highly on quality of what is given and how it is given and not quantity (statistics) such as “how much food are we giving?”.</p> <p>Use culturally sensitive ways of supporting people.</p>

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Focus area	Applying the PSS principle
<p style="text-align: center;">Circles of Support</p>	<p>Try to use local cultural, social and spiritual ways about food. For example, people may have certain ways of praying, cooking, serving food and eating that might be helpful for everyone involved.</p> <p>Encourage children and youth to help one another as a way of building connections between them and building a sense of self and community.</p> <ul style="list-style-type: none"> • Strengthen the relationships that the child has with trusted caregivers. Try to make use of family members in the nutrition programme. • Build on at least one caring relationship with an adult who is able to provide consistent support in the child's life by involving that adult in the food programme. • Promote within the child and family a sense of control (versus helplessness) during times of difficulty. For example, you could offer food parcels to families to cook themselves, rather than making everyone come to a central eating place. • Support family ties. • Encourage family members to eat together in a caring manner. • Promote stability and routine in the child's life, especially during difficult times. For example, try to have meals at the same times each day and follow the same patterns around preparation and eating and washing. • During the nutrition programme and afterwards, try to create safe spaces where children can talk about what has happened to them. Try to make space for reflecting on past experiences in a way that allows children and caregivers to learn and grow from these experiences. • Focus on what the child is doing well to build the child's sense of self. • Encourage community members and children to work together in school/community gardens in ways that develop skills and provide nutritional support. • Give children enough time to play and participate in sport, as this contributes to children's social, emotional and cognitive development.

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Focus area	Applying the PSS principle
<p style="text-align: center;">Holistic Approach</p>	<ul style="list-style-type: none"> • Support children, caregivers and communities to start income generating projects (e.g. school gardens and community gardens) or to access social grants so as to help them for a long time to come. • Refer people to other organisations supporting the basic needs of children (e.g. safety, shelter, education, health care).
<p style="text-align: center;">Empowerment</p>	<ul style="list-style-type: none"> • Try to empower people and support their efforts to take control of their own lives and fulfill their rights, responsibilities and aspirations. • Increase empowerment to reduce dependency, for example so that nutrition programmes may continue when the schools close. • Encourage community participation to bring about ownership of the project and also enhance continuity of the programme. • Consult children and families about what types of food and nutrition support they think are best suited to their needs. • Make monitoring and evaluation participatory and include children in the process by asking them questions about the food they are receiving and how it is served. • Consult the family. Many programmes give food in isolation and this might work against them because some guardians may not give children food because, in their view, the children have eaten at school. • Make use of local capacity, for example by involving community based organisations. • Share information on food supplements. • Provide food which is nutritious and provide education on how to cook it (e.g. cooking vegetables) so that they are not overcooked. • Build resilience in children and communities to address their own challenges. • Focus on what people are already doing well and build on this rather than starting something completely new.

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Focus area	Applying the PSS principle
Partnerships	<ul style="list-style-type: none"> • Work with other organisations to maximize the impact of your programmes. • Try to build alliances and partnerships with those who offer complementary approaches. • Link with those who are able to adopt effective programming approaches on a larger scale, and/or those who are in a position to influence policy changes. • Network with others and make referrals. • Encourage public private partnerships e.g. in Namibia, children who were on a two year nutritional support project are now in government safety nets
Sustainability	<p>Develop and use approaches that ensure your programmes result in lasting and fundamental improvements in the lives of the people you work with, rather than only offering short-term outside support that creates dependency.</p>

Applying these programme principles in practical ways

This table shows some of the practical ways that the principles of PSS may be applied to food and nutrition support programmes.

Issue	PSS Focus	Action
<p>You run a soup kitchen for young children who are not in school.</p>	<p>You would like to improve the care that the children receive from others in the community.</p>	<p>You invite caregivers of the children and other volunteers to help with feeding the children. You try to arrange it that each caregiver supports the same few children each week. You ask the caregivers to introduce some small local rituals and games during meal time, like saying prayers, singing a song, finding out one another's names. You ask the caregivers about other ideas that they might have to support the children emotionally and socially during the soup kitchen implementation.</p>
<p>You run a school nutrition programme.</p>	<p>You notice that some of the children are being teased and pushed to the back of the line. You suspect that they might be children who have lost their parents or children who are sick.</p>	<p>You consult a group of children about how to improve the meal programme so that everyone gets treated well. You make sure to include the more aggressive children in your consultation group. Together you formulate a plan and involve the children in encouraging each other to be more supportive to one another. You give positive feedback when you see children helping one another.</p>
<p>You run a vegetable gardening training programme in a community.</p>	<p>You notice that there are a lot of elderly caregivers (grandmothers) in the community who are looking after many children. The grandmothers do not participate in the vegetable gardening programme because many are quite frail and very busy taking care of the children.</p>	<p>You visit some of the elderly caregivers, community based organisations and leadership and consult them about their ideas. Together you are able to find ways of encouraging young people in the community to help with the vegetable gardening and child care.</p>

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Issue	PSS Focus	Action
<p>You run a soup kitchen in a refugee camp for displaced people</p>	<p>You notice that many of the children look sad and frightened and you suspect that it may be because of their experiences during the violence and displacement.</p>	<p>You find an NGO specialising in PSS. After consulting the children and caregivers it is agreed to facilitate groups to use Hero Books to address the children's past experiences in positive ways. You involve some of your staff in the work so that they may learn to use Hero Books to support the nutrition work in future.</p>
<p>You work with poor communities on agricultural support programmes.</p>	<p>You notice that many of the rural families are not sending their children to school because they do not have money and they need the children and youth to work on the land.</p>	<p>You meet with a community based organisation and the traditional leadership and consult them about the issue of children attending school. Together you come up with a campaign to encourage people to send their children to school as a way of investing in their future and lifting the economy of the community. You raise the issue of girls getting equal access to education.</p>

Ethical considerations when working with children

In developing programme plans and policies for your organisation, the following ethical considerations are highlighted with particular reference to involving and including children and PSS:

- Be sure that you have the consent of caregivers and relevant authorities before implementing any programmes affecting young children.
- Refer children for specialised support where needed.
- Try to prevent exposing children to suffering, rather than only focusing on alleviating the suffering of those already exposed. To this end, nutrition programmes have an ethical responsibility to engage in sustainable nutritional support initiatives like agricultural development or sourcing local supplies to promote economic empowerment. Nutrition programmes should also engage in preventive programmes like child protection and community safety programmes or HIV prevention initiatives. This is very important where nutritional support and food programmes can potentially become a source of conflict or abuse.
- Respect privacy and avoiding stigmatising children affected by particular situations.
- Have reflection processes to ensure that resources used by the organisation are directed to maximise the benefits for children.

Keeping gender in mind

As you are enhancing your programme work, it is worth giving special consideration to gender issues. Mainstreaming PSS includes thinking about how men and women, boys and girls are included in all aspects of wellbeing. PSS methods try to encourage members of both sexes to participate fully in different aspects of life and not to be excluded from something on the basis of gender. For example, think about:

- Whether boys and girls are treated equally in your nutrition programme
- The types of messages you are communicating to young children and their caregivers about the roles of boys and girls or men and women or what males and females can and cannot do – this may be practically applied around activities such as food preparation
- Whether girls are given equal opportunities to advance their skills and education in nutritional support in the community where you work
- Whether you have positive male and female role models in your programme and whether the children in your care are given opportunities to develop safe relationships with both men and women
- Whether men are included in caring roles for children, such as assisting with meal times
- Whether you consult both male and female caregivers about different aspects of their children's wellbeing



5 What should an organisation that has mainstreamed PSS look like?

Mainstreaming PSS means thinking about every aspect of your programme and organisation, to find creative ways of addressing the social and emotional wellbeing of all children. There are many ways in which this may be done and there is no “one size fits all” approach to PSS mainstreaming. The examples below show just some of these approaches.

Vision of an organisation that has mainstreamed PSS

- All organisations involved in nutritional support and child care work together effectively to support the community needs
- All staff are trained in PSS so that they are able to support children and their families in sensitive ways. They are able to identify and refer cases of special need for extra care where needed.
- The organisation has involved community members in all aspects of the food and nutrition programme, from initial consultation regarding their needs to planning and implementation of the nutritional support programme.
- All community members involved in preparation of food,

distributing food etc. have been oriented in PSS. In particular, these community members:

- Agree on a process and on a fair way of ensuring that families' nutritional needs are met
- Show respect to all those that are targeted as recipients of food aid. The dignity of children and their families is boosted through the nutritional support programme.
- Show no discrimination in the distribution of food based on one's political affiliation, ethnicity, gender, religious affiliation etc, although positive discrimination may be used in relation to the sick and children
- Ensure that people do not use food as a weapon to get favours (especially sexual favours) from target communities
- Ensure that food gets to the intended beneficiaries. Volunteers and others do not take food meant for those in need and make it their own or give it to their friends, relatives or other people for whom it was not intended
- Families are supported to provide food for their children in a relatively normal home context, rather than having food provided by others (e.g. in queues)

- Children are active participants in the programme and are encouraged to help one another with food
- There is a focus on development of sustainable nutrition programmes, such as food gardens.

Case studies of organisations that have mainstreamed PSS



CASE STUDY

Miracle Drop-in-Centre (in Zambia) was set up to provide food and clothing to street children aged 7 years to 18 years. What usually happened was that the children, mostly boys would go to the centre early in the morning and they would be given porridge. At lunch time they were given a meal of nshima (thick porridge made out of mealie-meal) and relish (usually beans). Once they had eaten, the children would leave the centre and go about their individual interests. Without this food from the drop-in centre the children were likely to starve.

The centre depended on volunteers from the community to help with the preparation of the food. The children were being trained in responsible behavior, so they would be asked to help with washing up the dishes but the children did not work well together and usually ended up fighting and insulting each other. When the volunteers saw this they would yell at the children and ask them to leave.

After the centre had been in operation for about one year the staff received an invitation to attend a workshop on psychosocial support from an organization that provided training for organizations in child related work.

At the workshop, the staff learned about children's psychosocial needs and that while meeting children's material needs was important, it was also very important to be aware of children's psychological and social needs. They learned that children like adults have emotions (e.g. they worry and grieve when they lose a loved one). They learned about the importance of building good relationships with children to develop their social connections with others. Workshop participants were taught many things they could do to attend to children's psychosocial needs. They were for example taught that instead of just feeding the children, they could involve them in group activities such as playing football; they could also bring the children together and tell them stories to strengthen them. They also learned about how to communicate with children and to provide a space for children to talk about their problems with a caring person who could listen and make the necessary referrals.

After the workshop, the centre coordinator had a meeting with all staff and volunteers. She shared what she had learned with them and together they drew up a plan of how to ensure that children coming to the centre would benefit from PSS. This included coming up with a list of organisations providing various types of help to which they

could refer children and their families. They also agreed to set up a small garden in which children could work together and learn to be tolerant and cooperate with one another. Each volunteer offered to do something such as helping with group games, writing hero books and storytelling. They all agreed to be on the lookout for children who were suffering emotionally and to provide a listening ear. The centre also made a simple plan for monitoring and evaluating the PSS they would be providing.



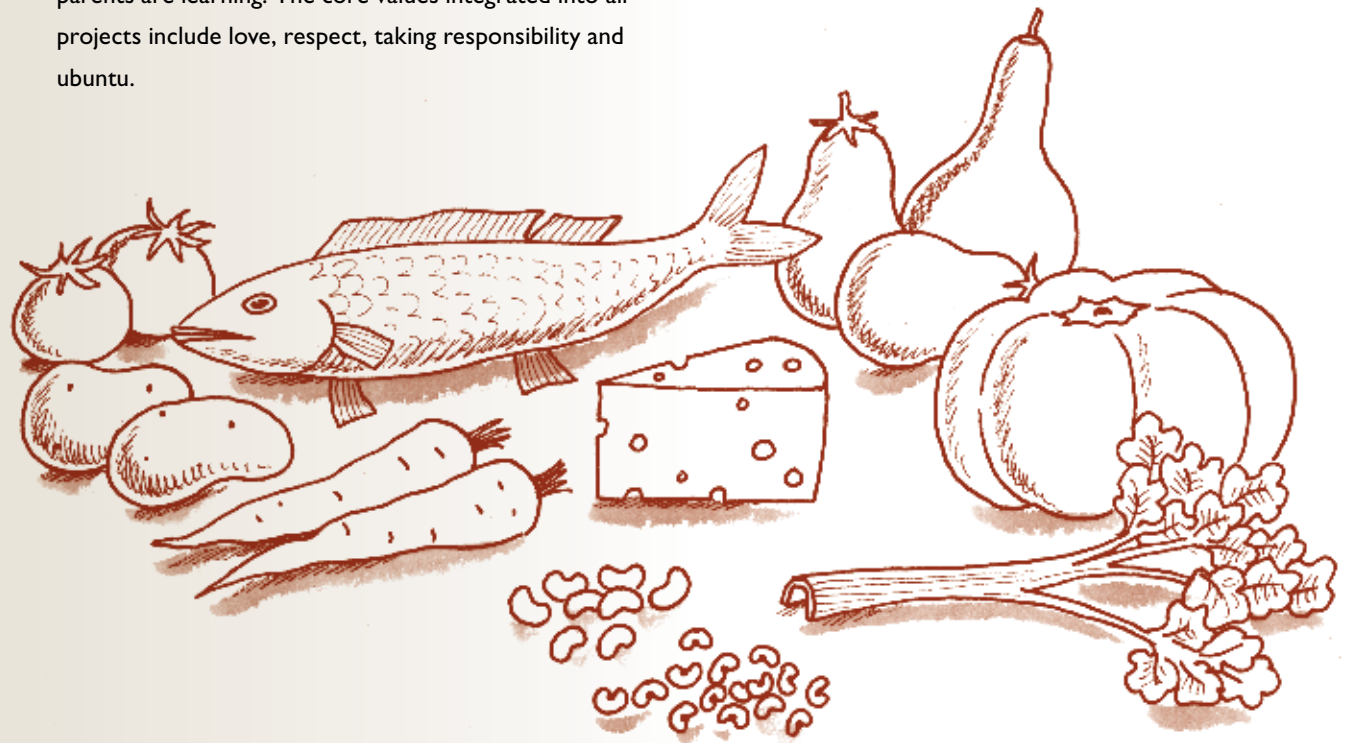


CASE STUDY

The Earthchild Project is a dynamic and innovative non-profit organisation that is working within the existing structure of schools, with the aim of teaching children the things that they wish they had learnt as children. They are hoping to create a new generation of confident, conscious and responsible young leaders. Children, teachers and parents all benefit from the Earthchild Project and within the first year their impact is tangible and visible. They believe that deep-rooted, sustainable change can only be achieved by addressing all levels of a situation. Earthchild addresses the schools within the context of the broader community, fostering dynamic interactive relationships between the wider community, teachers, parents and pupils.

Facilitators who are young, experienced and inspirational human beings are placed in a school where their role is to introduce and maintain our holistic and experiential education programme. Their full time position ensures that the project's impact will be meaningful and sustainable.

After only one year the schools supported by Earthchild have beautiful organic vegetable gardens, they are recycling, their tuckshops sell healthy food, and yoga, meditation and life skills lessons are part of the school routine - just to mention some of our exciting projects and the many new skills our children, teachers and parents are learning. The core values integrated into all projects include love, respect, taking responsibility and ubuntu.



6 Assessing the extent to which your organisation uses PSS programming principles

Here are some questions for assessing the extent to which you use PSS principles in your programmes. Respond to the checklist by indicating 'Yes', 'No', or 'Sometimes' to the given questions. Elaborate as necessary.

Focus Area	Questions About PSS Programming	Yes/No	Please elaborate
Dignity	Do your staff deal with all the children and caregivers you work with in a respectful way?		
	What selection criteria did you use to identify your beneficiaries?		
	Were your selection criteria non-discriminatory?		
Empowerment	Are the caregivers you work with involved in the planning, implementation and feedback process of activities children are involved in?		
	Do you consult children in your food and nutrition activities?		
	Are children aware of existing child /youth led organisations e.g. young farmers' clubs, children's committees; children's or youth organisations etc.?		
	Do you facilitate child or youth participation activities?		
	How do children participate in the child /youth led organisation?		
	Are there other organisations that you are networking with to reach children?		
	Do you build the capacity of community-based structures (e.g. CBOs, schools, child care structures) to support children and caregivers in their community?		

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Focus Area	Questions About PSS Programming	Yes/No	Please elaborate
Circles of support	Do you engage in activities that support interactions between people? How do you improve the social environment of children's lives?		
	Do you draw on existing positive cultural, social and spiritual practices to help you develop PSS strategies?		
	Do you encourage children and youth to support one another?		
	Do you strengthen the capacity of families to care for their children?		
	Do you try to keep families together, unless there is clear evidence of harm or danger within a family?		
	How do you ensure that there are strong ties between children and their families?		
	Do you provide an environment where children can freely talk about their experiences, thoughts and feelings?		
	Do you draw on the strengths and resources of the child and family? Do you have relevant trained staff that children can share their problems with?		
Intervention – Appropriateness	Is it age-appropriate? Do you consider the individual needs of children (e.g. are things like utensils available?) Are logistics adequate to support the interventions? Is the activity relevant to the situation? Do you have a system of monitoring the programme?		
Sustainability	Do you build on what is already in place so that it will last even after you have left?		

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Focus Area	Questions About PSS Programming	Yes/No	Please elaborate
<p>Holistic Approach</p>	<p>Do you support children, caregivers and communities to engage in income generating projects (e.g. school gardens or community gardens) or to access social grants so as to enhance their capacity to cope financially?</p> <p>Do you refer people to other organizations supporting the basic needs of children (e.g. safety, shelter, education, health care)?</p>		
<p>Partnerships</p>	<p>Do you work with partners to maximize the impact of your programmes, building alliances and partnerships with those who offer complementary approaches, and those who have responsibility to change policy and enforcement?</p> <p>Do you encourage public private partnerships?</p> <p>Do you network with other organisations that are involved in child-related work?</p> <p>What organisations do you work with to which you could refer your clients?</p>		

Your responses will hopefully give you a rough indication of the steps that you have begun to take or still need to take in integrating PSS into your programmes for children.

7 Steps to take in mainstreaming PSS into food and nutrition programmes

The following steps are designed to help you mainstream PSS into your organisation and nutrition programme:

Step 1: Conduct an assessment of your PSS focus

- Assess the type and extent of psychosocial needs of children and caregivers in your programmes and in the communities you serve
- Assess the extent to which PSS is incorporated into your food and nutrition programme using the table provided in section 6
- Assess what you are already doing to contribute towards the psychosocial wellbeing of children and caregivers (identify your strengths)
- Identify PSS training needs of staff

Appendix 3 provides a more detailed assessment of different levels of your programming and organisational functioning in relation to PSS. You may find some of these questions helpful as your understanding of PSS broadens.



Step 2: Establish a common understanding of PSS mainstreaming and food and nutrition

- Introduce and discuss some of the different definitions of psychosocial support and try to develop and adapt your own version of these concepts. Make use of Appendix 2 to find a specific definition of PSS that works for you.
- Develop an organisational PSS vision using activity 2 below



ACTIVITY

Activity 2:

Develop your own working definition of PSS

In your organization present the definitions of psychosocial support described above. In groups draw a picture and label it of two young children who are typical participants in your nutrition programme. The first child you draw has many unmet psychosocial needs and the second child you draw has healthy psychosocial wellbeing. Discuss these and come up with your own working definition of what psychosocial support means in your work setting.



ACTIVITY

Activity 3:

Developing you PSS vision for the future

Together with others in your organisation, write an imaginary newspaper article reporting on the PSS developments that have happened in your organisation, dated in 5 years time from now. Be creative and make up a name for your newspaper and the journalists writing the articles. Draw pictures as the “photographs” in your article.

Step 3: Develop your skills in psychosocial support

A helpful way to enhance your mainstreaming of PSS is to offer specialised training to some of your staff. Most programme facilitators appreciate the opportunity to learn more about PSS because they say that it enhances their work. Much of the training in PSS is also interesting and applicable to our own lives, while encouraging one's own personal and social development. One participant in a PSS workshop who was a rural traditional leader said "I feel like growth is happening inside me while I am learning."

Raising awareness about PSS

A good starting point is to facilitate a general PSS-awareness-raising workshop with all the staff of your nutrition programme. This allows everyone to engage in the topic and to develop a basic understanding of the principles of PSS. You can either run this training yourself using this guide, or ask a PSS specialist to come in and facilitate the workshop. Try to choose someone who you know has extensive relevant experience in the practical work of nutritional support and PSS and who will be able to facilitate the workshop in an accessible way, rather than someone who is selected because of their qualifications. Sometimes you can put people off PSS by running a workshop that seems out of touch with the realities of the work on the ground! It may be better to start

with the real difficulties and successes that people in your programme are facing and to gradually introduce PSS concepts from that point, rather than starting with fancy jargon or theory. You can use some of the activities outlined through the guide to run such a workshop.


Selecting a psychosocial support champion

It may be helpful to select one or two people in your organisation who are particularly interested and motivated to learn more about PSS. Such a person should be trusted by other colleagues, as he or she may become a resource person for the organisation. He or she may eventually train and mentor others in their PSS focus.

Here are some recommended qualities of a helpful PSS champion¹:

- Passionate about helping children and caregivers
- Good listening and communication skills
- A leader who can motivate others to get involved
- Strong and courageous
- Understands how to work ethically
- Good at starting a task and seeing it through to the end
- Able to accept feedback from others
- Good at making decisions, problem solving, prioritising and planning
- A person who works from the heart

- Consistent in what they say and do
- A person who perseveres to get things done.
- A person who is trusted by other people and children



ACTIVITY

Activity 4: *Selecting a PSS champion in your organisation*

Together with others in your organisation, take time out to explore the different interests that people in your organization have. You may simply ask each person to respond to these questions:

- What aspects of your work do you really enjoy, which inspire you in your work?
- What special interests do you have that you would love to explore in future in terms of your role in the organisation?

Specialised training in psychosocial support

REPSSI has a range of specialised materials and training courses for people wishing to increase their knowledge about PSS. You could either send some of your programme staff on the courses, or arrange to host a course together with other organisations in your region.

¹: List adapted from the Soul City Guide *Schools as Nodes of Care and Support*

REQUESTING PSS TRAINING

Contact your Regional REPSSI Coordinator to ask about specialized PSS training in your area. You can get the contact details of your Coordinator from www.repssi.org.

Manual / Course	Focus	Source and Use
Children at Risk Certificate	This course covers human rights-based approaches to working with children, and includes modules on child care and support, community development and programming.	Developed by REPSSI in partnership with UNICEF, this comprehensive course is suitable for fieldworkers and project managers working with children, families and communities affected by conflict, displacement, poverty and HIV and AIDS.
Introduction to Mainstreaming Psychosocial Care and Support	A facilitator's manual to promote skills development in PSS. It covers a wide range of topics including working with families and communities, dealing with stigma and discrimination, child abuse etc.	This trainers' manual was developed by REPSSI and may be used in developing PSS trainers.
Journey of Life Manuals	This is a series of 3 manuals containing a facilitator's guide, action workshops and picture codes.	The manuals were developed by REPSSI and may be used with people wishing to learn to facilitate the Journey of Life.
Mainstreaming Psychosocial Support into Emergency and post-conflict Settings	This draft guideline sets out the context in which PSS mainstreaming may be used.	Developed by REPSSI, this tool may assist organisations working in the conflict sector wishing to mainstream PSS into their work.
Psychosocial Care and Support for Young Children and Infants in the Time of HIV and AIDS: A Resource	This manual provides comprehensive guidelines for psychosocial support work with children.	Developed by REPSSI the manual is valuable to anyone wishing to learn more about psychosocial support work with children.

You may also be able to approach other NGOs and specialists in your area to receive training on specific topics such as:

- A general introduction to PSS
- Communicating effectively with children
- Supporting children affected by loss
- Resilience: the ability to bend and not to break
- Supporting children affected by abuse or trauma
- Child participation methods
- Using play to enhance PSS

REPSSI and UNICEF recently launched a distance learning certificate course called “Children at Risk”. This is a formal qualification in working with children affected by HIV and AIDS, poverty, conflict and displacement. It is currently being administered by the African Centre for Childhood.

CHILDREN AT RISK CERTIFICATE

Contact the African Centre for Childhood by email at acc@phelemanga.co.za

Psychosocial support reading materials

There are a range of accessible and relevant written materials which may be read by practitioners wishing to increase their knowledge and skills around PSS. A good starting point is to read the REPSSI handbook: “Psychosocial care and support for young children and infants in the time of HIV and AIDS.”

Step 4: Identify other partners

Try to find out who is addressing the psychosocial needs of children in your region.

Specialised needs	Possible types of organisations
Children with specialised health care needs like needing access to anti-retroviral treatment	Home based care organisations, trusted staff at a local clinic or hospital, NGOs focusing on health care
Children who are sick and need help in processing their responses to treatment	NGOs or CBOs specialising in counselling, University Psychology or Nursing Departments, psychologists and nurses in private practice
Children who need nutritional support	Vegetable gardening or agricultural support organisations, nutrition programmes, government departments who provide food parcels
Children who are affected by poverty	NGOs or CBOs involved in accessing social grants or income generating projects, government departments like welfare
Children who have lost their parents or someone they care about	NGOs or CBOs specialising in counselling, University Psychology or Social Work Departments, psychologists and social workers in private practice
Children who have been abused	NGOs or CBOs specialising in counselling, University Psychology or Social Work Departments, psychologists and social workers in private practice, government departments like police, child protection units, welfare etc
Children living with parents who abuse substances	NGOs or CBOs specialising in substance abuse, government departments like social welfare
Children with learning difficulties	NGOs or CBOs specialising in educational support, or government services in the Department of Education

It is really helpful to develop relationships with particular people who are effective and reliable in each referral partner organisation. Try to ask around about who is a trustworthy person and try to get to know this person and how she or he works. This means that when you need assistance with a particular child or family, you are able to get immediate assistance and ongoing follow-up information. Where possible, try to support that person's other work, like attending some meetings, so that you are not only making contact when you need urgent assistance.

Networks

Try to find relevant networks or coalitions of different organisations supporting children's needs. For example, you may be able to join a network of other food and nutrition programme specialists. There are also well-established networks of psychosocial support organisations in many parts of the world. Being part of a network helps you to stay in



ACTIVITY

Activity 5: *Exploring your networking partners*

Try to complete the table above with the actual names of organisations and contact people in your area. Make a copy of the final table available to everyone.

touch with the latest developments in the nutrition and PSS sectors. It also offers moral support and encouragement to be with other people involved in similar work.

FINDING OUT ABOUT ORGANISATIONS AND NETWORKS IN YOUR AREA

REPSSI is a regional psychosocial support initiative in Sub-Saharan Africa. REPSSI has a network of partners specialising in psychosocial support. You can contact your regional REPSSI coordinator to find out more about the organizations working in your region. You will find updated contact details on www.repssi.org.

START YOUR OWN NETWORK!

If you find that there are no relevant nutrition or PSS networks in your area, consider starting your own. The Children in Distress (CINDI) Network have developed a Networking Toolkit to help you in this process. You can download this practical guide free of charge from www.cindi.org.



Advocacy

Together with other organisations involved in nutritional support and PSS you may be able to introduce some higher level changes that affect many people in your area or country. For example, perhaps you are finding it difficult to access appropriate nutrition for children who are living with AIDS. You may be able to visit your Department of Health to find out more about the laws and policies in this regard and then develop a plan on how to introduce better systems of care for all children. Or, for example, perhaps your country does not have laws about child support grants. You may be able to lobby government to start offering special grants for caregivers of children.



Activity 6: Advocacy issues

Together with others in your organisation or local networks, brainstorm the different common problems or gaps that you have observed regarding children's wellbeing in your region. Give each person 3 "votes" in the form of small coloured pieces of paper or they can make "Xs" with a marking pen. Allow each person to vote for the issues that they consider the most important priority to address. Each person has only 3 votes and they may place all 3 votes on the same issue if they feel strongly about it. Once the priority issue has been identified, spend some time brainstorming about different ways of tackle that issue. Be as creative as possible and don't block people even if the initial ideas seem unrealistic. Then together come up with a holistic plan of how to address that issue, including consideration of:

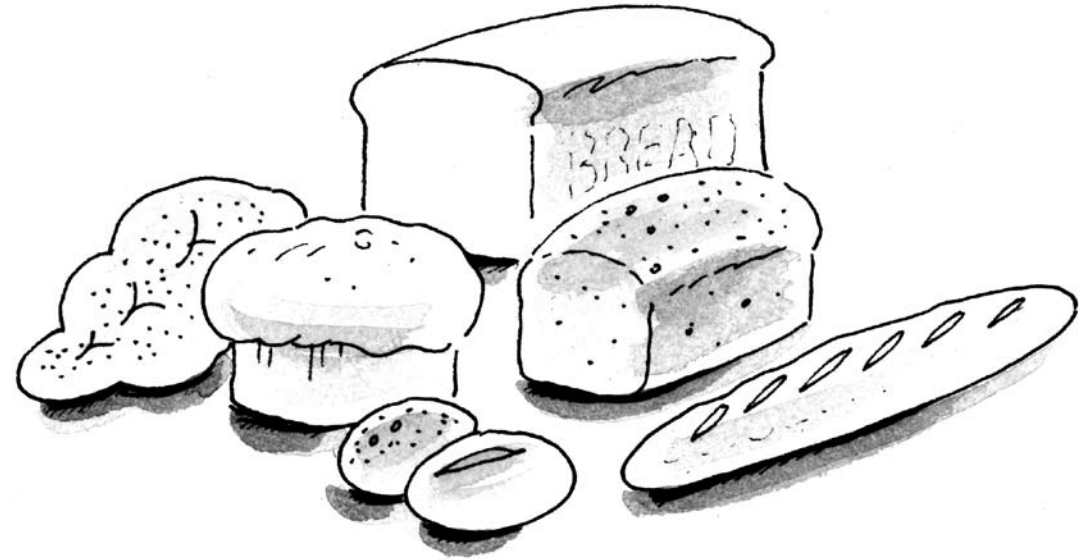
- Research to identifying the specific blockages affecting your problem
- Research on what has been done in other countries or regions to address this issue
- Influential people that you might draw on to support you
- Creative campaigns to involve children, youth and adults in lobbying for this issue

Decide which person will be responsible for which action and agree on a report-back date for your next meeting.

Step 5: Develop a detailed implementation plan in consultation with stake holders

It is helpful to develop a detailed implementation plan together with other key stakeholders. Here are some ideas of the things to consider in developing this implementation plan:

- Hold stakeholders' consultative meeting
- Draw up a budget
- Draw up an action plan of who does what and when



Action plan to mainstream PSS

- Develop a monitoring and evaluation plan
- Arrange resources for mentoring, support and further training of your PSS champion and others involved in PSS

Objectives	Deliverables/ outcomes	Activity	Timeline/period	Responsible person/ institution

Step 6: Implementation phase

REPSSI and its partners have tried to document and collect some of the innovative methods and tools being used in psychosocial support work with children. Introducing these tools into your organisation or into the everyday practices of schools, clinics and other institutions you work with is a powerful way to mainstream psychosocial support. The table on page 36 provides you with a range of methods and tools which could assist you as you implement your PSS mainstreaming plan. Each method and tool in the table has a simple introduction, but in many instances there are specific courses and handbooks available.

Tool	Focus	Use
<p>Hero Books</p>	<p>Hero Books lead groups of children through a series of autobiographical story telling and art exercises to find solutions to personal and social challenges they face</p>	<p>This tool may be used with children and youth facing a variety of psychosocial issues and have also been used for advocacy to influence policies and legislation surrounding children. Encourage children to write stories about food security through gardens, poultry farming etc. taking good care of food, sharing food etc.</p>
<p>Journey of Life</p>	<p>This is a community mobilisation tool to enhance community support for children. It uses drama, art, songs and discussion to develop new skills.</p>	<p>The tool may be used with caregivers and community-based structures. It may be used with people with varying levels of education. Also use this tool in mobilising communities to provide food for vulnerable children and households through community gardens and soup kitchens etc.</p>
<p>Memory Books</p>	<p>Memory books may be used in helping children to gently prepare for the departure of a parent and processing feelings around living with new caregivers. It can include life stories of parents and ancestors, letters, photographs and drawings.</p>	<p>Memory books may be used with children facing loss or affected by the loss of someone close to them. They may also be used with children who are taking regular treatment to remember to take their medication. The importance of eating while on medication can be highlighted through these books. Memories around growing food, cooking it (recipes), handling food hygienically etc. can be included in memory books.</p>
<p>Memory Boxes</p>	<p>Memory boxes are similar to memory books, and may contain articles that were precious to parents and which evoke positive memories.</p>	<p>Memory boxes may be used with children and youth facing loss or affected by the loss of someone like a parent. Parents could be encouraged to write down information on nutritious foods from their parts of the country, how to cook and preserve them. They could also include stories of the food the children liked best, foods they are allergic to etc.</p>

Tool	Focus	Use
<p>Structured Group PSS Programme</p>	<p>Group sessions may be facilitated with children in schools or in the community. The sessions focus on a range of topics such as HIV prevention, dealing with loss, coping skills and personal dreams.</p>	<p>This therapeutic tool was developed by people working with children affected by conflict, abuse, HIV and AIDS. These sessions could also include issues around food e.g. whether food children are getting meets their needs or not; the best way to run the soup kitchen or other eating arrangements.</p>
<p>Talking Books</p>	<p>The talking book allows groups of people with similar challenges to listen to one another and share strategies and resources.</p>	<p>This tool may be used with individuals, groups and families. Topics around food and nutrition can be talked about through this tool.</p>
<p>Tree of Life</p>	<p>A narrative tool for helping people who have experienced hardships in their lives to step into stories of hope, celebrating life, the relationships and gifts that they have.</p>	<p>This is a therapeutic tool that requires facilitation by an experienced counsellor. It may be used with children, youth and adults who have been through difficult experiences. Stories around lack of food and how to overcome such challenges could be part of this tool.</p>

Step 7: Develop a policy on integrating PSS

- Once your experience of PSS becomes more advanced, you may be able to develop your own organisational policy around PSS and other related issues like child safety

Step 8: Monitoring and evaluation

Mainstreaming psychosocial support is an ongoing process, not a once-off activity. It is helpful to start building on your organisation's strengths and to start with manageable plans. It is also helpful to have an overall vision of what your nutrition programme and organisation might look like once you have mainstreamed PSS into more of your functioning.

It is important to put PSS mainstreaming monitoring systems in place as this reflects your commitment to learning and quality programming. The easy to use REPSSI PSS mainstreaming checklist which follows can be used as a quick monitoring tool to check your progress towards the desired mainstreaming objectives. This tool can also be used as a pre- and post-assessment measure to see whether or not an organisation has successfully mainstreamed PSS. It may be useful to ask these questions again after six months of ongoing engagement to assess your progress at the four different levels of PSS mainstreaming.

Appendix 3 provides a more comprehensive assessment framework which you may be able to use as your PSS focus advances.

PSS rapid assessment tool

Organisational Focus Area	Limited PSS Focus	Emerging PSS Focus	Innovative & Extensive PSS Focus
1. Strategic Leverage	Not much referral and linking with specialised PSS services or other organisations supporting specific needs of children and families. <input type="checkbox"/>	Severe cases are referred for specialized PSS. <input type="checkbox"/>	Regular interaction and referral with other organizations focusing on PSS and on particular needs of children and families. Joint advocacy to promote the needs and rights of children. <input type="checkbox"/>
2. Programming	Programme plans do not focus much on PSS and there are no guiding policies. <input type="checkbox"/>	Programmes do make use of some PSS principles and refer to these in the design of policies. <input type="checkbox"/>	Programmes are designed around PSS principles and there are clear policies promoting PSS in all programmes. <input type="checkbox"/>
3. Project methods & tools	Not much use is made of PSS methods and tools in projects. <input type="checkbox"/>	Some PSS methods and tools are used, but they are used now and then. <input type="checkbox"/>	Updated PSS methods and tools are applied systematically for various situations. <input type="checkbox"/>
4. Skills & knowledge	Very few staff have an understanding of PSS. <input type="checkbox"/>	Some staff have a solid understanding of PSS and guide others in the organization. <input type="checkbox"/>	All staff members have a basic understanding of PSS and there are specialized staff to support others in their PSS work. <input type="checkbox"/>

Case example: Applying this rapid assessment framework

The Namibia's Churches Alliance for Orphans (CAFO) runs a nutrition programme dubbed 'the Soup Kitchen'. Often children are malnourished at the time of being introduced to the center. It was found that in spite of the provision of 3 nutritious meals a day, many of these children were withdrawn and continued to have difficulties eating.

Using the headings of the PSS rapid assessment tool, CAFO may have scored themselves as having limited strategic leverage since they were mainly trying to work directly with children on one issue (providing meals). Their programming did not make full use of principles such as having positive attitudes, building relationships between children and their caregivers, promoting normal family and community routines and practices. They did not make use of any specialised PSS tools and were only focused on the nutrition of the children. Their staff were not trained in PSS, although they seemed to have an intuitive understanding about the PSS needs of the children involved in their project.

One of the most important indicators for normal development and psychosocial wellbeing, is the presence of at least one committed caring and loving adult in the life of a child. After PSS REPSSI training, to address the problem of "failure to thrive", each child was assigned a caregiver who speaks the same language as them and with whom they could

bond. Caregivers also began to integrate story-telling with meal times (mainstream PSS into nutrition). Physical therapy was also timed to precede meals to stimulate appetite and music and movement therapies were introduced drawing on cultural precedents. With time, the children began to overcome their eating problems and began to thrive.

In an emergency situation, instead of an external agency just handing out food parcels, this task was mainstreamed into what as closely as possible resembles normal daily life. The women in the community who traditionally perform this cooking and feeding role, were the ones who distributed the food in a loving and nurturing way.

Following this mainstreaming process CAFO would be able to use the PSS rapid assessment tool to show their improvements. For example, they were already linking with an international network (REPSSI) to improve their strategic leverage. They had introduced a number of PSS programme principles such as involving caregivers in the nutrition programme, introducing story-telling and cultural practices. The staff had received some training in PSS and were able to link with REPSSI for ongoing support and further development in the use of other PSS tools.

8 Conclusion

Having access to quality food and nutrition is very important to all children. However this support has to be provided in a holistic way as a child is more than just a biological being. The child is a being that has both emotional and social needs. Most food and nutrition programmes focus entirely on children's nutritional needs. Yet food and nutrition programmes provide an important entry point for the provision of psychosocial support to children and may create valuable opportunities to reach many children with psychosocial care. It is thus important for stakeholders in the area of food and nutrition to make PSS part and parcel of their programmes. Working together on this vision means improving the quality of life of many children around the world. It is our hope that you will be inspired to join us in this vision.

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For further information on PSS mainstreaming, contact your nearest PSS trainer or the REPSSI office and website at www.repssi.org

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10 Appendix I: Abbreviations

CBOs	Community Based Organizations
HIV/AIDS	Human immunodeficiency virus /Acquired immune deficiency syndrome
EU	European Union
HBC	Home-based care
ECCED	Early childhood care, education and development
IDP	Internally Displaced Persons
M & E	Monitoring and evaluation
NGOs	Non-governmental Organizations
OVC	Orphans and other vulnerable children
PCI	Project Concern International
PSS	Psychosocial support and care
REPSSI	Regional Psychosocial Support Initiative
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Emergency Fund
WFP	World Food Programme

Appendix 2: Definitions of psychosocial support

As an individual or organisation interested in PSS, it is helpful to develop a working understanding of PSS. You may wish to discuss and add to these definitions provided below. Think about which of the statements in the box below hold most value or relevance in the work that you do. It is not necessary to choose one. You may find that several of the statements are useful.

PSS is about helping children, families and communities to improve their psychosocial wellbeing. It is about encouraging better connections between people, and building a better sense of self and community.

PSS is expressed through caring and respectful relationships that communicate understanding, tolerance and acceptance. It is about promoting everyday consistent care and support in the family and community.

PSS can be as big or as little as you want it to be. It can range from providing specialised services like counselling and therapy, to providing basic services like food, shelter, health and education.

PSS can mean speaking with kindness, and listening with care to what children and their caregivers have to say. Most importantly, providing PSS means that children and communities are treated with dignity and respect, and acknowledged as agents of their own decisions and future.

REPSSI PSS definitions in different languages

Language	Definition(s)
Dhopadhola	Tororo uganda Ngeyo gimatimere iyi paro kodi - Nyangith pa nyathi makere kodi miyo go gikipiny mago nyalo ora - Kony ma makere kodi gima timere - iyi adundo, nyeri ma go nyalo - dongo kanyachiel gi wadi kanyo - iluwo gima tho gi chik maadhumi pesa ma nintye iyi Adechno kodi. Timi ma'pa jono ma jokuro nyathi.
English	<ol style="list-style-type: none"> 1. All the processes through which babies and young children are nurtured to grow and develop. 2. Psychosocial care and support is the continuous care and support provided for children to meet their emotional, physical, spiritual, social and cognitive needs through their interaction with their surroundings and people helping them. 3. Psychosocial care and support is the process of meeting the physical, intellectual emotional, social and spiritual needs of the child depending on the cultural, political and economic situation of the community.
Luo	<ol style="list-style-type: none"> 1. En kong mosiko ma imiya wahia moho olo dwachigi mag ringruok, chunyi, pachgi ka okalo kuom jogo ma otudoregodo e aluora mar dak gi kod jogo ma knoyo gi kanyakta. 2. En kony mapile pile ma imiyo myithindo mondo okony dwaro mar chuygi, dendgi, yie margi gigo mag ringruok kod pachgi dwaro etudruokgi makinde kakinde e aluora kama gi dakie kod ji magi dakgo. 3. En kony ma nyithindo yudo e ndamo ka ko ndamo. Ka konyo dwaro mar chunyi, ringre gi, bedo gi e kanyakla, kaluwora kod timbe gi, siasa, kod yuto mar oganda gi.
Hausa	<ol style="list-style-type: none"> 1. Tamako ne da ake bada wa ma yara don duba/a same konchiya hankali, abotowa gane, ban gskiya zuchiya da zama du hadiwa chinkin mutane ta harduwa da mutane masu bada tameko a ugwa ku a famako na, nu ugaba ne ba we za'a fara se a siya ba. 2. Tamako ne de ake bada wa ma yara don duba konchiya hankali abooba gane, ban gaskiya, zuchiya da zama haduw chikim mutane ta haduwa da mutane masu bada taimako a ungwa, kuma taimabu ne ha chinga ba ne, ba wai za'a fara a seya ba.
Swahili	<ol style="list-style-type: none"> 1. Ni huduma endelevu ilitotewayo kwa watoto ili kuwasa idia kimaono, kimwili kiroho kijamii na kiakili/kimawazo kwa kuandaa mazingira yanayowafaa. Kwa ukuasi wao. 2. Namna ya kumsaidia mtoto kimwili kihisia,kijamii na kiimani katika mazingira yake kulingana na hali ya utamaduni, siasa na uchumi wa jamii. 3. Ni mbinu zote zinatumika ambazo mtoto hupewa ili kukuwa na kuendelea ipasavyo.
Luganda	Okubudabuala kwekukya musa obwago bwan abana gatu yitira mmubantu ne loyotoronde omwana gatumu yamba mu byo mubiri ekoragana nabolala okutyakafonda nedowooza
Dholuo	Kony duto mimio nyathi mondo odongi e ngima makare.
Samburu	Nkoito na keibungakini nkerai pe eret te lbulunye e akunoto enye.
isiZulu	Ukunakekelwa nokubhekelwa kwabantwana nezingane ukuhlangabezana nazo zonke izidingo zabo, lokhu kwenziwa ngokusebenzisana ngokubambisana nendawo abakuyo, kanye nalabobantu ababazayo.

Appendix 3: Monitoring and evaluation tools

Tool 1: How is our PSS focus developing? (Rapid assessment)

Organisational Focus Area	Limited PSS Focus	Emerging PSS Focus	Innovative & Extensive PSS Focus
1. Strategic Leverage	Not much referral and linking with specialised PSS services or other organisations supporting specific needs of children and families. <input type="checkbox"/>	Severe cases are referred for specialized PSS. <input type="checkbox"/>	Regular interaction and referral with other organizations focusing on PSS and on particular needs of children and families. Joint advocacy to promote the needs and rights of children. <input type="checkbox"/>
2. Programming	Programme plans do not focus much on PSS and there are no guiding policies. <input type="checkbox"/>	Programmes do make use of some PSS principles and refer to these in the design of policies. <input type="checkbox"/>	Programmes are designed around PSS principles and there are clear policies promoting PSS in all programmes. <input type="checkbox"/>
3. Project methods & tools	Not much use is made of PSS methods and tools in projects. <input type="checkbox"/>	Some PSS methods and tools are used, but they are used now and then. <input type="checkbox"/>	Updated PSS methods and tools are applied systematically for various situations. <input type="checkbox"/>
4. Skills & knowledge	Very few staff have an understanding of PSS. <input type="checkbox"/>	Some staff have a solid understanding of PSS and guide others in the organization. <input type="checkbox"/>	All staff members have a basic understanding of PSS and there are specialized staff to support others in their PSS work. <input type="checkbox"/>

Tool 2: How familiar is our programme with PSS principles?

Here are some questions for assessing the extent to which you use PSS principles in your nutrition programmes. Respond to the checklist by indicating Yes or No or Sometimes to the given questions.

Focus Area	Questions About PSS Programming	Yes/No/Sometimes
Dignity	Do your staff deal with all the children you work with in a respectful way that builds their dignity?	
	Do your staff deal with all the adult caregivers you work with in a respectful way that builds their dignity?	
Empowerment	Do you involve the caregivers you work with in planning and feedback about all the activities they and the children are involved in for your nutrition programme?	
	Do you involve the children you work with in planning and feedback about all the activities the children are involved in for your nutrition programme?	
	Do you facilitate child or youth participation activities, e.g. children's committees, saving groups, children's or youth organisations, etc. as part of your nutrition programme?	
	Do you facilitate caregiver groups or forums as part of your nutrition programme?	
	Do children get the opportunity to make decisions about nutrition activities or other aspects of their lives through your programme?	
	Do caregivers get the opportunity to make decisions about nutrition activities or other aspects of their lives through your programme?	

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Focus Area	Questions About PSS Programming	Yes/No/Sometimes
Circles of Support: Social support	Does your approach to nutrition activities support connections being made between people or improve the social environment of children's lives? E.g. Families come together, caregivers come together, children come together.	
	Does your approach to nutritional support draw on existing constructive cultural, social and spiritual ways of coping?	
	Does your nutritional support work help build the capacity of community-based structures (e.g. CBOs, child care structures) to support children and caregivers in their community?	
	Does your nutrition work involve work with schools?	
	Do you encourage children and youth to support one another?	
	Do you encourage caregivers to support one another?	
	Do your nutritional support activities focus on strengthening the capacity of families to care for their children?	
Family support	Is your approach to nutritional support one that you try to keep families together, unless there is clear evidence of harm or danger within a family?	
	Do your activities actively build linkages between children and their families at all times, so as to strengthen safety nets for children?	
Emotional	Do you provide opportunities and a safe space for children to talk about their experiences, thoughts and feelings related to their involvement in your programme, their lives and circumstances?	
	When you work with children and caregivers do you focus on the strengths and resources of the child and family (their achievements and positive assets)?	
	As part of your programme are children given the opportunity to play?	

Tool 3: PSS networking and advocacy tool

Here are some questions for assessing the extent to which you are involved with PSS networking and advocacy.

Respond to the checklist by indicating Yes or No or Sometimes to the given questions.

Focus Area	Questions About PSS Strategic Leverage	Yes/No/Sometimes
Networking	Do you belong to any networks or groups of organisations focusing on the wellbeing of children?	
	Do you belong to any networks or groups of organisations focusing on the wellbeing of caregivers?	
	Do you regularly contact other organisations working with children on PSS or nutrition programme to discuss ways of working together?	
	Do you regularly contact other organisations working with caregivers on PSS or nutrition programme to discuss ways of working together?	
	Do you exchange materials with other organisations working with children and/or caregivers?	
Advocacy	Are you trying to change any particular government policies or programmes which affect children's wellbeing, such as school fee policies, social protection for children and older caregivers like grandparents?	
	Do you support others involved in policy development and advocacy work? For example, do you support business development strategies, micro-finance and other strategies to strengthen household security?	
Holistic Focus	Do you in your nutrition programme already refer people to other organisations supporting the basic needs of children and caregivers (e.g. safety, shelter, education, health care, nutrition)?	

Tool 4: PSS skills and knowledge assessment

Here are some questions for assessing the extent to which you have updated PSS skills and knowledge in your organisation. Respond to the checklist by indicating Yes or No or Sometimes to the given questions.

Focus Area	Questions about PSS Skills and Knowledge	Yes/No/Sometimes
Staff Training	Does your nutrition programme offer systematic PSS training for all ES staff and volunteers?	
	Does your nutrition programme support ES staff to attend further specialised PSS training courses, workshops and exchange meetings?	
Mentoring	Does your nutrition programme offer mentoring and support for your staff involved in PSS work? This support can be within your own programme or from an outside agency with whom you partner.	
Staff Competence to Deliver Training	Do you have as part of your team or in a partner agency others who are able to train your staff and volunteers in PSS approaches?	



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