

The Thogomelo Project

Supporting adults who support orphans: there is a way

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Background

The largely untrained community caregivers (CCGs) caring for children orphaned by AIDS risk adverse psychosocial consequences, including stress, burnout and compassion fatigue. The Thogomelo project seeks to better equip CCGs to support children and access health systems.

The immediate goal of the project is to strengthen the knowledge, skills and psychosocial wellbeing of CCGs through the provision of accredited skills development programmes. Increasing caregiver capacity will in turn improve the care, support and protection of the vulnerable children in their care. This study assesses the effects of the Thogomelo Psychosocial Support Skills Development Programme on psychosocial wellbeing, knowledge and skills gain.

The Thogomelo Project was initiated by South Africa’s National Department of Social Development (NDSD) with the support of the United States Agency for International Development (USAID) South Africa. The project is managed by a consortium comprised of Program for Appropriate Technologies in Health (PATH), Health and Development Africa (HDA) and the International HIV/AIDS Alliance (IHAA). The pilot phase of the project ran from October 2008 to September 2013, thereafter an extension was granted for a further three years, until June 2016.

Methods

Eighty-five participants (from a larger sample of 2 700 caregivers trained over five years) were drawn from four provinces. Their mean age was 31.7 years (SD = 7.3 years; range 20–40 years). The group received two weeks of classroom training followed by seven weeks of workplace-based mentoring and assessment. The assessment compared the change in learners’ matched scores between baseline and endline (one year post training). Instruments included the Thogomelo Psychosocial Wellbeing Scale.

Results

Results Indicated that at the one-year follow-up caregivers appeared to be more knowledgeable and confident in their roles and better able to identify the signs of stress than at baseline (p<.01). They were significantly more inclined to seek support from family members, friends, religious leaders (p<.01), and supervisors (p<.05) at endline than at baseline.

Overall, caregivers appeared to be more knowledgeable at endline about the prevention of child abuse and vulnerability. They knew who to refer an abused child to so as to prevent further risk or harm, with significantly more caregivers who indicated that they would refer a child to a social worker (p<.01). At follow-up, a slight decrease was noted in the number of caregivers who reported that they did not know how to prevent a child from being vulnerable.

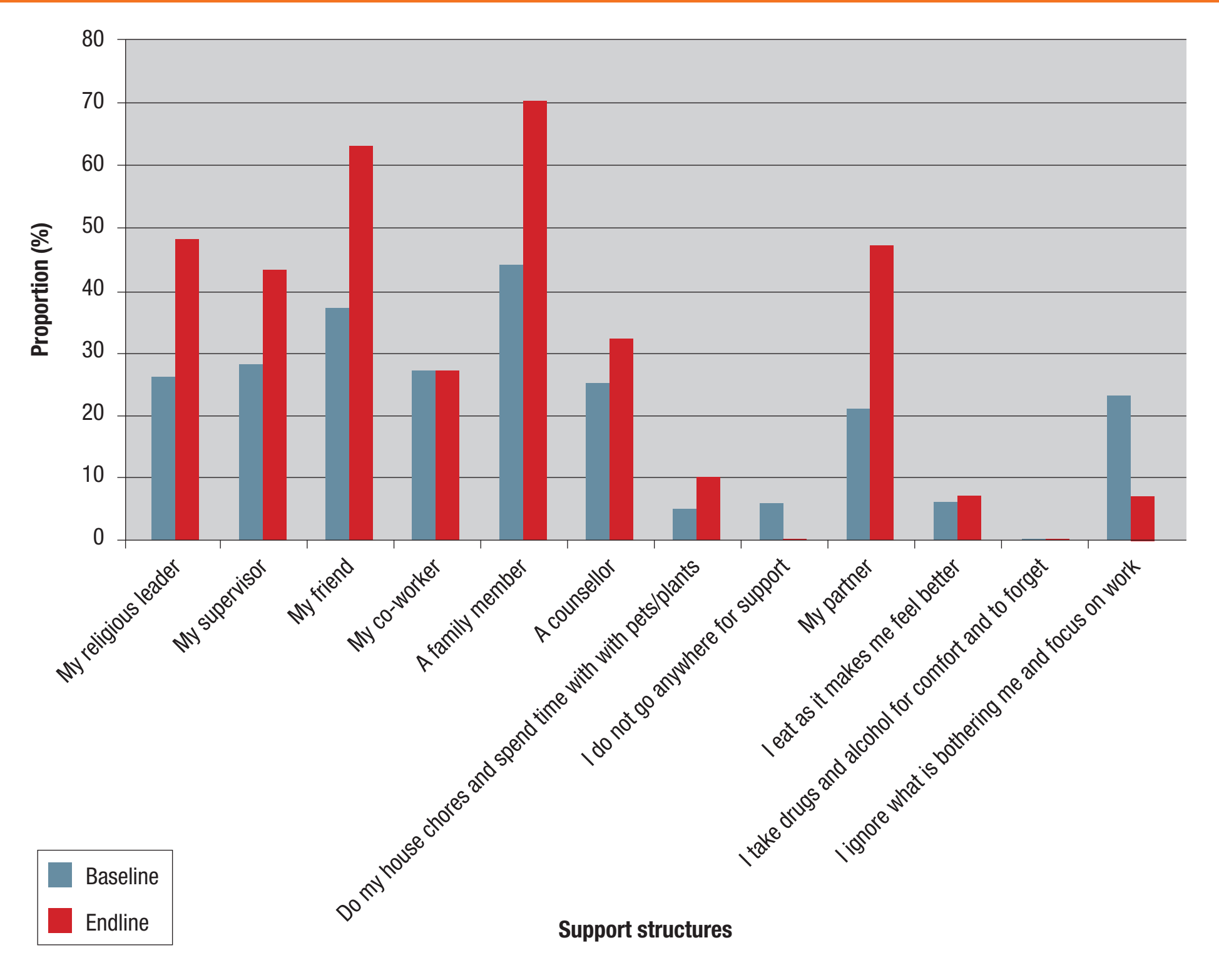


Figure 1: What do you do or where do you go for your own self-care?

Conclusion

The findings suggest that the training successfully produced a lasting positive impact on CCG psychosocial skills development. The importance of timely identification of the signs of psychosocial distress combined with active sourcing of social support from both formal and informal sources to arrest its effects, as well as an increase in knowledge of how to prevent child abuse and vulnerability, were key findings. In this way, it can be said that the programme has contributed toward helping caregivers meet the challenges they face in the care and protection of vulnerable children. Future interventions might consider investigating caregivers’ application of psychosocial and child protection responsive skills one to two years after training in order to establish the ways in which the intervention might challenge caregivers to change the way they practice.

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Thogomelo Psychosocial Wellbeing Scale

Please complete ALL of the following questions as they relate to you: TICK ONLY ONE OPTION

	1. Yes, true	2. Sometimes	3. No, not true
1 I like my work as a community supervisor			
2 I know where I can get support when I feel stressed			
3 As a result of my helping others, I have a lot of bad memories that trouble me			
4 I feel very tired when I have to get up in the morning to go to work			
5 I try to do one nice thing for myself every day			
6 I can't fall asleep because I keep thinking about my patient's/client's difficult and painful experiences			
7 I sometimes feel like I should have done more to prevent the deaths of people I have cared for			
8 I believe that community members should help each other as much as possible			
9 I am able to put aside my worries about my patients when I go home			
10 I am irritable			
11 I try to eat three (3) healthy, balanced meals a day			
12 It is because of my faith that I can face each day and cope better in difficult situations			
13 Because of how frequently I deal with death in my work, I sometimes feel like not doing this kind of helping			
14 I sometimes feel hopeless/helpless about my work with people			
15 I am good at managing my time			
16 I am often sick			
17 I can identify the signs when I am becoming stressed			
18 I am able to plan my work so that I do not feel overwhelmed			
19 I feel part of my community even though there are problems			
20 My family and friends support me when I am in difficult situations			
21 I try to make sure I get enough sleep every day			
22 I feel it is difficult to remain caring towards my patients			
23 I believe that there is a plan for my life			
24 I communicate my needs well to other people			
25 There are other things that I can do other than caregiving			
26 There are times when I have not gone to work, as I feel I cannot face or handle it			
27 I feel that I have made a difference in the lives of people and the community that I work in			
28 I feel that I have contributed positively in my community			
29 I feel good about helping people			
30 I feel supported in my organisation			

