

Metropolitan Evangelical Services (MES)

of Hill brow. In 1989 the project achieved Section 21 status with a Board of Directors. The organisation then continued to address the pressing needs of the poor in the inner city of Johannesburg. Especially addressing the physical, emotional, mental and spiritual needs of the homeless and unemployed, as well as challenging individuals to take responsibility for their lives and become sustainable.

Vision:

To change the heart of communities - by empowering people holistically, to live independent, sustainable and meaningful lives.

Mission:

MES is a Christian social development organisation that facilitates professional services to vulnerable or at risk individuals, families and communities empowering them through a holistic service model to become independent and sustainable citizens.

Objectives:

- 1. To break the cycle of pervasive poverty by providing holistic, high quality developmental services that are implemented through the MES service model.
- 2. To ensure that the organisation is professionally and sufficiently resourced
- 3. To uphold good corporate governance in all aspects of its business
- 4. To have a content and motivated staff.
- 5. To develop innovative and sustainable services based on identified community needs, research and networking.

Approach:

MES does outreach activities with their youths and key staff members to the communities to look for people in need including the sick. The people identified are referred to the assessment Centre. Their needs are assessed and a needs development plan is developed. For instance someone could be in need of housing or has multiple needs. He or she is included in the relevant intervention to support their needs. Over the period, a sustainable exit strategy is integrated in the Needs support intervention to help meet the needs of the people in their future life.



Tools and resources:

Several resources have been produced that include; the Human resources manual, General policies, Blueprint and blueprint ART and other documents that outline strategic directions.

Core Business:

- Professional health and social work Services: Petro is leads the process and several areas are given focus. They include; Home based care, Health awareness and education, HIV Wellness, Hospice and palliative care, assessment centre, child care and protection including family care and support.
- Poverty alleviation and community enrichment: Nicodemus over sees the implementation of 4 focus areas under the component: Spiritual enrichment; youth enrichment including the Joshua's project and youth work; social relief; community outreaches, shelter and empowerment.
- c) Education and skills development services: Michelle takes leadership on early child development, youth skills development and residential care and bridging accommodation processes of MES.

What we are most proud of as MES:

Establishment of Infrastructure and Capacity

- Service of Excellence not everything to everyone
- Change Management processes
- Documenting of processes and procedures and lessons learned
- Blueprint Success Formula in place and inspiring the staff.
- Importance of communication on different levels
- Consultations with staff

- Transparency of processes
- The importance of clear roles and responsibilities
- The importance of support services
- The importance to "look in the mirror" to monitor and evaluate.

Development of holistic integrated service model

- The danger of working in silo's versus integrated approach We acknowledge that it is more costly and the some staff are underutilised and unproductive
- Good referral systems important are important.
- The importance of proper assessments Individual Development Plans that continue to support and meet their needs beyond MES engagement.
- Adapting to the ongoing changing environment of inner city communities
- Greater understanding of "caring for the carer"
- Importance of multi-disciplinary teams
- To follow the model: Prevention, Intervention and Sustainable Exit
- Documented procedures, roles and communication systems.

Key stakeholders, relationships and partnerships

There are different levels of stakeholders in our programmes:

- Community house committees, community carnival, needs assessments and beneficiary assessments teams
- Donor Diverse income base crucial, donor appreciation, standard operational procedures documented
- Fellow service providers Service Level Agreements not doing everything ourselves
- Public Opportunities to expose people to get involved with the needs of others. Monthly Open Days, Corporate Service Days, Weekly
 outreaches
- Staff The Bluprint evaluation process and the Employees Communication Committee
- Media Media tours and the utilisation of the patron for advocacy and social marketing
- Friends of MES professionals offering time and expertise at no cost

Our Results and Outcomes:

How do we know we are improving?	Illustrations/ Stories
Children and youth are demonstrating increased disciplined, leadership, role models. Older children are keen to see everyone participates in the after school processes.	Kevin, a young man in the Joshua's Programme, has been part of the team helping the Homeless and destitute community in the inner city of Johannesburg. Helping children in their after school Through his involvement, he has too learned leadership in his own life and has a dream for bigger things in the future to come. He is now doing his internship at MES.
Children and youth are reaching out to others (homeless and destitute) as they learn how to care for themselves and others. Increased participation of youths	
Children and youth have something to do after school. Parents feel more secure for their children are off the influence of marauding and organised groups involved in sex, crime and drugs. Some parents work until late in the day, the after school programme gives a sense of security to their children.	A parent for the children in the after school programme, recalls the difficult she has had to help her children do their home work for she didn't know how to read and write. Youths from the Joshua's programme have helped the children from this family do their home work. The parent fears less now.
Some parent literacy level is low; they appreciate the Joshua's Youth helping their children do their home work.	
There is increased knowledge in the community regarding health issue. Most People are openly going for TB, HIV screening. Those who test for HIV are encouraging others to test too. There is increased knowledge sharing between the	Kate was identified from the street by the MES home based care team and taken to the hospice. She was too sick and her parents didn't where she was. When she visited her family over the Easter Holiday. She was welcomed by the family. She too disclosed to them that she was living with HIV. Her family and friends were keen to know more about HIV/AIDs from her. Some became interested to test for HIV after their discussion with Kate.
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24 hour Palliative hospice care	 Patients are receiving quality of care, are recovering from their death bead to a point of discharge and being reintegrated back in the society. Those that test positive for HIV are no longer anxious of their HIV status and health anymore. Families have accepted their status and are helping out them as well. 	 Philani is staying within the wellness centre. He is now fully recovered and assisting the centre staff by offer Counselling to other patients within the Clinic. Oziah was working for a construction company in Zimbambwe, he moved to South Africa to look for a better paying job. On arrival in Johannesburg, He ended up in the refugee camp. He became sick and was admitted at Siziwe and treated. He will soon be leaving the centre to continue with his Job. He vows to encourage other to test for HIV and get treated for AIDS.
HIV management services to HIV positive clients	 Clients' adherence to ART treatment has gone up. Opportunistic infections have gone down. Patients' bed occupancy has reduced from 70 to 80 % Reduced HIV/AIDS related deaths. 	 Oziah was weighing 40Kg when he was admitted in the Wellness centre. In less than 3 months, his weight was recording 80Kgs. He says, he has been in the warmer hands of the care Team at Zaziwe. Lindiwe, now proudly assists the nursing staff and other patients like she once was by taking them tea and helping with Lunch. Lindiwe is a true testament helping change the heart of the city.
Empowering Beneficiaries to Care for themselves.	 Clients are learning coping and life skills, are working through their emotions regarding their life threatening illnesses including depression. Clients are being assisted to access government grants to support themselves and their children. Most clients are into income generation and are becoming self reliant. Patients are being linked to service provider for job placement. Families are taking responsibilities to care for their patients. Sharing experiences among clients is preparing them for reintegration within Society. Default of medication due to lack of food is decreasing. 	 Kate, when she was treated and stabilised identified a friend within the wellness Centre who she reaches out to whenever she has a concern in life. She sees her as her best friend.
Establishing networks and partnerships	 A culture of working together is emerging. Duplication of services is becoming limited. Gaps being identified and addressed. 	Working with Local Media (SACBC)

What are we learning and what do we want to share with others?

- 1. Establishment of infrastructure and capacity strengthening is paramount for a fast growing organization. Core businesses need to be redefined and realigned to structure. Streamline communication lines within structures and document policies and procedures.
- 2. Development of a Holistic integrated service Model is key to continuum of sustainable service delivery; to meet the needs of the whole person -interwoven with a clear and sustainable exit strategy that seeks to empower clients beyond the intervention phase.
- 3. Organization needs to foster an environment of working together- not in silos. You learn from others and understand how to meet the needs of the communities better without duplication.
- 4. When families are involved in the patients care, they become responsible and client reintegration to family happens without much hassle.
- 5. Children and youths are true ambassadors of change in their own lives and society. They strongly express peer leadership if mentored and accompanied.

What are our challenges and what do we want to learn from others?

- 1. Environment of working with migrant community; how do we monitor and evaluate migrant fast changing environment.
- 2. There is a lot of misuse of resources among the migrant community. How do we minimise misuse to improve networking and referral systems?
- 3. How do we make Home based care work in a homeless community while still not compromising the quality of service?
- 4. Scaling up: How do we become national without compromising the service excellence?
- 5. Limited sources for funding diversifying services
- 6. How to turn wellness centres into Government sites?.
- 7. Literacy level among our Homeless community is problematic when it comes to preparing them for exit.
- 8. World class events really affect our connection with our Communities. They would really relocate to other parts of the City, which leaves us with the challenges of where to follow them up.
- 9. Most of the Homeless community have no identity documents while others have several I.D s for one Nationality.
- 10. How to build unity in a growing organization. Where some people are working in different shift over the 24 hours span.