



REPSSI  
ANNUAL  
REPORT  
2011

Working together to ensure  
love, care and protection  
for all children



# REPSSI ANNUAL REPORT 2011

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## ACRONYMS & ABBREVIATIONS

<b>AusAID</b>	Australian Agency for International Development
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>EAC</b>	East African Community
<b>FHI</b>	Family Health International
<b>HIV</b>	Human Immunodeficiency Virus
<b>HWWK</b>	Hope Worldwide Kenya
<b>NFSD</b>	Novartis Foundation for Sustainable Development
<b>M&amp;E</b>	Monitoring and Evaluation
<b>NGO</b>	Non-Governmental Organisation
<b>OVC(&amp;Y)</b>	Orphans and Vulnerable Children (and Youth)
<b>PCI</b>	Project Concern International
<b>PTSD</b>	Post Traumatic Stress Disorder
<b>PSS</b>	Psychosocial Support
<b>PSSAT</b>	Psychosocial Support Assessment Tool
<b>RAANGO</b>	Regional African AIDS NGOs Network
<b>REPSSI</b>	Regional Psychosocial Support Initiative
<b>RIATT-ESA</b>	Regional Inter-Agency Task Team for Children and AIDS in Eastern & Southern Africa
<b>SADC</b>	Southern African Development Community
<b>SAD</b>	Swiss Academy for Development
<b>SafAIDS</b>	Southern Africa HIV and AIDS Information Dissemination Service
<b>Sida</b>	Swedish International Development Agency
<b>SDC</b>	Swiss Agency for Development and Cooperation
<b>UNICEF (ESARO)</b>	United Nations Children's Fund (East and Southern Africa Regional Office)

"I used to think I was poor and believed that I could not give, but now I realise that I can give back in other ways that do not require money, by giving love and encouragement."  
 - Caregiver, REPSSI partner, Project Concern International, Botswana

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# ABOUT PSYCHOSOCIAL SUPPORT

## LOVE. CARE. PROTECTION.

All children have material needs such as food, shelter, health care and education. However, children also have the right to be cared for, loved, encouraged and protected from harm.

Children and youth exposed to the devastating effects of poverty, conflict, HIV and AIDS are especially in need of care for their emotional and social (psychosocial) wellbeing. Many have lost parents and family, experienced deprivation and abuse, been stigmatised, witnessed atrocities, and suffered overwhelming grief.

If we wish to realise the tremendous potential of these children, if we wish to build strong and productive communities, if we wish to prevent HIV infections and promote healthy behaviour, if we wish to change attitudes and reduce discrimination... then we need to provide love, care and protection for all children.

We need to provide strong systems around children and youth to build their resilience and help them move beyond coping to **thriving**.

“Children living with HIV/AIDS now have a change in attitude... They now can see a future and expect to live a long life.”

~ REPSSI partner, Tanzania

## WHAT IS PSYCHOSOCIAL SUPPORT?

Psychosocial support is love, care and protection. It is support for the emotional and social aspects of a child’s life, so that they can live with hope and dignity.

All services for children can and should be delivered in a way that takes account of their psychosocial wellbeing. Psychosocial support includes:

- ensuring the participation of children in issues affecting them
- listening and responding to children’s problems
- allowing children to express their feelings and needs
- helping children to appreciate their history and identity
- encouraging children to set goals and reach their potential
- ensuring that children have positive relationships in their lives
- providing life skills for children and youth

Psychosocial support is best provided by families and communities.

“If you have got the eyes to see the children’s problems, the ears to hear the children’s problems, and time to visit the children, then you are the expert needed to provide psychosocial support.”

~ REPSSI partner, Zimbabwe

# ABOUT US

## Who are we?

At REPSSI (the Regional Psychosocial Support Initiative), we help children get the crucial emotional and social support to which they are entitled.

We are a non-profit organisation working to lessen the devastating social and emotional (psychosocial) impact of poverty, conflict, HIV and AIDS among children and youth across East and Southern Africa.

We partner with governments, development partners, international organisations and non-profit organisations (NGOs) to provide programmes that strengthen communities’ and families’ competencies to promote the psychosocial wellbeing of their children and youth.

We work within the framework of national government programmes, to promote a regional, coordinated response to supporting the psychosocial wellbeing of families and their children and youth.

**Our vision:** To promote an enabling environment for communities and families to nurture, protect and empower children and youth to enhance their psychosocial wellbeing

## Our Mission

REPSSI provides technical leadership in psychosocial support for children and youth.

## Where do we work?

REPSSI is headquartered in South Africa, with offices in Tanzania, Zambia and Zimbabwe. In 2011, REPSSI worked in 13 countries in East and Southern Africa. See the map on page 23 for more details.





## MESSAGE FROM THE BOARD CHAIRPERSON



The year 2011 was a highly successful one for REPSI, setting forth the foundation for the new strategy (2011 – 2015), placing emphasis on strengthening the child care and protection systems and highlighting the central role that communities and families take in creating safe environments in which children grow with hope and dignity.

Our work to date demonstrates the changes that occur when communities and families are at the centre – defining

the challenges, defining the responses according to their priorities and taking joint action to realise the solutions. During this time of financial constraints, it is only communities that can drive sustainable care and protection for the vulnerable boys and girls.

Our long term work with the Southern African Development Community (SADC) resulted in REPSI achieving the status of “technical assistant” to the Secretariat, and the approval of two key SADC documents to guide services for orphans and vulnerable children and youth in the region.

The continuing success of Certificate in Community Based Work with Children and Youth, with 1000 students currently enrolled across the region, has now led to the development of new Teachers Certificate in Psychosocial Support. In addition, REPSI has now become an accredited training provider in South Africa.

These developments mean that we are not only influencing practice at the ground level in communities, but we are now reflecting this influence in national and regional level policy across East and Southern Africa.

In pursuance of social enterprise and cost recovery mechanisms, REPSI committed both human and financial resources to implement the planned activities. To date, experiences show that it is possible for the social enterprise services to contribute to the organisational operations.

During the year, provisions for internal reflections, learning and engagement with all our stakeholders were made to embrace this new direction together, and for recognizing the talented and diverse team of staff at REPSI. The staff team was augmented by the recruitment of three additional country level staff in Malawi, Namibia and Botswana. I thank the REPSI team and leadership for the unflinching commitment and selflessness demonstrated throughout the year.

I take this opportunity to express our sincere appreciation for the support – financial, technical and otherwise – that our International Cooperating Partners continued to provide us in 2011. Without that, it would not have been possible to realise the achievements to date. The Board of Directors’ continued advice and support proved invaluable. Their exceptional commitment and constructively critical contributions, which are grounded in a volume of high level expertise, have been greatly appreciated. I am sincerely humbled and honoured to be the Chairperson for this Board of directors.

**Mr. Kaumbu Mwendela, REPSI Board Chairperson**



## MESSAGE FROM THE EXECUTIVE DIRECTOR



We welcome you all to our 2011 Annual report. Inside these pages, we detail the achievements of REPSI and our partners throughout this last year. We are proud of our position as a leading African NGO, providing both vision and practical assistance for the wellbeing of children in East and Southern Africa.

2011 was the first year of our new five-year strategic plan, and was crucial in terms of setting a good foundation for the years to come.

The key shifts in direction resulting from this strategy include:

- Working with our partners in-country, both government and civil society, to provide assistance through national programmes for orphans and vulnerable children;
- Aligning national programmes with SADC processes and programmes, for harmonization across the region;
- Moving from a focus on individual children to a focus on strengthening families’ and communities’ competencies to nurture, protect and empower children and youth;
- Increasing high-level advocacy at regional and international level, to ensure psychosocial support becomes a core component of the child development agenda;

- Adopting more rigorous evidence collection to support the development of regional and international PSS standards and indicators;
- Becoming an accrediting authority for PSS resources, training and programming in the region;
- Adopting a cost recovery approach and establishing a social enterprise to better ensure sustainability;

Our regional nature has allowed us to effectively engage with the Southern Africa Development Community, leading to enhanced political will on issues of vulnerable children. It has also allowed us to provide an innovative, accredited Certificate programme across ten countries, which governments are now including in development plans for their social services workforce. Our leadership of the RIATT-ESA network demonstrates our relevance as an important coordinating regional organisation for children’s issues.

This year has been a wonderful opportunity to be part of a talented and diverse team, which continues to grow and learn together. REPSI has also benefitted greatly from the Board of Directors’ continued advice and support. Their exceptionally committed and constructively critical contributions which are grounded in a volume of high level expertise have been greatly appreciated.

We thank our international cooperating partners, and all our partners across the region, for supporting REPSI’s development.

We are looking forward to an engaging five year journey together.

**Noreen M. Huni, REPSI Executive Director**

**ACHIEVEMENTS AND  
HIGHLIGHTS 2011**  
THE FIRST REGIONAL  
PSYCHOSOCIAL SUPPORT FORUM



Opening speech at the first Regional Psychosocial Support Forum being delivered by Dr. Maria Mabetoa, Deputy Director General, Department of Social Development, Government of South Africa. Photo © REPSSI, 2011

## THE FIRST REGIONAL PSYCHOSOCIAL SUPPORT FORUM

The first of its kind, a Regional Psychosocial Support Forum was held in Johannesburg from 15th -17th May 2011. Co-hosted by REPSSI, the SADC Secretariat, UNICEF-ESARO and the Nelson Mandela Children's Fund, it saw 270 delegates from 19 countries attend.

The Forum significantly advanced the visibility of psychosocial support in the region, due to the wide representation of civil society organizations, government departments, academic institutions, UN agencies, international cooperating partners, children and youth.

The Forum provided delegates with an opportunity to share research findings, lessons learnt, experiences and key issues regarding the provision of services required for children and youth to grow and develop in a supportive environment.

The Forum also facilitated engagement with the draft SADC Minimum Package of Services for OVC&Y and the Psychosocial Support

*"It was very helpful and an interactive programme that helped me gain more knowledge to help my country."*

*"It was a very good Forum in terms of sharing experiences and learning from others"*

*"I will take away a commitment to mainstream PSS into my work and that of my organisation. Thank you!"*

- feedback from Forum participants

Conceptual Framework. Delegates were given the opportunity to make specific recommendations, and consensus was reached on key issues in the finalization of the SADC documents, including the identification of key priority issues for strengthening the PSS agenda in the region. This was crucial in persuading SADC Member States of the importance of adopting these documents for the region.

Delegates recommended a clear roll-out strategy for implementing these two SADC documents in member states, including specific programming guidance. Further recommendations to establish an online discussion forum on psychosocial support indicators and monitoring and evaluation (M&E) for psychosocial support programming were also made. In line with this, the Forum is to provide input to a draft SADC M&E Framework for the region.

### Child and Youth Participation

*"Being in the workshop made me dig deeper into the things that I can actually do and be the kind of person I have always dreamt to be - happy, confident and with knowledge of my self-worth... I was very glad to attend this session, as now I can try something new in my counseling to help my peers to realize their strengths."*

- Alex, 20-year-old peer counselor, Africaid, Zimbabwe. Alex's full blog and a variety of other articles from the Forum are available on [www.repssi.org](http://www.repssi.org).

Amongst the key outcomes of the Forum was an agreement to establish a regional community of practice on psychosocial support, which would allow for information exchange, advocacy and technical guidance on psychosocial support issues. Members would include NGOs, government, academic institutions, media and others. REPSSI is currently developing terms of reference for this initiative.

The forum also facilitated important partnerships with governments. Examples include Zimbabwe, where the government is taking the lead in developing PSS guidelines, and Mozambique, where the government and UNICEF are initiating a coordinating group to lead psychosocial support activities in the country.



# ACHIEVEMENTS AND HIGHLIGHTS 2011

## SUCCESSSES WORKING WITH THE SOUTHERN AFRICAN DEVELOPMENT COMMUNITY



## WORK WITH THE SOUTHERN AFRICAN DEVELOPMENT COMMUNITY

REPSSI's nature as a regional organization has enabled us to effectively engage with the Southern Africa Development Community (SADC), leading to enhanced political will on issues of vulnerable children by the member states. REPSSI continues to support the Orphans and Vulnerable Children and Youth (OVC&Y) technical advisor in the SADC secretariat to develop key regional frameworks to guide work with vulnerable children and youth in all member states.

In June 2011, the first ever joint meeting of SADC Ministers responsible for vulnerable children and for youth was convened. The meeting endorsed the SADC Strategic Framework and Programme of Action for OVC&Y 2008–2015, and the Business Plan 2009-2015. The meeting also approved both the draft Minimum Package of Services for Orphans and other Vulnerable Children and Youth, and the draft Psychosocial Support Framework, noting that these guiding documents were critical for harmonizing service delivery across SADC Member States.

REPSSI has been instrumental in the development of these documents, and a number of countries are already using them to guide their OVC&Y programming. REPSSI continues to provide technical support for the implementation of these frameworks in all member states.

An assessment to establish the status of M&E for OVC&Y in SADC was completed with REPSSI's support. This informed the development and completion of a SADC Framework for M&E of OVC&Y, and a Capacity Building Plan for M&E of OVC&Y. These documents have been translated, and will be widely distributed for use in the region.

### East African Community (EAC)

REPSSI is working on formalizing a similar relationship with the EAC, and in 2011 will contribute to the EAC Strategy on Health, HIV & AIDS, Gender and Protection. The EAC has recently appointed focal persons for Capacity Building and HIV & AIDS, and REPSSI plans to work with these to develop a formalized partnership in 2012.

### Movement towards national alignment

In 2011, REPSSI has supported the development of the South African National PSS Conceptual Framework, which is closely aligned to the SADC PSS Framework.

Tanzania has developed National PSS Guidelines, aligned with the SADC PSS Framework, and the Department of Social Welfare is developing a new national plan of Action, with greater emphasis on PSS.

In Zambia, REPSSI was selected to chair the PSS subcommittee under the National AIDS Commission, and led the development of quality programming standards in the Care and Support component which draw on the SADC documents.

In Zimbabwe, the Ministry of Health and Child Welfare is taking the lead in developing PSS Guidelines which draw on the SADC Framework, a process in which REPSSI participates.

**ACHIEVEMENTS AND HIGHLIGHTS 2011**  
**SKILLING THE WORKFORCE FOR CHILDREN AND YOUTH IN THE REGION**



Winfrida Mwashala, Director of an NGO working in slum areas of Arusha, on her visits to families. The *Certificate in Community Based Work with Children and Youth* has transformed her organisation from small institutional care centre to community outreach for hundreds of children. Photo © REPSSI, 2010

## SKILLING THE WORKFORCE FOR CHILDREN AND YOUTH IN THE REGION

### Certificate in Community-Based Work with Children and Youth

Social Service workforces in the region are generally grossly underfunded, have been depleted by the impact of AIDS and "brain-drain", and continue to rely heavily on a social worker model of individual case management. There is a growing recognition of the need to expand the scope of the social service workforce to include more emphasis on promotion of psychosocial wellbeing.

REPSSI's distance-learning Certificate in Community Based Work with Children and Youth, and plans for its expansion to diploma and degree level, have become leaders in this relatively new field.

The second phase of the Certificate delivery, which began in July 2011, has continued well in 10 countries, with low dropout rates. A new intake is planned for July 2012. The next intake will include continued transitioning of delivery to local institutions such as the Botswana College of Distance Learning.

In the second half of 2011, REPSSI began following up on Certificate graduates from 2009 through telephone interviews and field visits to ascertain the impact of the training on their work.

*Graduate Sargeant Zama of the Domestic Violence Unit in the Swaziland Police Force says: "I learned about child rights and how to conduct myself working with children in adversity." She now passes her skills on to 200 recruits a year at the Police Training College.*

Over 90% of the alumni report working directly with children. Many reported a change in their approach to working with children and in their approach to service delivery. Many considered themselves now to be stronger advocates for children's rights and participation. Many others reported enhanced understanding and appreciation of the communities in which they are working.

When asked to give specific examples of change in their communities, respondents often spoke about resolving child abuse. Teachers report that they are now practicing positive discipline in their schools.



*In Zimbabwe, health worker Mercy Chikurura says that as a result of what she learned on the Certificate she is now working with parents to involve HIV positive children in their own care and learn their status.*

20% of those who were volunteer staff when they commenced the Certificate reported becoming paid employees since then, and attributed their change in employment status to their participation on the course. Of those in paid positions, 49% have been promoted.

A common theme is the shift away from feeling disempowered as an individual and defining challenges as insurmountable, to gaining confidence to engage in a process to invoke lasting change. Greater involvement of men in child-care work and overall community support for community carers (who are mostly women) has also been noticed.

The success of the programme was highlighted in the end-of-project report by the UNICEF Children and AIDS Regional Initiative (CARI) in 2011. The report singled out the Certificate as "one of the most impressive findings" of the initiative :

*"[The Certificate] provides an exciting and innovative approach to developing the capacities of carers of vulnerable children in the region through the provision of a recognised qualification."*



### Diploma and Degree Process

REPSSI's vision is to take the Community Caregiver's Certificate to the level of diploma and degree. During 2012 we held a regional workshop to develop the outline of the diploma and degree curriculum. As soon as funding is procured, this work will be taken further.

*"In Kenya, volunteer children's officer Wilberforce Okeba now understands the vulnerabilities girls face in their daily lives. "So I set up a group advocating for the rights of the girl child," he explains proudly.*

# ACHIEVEMENTS AND HIGHLIGHTS 2011

## MAINSTREAMING PSYCHOSOCIAL SUPPORT IN THE REGION



Women in Zanzibar, Tanzania, who have set up a fund for the vulnerable children in their community as a result of the training in REPSSI's *Journey of Life* from Africare and its affiliates. Photo © REPSSI, 2010

## MAINSTREAMING PSYCHOSOCIAL SUPPORT IN THE REGION

### Developing a Regional Programme

To consolidate the establishment of a harmonized, regional programme that is implemented in the 13 countries in which REPSSI is working, REPSSI has entered into partnership agreements with organizations also implementing regional programmes.

REPSSI is also strengthening its relations with and participation in regional networks. One success is REPSSI's election to the board of the Regional AIDS Training Network. By emphasizing regional partnerships, we can help find synergy and collaborate in joint initiatives.

### Working with governments

In the first year of the new strategy, REPSSI strengthened its position as a PSS technical service provider to governments, particularly in relation to the National Action Plans for vulnerable children.

Relationships have been developed with more senior levels of the responsible ministries to raise awareness of the value of PSS, and positions secured for REPSSI on key national coordinating committees. REPSSI is now a member of the National Action Committee for Children Affected by AIDS in South Africa, the National Forum for Children in Angola, the Núcleos Multissetoriais para Crianças Órfãs e Vulneráveis in Mozambique, and the Tanzania Most Vulnerable Children Implementing Partners Group.

A key step in consolidating assistance for governments has been conducting a collaborative assessment of the extent to which PSS has been mainstreamed into programmes, using REPSSI's PSS Assessment Tool (PSSAT). This assessment results in a plan of action to address gaps in mainstreaming identified through the process. Formal agreements

with the ministries concerned are then signed. REPSSI is negotiating MoUs with ministries in Uganda, South Africa, Namibia and Lesotho.

Under the new strategy, REPSSI has begun to increase its focus on education and health. In Zambia, Ministry of Education staff and education district and school officials in 10 schools were trained on REPSSI's Journeying Towards our Dreams. The Ministry has now rolled out trainings to guidance teachers in two districts, and has recognised PSS as part of the school guidance services. Schools are initiating school-community based programmes aimed at addressing socio-emotional challenges of learners, and increasing school attendance and retention.

Agreement has been secured to support Ministries of Health to mainstream PSS in two countries: Zimbabwe and Mozambique.

### Training for government staff

In 2011, training for government officials was conducted in Uganda, Kenya, Tanzania and Angola. Following this, relevant government departments are now providing PSS as part of their daily activities. For instance, trained Social Welfare staff in Tanzania have applied their expertise during the December 2011 floods at all temporary camps for the affected people.

"Governments can be leaders in providing effective PSS," says Kefilwe Malebe, of the Government of Botswana "They can coordinate national plans of action that take effect at community level, and empower and mobilise communities."



A classroom in a slum area of Nairobi, Kenya, where REPSSI's partner Hope WorldWide Kenya has supported the school to adopt REPSSI's Kids' Clubs as a tool for promoting the wellbeing of their students.

### Psychosocial support to REPSSI partners

In most countries REPSSI continues to work with the network partners that were identified in the last strategic phase. We are also developing new relations where this promotes our engagement in a new area of work (health or education) and to support in-country advocacy.

Throughout the region there is a much greater emphasis on protection and child abuse. As there is a strong relationship between PSS and protection, REPSSI is incorporating a clearer focus on protection into the mainstreaming of PSS into social services.

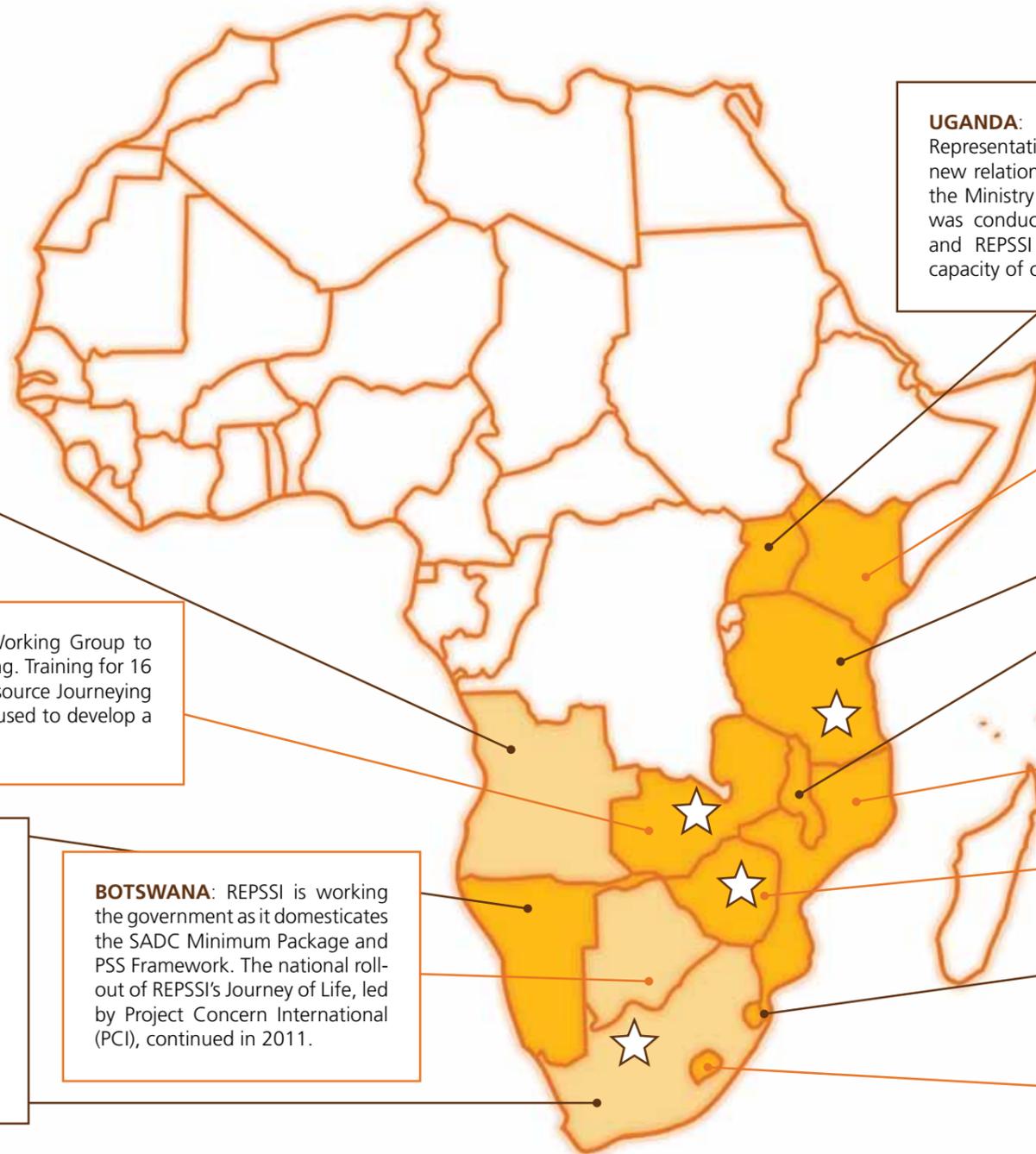
A list of our current partners is available on page 38.

Table 1: Partner staff trained in 2011

COUNTRY	TRAINING	FEMALE	MALE	TOTAL
Angola	Intro to PSS	26	20	46
Botswana	Journey of Life refresher	21	11	32
Mozambique	Journey of Life	44	40	84
	Weaving Hope and Intro to PSS	67	28	95
Zimbabwe	Intro to PSS	18	17	35
Kenya	Kids Clubs	4	5	9
	5-week training: Plan International	-	-	25
Tanzania	Intro to PSS	89	92	181
	Kids Clubs	15	10	25
Uganda	Intro to PSS	14	7	21
Malawi	Intro to PSS	20	34	54
Zambia	SAT Intro to PSS	10	12	22
	Journeying Towards our Dreams	13	6	19
South Africa	Intro to PSS	30	21	53
Swaziland	Journey of Life	2	6	8
	<b>TOTAL</b>			<b>709</b>

## PSYCHOSOCIAL SUPPORT HIGHLIGHTS ACROSS THE REGION

In 2011, REPSSI worked in 13 countries in East and Southern Africa. The map illustrates activity highlights for the year, the location of REPSSI offices, and the countries within which the *Certificate in Community-Based Work with Children and Youth* is delivered.



**ANGOLA:** REPSSI was invited to the government's 5th annual National Council of Children, and achieved the inclusion of psychosocial support within the commitments made. REPSSI's partner, the Instituto Nacional de Crianza, has trained staff in the Ministry of Family and Women Promotion, and REPSSI materials are now being used in government departments to support child victims of violence.

**NAMIBIA:** Since the appointment of a new Country Representative, all Namibian partners were sensitised on the SADC framework. REPSSI has strong relations with the Ministry of Gender Equality and Child Welfare.

**ZAMBIA:** REPSSI participated in the OVC Technical Working Group to develop national quality standards for OVC programming. Training for 16 senior staff of the Ministry of Education on the new resource *Journeying Towards Our Dreams* was held in March, and this was used to develop a workplan for mainstreaming PSS into education.

**SOUTH AFRICA:** REPSSI chairs the PSS Reference Team of the National Action Committee for Children affected by HIV and AIDS. In collaboration with UNICEF, Department of Social Development and the PSS Reference team, REPSSI developed the South African PSS Conceptual Framework and held provincial sensitization workshops on it. An MOU has been signed with the Department to collaborate on the implementation of the National Action Plan (2009 – 2012).

**BOTSWANA:** REPSSI is working the government as it domesticates the SADC Minimum Package and PSS Framework. The national roll-out of REPSSI's *Journey of Life*, led by Project Concern International (PCI), continued in 2011.

**UGANDA:** REPSSI has appointed a Country Representative for Uganda, and this has facilitated a new relationship with UNICEF. A PSSAT workshop for the Ministry of Gender, Labour & Social Development was conducted. The International HIV/AIDS Alliance and REPSSI are developing a relationship to build capacity of community organisations.

**KENYA:** 18 provincial and national level staff of the Ministry of Gender, Children and Social Development were oriented on PSS. This training has influenced the Children's Department to include PSS activities into their annual plan. 25 staff from PLAN Kenya received 5 weeks of intensive REPSSI training.

**TANZANIA:** REPSSI and Family Health International have supported the development of National PSS guidelines aligned to the SADC framework, which will guide implementation of programmes for vulnerable children in Tanzania. REPSSI is a member of the Child Protection Implementing Partners Group and Social Welfare and Social Protection technical working groups led by the Department of Social Welfare.

**MALAWI:** REPSSI is working closely with the Ministry of Gender, Children and Community Development, which coordinates the National Plan of Action for vulnerable children. UNICEF is supporting the Ministry to develop the Malawian version of the *Journey of Life* and roll it out nationally. REPSSI has appointed a Country Representative for Malawi.

**MOZAMBIQUE:** REPSSI is a member of the PSS working group established by the government, which is ensuring that policies, strategies and interventions are aligned to the SADC PSS Conceptual Framework. REPSSI has partnered with UNICEF to train partners across the country.

**ZIMBABWE:** REPSSI is a representative on the steering committee for PSS in the Ministry of Health, and discussions are underway for an MOU with this Ministry. REPSSI has become a member of Zimbabwe National Child Protection Coalition and the Advocacy team, which inputs into the National Action plan for OVC.

**SWAZILAND:** REPSSI is a member of the national PSS working group, and a joint MOU is being prepared with UNICEF and the Government. An orientation on PSS tools was conducted for the Ministry of Education, leading to a plan to train teachers on the *Tree of Life* as part of the *Care and Support in Teaching and Learning* programme. REPSSI participated in the development of National Minimum Standards for Quality Service for OVC.

**LESOTHO:** National PSS Guidelines in the use of available tools and resources for PSS were produced by REPSSI and Touch Roots Africa for the Ministry of Social Welfare and UNICEF.

**MAP KEY**

- Country Certificate not delivered in
- Country Certificate delivered in
- ☆ REPSSI Office

**ACHIEVEMENTS AND  
HIGHLIGHTS 2011**  
DEVELOPING RESOURCES TO  
PROMOTE PSYCHOSOCIAL  
WELLBEING



A caregiver takes a child through REPSSI's *Talking Book for Safe Disclosure*, at a site supported by REPSSI's partner Red Cross Lesotho. Photo © REPSSI/ Willem De Lange, 2010.

## DEVELOPING RESOURCES TO PROMOTE PSYCHOSOCIAL WELLBEING

The development and improvement of easy-to-use, quality psychosocial support knowledge for use at community level continues to be one of REPSI's major strengths.

### New Resources

A new guideline, *Psychosocial and Practical Support for Households in which there are Young Carers* was produced in 2011. This was in response to a need for programmatic interventions to address the risks associated with child caring, which often occurs as a result of HIV and AIDS and severe poverty. The development of these guidelines drew upon a strong evidence base and involved a range of stakeholders and partners including young carers themselves.

The development of the training manual *Psychosocial Care and Support: Facilitator's Guide* was also finalized in 2011.

### Existing Resources Revised

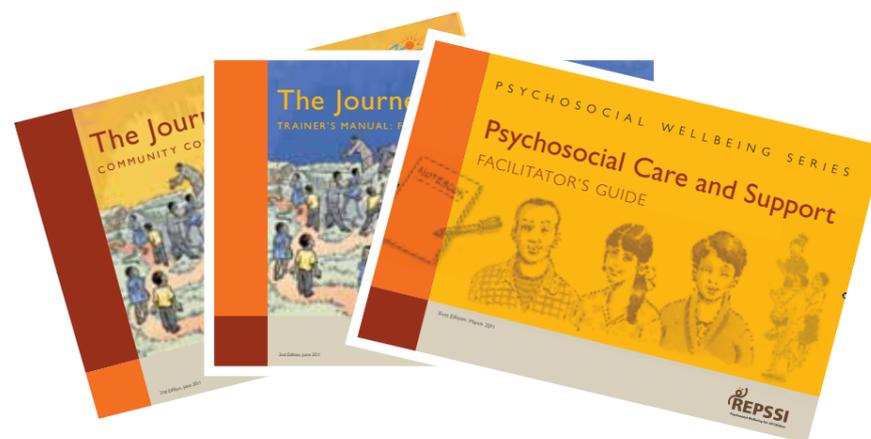
The *Advocacy Toolkit* was reviewed in a process involving REPSI staff and partners. It now focuses on community-level advocacy, and provides practical steps on how to undertake advocacy at this level. The aim is to help community based organizations support communities to carry out advocacy on PSS, and to engage children and youth in advocacy.

The *Generic Mainstreaming Guidelines* were also reviewed through extensive internal consultation, to be more practical and to ensure gender equity and inclusiveness. The revision of the *Journey of Life*, begun in 2010, was finalized.

### Accreditation of Resources Developed by Others

As a leading PSS expert, REPSI is frequently asked to give endorsement to publications authored and published by other organisations. In 2011 REPSI began the endorsement process for the first time with:

- *Say and Play*, a PSS resource for work with young children developed by Project Concern International;
- *Persona Dolls*, an anti-bias intervention for younger children developed by Persona Dolls South Africa;
- *What's Great About You*, a strength-based intervention for school aged children developed by Janet Bauer.



### Developing a Psychosocial Support Certificate for Teachers

In response to enormous demand for PSS training by teachers, REPSI has begun the development of a Teacher's Certificate in Psychosocial Support.

This is an innovative programme designed to support the mainstreaming of PSS into the education sector. The curriculum for the programme was developed in a collaborative process involving UNICEF, Ministries of Education and teacher training institutions in Lesotho, Zambia, Swaziland, and Tanzania and MIET Africa.

The course is designed to be highly practical, and will be implemented with support from the schools and the relevant education officials to ensure that teachers are able to implement what they learn in their schools.

Writing of the materials by a team from across the region has begun. Funding has been secured to finalize the development of the course in 2012 and deliver it in Zambia by 2013.

*Malawian teacher Lades Chisale, with the Malawi Girl Guide's Association, explained to us in interviews how REPSI training has encouraged her to play a role in providing care to children in her schools. Feedback like this demonstrates a need for the Teacher's Certificate.*

### Translation of resources into relevant languages

This year REPSI translated the following publications:

- The six *Community Caregiver's Certificate* modules into Portuguese;
- Introduction to PSS manuals into Swahili;
- Modules in *Psychosocial Care and Support* facilitators' and participants' manuals into Portuguese;
- The *Journey of Life* into Portuguese;
- The *SADC Minimum Package* and *PSS Conceptual Framework* into Portuguese and French



**ACHIEVEMENTS AND  
HIGHLIGHTS 2011**  
RESEARCH COLLABORATION  
WITH THE SWISS ACADEMY  
FOR DEVELOPMENT AND  
CHILD FUND ZAMBIA



## RESEARCH COLLABORATION WITH THE SWISS ACADEMY FOR DEVELOPMENT AND CHILDFUND ZAMBIA

### Background to the Study

Between 2008 and 2010, 960 children aged between 10 and 18 in a rural area of Kafue, Zambia, participated in five rounds of data collection as part of a research collaboration between REPSSI, the Swiss Academy for Development (SAD) and ChildFund Zambia.

Both vulnerable and non-vulnerable children in the area were sampled, and a programme to provide both livelihood support to poor households and psychosocial support to the children was implemented. Psychosocial support included the formation of children's committees and the application of two REPSSI tools: Tree of Life and Hero Book.

### Findings

This study has generated independent evidence to demonstrate the need for and impact of REPSSI PSS interventions. It has shed light on the factors that contribute to and mitigate vulnerability in this population of children.

The data highlighted vulnerability of children living in households headed by chronically-ill or elderly caregivers. These children reported higher levels of daily stress, stemming from extra household chores, not having enough to eat, and looking after unwell adults in the household, which involved both additional work and anxiety over the future health of the individual, who was often their primary caregiver.

While consistent with data from other surveys in the region, depression levels among this population of children were high at 28.3%. Children in these communities also experienced significantly higher rates of post traumatic stress disorder (PTSD; 6.1%) than has been traditionally

found in high income countries (1.6%). Of note is that while 53.5% of children in the sample reported experiencing a severely traumatic event in their lifetime, only 12.2% of them developed a PTSD. This suggests a need to learn more around resilience, especially in communities that experience disproportionate levels of stressful events.

Besides poverty factors and physical health, social factors play a major role, namely quality of care, quality of peer relations, social support and community stigma could explain as much as 15% of the differences in depression levels between children in this study.

### Resilience Findings

Recognising the importance of resilience, this research highlights 8 life experiences that are protective factors for depression:

- your level of caregiver support;
- how differently you feel treated within the house that you live (within-household discrimination);
- how well your friends accept you;
- how much you get teased;
- how much you feel you can depend/ rely on others;
- whether you feel hungry or not;
- how many challenges you face;
- whether you are in good health or not.

*Children in the SAD research study, Zambia, being guided through Tree of Life activities. Photo © Adrian Gschwend / SAD.*

This has important implications for policy-makers and programme developers, as addressing these factors will greatly reduce depression in vulnerable children. Within their households, vulnerable children reported discrimination, in particular in relation to fair distribution of personal possessions. Within their communities they reported more stigmatisation, more peer bullying and less social support.

A large proportion (69.5%) of children in this study reported living away from either one or both of their parents. These children were found to be at greater risk of depression than those living with both parents. This has important implications, as in many parts of Africa it is accepted that children may live away from their parents for a significant part of their childhood. It is important for policy makers and programmers to pay more attention to children's needs when they do.

Finally, while the psychological fraternity recognizes normal levels of grief in children following parental death, this research highlighted that 30.2% of orphans show debilitating grief two years after their parent had died, creating difficulties for normal daily functioning.

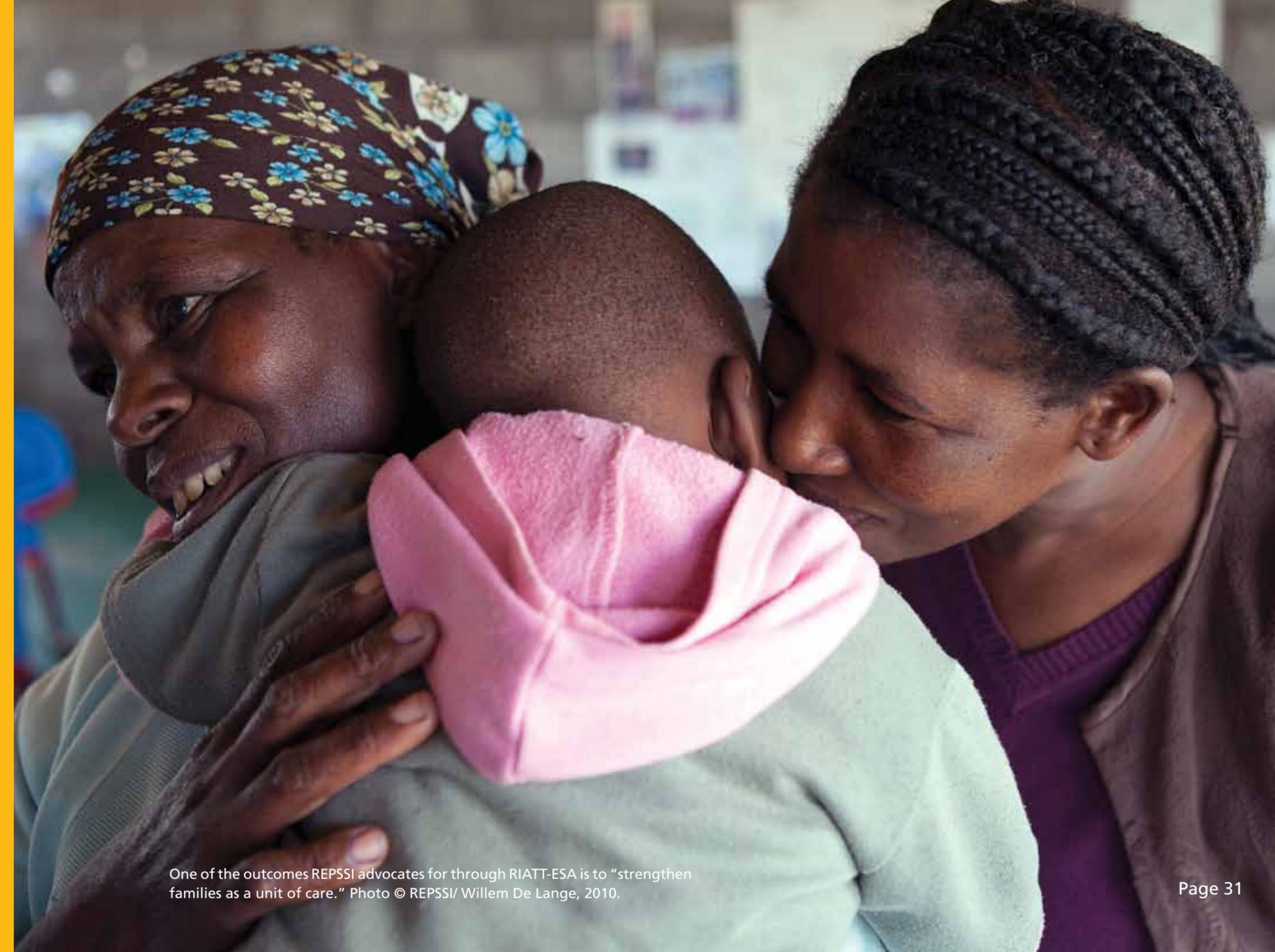
Given the high proportion of children experiencing this grief, this requires more attention. A number of factors were identified that make it difficult for orphans to start feeling better. These include frequency of mobility from one household to another, negative relationships with their primary caregiver, within household discrimination, decrease in peer integration and an increase in peer bullying.



Ten research briefs were compiled for dissemination to the public in Zambia in October of 2011 and are available on the REPSSI website. In 2012, these will be compiled into a summary document.

Study results revealed there was a limited impact from the psychosocial support programme. Children reported increased social integration after having attended the Children's Committees. However, measures of children's wellbeing, such as anxiety and depression, did not change following exposure to the programme. One possible explanation is that the programme focus was on children and not the community, emphasising the need for a more holistic approach in programming. A second explanation is that our measures for mental wellbeing, while able to describe the status quo, are not sensitive enough to measure small levels of change. REPSSI continues to work with SAD to better understand the implications of these study results.

**ACHIEVEMENTS AND HIGHLIGHTS 2011**  
REPSSI'S ROLE IN THE REGIONAL INTER-AGENCY TASK TEAM FOR CHILDREN AND AIDS



One of the outcomes REPSSI advocates for through RIATT-ESA is to "strengthen families as a unit of care." Photo © REPSSI/ Willem De Lange, 2010.

## REPSSI'S ROLE IN THE REGIONAL INTER-AGENCY TASK TEAM FOR CHILDREN AND AIDS

Regional Inter-Agency Task Team for Children and AIDS - East and South Africa (RIATT-ESA) is a key multi-sectorial platform for raising and elevating issues related to the care and support for children and AIDS in the region.

REPSSI continues to provide leadership for RIATT-ESA: REPSSI's Executive Director is the current Chairperson of RIATT-ESA, and has secured financing from Sida to implement the 2011-2013 strategy. The secretariat for RIATT-ESA remains the UNICEF-ESARO office in Nairobi, Kenya.

### Joint Advocacy

2011 saw a number of collaborative initiatives on RIATT-ESA's key focus areas of work, all of which are in line with REPSSI's advocacy agenda: keep parents and children alive; strengthen families as a unit of care; increase effectiveness of services and funding; and ensure child participation and human rights for vulnerable children. Linked to this, the promotion of HIV- and AIDS-sensitive social protection and child protection approaches is central to both organisations.

Child participation is crucial to psychosocial wellbeing, and in 2011 RIATT-ESA began promoting a better understanding of, and approaches to, child participation by disseminating messages based on its 2010/11 critical review of child participation in the region. A highlight was the inclusion of messages and care studies from this review in the UNICEF 2011 global policy and programming guidelines "Taking Evidence to Impact: making a difference for vulnerable children living in a world with HIV and AIDS".

*"Before we did not treat orphaned children in the community well. But after the Journey of Life and other training, that cruel behaviour has been reduced. We know now that an orphaned child is a child like any other."*

- Community leader, REPSSI Partner CONSOL Homes, Malawi, illustrating the link between REPSSI's work and the RIATT goal: "Ensure child participation and human rights for vulnerable children."

In April 2011, RIATT-ESA participated in the regional consultations leading up to the United Nations General Assembly Special Session (UNGASS) High Level Meeting in June. Presentations were given by RIATT-ESA at the regional CSO consultations on Social Protection, which resulted in care and support issues being included in the final regional statement, which was then deliberated by the African Ministers of Health. The eventual UNGASS commitments included a political declaration (no. 82) on child protection and social protection.

Another advocacy highlight was RIATT-ESA's participation at the International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa in December. RIATT-ESA members collaborated on the running of satellite sessions, the presentation of recent studies, and by supporting children to participate in creative and innovative ways, including a children's photo exhibition on community action.

### Regional Knowledge Management

In terms of Knowledge Management, RIATT-ESA and its partners are now working closely with SAfAIDS to strengthen online resources and communications strategies around children affected by AIDS in the region. To this end, 2011 saw a new and improved RIATT-ESA website with many interactive functions, as well as stronger links to and partnerships with regional HIV and AIDS information websites.

### Regional Research

A RIATT-ESA regional study on psychosocial and other issues for older carers looking after children in seven east and southern African countries was finalised in 2011, in collaboration with HelpAge International. The dissemination of important new recommendations for policy and programming for both older people and children has commenced.

A set of publications, Psychosocial Support Guidelines for Older Carers, produced by HelpAge International in collaboration with REPSSI, complement the findings and recommendations for policy and programming work well.



# ACHIEVEMENTS AND HIGHLIGHTS 2011

## ESTABLISHING A SOCIAL ENTERPRISE

## ESTABLISHING A SOCIAL ENTERPRISE

All organizations working in the development sector are faced with a major challenge, as the global economic situation has made funding precarious. This has negatively impacted organisational sustainability.

REPSSI has risen to this challenge by initiating the development of a Social Enterprise. Whilst a fully-functional Social Enterprise requires time and careful planning, as a first step REPSSI undertook an organizational readiness and pre-feasibility exercise, as well as a learning visit to a training institute in Tanzania that operates as a social enterprise.

In 2011, REPSSI began work towards accreditation as a training service provider and to have REPSSI courses/materials accredited. REPSSI became accredited with the South Africa Education and Training Development Practices Skills Education Training Authority as a training service provider in South Africa, which should also boost our social enterprise efforts in South Africa.



REPSSI has also begun to provide some services, particularly training, at a cost. Significant training contracts were secured in 2011 with:

- Plan International in Kenya
- Terre des Hommes in West Africa
- Centre del Bambino in Cameroon
- Southern African AIDS Trust in Zambia, Zimbabwe, Malawi and Tanzania
- Fida (Finnish Evangelical Churches) in Uganda Tanzania, Kenya and Ethiopia
- SOS Children's Villages in Malawi
- Africare in Tanzania
- FHI in Mozambique

REPSSI will build on its successes, currently demonstrated by requests for further training from these and other clients. We believe that our brand recognition and reputation as a quality technical service provider for psychosocial support are important factors in the contracts received so far. We will uphold these standards in delivery of technical support.

The groundwork carried out over 2011 has provided an excellent foundation for a successful social enterprise.

*A grandmother works in a community garden in Zimbabwe, established as a result of the Journey of Life. REPSSI's tools often prompt communities to develop their own means of raising funds for vulnerable children. REPSSI is now following their example, and developing income-generating activities.*

# REPSSI FINANCIAL REPORT 2011

BASED ON AUDITED  
FINANCIAL STATEMENTS

Financial Report for the year Ended December 2011		
Statement of Comprehensive Income	2011 (Euro)	2010 (Euro)
<i>Revenues</i>		
Grants from ICPs	3 564 493	3 649 090
Other income	246 369	164 199
<b>Total Incoming Resources</b>	<b>3 810 862</b>	<b>3 813 289</b>
<i>Operating Expenses</i>		
Program costs	3 006 711	3 001 392
Governance & Admin Costs	588 633	685 009
<b>Total Expended Resource</b>	<b>3 595 344</b>	<b>3 696 401</b>
Net (outgoing) resources for the year	215 518	116 888
Fund balance as at 1 Jan	555 792	438 904
<b>Fund balance as at 31 Dec</b>	<b>771 310</b>	<b>555 792</b>
<i>Statement of Financial Position</i>		
Furniture and Equipment	154 211	62 138
Current assets (Trade & other receivables + Cash & Cash Equiv)	2 088 404	2 029 643
Trade and other Payables	-193 302	-248 405
Deferred Income (Grants received in advance)	-1 278 003	-1 287 584
<b>Net Assets</b>	<b>771 310</b>	<b>555 792</b>
<b>Represented by:</b>		
<b>Retained Income</b>	<b>771 310</b>	<b>555 792</b>

## Currency fluctuations in countries of operation

The currency risk poses one of the biggest challenges for NGO work. The Euro, which is the REPSSI base currency, though not very stable during the year under review was more stable than the dollar and other currencies for most of 2011. In South Africa where the REPSSI secretariat is based, the rand averaged at ZAR10.05 to the Euro for the year, quite close to the budget rate of ZAR9.95 for the year. In Tanzania the budget base was TsH2,000; a firmer Euro provided an average rate of TsH2,235 for the year. The Euro was also stronger to the Zambian Kwacha, where the average rate for the year was ZMK6,865 from a budget rate of ZMK6,500. Zimbabwe continued to use the multicurrency system in 2011.

The year began with stability on the economic front wherein most economies seemed to be recovering from the recession. This began to change as the year progressed, when threats of instability from the Euro zone emerged. In 2011 interest rates still had not recovered from the 2008 economic slump.

2011 was a transition year for REPSSI from the old strategic plan 2007 –2011 into the new strategic plan 2011 – 2015.

## Funding

Swedish International Development Cooperation Agency (Sida)/ NORAD, Swiss Agency for Development and Cooperation (SDC) and the Novartis Foundation for Sustainable Development NFSD continued to jointly fund the REPSSI Strategic Implementation Plan. The

Novartis Foundation for Sustainable Development increased its cash contribution to REPSSI by 100% in 2011. Combined contributions from these 3 partners formed **86%** of the revenue for the year while 11% was provided by other funders for specific projects, namely UNICEF ESARO and UNICEF South Africa, Australian AID and the Symphysis Foundation. In addition to cash donations, REPSSI received support in the form of access to staff wellness programmes in South Africa, administrative support in Switzerland, and a study tour for staff from NFSD and its associate companies. In addition to donor receipts, REPSSI raised own income of **€226,680** through providing training and other technical support activities.

REPSSI has increased its leveraging of funds from our partners by expansion of the cost sharing concept. An estimate of the value of the funds that have been leveraged through cost sharing is **€124,015**.

## Expenditure

Out of a total receipts of **€3,912,943**, REPSSI spent **€3,564,493** representing a 91% utilization rate. Of the total expenditure, 84% represented programming expenditure and 16% was spent on governance and administrative activities. Most planned activities for the year were successfully executed including the end of Phase 2 Certificate project and Research with the Swiss Academy for Development.

The full audited annual financial statements for the year ended December 2011 are now available for inspection by interested parties at the REPSSI secretariat.

## LIST OF REPSSI PARTNERS

Country	Government / Academic	Civil Society
Angola	<ul style="list-style-type: none"> <li>National Institute for Children</li> <li>Ministry of Social Welfare</li> </ul>	<ul style="list-style-type: none"> <li>Save the Children</li> <li>Child Fund</li> </ul>
Botswana	<ul style="list-style-type: none"> <li>Department of Social Services</li> </ul>	<ul style="list-style-type: none"> <li>Marang</li> </ul>
Mozambique	<ul style="list-style-type: none"> <li>Ministério da Assistência e Reinserção Social</li> </ul>	<ul style="list-style-type: none"> <li>International Child Development Programme</li> <li>Wona Sanana</li> <li>Save the Children</li> <li>International Federation of the Red Cross</li> </ul>
Zimbabwe	<ul style="list-style-type: none"> <li>Ministry of Health and Child Welfare</li> <li>Ministry of Labour and Social Services</li> <li>Ministry of Education</li> </ul>	<ul style="list-style-type: none"> <li>Hospice Association of Zimbabwe</li> <li>Farm Orphans Support Trust</li> <li>Farm Community Trust of Zimbabwe</li> <li>Midlands AIDS Service Organization</li> <li>Batanai</li> <li>Bethany Project</li> <li>Batsirai</li> <li>Salvation Army - Masiye Camp</li> </ul>
Kenya	<ul style="list-style-type: none"> <li>Ministry of Gender, Children and Social Development (Department of Children's services)</li> </ul>	<ul style="list-style-type: none"> <li>Hope Worldwide</li> <li>Child Fund</li> <li>Kenya Orphans Rural Development Program</li> <li>KICOSHEP</li> <li>Kenya AIDS NGOS Consortium</li> </ul>
Tanzania	<ul style="list-style-type: none"> <li>Ministry of Health and Social Welfare (Department of Social Welfare)</li> <li>Institute of Social Work</li> </ul>	<ul style="list-style-type: none"> <li>Family Health International</li> <li>Africare</li> <li>PASADA</li> <li>Humuliza</li> <li>KwaWazee</li> <li>Salvation Army</li> </ul>
Uganda	<ul style="list-style-type: none"> <li>Ministry of Gender Labour and social development (Youth and Children Department)</li> <li>Nsamizi Institute of Social Development</li> </ul>	<ul style="list-style-type: none"> <li>World Vision</li> <li>Child Fund</li> <li>Transcultural Psychosocial Organization</li> <li>Kitovu Mobile</li> <li>Mt Elgon Community Development Project</li> <li>CRO</li> </ul>
Malawi	<ul style="list-style-type: none"> <li>Ministry of Gender, Children &amp; Community Development</li> </ul>	<ul style="list-style-type: none"> <li>Malawi Girl Guides Association;</li> <li>Consol Homes;</li> <li>National OVC Committee</li> </ul>

Country	Government / Academic	Civil Society
Namibia	<ul style="list-style-type: none"> <li>Ministry of Gender Equality &amp; Child Welfare</li> <li>NAMCOL</li> </ul>	<ul style="list-style-type: none"> <li>Catholic AIDS Action (CAA)</li> <li>Churches Action for Orphans</li> <li>Philippi Trust</li> </ul>
Zambia	<ul style="list-style-type: none"> <li>Ministry of Education</li> <li>Mindolo Ecumenical Foundation</li> </ul>	<ul style="list-style-type: none"> <li>Child Fund Zambia</li> <li>Campaign for Female Education</li> <li>Kondwa Home based and Child care</li> </ul>
Lesotho	<ul style="list-style-type: none"> <li>NOCC</li> <li>Ministry of Health and Social Welfare</li> <li>Institute of Education – National University of Lesotho</li> </ul>	<ul style="list-style-type: none"> <li>NGOC</li> <li>Red Cross Society</li> <li>Touch Roots Africa</li> <li>Sentebale</li> </ul>
South Africa	<ul style="list-style-type: none"> <li>Department of Social Development</li> <li>National Action Committee for Children affected by HIV and AIDS</li> <li>Department of Basic Education</li> <li>DOH Department of Health</li> </ul>	<ul style="list-style-type: none"> <li>Nelson Mandela Children's Fund</li> <li>Child Welfare Association of South Africa</li> <li>South African Red Cross Society</li> <li>Health Development Africa</li> </ul>
Swaziland	<ul style="list-style-type: none"> <li>National Children's Coordination Unit in The Prime Minister's Office</li> <li>Ministry of Education</li> <li>University of Swaziland</li> </ul>	<ul style="list-style-type: none"> <li>Save the Children</li> <li>UNICEF</li> </ul>

### Regional & Strategic Partners:

- Southern African Development Community (SADC)
- Regional AIDS Training Network (RATN)
- Regional African AIDS NGOs Network (RAANGO)
- Swiss Academy for Development (SAD)
- Western Cape Education Department (WCED)
- VSO Regional AIDS Initiative of Southern Africa (VSO-RAISA)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- Save the Children UK
- Save the Children Sweden
- ChildFund
- MiET Africa
- Southern Africa AIDS Trust (SAT)
- UNICEF – ESARO
- Regional Inter-Agency Task Team (RIATT) for children affected by HIV
- MHPSS Reference Task Team
- Swiss Academy for Development (SAD)
- FIDA (Missions & Development Co-Operation Organisation, Pentecostal Churches of Finland)
- World Vision International

## REPSSI'S INTERNATIONAL COOPERATING PARTNERS

REPSSI would like to thank our International Cooperating Partners for their continued support:

- Swiss Agency for Development and Cooperation (SDC)
- The Swedish International Development Agency (Sida) and the Norwegian Agency for Development Cooperation (NORAD)
- The Novartis Foundation for Sustainable Development (NFSD)
- The Australian Agency for International Development (AusAID)
- United Nations Children's Fund - East and Southern Africa Regional Office (UNICEF-ESARO)
- Symphasis Foundation

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Working in 13 countries across East and Southern Africa