

REPSSI
Annual
Report
2015

REPSSI's Vision, Mission and Values

Vision

Communities and families nurture, protect and empower children and youth to enhance their psychosocial wellbeing.

Overall Goal

REPSSI contributes to promoting an enabling environment for communities and families in East and Southern Africa to preserve nurture and restore the psychosocial well-being of children and youth, so that they can live with hope and dignity in safe and caring environments

Mission

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



Values:

Integrity **Excellence**
Caring **Rights based**
Respect **Collaboration**
Innovation **Diversity**

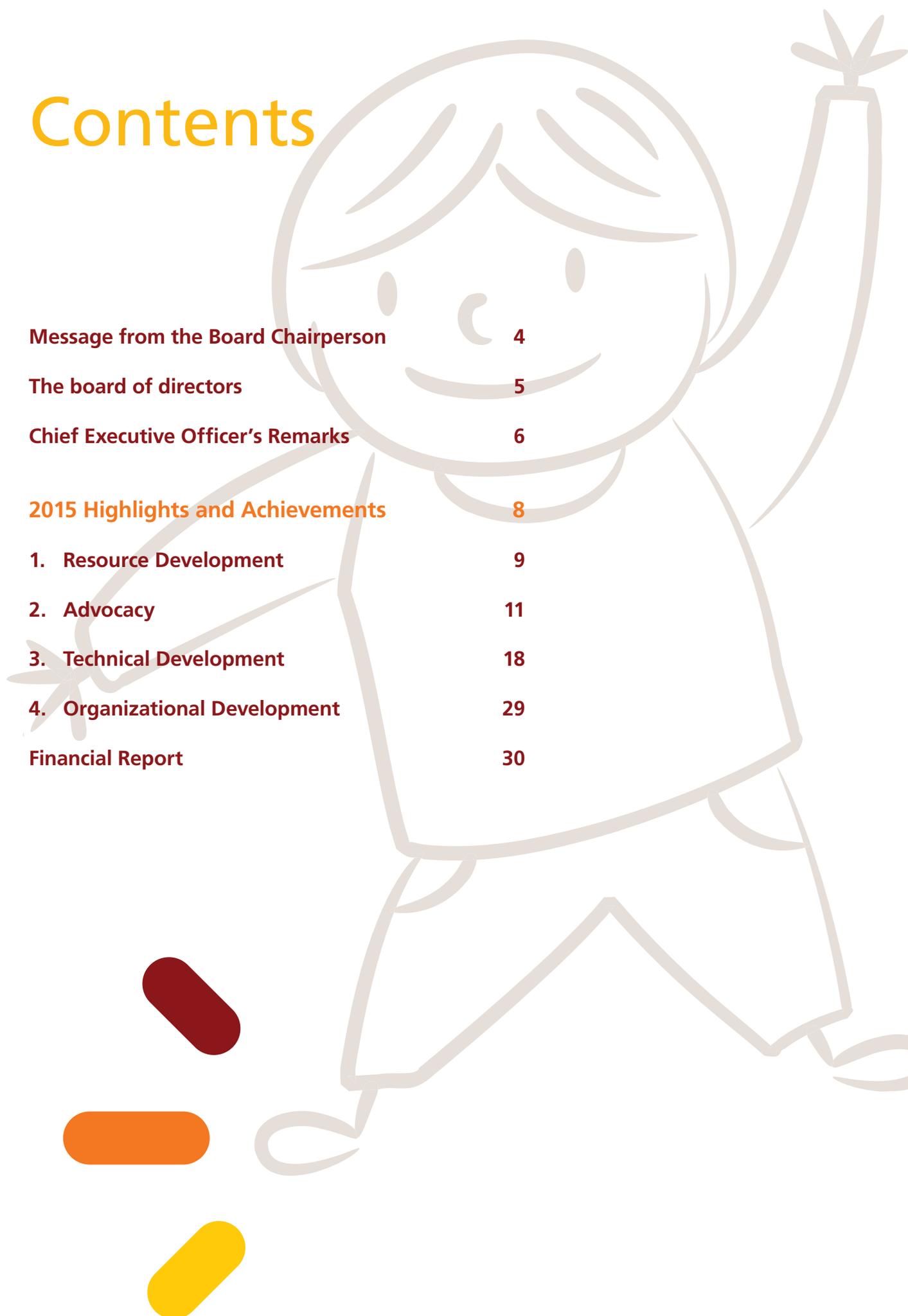
REPSSI Annual Report 2015



REPSSI works in 13 countries in East and Southern Africa. Its head office is in South Africa.

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Message from the Board Chairperson



2015 marked the final year for the 2011-2015 strategic phase. Before embarking on the next phase, we commissioned an end-of-phase evaluation. Findings noted that by and large, REPSSI has achieved the outcomes of the 2011-2015 strategy.

Kaumbu Mwendela

There were a few clear recommendations for improvement moving forward and all of these were carefully considered in the development of strategy 2016-2020. Of particular note was the recommendation to review and streamline the staff complement, and to enlist behavioural change communication expertise. Subsequently, *the REPSSI team was reduced by 38% in December 2015*, and behaviour change communication is a core function of the organizational structure for strategy 2016-2020.

Strengthening REPSSI's regionality continued to be key. The REPSSI PSS Forum provided a critical regional and global learning platform, enabling REPSSI to identify "good PSS practices" for supporting vulnerable communities, families and their children.

Coinciding with the closing of strategy 2011-2015, *the funding agreements with Sweden/NORAD and SDC both concluded in December 2015*. This necessitated the negotiation of new agreements, which required the fast-tracking of the end-of-phase evaluation and advanced development of the 2016-2020 strategy. REPSSI is very thankful to have signed an agreement with SDC for the period 2016-2019 and received a no-cost extension from Sweden/NORAD up to March 2016. The organization is grateful to SDC, Sweden/NORAD and NFSD for the support received over that last decade.

Special thanks go to the REPSSI Regional Board, Country Advisory Boards, REPSSI management and staff for their sterling work. I am convinced that 2016 will further strengthen our mandate for evidence based psychosocial care and support programming.



The Board of Directors



Kaumbu Mwendela
Board Chairperson



Hon. Justice Euna Makamure
Vice Chairperson



Cynthia Mapaure
Treasurer



Noreen M. Huni
Chief Executive Officer



Dr. Constance Kganakga
Board Director



Dr. Lewis Ndhlovu
Board Director



Prof. Lorraine Sherr
Board Director



Prof. Lucie Cluver
Board Director



Nyambura Rugooyo
Board Director



Pelucy Ntambirweki
Board Director



Jeanne Ndyetabura
Board Director



Gavin Tipper
Board Director



Dr. Alison Schafer
Board Director



Chief Executive Officer's Remarks



Noreen M. Huni

A major highlight of 2015 was the biennial PSS forum held in Victoria Falls, Zimbabwe from 1-3 September 2015, under the theme Love, Care and Protection from Infancy to Adolescence. The forum was preceded by a meeting of children from all the countries in which REPSSI works.

The children presented results of their deliberations to the main forum, and facilitated a skills building session for the media on the participation of children in reporting on issues affecting them. The forum was co-hosted by SADC, Sweden/NORAD, SDC, NFSD, Catholic Relief Services, 4Children, the Global Social Services Workforce Alliance, MIET Africa, RIATT ESA and UNICEF.

Social connectedness and comprehensive sexuality education are critical for psychosocial wellbeing. REPSSI invested in regional-wide capacity building and resource development in social connectedness and sexuality education. This happened predominantly through the delivery network of the *Community-Based Work with Children and Youth Certificate programme*, the review of *The REPSSI Teachers' Diploma in Psychosocial Care, Support and Protection* modules and the addition of action workshops to the *Journey of Life Series*.

Strategies for organizational and programmatic sustainability was a key theme for the year. The REPSSI team participated in a range of resource mobilization capacity development activities which realised *71 funding proposals; 17 of which were successful*. Many were small project funds. However, the teams' skills and confidence have improved which bodes well for future success. A major highlight of the year was REPSSI receiving *accreditation in Zambia to deliver 2*

Diploma programmes and 1 Certificate programme. It was a full, productive year of change, and REPSSI moves into Strategy 2016-2020 with enthusiasm.

REPSSI continued to provide *leadership and secretariat services to RIATT-ESA and technical support to the OVCY office at the SADC secretariat*. With RIATT-ESA, REPSSI supported SADC in the development of the SADC HIV, SRH, TB and Malaria Integration Strategy.

Though there were significant milestones reached during this period, REPSSI also faced some challenges. For instance, working with the East African Community (EAC) takes long as it requires engagement and approvals from a number of structures and committees, which affects the implementation of planned activities.

During 2015 there was a significant increase in demand for unscheduled REPSSI skills and expertise which was difficult to supply. REPSSI will develop a mechanism for responding efficiently.

There are constraints in the donor market and resource mobilization in country is proving a challenge.

National qualifications authorities' accreditation processes are often demanding and complex.

As local academic institutions assume greater responsibility for the delivery of the certificate in *Community Based Work with Children and Youth*, quality management becomes more difficult.

In the HIV response, stigma and discrimination remain the major barriers to accessing prevention, treatment and care. REPSSI commits to addressing this in the next phase.

The relentless commitment from all staff members has seen REPSSI achieve great results even during times of financial hardships. Developing tools and resources for ensuring PSWB does not fall off the radar. I wish to thank them all for working remaining focused on delivering on our mandate. I acknowledge all our funders, without their support, we would not be able to deliver the business plan.

It is my hope that the 2016-2020 strategic plan will see us further consolidating our institutional knowledge and expertise in influencing the social

services, health and education sectors towards strengthening their capacity to mainstream psychosocial support for improved outcomes. There is no doubt that we will continue to work with the government sectors as we also forge new relationships.

We are 'taking the next leap forward!'



2015
Achievements
& Highlights



1. Resource Development

Target: Quality, innovative, user-friendly, gender sensitive, responsive and relevant to promoting psychosocial well-being of children and families in East and Southern Africa

The end of phase evaluation conducted by Maestral international found that REPSSI had successfully achieved its Resource Development outcome. Key informants reported that REPSSI resources are of the highest quality, user-friendly, gender-sensitive and culturally appropriate.

Achievements

Feasible gender-based prevention intervention (Say no! to GBV) – Immediate, effective use of skills reported

- **Teachers’ Diploma in Psychosocial Care, Support and Protection – Evidencing psychosocial support as a critical enabler for education outcomes (access, retention and performance)**
- **Grief intervention for adolescents living with HIV**
 - **5 countries with national PSS guidelines (Kenya, Lesotho, Namibia, South Africa and Tanzania)**
- **Working with Babies & Young Children Course**
 - **Journey of Life Social Connectedness Workshop**
- **Community Advocacy Manual**



Mainstreaming Psychosocial Support into Education Systems (MPES): Zambia Teachers Diploma

Data analysis from the randomised control trial was done in the first half of 2015. Findings suggest that the Teachers’ Diploma Course improves the psychosocial wellbeing of teachers and the students in their care. Data was analysed by calculating the mean values of each of the scales for the intervention and control samples. Mean differences of each group (Intervention vs. Control) were compared at baseline and follow-up. Independent-Sample T test analyses were conducted to assess significant changes between baseline and post-intervention by group. The table below presents the outcomes for teachers and students as compared with control groups.

**Outcomes for intervention teachers
(compared to controls)**

Outcomes for Intervention Teachers	P Value
Improved emotional self-care	p=.008
Increased perceptions of classroom safety	p=.002
Increased school safety	p<.001
Increased perceptions of improvement in the school environment	p=.010
Decreased observation of bullying within the school and classroom	p=.002
Increased perception of access to resources	p=.021
Improvements in school support	p=.005
Improvements in school facilities	p=.005

**Outcomes for intervention students
(compared to controls)**

Outcomes for Intervention Teachers	P Value
Increase in perceived social equity and respect in the school	p=.031
Higher score on perceived social support	p=.05
Improved school safety	p<.001
Improved environment safety	p<.001
Perceived efficacy for reporting sexual abuse	p=.008
Decreased likelihood to report bullying others	p<.001
More positive future orientation	p<.001

2. Advocacy

Target: Regional bodies, National Governments and Civil Society are aware of and have mainstreamed PSS actions into Child and Youth Care Policies and Programmes

Achievements

2011 - SADC Member states endorse Minimum Package of Services for OVCY & Regional PSS Framework

2015 - **10 countries developing national PSS guidelines**

- **Secondment of OVC Officer to SADC Secretariat** (boys, girls, youth and psychosocial support carefully considered and integrated into all key regional HIV prevention, treatment and care strategies)
- **Chairmanship and Secretariat for RIATT-ESA** (Psychosocial Support integral to RIATT-ESA Strategy)
- **Regional PSS Forums** - over 60 cutting edge research and practice based presentations

Engagement in National Coordinating bodies and policy / plans that have been influenced

Country	2015 Membership	2015 Policy / Plan/Guide Influenced
Kenya		National Plan of Action for Children
Lesotho	National OVC Coordinating Committee (NOCC)	
Malawi	Child Development /Protection TWG Core Team for the Development of the 5 Year Campaign for the Prevention of Violence against Children Social Welfare TWG	Children's Corner Users' Guide - pretested, reviewed and district trainers trained Social Welfare Policy - finalized and successfully presented to full cabinet, now developing strategic plan and Social Welfare Reporting Framework. Deliberating reintegration of children from Child Care Institutions
Mozambique		National Strategy to end Child marriages in Mozambique 2015-2019.
Namibia	Permanent Task Force Child Rights Network	
South Africa	Co-Chair of National Action Committee for Children Affected by HIV and AIDS (NACCA) Chair of the PSS Technical Working Group of NACCA	National PSS Guidelines
Tanzania	Most Vulnerable Children Committee	
Uganda	OVC national steering committee Re – elected chair for national Child Protection capacity building standing committee National Child Protection steering committee National think tank leading development of the Children's Homes Deinstitutionalization Framework National think tank developing a framework for private sector investment in child protection	Ongoing development of new child protection policy and strategy

Quick Facts from the Regional PSS Forum

- **Theme:** Love, Care and Protection from Infancy to Adolescence
- **Co-hosts:** SADC, Sweden/ NORAD, SDC, NFSD, CRS, 4Children, the Global Social Services Workforce Alliance, MIET Africa, RIATT ESA and UNICEF
- **Date held:** 1 – 3 September 2015
- **Venue:** Elephant Hills, Victoria Falls, Zimbabwe
- **Participants:** 28 countries - 213 females and 186 males representing children, youth, government, civil society and academic institutions
- **Media Interest:** Extensive print, audio and visual media coverage in South Africa, Botswana, Angola, Mozambique, Zambia and Zimbabwe
- **Forum recommendations:**
 - Create greater awareness of the fact that girls and boys of different ages need different forms of psychosocial support
 - Develop integrated policies that provide scope for multi-sectoral efforts
 - Prioritize inter-state cooperation to address challenges affecting migrants including but not limited to unaccompanied migrant children, third country nationals and children in refugee camps
 - Develop a framework for a complete integrated ECD system that provides comprehensive support to meet the multi-dimensional needs of young children
 - Review social protection mechanisms to strengthen responsiveness to the needs of vulnerable and minority populations. Include addressing the burden of care for older carers
 - Support mainstreaming of PSS into pre and in-service training for the social service workforce focusing on but not limited to teachers, the justice system, health service providers and child and youth workers
 - Develop a framework for standardized training, accreditation and affiliation of para-professionals and community caregivers who work with children and communities
 - Strengthen monitoring and evaluation including generating and utilization of strategic information. Priority should be on broadening the scope of data disaggregation beyond gender and move towards disaggregation by age and other forms of vulnerability
 - Prioritize Sexual and Reproductive Health (SRH) issues with focus on addressing challenges that include but are not limited to disclosure, adherence, HIV Counselling & Testing (HCT) and reducing stigma and discrimination. This should be extended towards provision of SRH services to key populations and in emergency settings.

Other 2015 PSS Forums



Regional Children & Youth Meeting

40 children and youth from 12-20 years, from 13 African countries participated in the Children & Youth pre-conference to the REPSSI PSS Forum. They deliberated on how child marriage, child labour, HIV, violence, and rape affected them and their peers. They incorporated their discussions into a play 'I am an African Child' <http://www.riatt-esa.org/blog/> which they performed at the PSS Forum. The meeting was preceded by in-country consultations with the networks and organizations the children and youth represented.

The young people have gone on to speak and write about critical issues affecting children and youth in their countries.



Angola PSS Forum

A 2-day national PSS forum was attended by 140 participants comprising different professionals such as teachers, psychologists, police, journalists and social workers. Participants were from government departments, NGOs, FBOs, private sector and academic institutions. REPSSI advocated for PSS mainstreaming. BP funded this forum and assured further funding to support PSS work in Angola. The national forum took place before the regional forum. Angola was represented by 13 adults and 2 children at the regional forum. The National Council of Children (INAC) presented on child protection. The Ministry of Social Welfare (MINARS) recommended that INAC and the Children's Department from MINARS sign MOUs with REPSSI to strengthen the partnership.



Botswana PSS Forums

Following the inaugural 2014 national PSS forum, four District Child Protection Committee Forums covering 16 major districts were held. These aimed to ensure that all Child Protection Service providers meet National Standards in the care of children and to enhance effective implementation of programmes by the committees. The participants included Social Workers, Police, Teachers, Village Chiefs, Magistrates, District Commissioners, Civil Society Organizations and Counsellors. REPSSI made presentations on the importance of Mainstreaming PSS; strengthened relationships with its primary partners and met new partners.

Day of African Child (End Child Marriage) Campaign

○ REPSSI's regional call to action advocates for stakeholders to:

- Create opportunities for primary & secondary education and informal education for all children; as well as second-chance education through both formal and informal mechanisms.
- Increase access for both girls and boys to age appropriate sexuality education and sexual and reproductive health information and services
- Convince parents, religious and traditional leaders of the importance of education and the negative impact of child marriage on the girl's health and future.
- Develop interventions to improve the economic situation of communities
- Partner to develop and implement effective policies and systems to end child marriage

○ At country level REPSSI participated in the following activities for the Day of the African Child:



Malawi celebrations in Ngabu, in Chikwawa district in the southern region of the country with banners and T-shirts from REPSSI.



Partnership with TVM (Mozambique) and a group of boys and girls who did a short drama to raise awareness on the psychosocial effects of early marriages. This was followed by a series of TV Live programmes on Saturday and Sunday (13 - 14 June) preceding the Day of The African Child.



Celebrations of the Day of the Namibian Child at a farm school. REPSSI banners were very prominent at this gathering. Invited guests, joined by the elected local councillor sat with children to listen to their challenges, concerns and what they would like to see changed at their school. Children highlighted lack of eating utensils, of clean drinking water, of a sports field, of transport to school and insufficient interest by both teachers and parents in issues that they face.



National celebration in Mukono, Uganda. REPSSI's booth was manned by REPSSI, Nsamizi Training Institute of Social Development and certificate alumni from the Mukono group who were able to articulate the value of the certificate to them in their work with children. The guest of honour, First Lady Madam Janet Museveni, visited the booth and was briefed on REPSSI's programmes.



The Day of the African Child commemoration coincided with the swearing in of the Junior Parliament by the President of Zimbabwe and REPSSI exhibited PSS resources at Africa Unity Square. IEC material on the theme of the Day of the African Child on ending child marriages linked to the importance of PSS were distributed from the REPSSI stand. This achieved expanded interest in REPSSI and PSS.

Child Protection Week



In South Africa, REPSSI conducted a campaign to advocate for PSS during Child Protection Week, with a focus on the negative impact that violence has on children. Messages were communicated through print and radio media. Two opinion pieces on child protection were published in two daily newspapers i.e. The Star and New Age newspapers and also 3 radio interviews were done on 702 and SAFM with a listenership of between 730,000 and 820,000 respectively.

Lessons:

- Linking the child protection campaign to current affairs such as xenophobia attracts interest from the media
- Linking the campaign content to our experience on the ground strengthens the impact of the messaging.



REPSSI @ International Conferences

During the period under review, REPSSI's work was presented at various international conferences. The table below presents a summary of these conferences and the papers that were presented.

International Conferences Attended

CONFERENCE TITLE	PAPER PRESENTED
Child Sensitive Social Policies 2nd International Conference	Plenary: Using a psychosocial lens to focus on child protection: evidence from the field
ICASA 2015	<p>1 oral presentation on comprehensive care through families and communities</p> <p>2 poster presentations:</p> <ul style="list-style-type: none"> • Poster1: Improved psychosocial well-being: evidence for the REPSSI teachers' diploma programme in psychosocial support from teachers and students in Zambia • Poster presentation, in collaboration with MMPZ, on PSS of adolescents living with HIV <p>Community dialogue on engaging men and boys as partners in ending child marriage</p> <p>Exhibition of REPSSI material at the community village</p>
AIDS Impact 2015	<p>Satellite session on Certificate and Teachers Diploma programmes</p> <p>2 oral presentations during the main conference:</p> <ul style="list-style-type: none"> • Thought leader's initiative, • MPES baseline results <p>1 oral poster presentation on the Say No! to GBV pilot programme</p> <p>2 poster presentations on teacher diploma programme and grieving many losses: adapting bereavement support interventions to the realities of young people living with HIV.</p>
Implementing family care in Africa conference:	Plenary presentation on making communities safer through PSS approaches

International Conferences Attended

CONFERENCE TITLE

PAPER PRESENTED

WHO – mhGAP forum:

Issues for follow up:

- National Institute of Mental Health – Pamela Collins (Director): Opportunity for a research partnership on community based interventions. Also to follow up on their research on NCDs and PSS
 - Ethiopia Medical Association – Abebaw Fekadu (EMA executive committee member) in partnership with the Ethiopian Government: Possible opportunity for staff capacity building in PSS. The organization is struggling to recruit people with requisite PSS skills for their programme
 - Empowering for resilience – Boaz Feldman: Interested in research on the bio-markers of PSS. Empowering for resilience has projects in Mozambique and is interested in partnering with REPSSI
 - Communications Coordination Committee for the UN – Elizabeth Carl (President): Discuss opportunities of engaging with this committee. Look at opportunities for REPSSI to influence children’s agenda at UN level
 - A clear plan for REPSSI contribution to the mhGAP agenda in the coming years, working closely with the WHO regional team. There is space for REPSSI in the mental health field considering the need to empower communities to respond to mental health challenges in low resourced settings. Advocacy messages that will highlight the role of PSS in the prevention and management of mental illness
 - A number of presenters alluded to the rising cases of depression and that it will become the next big issue that the world will need to address. This needs further research and investigation
-

3. Technical Development

Target: Enhanced and sustainable national and civil society capacity and competences to implement PSS programmes that nurture, protect and empower children and youth

REPSSI PSS Partnerships and Capacity Development in Social Services, Health & Education across the region



Angola (Social Services):

- With funding from BP and in collaboration with ADRA, REPSSI introduced PSS into social services in the Luanda and Cunene provinces. 48 resource people were trained in Journey of Life (25 in Luanda and 23 in Cunene) who trained a further 143 child service providers at municipality level, including school security police, child caregivers and child protection network members. ADRA organized 8 more community workshops to promote child protection and PSS which were attended by 227 traditional leaders, police, students, and families.



Botswana (Social Services, Education):

- REPSSI collaborated with Marang to train 86 Social Workers, Police and Primary Schools in Introduction to PSS, Tree of Life and the Journey of Life. The trainings were funded by the Department of Social Protection.
- With funding from the Department of Social Protection, REPSSI collaborated with Marang to build the psychosocial support capacity of 266 (79 males and 187 females) guidance and counselling teachers from Junior and Senior Secondary Schools in ten districts. A 5-day training programme, derived from the Teachers Diploma was used.



Kenya (Social Services):

- REPSSI supported the development of the Kenya national PSS guidelines and collaborated with the Ministry of Labour, Social Security and Services and URC to train all 47 county Children's Coordinators (38 males and 9 female), URC and USAID funded partners (2 males and 7 female) and national government representatives (6 males and 5 female) in PSS with an orientation to the guidelines in November. All county coordinators developed action plans for sensitization of their counties on PSS.



Lesotho (Social Services, Education):

- REPSSI was part of a consortium led by Save the Children Lesotho that was funded by OSISA to expand early childhood development services in some of the very remote, mountainous areas of Lesotho. Although REPSSI only provided 1 day of training in the overall programme it was effective in helping parents appreciate the disadvantages of corporal punishment and decide to change how they were relating to their children.
- Sentebale, who are partnering with REPSSI on the development of resources for adolescents living with HIV, have requested the Teachers Diploma for teachers in schools in which they are working (which they will pay for). REPSSI is negotiating with the National University of Lesotho to deliver the programme with REPSSI in Lesotho.



Mozambique (Social Services):

- Trainings within the 2014 UNICEF PCA were concluded, which included mentorship to cascade training to the community and children. A PCA which will be implemented in 2016 was signed in September.
- The REPSSI – Tdh collaboration to reach children in Beira continued and has expanded to Maputo where a new training officer has been recruited to support Rede Carne. One training on PSS Concepts and the Tree of Life was conducted for SOPROC partners in Beira.
- Follow up with partners indicates enhanced support for children. For instance, FHI partners that were trained two or three years ago indicated that they are using the materials from Weaving Hope especially. Shingirirai credits the effectiveness of their community programmes, which have attracted funding, to the capacity that they gained from REPSSI; LeMuSiCa are using the Hero book and Solution Focused Approach with abused children and children living with HIV and are developing a manual on positive living; Batsirai Nherera are using the picture codes to work with communities and with children to resolve problems.
- REPSSI continued to nurture its relationship with MIET Africa in expanding provision of PSS through education. It participated in meetings at country level and conducted joint activities.



Namibia (Social Services, Education):

- With funding from FNB, REPSSI continued to develop the capacity of child and adult counsellors of Lifeline Childline. 38 females and 24 males were trained for community engagement.
- One social worker that was trained on sexuality education (funded through Save the Children) held sessions on different aspects of sexuality education with boys and girls at her local secondary school that is trying to address the issue of teenage pregnancy.
- NAMCOL and REPSSI held a consultative meeting with 22 representatives from the Ministry of Education, Polytechnic of Namibia, Teachers Union of Namibia, Namibian Non-Governmental Organization Forum and Civil Society Organizations to introduce the Teachers Diploma and solicit views, opinions and inputs.
- The general reception of the Teachers' Diploma in this meeting was:
 - Confidence in the relevance of the programme in Namibia - teachers are trained to master subjects they teach but not to deal with issues learners are facing and this programme will bridge that gap
 - The programme should be made a compulsory addition to the existing teachers training
 - The programme "is so practical" and has the potential to improve the social environment within schools
 - The shortage of school counsellors will be addressed if teachers are trained on how to deal with the social and emotional issues of learners.

- REPSSI participated in workshops for schools organized by the Namibia Institute for Democracy (NID) to promote social accountability and improved school governance. REPSSI's role in the workshops was to promote school safety and school community accountability.



South Africa (Education):

- REPSSI is a member of the Department of Basic Education's (DBE) PSS Reference Team and has contributed to the development of a PSS Strategy. REPSSI is collaborating with DBE to introduce training for teachers in PSS into South Africa.



Swaziland (Education):

- The William Pitcher Teachers Training College which trains all primary and secondary school teachers in Swaziland introduced PSS as a core subject for all their teacher trainees to be offered over the full three year pre service training programme that they offer.



Tanzania (Education):

- A PSS workshop was held for Ministry of Education officials, as part of an ongoing process to advocate the inclusion of PSS in teacher training.



Zimbabwe (Education, Social Services, Health):

- Various trainings targeted Ministry of Education personnel. Twenty-three (12 males and 11 females) Guidance and Counselling Teachers, Provincial staff and District staff of the Ministry of Primary and Secondary Education

were trained in PSS Concepts. Thirteen FACT Mutare staff (6 males and 7 females) were trained in PSS Concepts to prepare them to support schools in their area. In addition, fourteen (6 males and 8 females) partner staff (including from the Ministry of Education) were trained in comprehensive sexuality education to enhance the age appropriate support that is given to children on issues of sexuality.

- Zimbabwe was contracted by World Education Inc to train a total of 2850 (1268 male and 1582 female) community childcare workers who are the foot soldiers in Zimbabwe's case management system in application of psychosocial concepts. Zimbabwe mobilized their master trainers and a corps of certificate graduates to conduct the training.
- REPSSI engaged with the Ministry of Health in Zimbabwe and trained thirty-eight (28 males and 10 female) Ministry of Health and Child Care Community Focal Persons in PSS concepts. An additional 33 (16 males and 17 females) adolescents living with HIV who are peer educators and motivators for other adolescents living with HIV were trained at St Teresa Hospital in collaboration with VSO.

During the period under review, REPSSI provided training to 7407 people from a number of partners on a social enterprise basis as well as through partnership agreements. The table below presents the number of people who have been trained by REPSSI broken down by partner organization. These training figures include the number of students who have enrolled on the Community Based Work with Children and Youth Course (CBWCY) and the Teachers Diploma. 1,891 students enrolled on the CBWCY certificate course whilst 515 were enrolled on the Teacher’s Diploma.

Zimbabwe had the highest training output of 3,031 people. This mostly comprised government officials from the Ministry of Public Services, Labour & Social Welfare who were trained under a social enterprise contract that was supported by World Education Inc.

REPSSI continued to provide training of organizations affiliated to the United Nations. Of note in the table above is the number of people who were trained beyond REPSSI’s traditional countries. In Senegal 27 people from UNICEF were trained in monitoring and evaluation of PSS programs. REPSSI was also engaged by United Nations High Commissioner for Refugees (UNHCR) to assist staff at Tongogara Refugee Camp with PSS knowledge and training for them to effectively deal with the refugees they work with.

Training Reach			
Country	Number of People Trained		
	Female	Male	2015 Total
Angola	83	108	191
Botswana	252	107	359
Kenya	31	54	85
Lesotho	44	55	99
Malawi	30	30	60
Mozambique	105	127	232
Namibia	47	15	62
Senegal	14	13	27
South Africa	93	39	132
Swaziland	33	26	59
Tanzania	279	167	446
Zambia	46	36	82
Zimbabwe	1665	1366	3031
CBWCY Students	1309	560	1891 (22 unknown)
Teachers Diploma	248	267	515
Total	4 279	2 960	7 239



"After the PSS training the number of parents who bring children for clinic has increased and the parents are coming for clinic sessions faithfully. They are enjoying the topics, especially the topic on child development. One of the great successes is that now we have men who come with their wives for clinic, unlike before. Other men are also bringing children for clinic to support their wives."

(Midwife at CRS supported clinic)

"One thing that I realized during the training was that giving children bad names is not good, like (Sikudhani – I did not expect, Matatiz - Problems, Chausiku – Darkness, such names are common. Some parents even call their children names like dog, cat, faeces when they are angry. I have managed to raise awareness among my fellow women on this and they have changed and some of them have become ambassadors of change".

(Trained Community Volunteer)

"Kids clubs helped to reach many children during the club's activities where children share their concerns, propose solutions and support each other"

Monitoring visits conducted to the organizations that were trained in Tanzania (Save the Children, Catholic Relief Service) showed that the trainings provided positively influenced the way community based volunteers work with and support children in health centres, schools and communities. Here are some of the statements made by trained people.



"There is a big difference in the way I work with children. I am able to make follow ups, identify children with problems and support them. There is increase in school attendance after introducing children clubs".



"Through the clubs I have trained children on life skills, HIV/AIDS, leadership, confidence and gardening".

Country Facilitators

COUNTRY	ASSESSED			ASSESSMENT RESULTS			
	Female	Male	Total	Lead Facilitator	Facilitator	Co-Facilitator	Not Ready
Angola	8	8	16	6	4	2	4
Botswana	15	3	18	7	6	3	2
Kenya	3	6	9	4	2	2	1
Lesotho	14	7	21	12	2	5	2
Malawi	5	11	16	6	3	4	3
Mozambique	6	6	12	6	3	2	1
Namibia	7	2	9	2	6	0	1
South Africa	19	2	21	14	5	2	0
Swaziland	8	3	11	7	2	2	0
Tanzania	6	8	14	6	5	1	2
Uganda	6	8	14	4	6	1	3
Zambia	5	9	14	5	7	1	1
Zimbabwe	9	7	16	6	7	2	1
Total	111	80	191	85	58	27	21

A Country Facilitator (CoFa) programme was implemented in every country. Trained REPSSI associates were invited to apply to participate in the programme which involved a comprehensive assessment and REPSSI accreditation for an initial period of a year. Criteria for accreditation, included mastery of subject matter, competent assessment skills and signing of the REPSSI Child Protection Policy. The table below summarizes the numbers assessed and the results of the assessment process.

To date, 191 CoFa applicants have been trained and assessed. Of these 85 were certified as lead facilitators, 58 can facilitate whilst 27 can co facilitate. Twenty-one were found as not competent and thus not yet in a position to facilitate on behalf of REPSSI. Lead facilitators may be contracted to lead the development and implementation of REPSSI training events, including the mentorship of other facilitators. Facilitators can implement a training programme/ workshop and co-facilitators may support lead facilitators and receive mentorship in the process.

Accredited Academic Psychosocial Support Programmes

The certificate course in Community Based Work with Children and Youth (CBWCY) and the Teachers' Diploma in Psychosocial Care, Support and Protection are REPSSI's flagship offerings for developing the skills of community-based caregivers, health workers and teachers. Currently the certificate programme is being offered in 10 countries while the teacher's diploma is being offered in Zambia with the potential for scale up to other countries in East and Southern Africa. Below is a table that shows the partners that REPSSI is working with, and panning to work with in delivery of these programmes.

Academic Programmes Delivery Partners

Country	Local Institution
Botswana	BOCODOL
Lesotho	Institute of Development Management (IDM) National University of Lesotho
Malawi	Magomero Community Development College
Namibia	NAMCOL
South Africa (Regional Quality Assurance)	University of Kwazulu-Natal
Swaziland	University of Swaziland (UNISWA)
Tanzania	Institute of Social Work
Uganda	Nsamizi Training Institute of Social Development
Zambia	Chalimbana University Mindolo Ecumenical Foundation (MEF)
Zimbabwe	School of Social Work, University of Zimbabwe

In Kenya the certificate programme is delivered in conjunction with REPSI partner HOPE WorldWide. During the period under review 1,891 learners enrolled on the certificate programme as presented in the table below.

Cycle 4 CBWCY Certificate Enrolment

Country	Enrolled			Total
	Male	Female	Unknown	
Botswana	10	84		94
Kenya	60	81		141
Lesotho	39	114		153
Malawi	98	61		159
Namibia	8	74		82
Swaziland	35	216		251
Tanzania	40	87		127
Uganda	133	102		235
South Africa	9	319		328
Zimbabwe	58	80		138
Zambia	72	101		173
Total	562	1319		1881

- As at the December 2015, all countries except Uganda were on schedule for completion of cycle 4 by July 2016
- A remedial intervention is being implemented to assist Nsamizi Institute of Social Development more intensively, and ensure active, committed Ugandan certificate students are adequately supported to complete the programme by December 2016
- The University of Swaziland continues to run concurrent cycles. NAMCOL planned independent delivery of a cycle beginning January 2016



The **Mainstreaming Psychosocial Support into Education Systems (MPES)** project implementation

continues in 11 districts in Eastern, Lusaka and Western

provinces in Zambia. REPSSI has continued to work with the Ministry of General Education(MoGE) and enjoys good relations at national, provincial, district and school level. Over 1, 000 teachers as implementers have been reached over the first and second cohorts. Teachers, students and graduates of the CBWCV certificate programme and the Teachers’ Diploma in Psychosocial Care, Support and Protection are able to share the transformation that is taking place within them as they change ways of doing business in the schools and communities they live in.

“We have the action plan, we have begun to talk about children’s rights, started improving the physical surrounding of the school, also offering emotional support as a result of the program”

- **Kalembwe Maketo- Teacher- Kaongeta Primary.**

“Before the teachers’ training programme in psychosocial, care, support and protection, most teachers were negative to the challenges that their learners were going through. However, the training has changed their attitude because now teachers are working to help learners and are passionate about it. The training has equipped teachers to come on board and assist such children; it is having a positive impact on both teachers and learners ”

- **Venice Moya- District Guidance Coordinator- Chilanga District.**



“The ministry realizes the importance of this course however, you have to follow the right procedure for you to receive the appropriate recognition. To do this, you need to submit a report and complete DHRD forms 6, 7, and 8 detailing your course and how you have put what you learnt into practice. It is also required that your supervisor affirms your ability”.

- **Elizabeth Siatwambo - Chief Human Resource Development Officer MoGE- At the alumni sharing meeting**



The MPES programme has been institutionalized within the MoGE as demonstrated by the active involvement of ministry staff at different levels. 6 monitoring activities including field visits and alumni sharing meetings were held during the year involving the Assistant Director- Human Resources, chief education officers, provincial education officers and senior education officers. The result of this collaboration is that teachers are aware that PSS is taken seriously by higher authorities in the ministry.

Partnerships to Reach Children through Mainstreaming Psychosocial Support

REPSSI worked through the partnerships that it has developed since 2011. The overall goal of REPSSI's programme is 'to contribute to promoting enabling environments for communities and families in East and Southern Africa to preserve and nurture the psychosocial wellbeing of children and youth, so that they can live with hope and dignity'. It should be noted that REPSSI as an institution seldom works directly with children. REPSSI works through partnerships where a memorandum of understanding is signed with an institution and REPSSI provides its materials and expertise to help the partner implement a programme that is integrating psychosocial support. Thus, reach is defined as those individuals who have been accessed, benefited or are using any REPSSI influenced training on any of the REPSSI PSS resources (tools, regional trainers, master trainers, staff) to enhance psychosocial wellbeing. The table below presents a summary of the beneficiaries who have been reached through REPSSI's partner network in 13 countries for the period under review. During the period REPSSI partners reached more than 1, 9 million children (881, 088 boys and 1,080,269 girls). See appendices for a full partner list.

REPSSI Reach by Country

Country	Gender		Total
	Male	Female	
Angola	6 282	7 079	13 361
Botswana	32 925	32 787	65 712
Kenya	33 000	46 000	79 000
Lesotho	11 000	12 000	23 000
Malawi	35 000	49 000	84 000
Mozambique	12 458	17 641	30 099
Namibia	5 060	7 435	12 495
Nigeria	60 867	57 106	117 973
South Africa	62 387	65 596	127 983
Swaziland	55 121	110 239	165 360
Tanzania	170 086	183 690	353 776
Uganda	159 345	234 308	393 653
Zambia	116 405	118 388	234 793
Zimbabwe	121 152	139 000	260 152
Total	881 088	1 080 269	1 961 357

Monitoring & Evaluation

- To improve monitoring of PSS activities, REPSSI is piloting PSS indicators that will be used across projects. The pilot is being conducted with NGOs in Gauteng and Free State provinces who participated in the development of the national PSS guidelines in South Africa. Below is a summary of these indicators.

Proposed PSS Indicators

CORE INDICATORS	PSS DOMAIN	PSS AREA
Number and proportion of children expressing a sense of safety and trust in their life situation.	Emotional wellbeing (intrapersonal)	Safety and trust
Number and proportion of children with a sense of belonging to their immediate circle.	Social wellbeing (interpersonal)	Identity and belonging
Number and proportion of children that have affectionate support	Emotional wellbeing (intrapersonal)	Feeling loved
Number and proportion of children that are cooperative and participate in activities with adults and other children.	Social wellbeing (interpersonal)	Social connectedness
Number and proportion of children reporting a sense of self-worth.	Emotional wellbeing (intrapersonal)	Self-worth

4. Organizational Development

Target: REPSSI has adequate resources, functional systems, culture and services to effectively, efficiently and sustainably implement its Strategic Implementation Plan (2011-2015)

Output 4.1: Governance and Leadership Development: Functional governance and leadership structure for optimal organisational performance

- In compliance with statutory requirements and principles of good governance REPSSI has held all the required regional and country board meetings including the Annual General Meeting. Country Advisory Boards played the key role of technical support to the country offices and have convened the required two meetings per country office in Botswana, Zambia, Malawi, Zimbabwe, and Tanzania. Country registrations increased to 12 and now include Angola, Lesotho, Malawi and Swaziland. The Mozambique and Uganda registrations must be renewed every two years; renewal of both is in process. REPSSI Zambia re-registered as a company limited by guarantee in addition to the initial Trust registration. Registrations come with the responsibility of annual returns to different authorities in country. It has been easy to deal with these in the most established offices. More effort will be placed in countries where REPSSI does not have physical presence.
- REPSSI has held internal programme review meetings to ensure achievement of set milestones and managerial staff met as was planned to set the programming direction.

Output 4.2: Resource mobilization/ Social Enterprise: Adequate resources mobilised to support the strategic implementation plan (SIP 2011 - 2015)

- In 2015, which was the final year of the current strategy, the reality of insufficient funding to comfortably move REPSSI into the new strategy set in. The organization, with support of consultants, embarked in concerted fundraising efforts to ensure the successful achievement of REPSSI's vision. Fundraising is pursued through both the Social enterprise and donor funds applications. Resource mobilization, both material and human, is now an integral part of all staff performance areas. REPSSI is seeking to increase in country funding. Country registrations are assisting the process
- The Social Business Development unit continues to gather momentum. During the period under review REPSSI mapped development cooperating partners for an overview of some of the funders that could be approached to support REPSSI's programmes. The report highlighted the opportunities that exist to strengthen the case for PSS in most sectors of development. REPSSI submitted a number of proposals to different funding agencies and partners for provision of different services. Below is the summary of financial year 2015 fundraising activity:

Financial Report

Financial Report for the year ended 31 December 2015
Extract from Audited Financial Statements

Income

British Petroleum – Angola	40,542
Comic Relief	815,510
FDC Mozambique	12,997
First National Bank - Namibia	15,632
The Heard –UKZN	10,175
Novartis Foundation for Sustainable Development	45,417
Novartis Foundation for Sustainable Development - Research	35,976
Nelson Mandela Children Foundations (NMCF)	9,301
R 21Projects Duke University	12,417
Save the Children	18,007
Save The Children – Sweden	14,061
Swish Agency for Development and Cooperation	1,477,071
Swish Agency for Development and Cooperation (SAD) Research	15,952
Stanbic Bank Botswana	9,754
Sweden NORAD	1,985,087
Sweden NORAD - (Regional Inter Agency Task Team)	236,531
Synergos	77,961
UNICEF Mozambique	19,863
University Research Council (URC) Malawi	9,348
USAID South Africa	517,983
World Vision – Mozambique	17,035
Social Business Revenue	414,680
Investment Revenue	4,192
Profit/Loss on Exchange Differences	174,579

Total Cash Income

5,990,071

Less

Research, Resource Development and Accreditation	-369,168
Advocacy and Networking	-769,288
Mainstreaming Technical Assistance/Capacity Development	-1,608,711
Monitoring, Evaluation, Learning and Documentation	-141,808
Programme delivery costs	-2,195,950
Organisational efficiency and sustainability	-736,426
Capital Expenditure	-14,569

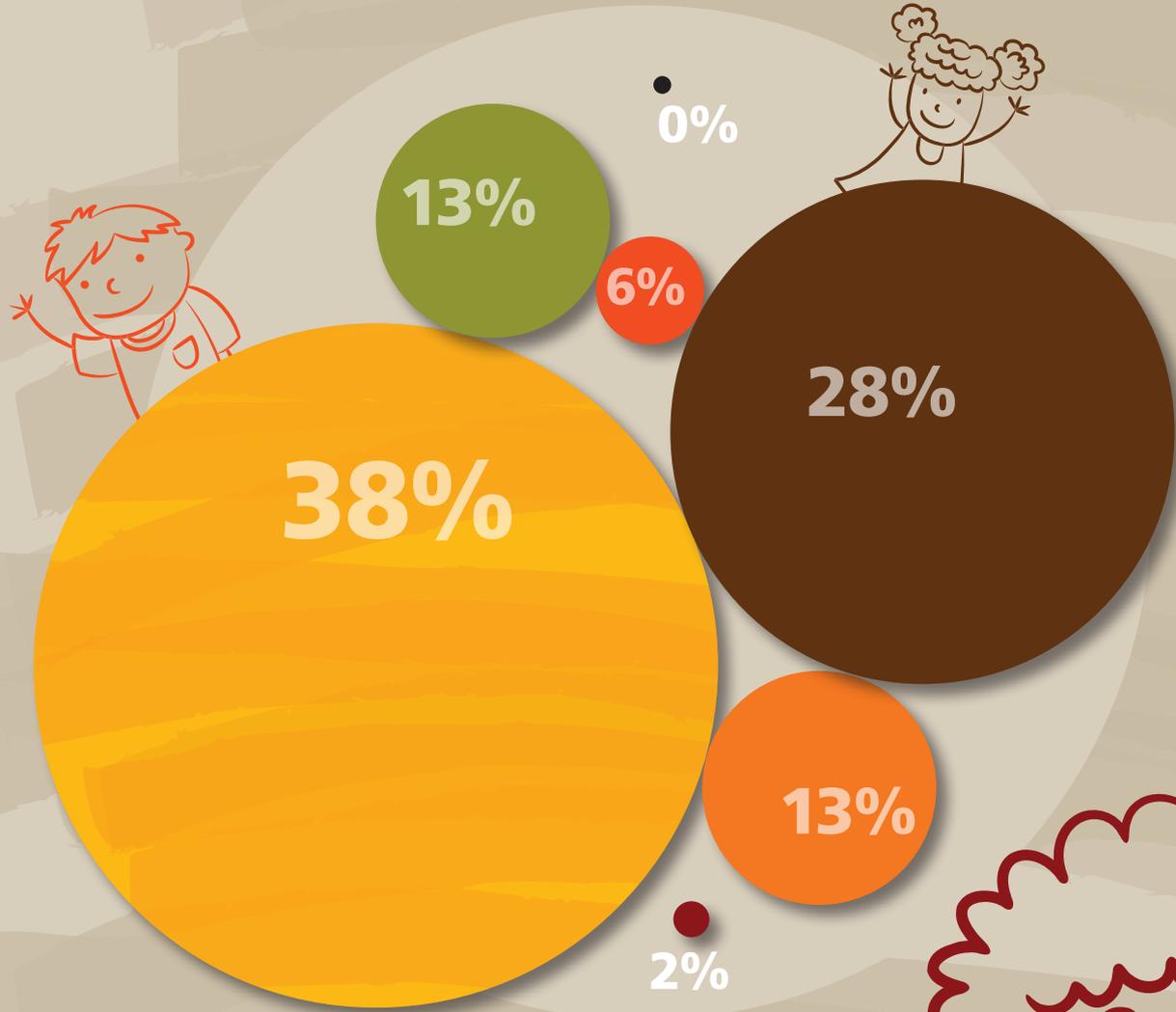
Total Expenditure

-5,835,920

Net Income Received

154,151

Programme Expenditure



● Organisational efficiency and sustainability	13%
● Capital Expenditure	0%
● Research, Resource Development and Accreditation	6%
● Advocacy and Networking	13%
● Mainstreaming Technical Assistance / Capacity Development	28%
● M & E and Documentation	2%
● Programme delivery costs	38%



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The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of any of the funding partners.

