



2021 Annual Report

Innovate. Integrate. Thrive





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2021 ANNUAL REPORT

Every year, REPSI celebrates continued partnership and successful collaboration with communities, governments and other relevant stakeholders in 13 East and Southern African countries. Using the ecological approach, REPSI has contributed to the resilience, mental health and psychosocial wellbeing through the work done with children, families and relevant community and national stakeholders. In 2021 with the help of our supporters, funders, partners, staff and volunteers, we are proud to have reached 105, 743 children, adolescents and young people– and 18,908 parents and caregivers.

This annual report represents REPSI's work in all its 13* countries.

Other reports are also available on the REPSI website.

Growing Stronger Together

| A message from our Board Chairperson



On behalf of the REPSSI Regional Board of Directors and Management, I am pleased to share with you our 2021 Annual Report. We are proud for the achievements our field staff have been able to register this year, in spite of the COVID-19 disruptions. For many communities, the disruptive effects of COVID-19 will take a lot of concerted effort to undo. REPSSI country teams have persevered and ensured minimal disruption to the livelihoods of those that benefit from our programmes.

As a board, we were quite engaged last year. I am pleased to report to you that we committed the past year to strengthening our governance structures. We successfully transitioned the remaining two members of the Board who both retired after completing their terms, Dr. Connie Kganakga our exceptionally committed Board Chairperson and our ever reliable Treasurer, Gavin Tipper.

Consequently, having completed the search process, a recommendation was made to the AGM to confirm my nomination as Board Chairperson and Mr. Craig Coltman as the Treasurer. The Regional Board is now fully constituted. Because of the regional nature of our organisation, the Board is made up of members from Kenya, Mozambique, Netherlands, South Africa, Uganda, United States of America and Zambia.

I am also happy to report that we completed the search and nomination process for all our Country Advisory Boards. All 13 countries now have duly elected leadership and are meeting at least thrice a year. In the same year, the Regional Board reviewed and updated 12 policies. These were disseminated to all the 13 countries and 7 countries have already ratified these policies and adapted them to their local context.

We are deeply grateful to all our government counterparts, donors, partner agencies and staff, without whom these achievements may not have been realised.

I hope you will find the report informative

Sincerely,
JUDGE MARIA MAPANI KAWIMBE

Improved mental wellbeing and connected communities

| A message from our CEO

Dear Reader,

I am pleased to share with you an account of our performance over the past year. Clearly and as mentioned by the Board Chairperson, REPSSI was not spared by the COVID-19 pandemic and subsequent restrictions. Yet on the other hand, it is within this COVID-19 era, that we have innovated around approaches that ensured that we continue reaching out to communities and families. For example, we managed to convene in Maputo for the PSS Forum 2021, that recorded one of the biggest turnout in the history of the Forum.

We are grateful to our donors and partners, for their confidence in us to continue delivering services. We also commissioned an evaluation of our programmes funded by the Swiss Agency for Development and Cooperation, covering a period of 18 years. The evaluation generated important findings, which when implemented will strengthen our programmes and governance structures.

Children and adolescents affected by COVID-19, have been a population segment of interest across all our programmes. In most countries, the levels of adolescent pregnancies and early motherhood spiked significantly. While the prevalence of common mental disorders, anxiety, depression also shot up, arising from the stressful living conditions during COVID-19 lockdowns. In the coming year, we intend to focus on reaching out to this target group among others.

We appreciate the commitment and perseverance of our Country Advisory Boards, Management and field staff, who continued to deliver services in such difficult circumstances. We appreciate all donors and development partners that continue to support our programmes in the region.

Sincerely,
PATRICK ONYANGO MANGEN
CHIEF EXECUTIVE OFFICER



About REPSSI

Regional Psychosocial Support Initiative (REPSSI) is an award-winning, regional non-profit organization delivering mental health and psychosocial support programmes in 13 East and Southern African countries. REPSSI commenced operations in 2002 in response to the needs of children and adolescents living in adversity and difficult circumstances particularly those affected by poverty, conflict, HIV and AIDS.

Over the past 3 years, through our integrated community oriented and family centered interventions, we have consistently reached up to 5.1 million children and adolescents and their families, supporting them to lead productive lives free from emotional difficulties and psychological distress. REPSSI has also trained over 4,000 people in various aspects of PSS and over 3,500 have been trained in the REPSSI Certificate and Teacher diploma courses.

REPSSI's Vision is that "All girls, boys and youth enjoy psychosocial and mental wellbeing".

Its Mission is "REPSSI leads in innovative Mental Health and Psychosocial Support interventions to transform policy and practice for girls, boys and youth in Africa to reach their potential".



In 2021, REPSSI launched a new five-year strategy that sees its work expanding in four thematic areas:

i. Health and Sexual Reproductive Health Rights:

Includes a continued and deeper focus on mental health and PSS in; HIV prevention, testing, treatment and care; sexual and reproductive health and rights and work to promote positive psychosocial environments in health facilities.

ii. Protection and sustainable livelihoods:

Includes promoting the role of psychosocial support in strengthening national and community systems for prevention and response to violence against children and women, sexual gender based violence and children in conflict with the law and improving livelihoods.

iii. Education and Early Childhood Development:

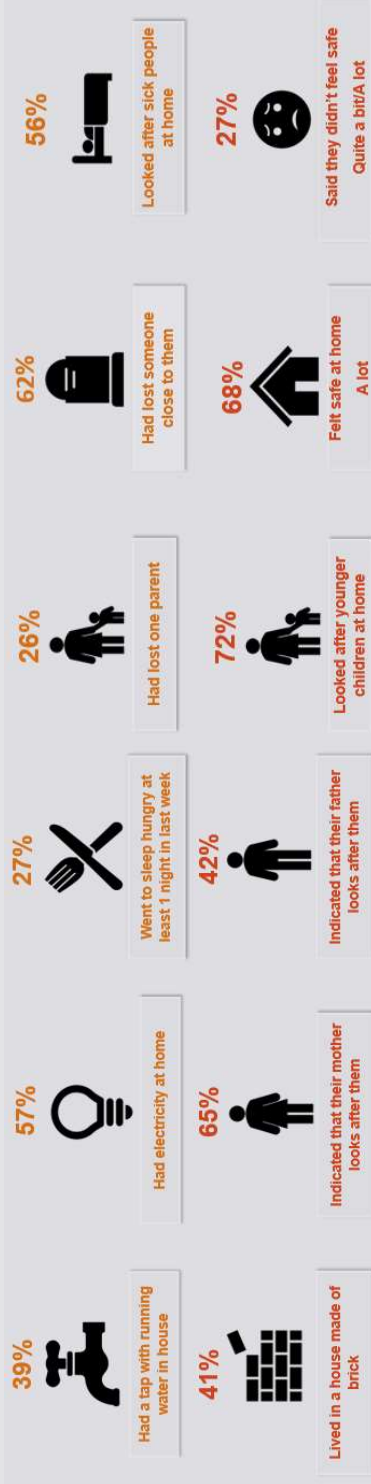
Includes promoting positive psychosocial environments in schools and training institutions for education and development outcomes, and supporting early childhood development, with a focus on the role of parents in their children's development .

iv. Disaster Risk Reduction and humanitarian response:

Includes building resilience to protect the environment and reduce climate change, and to respond to disasters and humanitarian emergencies in the region.

Our Communities

In a baseline conducted across 11 ESA countries with over 4,000 respondents with an average age of 15.82 years, the situation of children, adolescents and young people was:



1 Promote love, care and protection for children, adolescents and young people

Love, care and protection are key to creating an enabling environment in which children, adolescents and young people can thrive and achieve positive life outcomes.



"I know what I have said is difficult to do especially when a child falls pregnant, it is a very painful experience. My grandchild who is an orphan fell pregnant while she was in school, I was very much upset, this pained me. However, I did not chase her away or marry her off because this was going to cause a bigger problem. I supported her throughout her pregnancy and when she gave birth, I took over the care of the child and sent her back to school. Today she has completed school and will be going to college. I would encourage other parents to do the same."

Chiefteiness Nyanje, REPSSI Champion, Zambia

2 Build resilience

REPSSI believes that MHPSS helps children to bounce back better and this leads to sustainable programming that changes the narrative in communities.

Pamela from Uganda shares:

'Poverty is too painful, parents death is too painful, growing up with Guardians is even worse, the USAID KCHS, has wiped away my tears, no one knew that a poor girl like me living with HIV could be selected for a course without any coin coming from my caretakers who were already asking me to get a fellow HIV positive man to marry me off and they rest from the shame and stigma of looking after dead people's children who have no future.' Today I see the light, I can now even mend some of their clothes because of this program. soon I will start getting money from making small items like masks, Bags and small children's clothes. I pray that you buy me a machine and my life will be complete. Thanks, you REPSSI, TPO and USAID-KCHS am now a human being in my family house.

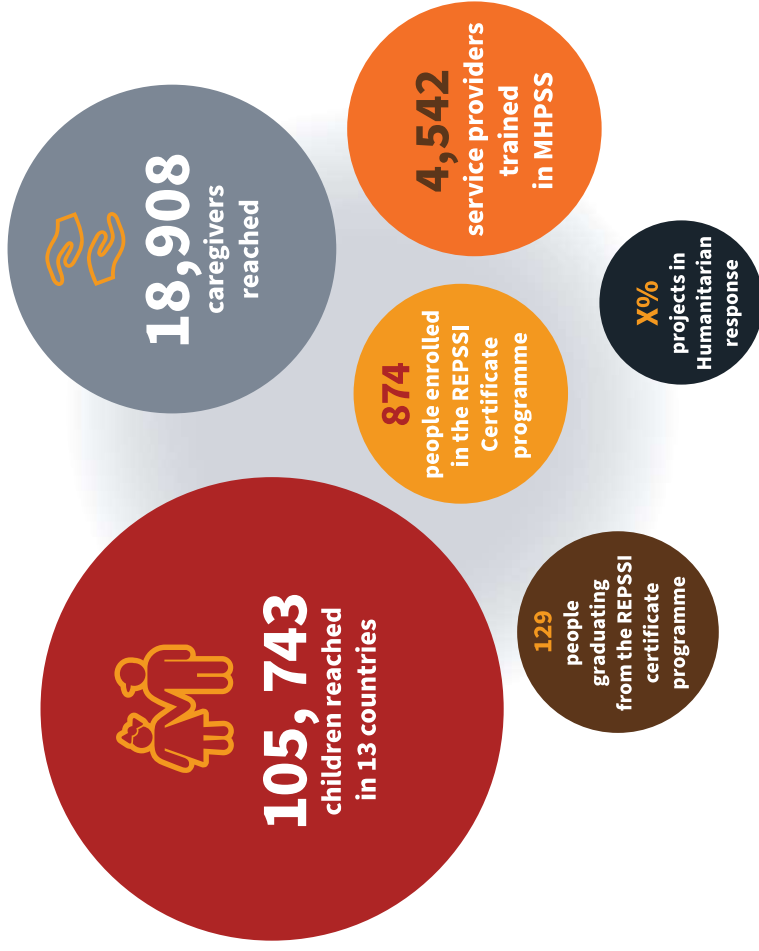
3 Promote inclusion

REPSSI continued to work with vulnerable groups including adolescent mothers and persons with disabilities to promote access to services and for vulnerable groups to also enjoy mental health and psychosocial wellbeing.



In many communities, in particular African Communities Persons with Disabilities continue to face barriers that inhibit them from achieving positive life outcomes. Alita, a 14-year-old girl residing with her mother, in Mwenzi, Zimbabwe had never had a wheelchair. Suffering from a hydrocephalus, Alita has both cerebral palsy and epilepsy. Her means to accessing services was being strapped to her mother's back. She had not been able to go to school or play with others due to her mobility challenges and existing barriers in her community. With support from CBM International, REPSSI was able to assist the family with a wheelchair. Alita, now has hopes of accessing and enjoying more services in her community including going to school like her peers.

Reach:



REPSSI CBWCY graduates reporting improved psychosocial environments in their classes; opportunities to pursue further education in universities, and better opportunities in their workplaces.

CERTIFICATE GRADUATES, LESOTHO

‘We have seen that many of the clinics went from having nothing that was focusing on adolescent services, to now having a designated space that is adolescent clinic, they are also prioritizing adolescents through providing services on specific days or time periods.’

HEALTH SERVICE PROVIDER – ESMATINI

“I learned that as a person, you should know yourself better, get help whenever you need help. I did not have good communication, but I learnt that if you get to have good communication with people it helps to relieve stress and pain.”

GRADE 10 LEARNER, SOUTH



SO1

Enhanced health, SRHR, and HIV outcomes for children, adolescents & mothers



REPSSI continued to implement interventions that focus SRHR and mental health; HIV prevention, testing, treatment and care; sexual and reproductive health and rights and work to promote positive health facility psychosocial environments. REPSSI trained professionals, para professional, volunteer and community leaders in MHPSS and SRHR; established peer support groups run by adolescents including ADLWHIV.

This strategic objective is supported with funds from the Sweden government, Frontline AIDS, First For Women Foundation, NDA, USAID, TPO, SOS, Comic Relief, the Government of Botswana, UNESCO, Deep Dive, Her Voice, Girl Effect, ViiV and Synergos, Implemented in all 13 ESA countries.

Addressing adolescents and young people in Kenya:

“ as you are going back to school remember what we talked about, resilience, this rubber band can be stretched and as you can see when I release it, it goes back to the way it normally was. Please be resilient and focus on your studies. And to my fellow caregivers the drama we did on circles of support will be of great help to these youths to allow them achieve their goals in life “

-MAMA MARY



Health and Sexual Reproductive Health Rights



Promoting health outcomes through MHPSS

At REPSSI, we believe that mental health and psychosocial support are essential to realising improved health outcomes in children, adolescents and young people. The period of adolescence in the human life-cycle has long been debated as a period of “storm and stress”, a time in which trouble with behaviour, emotions, and relationships, especially with parents, is at peak. Thus it’s a period that requires guidance and psychosocial support for them to thrive. The REPSSI programme in collaboration with partners provided PSS services to children, adolescents and young people to promote:

- 1 Dispelling of myths and false information about HIV and SRHR:** “Girls think that they will not be trusted with their boyfriends by having condoms in their bags when being inspected by them. You may be not having bad intention in your mind about having condoms, Because they will protect all of you both, but he may think negative and ask you, ‘why are you carrying condoms,’ (Teenage girl (ALHV), Tanzania)
- 2 Access to and use of SRHR related services including Comprehensive Sexual education (CSE)** “After being told about the youth friendly corner at the clinic, my friends and I began to visit the clinic to learn more things. When my mother got wind of our frequent visits to the health facility, she reported me to my father. She was suspicious that I had started having sex. I was scolded by my father who accused me of going to the clinic to get condoms. I couldn’t argue with either of my parents, instead, I shared my experience with our CDF who made arrangements to meet with my parents. Since then, I have their support to participate in all activities at the youth friendly corner.” (Grade 7 learner from Zambia)
- 3 Peer learning and support:** “Learning as peers created a bond among us and that friendship has continued to date. Even if we are not meeting as a group, I receive calls from former group members and I also call them sharing experiences and checking on their lives. My changed behaviour in the community has also made me acceptable among other women in the community.” –(Adolescent mother, Zimbabwe) –“It is very difficult to resist peer pressure, but we hope we will be able with teachers’ help.” (Adolescent, Angola)
- 4 Improved mental health and psychosocial wellbeing:** During a baseline, there were findings of children who had thoughts of committing suicide. All cases were followed up including of an 18-year-old girl from Namibia. Working with the REPSSI, a trained Life Skills teacher initiated contact with the child and supported with counselling and follow up for her and her mother who was suffering from alcoholism. REPSSI also worked with a Social Worker at the Ministry of Gender mandated to work in Child Welfare in Namibia. Both the mother and child were supported throughout the year; and the mother is recovering from alcoholism while the child has been observed to be more focused and engaged at school with her performance observed to improve gradually across semesters. The child has also become more open and confides in the teacher.

“It is good to learn that we can make our own decisions and choice.”

“We hope this program will not stop.”
ADOLESCENTS, ANGOLA

“I learned that as a person, you should know yourself better, get help whenever you need help. I did not have good communication, but I learnt that if you get to have good communication with people it helps to relieve stress and pain.”

GRADE 10 LEARNER, SOUTH AFRICA

Health and Sexual Reproductive Health Rights

REPSSI promoted access to quality health services and in particular SRHR. In its interventions REPSSI worked with children, adolescents, youth and diverse communities using the REPSSI Journey of Life tool among other PSS tools. The key approaches implemented were as follows:

1 We built the capacity of adolescents, and other key stakeholders: REPSSI trained adolescents to be peer supporters including Community Adolescent Treatment Supporters (CATS) within the READY + Programme. We also trained government personnel, community influencers and leaders in SRHR, psychosocial support, psychosocial life skills, PSS within Comprehensive Sex Education, GBV, Violence Against Children, mental health, adherence, HIV Treatment Services. REPSSI worked with Social Services, health and education departments to ensure that skills remain within government systems. Radio was also effectively used in Angola, Eswatini, Malawi and Zambia to reach communities even within the context of COVID-19 related lockdowns.

2 We provided Safe Spaces for children and adolescents. Peer support and children's clubs have proven to be a great way to promote and provide PSS. REPSSI used this approach with adolescent mothers, adolescent fathers, boys and girls, and adolescents living with HIV (ALWHIV). Some groups were led by trained professionals or community volunteer who were trained in specialised approaches such as the My Space, Kidz Clubs, tree of Life and Journey of Life by REPSSI, and I'm Safer curriculum by No Means No Word Wide.

3 Mainstreamed PSS in national frameworks and policies: REPSSI continued to participate in various technical working groups at both regional and country level and participated in the revision of government policies and framework such as the Learner pregnancy policy in Namibia, the development of the National Plan of Action for Children in Eswatini.



Building and Working Together: Promoting Community Led Approaches

An important key to sustainability is working with communities at grassroots level; ensuring that knowledge gained is nurtured and used to benefit communities. This has led to REPSSI activities reaching various groups and being acknowledged by influential community members such as pastors, traditional leaders and local leadership. This is beyond REPSSI's work at national and Regional levels.

In Kenya, a community mobiliser for the Kenya Orphans Rural Development Programme (KORDP) was trained by REPSSI. Upon returning to her community she reached out to the Catholic Church in Mundika, Busia where she was given a platform to provide knowledge to adolescents and children after the school closure due to COVID-19. She engaged a total of 84 girls and boys and caregivers over a number of sessions varying according to the focus. Her work in reaching children included facilitating sessions using REPSSI tools, providing psychosocial support and SRH information which led to the church requesting her to provide monthly visits to 11 other sub-Parishes in Mundika and provide similar services there. Mama Mary has also been using her knowledge and skills gained from REPSSI trainings to support caregivers to better care for their children, and to also focus on the prevention of early pregnancies, school drop outs and engaging with negative peer groups that will make them not adhere to HIV medicines and or engage into behaviours that can lead them into being infected by HIV. This approach is used in all REPSSI countries.

Results of an Endline Study of Adolescent Parents in Zimbabwe

Peer support is an approach used in mental health programmes, HIV programming and protection related programmes

REPSI used this approach in its interventions including with adolescent parents and has found a statistically significant 24% increase in those scoring in the 63-85 range using the Child Youth Resilience Measure-Revised, and a 15% increase in those scoring in the 22-30 range using the Brief Resilience Scale .

“I changed my character, I am one of the young mothers who had resorted to sex work, I had become violent, using foul language all the time and disrespectful to my child by bringing boyfriends to the house. Through this program, I became a positive parent, learnt how to relate with other members of the community and found alternative methods of surviving as a single parent without endangering my health.”

– ADOLESCENT MOTHER, ZIMBABWE

“ ...I have become a better father to my child and even our community is changing for the better.”

– ADOLESCENT FATHER, ZIMBABWE



SO2 |

Enhanced protection and sustainable livelihoods through MHPSS



REPSI promoted the role of psychosocial support in strengthening national and community systems for prevention and response to violence against children and women, sexual gender based violence and children in conflict with the law and improving livelihoods of families. Activities involved addressing issues related to GBV, Child marriages, harmful practices and promoted MHPSS and positive masculinity and economic strengthening.

This strategic objective was supported with funds from CBM Global, USAID, UNICEF-Spotlight Initiative and the Child protection Fund; GIZ, and Sweden. Implemented in Malawi, Uganda, Tanzania and Zimbabwe.



Protection and Livelihoods



21,574
CHILDREN REACHED
Including
2,007 adolescent
mothers



2,425
professionals,
paraprofessionals,
parents and
caregivers
reached



3,973
trained and
participating in
livelihood
activities

Improved Protection and Livelihoods outcomes have been achieved through increased programming in both prevention and response to GBV and livelihood enhancing activities through:

- 1 Created an enabling environment for improved protection outcomes:** All vulnerable community members exist within a family and community. An enabling environment is key for the prevention of abuse and promotion of protection. REPSSI worked with communities to create an enabling environment, strengthen community systems to ensure that referral pathways are responsive and utilised. REPSSI trained service providers and, community volunteers to provide MHPSS services
- 2 Empowered children:** Child participation is important for improved protection outcomes. REPSSI sought to provide children with knowledge on various protection issues including GBV and referral pathways in their communities. My Space, Journey of Life, Positive Masculinity and Introduction to PSS were some of the tools used with children and survivors of SGBV.



“Realisation of a society where there is gender equality will not happen overnight, we are striving for equality but for the meantime our society is a bit patriarchal hence positive masculinity is when men do not use this added advantage to be perpetrators of violence but rather be protectors of their families, of women. This initiative of implementing positive masculinity has changed me and my society in that we now think past the mediocre horizons society has placed us in terms of gender roles. This has enhanced men’s relations with women as they now appreciate how much we understand them”.

– SEAN, ZIMBABWE



“We can fully recognize and appreciate the role of shared responsibility with our sisters and mother. We are very actively engaged in home chores like cleaning the house and even cooking. We lead with the heart, use our voices, seek for support and closely pay attention to the injustices and imbalances that are aimed at demeaning girls and women”.

– BOY, UGANDA

- 3 Promoted Livelihoods:** Access to health, education services are often affected by the availability of funds. Economic Strengthening improves resilience and promotes access to necessary services. REPSSI promotes this through facilitating Income generating Activities, Village Savings and Lending Schemes, Skills trainings and mentoring in communities.
- 4 Promoted Disability Inclusion including psychosocial disabilities:** Persons with Disabilities are often left behind and have little or limited access to services, especially those with psychosocial disabilities. REPSSI promotes inclusion through community conversations on MHPSS and disability Inclusion, mhGAP HIG training, the provision of assistive devices and working with Persons With Disabilities to effectively advocate for their rights in their communities.

Protection and Livelihoods



Improved lives through Economic Strengthening

Nalubega Justine a 40-year-old widow, peasant farmer and a mother of 5 children from Bulinda village in Uganda. Only two children are in school and three are out of school as she did not have school fees for them. Since her husband passed away she has been desperate and worried how to raise money to educate her children. Nalubega said that she never had any idea of starting up piggery but when Evans Ainebyoona from REPSSI visited her and shared various ideas of improving the household income, she had the idea of a piggery project and then started looking for money. *“I did casual work for 1 month with my children who are out of school and we raised 80,000=”* Nalubega said. She used the money to buy two

piglets. Nalubega is happy and hopeful that her piglets will grow and multiply which will improve her household income.

“I am very grateful and happy for the knowledge and psychosocial support I get from REPSSI”
– MOTHER, UGANDA



Empowered grassroots level people and organisations

Gode Zaifo of Muzarabani, Zimbabwe was trained by REPSSI as a volunteer and mentored by a REPSSI Social Worker to support his community. Feedback from the volunteer was:

Prior to the REPSSI intervention, we could only provide basic counselling because we did not have much knowledge and skills in PSS. As such, there were cases of suicidal thoughts, suicides & abandonment of infants and toddlers as survivors of GBV fled their violent marital homesteads. We could not do much to help the situation as we were unpopular and the PSS services were uncommon in the

district, survivors suffered in silence, committed suicide or ran away without seeking PSS. The training strengthened our capacity and confidence in delivering PSS and also made us and PSS services very popular in Muzarabani. We are getting overwhelmed with demand for PSS services and we implore REPSSI to continue supporting the district with the PSS Officer to enhance access to Specialised PSS services. REPSSI should also train more volunteers to lessen the burden because we are covering vast areas and the cases of SGBV are rampant in the community. Residents express that marriages had some cracks as most women were living with emotional distress caused by SGBV:

Some said they had lost the zeal, self-esteem, confidence, hope for tomorrow and had suicidal contemplations, but today they are back to their psychosocial wellbeing because of the Psychosocial Support they received from REPSSI. A young lady called Primrose said that once she thought of committing suicide after she was forcibly thrown out of her matrimonial home and had nowhere to go.



Promoted positive behaviour change through children’s groups in schools and community dialogues, story from Mary (13yrs old), Uganda

“My name is Mary, currently living in Kiryandongo settlement (Refugee camp in Uganda). I stay with my parents and seven siblings. we have been in this refugee settlement since 2016 when we fled from our home in South Sudan to Uganda seeking refugee due to political and tribal clashes at home. I used not to do house chores and my mother would tell me that if I don’t change, I will be a bad woman and not get a good husband in the future. I was not moved by her words. At school I had no friends and was often caught in fights. I was disrespectful both at home and school. (Mary attended a group at school and learnt about life skills, SRHR, and various topics from a REPSI trained teacher). We were told to write about the journey of our lives and it was so interesting as we have happy, anger and sad times as we move down the road. I am so happy because they no longer came and shout at me, everyone says am now a good girl. I even have friends at school, I encourage other children to stop fighting, listen to their parents and always seek guidance from elders. I thought my previous nature was my character and I was not ready to change but I have.”

Mary is currently teaching her peers about what she has learnt about life skills, GBV, Early unintended pregnancies and SRHR.

“I advised my friends to avoid early relationships, maintain personal hygiene especially menstrual health management. I am going to continue advising my peers in my village, young girls of my age are getting pregnant after engaging themselves in relationships with boys and later run to South Sudan. I wish this could stop.”

Mary dreams of becoming a parliamentarian and advocating for the rights of girls.



SO3 |

Education and Early Childhood Development is enhanced through MHPSS



REPSI promoted the creation of positive psychosocial environments in schools and training institutions for education and development outcomes, and supporting early childhood development, with a focus on the role of parents in the early development of their young children.

This strategic objective was supported with funds from the University of Stellenbosch, Hilton Foundation and Comic Relief; Implemented in Malawi, Mozambique, Tanzania, Uganda and Zambia.



Education and Early Childhood Development



MHPSS is necessary to improve ECD outcomes. There is a growing gap in improving ECD outcomes and that is not only the influence of caregivers but in particular of adolescent parents. Improving play, nurturing environments, nutrition, and caregiver wellbeing all have an impact in ECD and Education. In its interventions REPSI worked with ECD centres, community radio stations, caregivers and relevant government departments to promote ECD and education outcomes. This was done:

- 1 Using radio shows and radio structured learning:** this promoted learning even during COVID19 imposed lockdowns especially in Zambia, where radio recordings were also used as conversational tools.
- 2 Encouraged learning through community conversations:** Community volunteers led community discussions to promote the wellbeing of children.
- 3 Provided specialised support through home visits:** Using the REPSI Household guide, families and children were reached in their homes, providing MHPSS, referrals to both caregivers and children. This helped to improve wellbeing in families, helped to identify specific needs for example, nutrition, education, and even livelihoods and offer referrals where needed. Improved nutrition

Joel (not his real name), one of the beneficiaries of a Hilton funded project, in Mozambique, was observed to be sickly, with his physical appearance showing signs of malnutrition. His mother participated in the community dialogue sessions and benefitted from family home visits, Joel's physical appearance began to improve and this pleased his parents. This is tied to the lessons that they learnt during the dialogues and home visits which covered topics on how to take care of infants.

– COMMUNITY VOLUNTEER, MOZAMBIQUE



- 4 Innovation through the University of Stellenbosch and REPSI's Sharing Stories Project:** the intervention utilised Whatsapp as a medium to reach caregivers even within the COVID-19 context
- 5 Connected caregiver wellbeing to Early Childhood Development:** Caregiver wellbeing has an influence in promoting ECD outcomes. REPSI conducted a baseline assessment of the situation of 480 young mothers beneficiaries in Gaza and Sofala provinces of Mozambique and found that:

82%
(394)
not in school

199 (51%) not in school because they do not have enough money,
123 (31%) dropped out of school because of pregnancy,
68% tested for HIV and **13%** on ART.

Only **13%**
have own
source of
income:

47% no support from the fathers of their children,
42% receive material support such as food and shelter, **36%** financial support,
29% social support and **25%** emotional support.

Education and Early Childhood Development

In 2020/2021, Stellenbosch University partnered with REPSSI to test the feasibility and effectiveness of delivering the Sharing Stories intervention via WhatsApp in Zambia, Tanzania and Uganda through a pilot Randomised Controlled Trial (RCT) with caregivers of children aged 9-32 months.

Caregivers in the intervention group reported significantly higher rates of responsive caregiving, spending time reading or looking at picture books with their child, and telling their child stories compared to control group caregivers at follow up. They also reported significantly lower rates of depression and anxiety.

As project preparation and roll out took place during the COVID-19 pandemic, under varying degrees of lockdown, changing social, political and economic landscapes, this finding contributes greatly to our understanding of how to effectively deliver supportive parenting interventions through digital platforms in situations of extreme adversity. The findings of the intervention were as follows:

- No significant differences in child development outcomes between children in the intervention and control group were detected.
- WhatsApp is an appropriate delivery platform as it is widely used, supports different types of messages and is usable on relatively basic and commonly owned mobile phones, not only more expensive models. There is

also potentially no limit on the number of books that can be sent to caregivers at low cost.

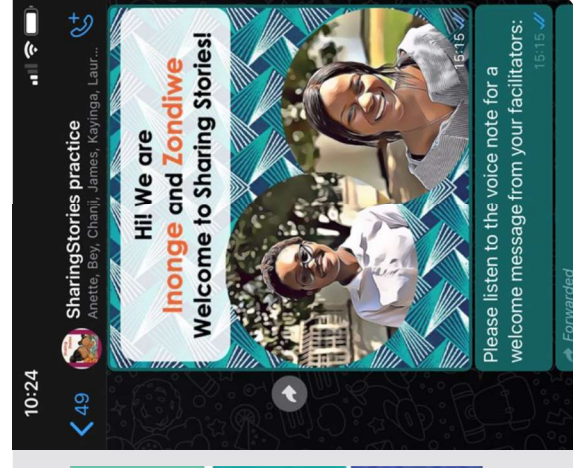
- The digital delivery format is hugely beneficial for ensuring fidelity to the programme
- The digital delivery format offers caregivers more flexibility in terms of when they engage with the programme and its content and to share with other caregivers.



Sharing stories:

The sharing stories intervention was implemented with support from the University of Stellenbosch and was based on a WHO Parenting for Lifelong Health-endorsed shared reading intervention. The aim of the intervention was to promote the playful care-giver engagement with their children. Caregivers were supported to utilise the WhatsApp platform to use books shared to engage with their children. The intervention made use of:

- 1 **Text messages** to communicate important information, present questions, and engage caregivers in discussions.
- 2 **Voice notes** to explain or elaborate on key messages, or to demonstrate techniques verbally.
- 3 **Infographics** to visually present key messages alongside helpful, practical tips.
- 4 **Video clips** of caregivers engaging in shared reading with their children were used as demonstrations of key techniques.



SO4 |

Disaster risk reduction and enhanced Humanitarian Response



REPSSI promoted resilience, climate change management, and promote mental and psychosocial well being. MHPSS is a key factor in ensuring that communities build back better after facing humanitarian and are also able to reduce their levels of vulnerability through community connectedness.

This strategic objective was supported with funds from the UNICEF, TdH, GIZ and CBM International and was implemented in Tanzania, Mozambique and Zimbabwe



DRR and Enhanced Humanitarian Support

9,013 CHILDREN REACHED

1,383 professionals, paraprofessionals, parents and caregivers reached

The East and Southern Africa region is faced with numerous disasters resulting from natural environmental occurrences, climate change, and conflict, which occur regularly. REPSSI's response to humanitarian situations promoted environments in which children build resilience through MHPSS. During the year 2021, REPSSI worked with communities affected by Cyclone Idai and drought in Zimbabwe, refugees in Uganda, displaced families from Cabo Delgado in Mozambique and families affected by COVID-19 in Tanzania. During emergencies, REPSSI ensured that communities obtained the necessary MHPSS knowledge to support one another and also ensured that children, women, and persons with disabilities were included in community activities as well as decision making.

“I learnt a lot from the child development stages. Having knowledge of the characteristics of the development stages of children is key as it will enable us as practitioners in the field to be better able to provide PSS to children.”

– TRAINED SERVICE PROVIDER

Capacity building covered topics such as the **Prevention of Sexual Exploitation and Abuse (PSEA), Psychological First Aid (PFA), MHPSS, mhGAP Humanitarian Intervention Guide.**

REPSSI reviewed the **I Support My Friends** – a training for children and adolescents on how to support a friend in distress. The tool builds on the principles of Psychological First Aid to equip older children and adolescents with the skills and knowledge to support their friends in distress, under the mentorship and guidance of trusted adults. The four-part resource kit has been jointly developed by UNICEF, Save the Children, the MHPSS Collaborative and WHO. REPSSI was acknowledged to its contribution.

In times of emergencies, tools for capacity development

need to be tailor made to suite the context. In partnership with TdH, REPSSI developed two resources:

- 1 PSS training for ECD teachers and staff in child friendly spaces** - The ECD Manual is for anyone working with young children affected by displacement. The training will help teachers and carers to learn about the effect of stress on young children and how you can play an important part in helping them cope.
- 2 PSS toolkit for Social workers** - The toolkit encourages a group approach to psychosocial support because the reality is that there are few psychosocial professionals available for displaced communities which makes individual counselling difficult.



DRR and Enhanced Humanitarian Support



The power of PSS in Law enforcement

After being trained by REPSSI in Tanzania, a police officer began mainstreaming PSS in his everyday work and in response to cases of GBV. He narrates his learning as follows:

I'm a police officer, professionally I was trained to apply force to interrogate clients ensuring that there was no friendly and caring environment for the accused persons. This situation hinders the freedom of expression for the accused persons as they would have already been labelled as guilty.

In April 2021 I got an opportunity as a Gender Desk Police Officer to attend Psychosocial Support training at Ubungo Municipal Council, among the things that I learnt is how to create rapport, and a friendly and caring environment for our clients. The training helped me to change my attitude towards accused persons.

After the training, I was assigned to interrogate an accused man who had been charged with raping his 15 year old daughter. The man was distressed, I started with building a friendly and caring environment before interrogating him. The situation helped this accused to feel free to express himself and he stated that he had never raped his daughter but his wife was teaching their daughter to accuse him due to marital conflict. The accused reported that his wife was planning to marry another man. She thought accusing her husband was the only way for her to

be free to get married because with such case he will be imprisoned for 30 years.

The accused man said, "No one wants to see me in the community even my relatives because they believe what the wife had said about raping their daughter". He did not see the value of life. He said, "I wish I could get a chance to do something which could end my life".

Thereafter, I made several follow ups with the community. Some of community members interviewed said the accused is a faithful person but is suffering. I also had a chance to talk with the accused's wife and she later apologized for what she did to her husband. She admitted that she taught her daughter to give false information to the police.

I then submitted a report to the court, also the daughter admitted in the court that she was taught by her mother to accuse her father of raping her but it was not true and apologized to the court and to the father. After that, the accused was set free by the court. I asked the accused to forgive his daughter and he was ready for forgiveness not only for the daughter but also his wife. And he was ready to join his family and currently they are all living a happy life.

I have learnt that accused persons need to be talked to in a way that allows them to open up and share their feelings.
– POLICE OFFICER, TANZANIA



Advocacy

Advocacy influencing change

REPSSI was part of several technical working groups across its countries, regionally and globally with the aim of ensuring the mainstreaming of psychosocial support in all spheres. REPSSI had membership in global bodies such as MHPSS.Net; OVC.Net; MHPSSRG; CCABA, GSSWA. REPSSI also worked closely with governments and the Government of Botswana not only provided funds to reach children and communities but also provided funds for the REPSSI PSS Forum in 6 of Botswana's districts including the main forum in which the country virtually joined the Mozambique and the rest of the REPSSI countries and beyond. The Government of Botswana has also committed to implementing the 2021 PSS resolutions in Botswana.

In the UNAIDS Strategy within the thematic focus on Children and Youth, RIATT ESA, SAT and REPSSI successfully lobbied the PCB to include the following:

- 75% of all children living with HIV have suppressed viral loads by 2023
- 95% of HIV-exposed children are tested by two months of age and again after cessation of breastfeeding”
- Result Areas 2 (Adolescents, youth and adults living with HIV), Result Area 3 (vertical transmission and paediatric service delivery for women and children), and Result Area 6 (Young people fully empowered and resourced).

REPSSI participated in the AU Early Childhood Education and Development (ECEd) Cluster – Policy, advocacy and



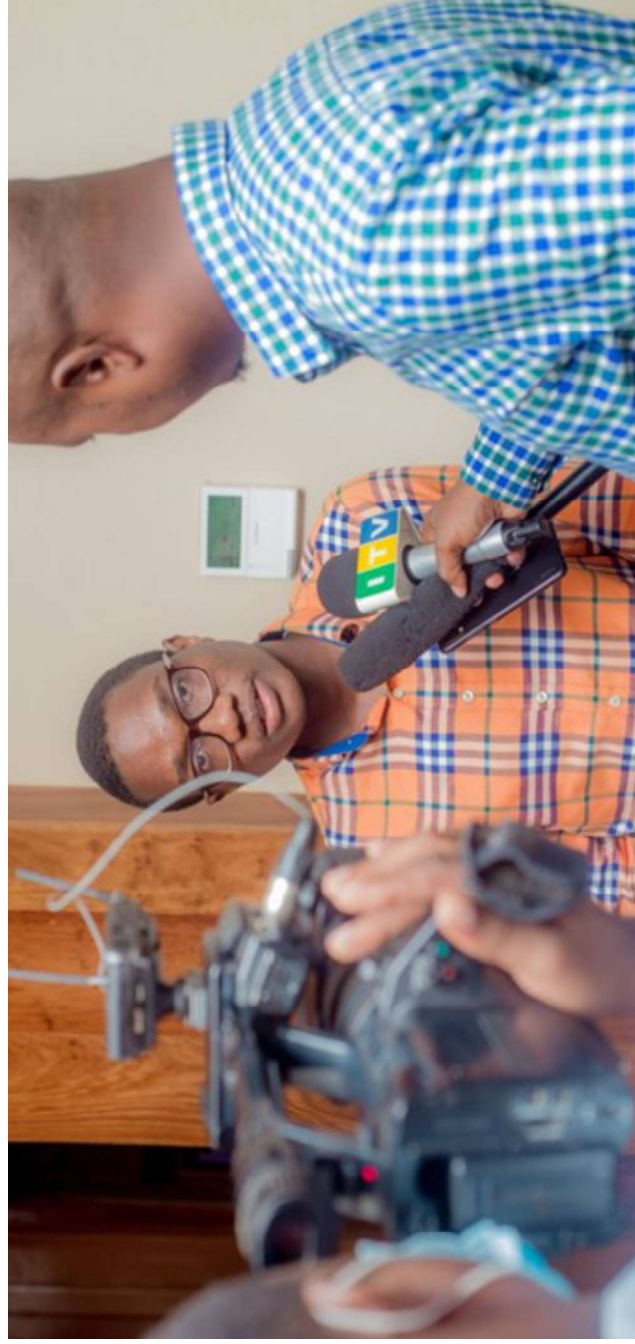
Addressing stakeholders at the REPSSI 2021 Pss Forum in Botswana; Hon Mabuse M. Pule

communications TWG. The TWG initiated the development of a regional framework to strengthen Early Childhood Education systems. The overall purpose of this framework was to support and guide AU Member States in the process of planning and strengthening systems for the ECE sub-sector to deliver quality at scale. The draft Framework will be submitted to the Africa Union Commission for review and adoption in 2022.

Violence Against Children - APEVAC

As a follow-up to the July 22 continental conference on Violence Against Children, APEVAC, ACPF and REPSSI organized a technical symposium for SADC member states. The symposium assisted the SADC member states to:

- 1 Examine and explore their approach to effectively address the structural and intersecting factors that leaves girls and boys at greater risks to violence
- 2 Commit to urgently enhance political will to implement policies and laws and provide adequate funding for child protection, in particular for VAC prevention and response.



REPSSI 2021 PSS Forum

The 2021 PSS forum was held in October 2021 and hosted in Mozambique. The event was the first of its kind with both physical and virtual participation. The main forum was done in a hybrid format with 13 physical meetings (in 13 countries), all linked virtually to the main venue in Maputo for opening and closing ceremonies and all plenaries. The 13 countries had their own parallel breakout sessions that could be joined virtually. REPSSI regional partners hosted the 14th virtual breakout which focused on panel discussions. The virtual launch of PSS forum was attended by over 80 participants from 11 countries



and had over 700 people attending the event physically in REPSSI countries. REPSSI was supported by various organisations including co-hosts namely; with Save the Children ESARO, UNICEF ESARO, WHO AFRO, GSSWA, EGPAF, War Child, MHPSS.net and RIATT ESA.

Key issues to be considered by REPSSI:

- 1 Embed MHPSS into the climate action, disaster risk reduction and humanitarian emergency responses at national, continental and global level.
- 2 Strengthen advocacy for the incorporation of MHPSS within key sectors and increase in public and donor financing.
- 3 Develop a common MHPSS evaluation framework across the continent
- 4 Capacitate public health workers to provide basic MHPSS services, e.g. screening for MHPSS issues
- 5 Ensure that sexual and reproductive health education and psychosocial support are prioritized in all forms of education.
- 6 Leverage increased awareness of the importance of MHPSS in the current COVID-19 context to build better MHPSS systems and destigmatize MH.

Voices of the people



"I am a young person who supports my peer youths through outreach in my community of Ubungu district, Dar es Salaam, Tanzania in the READY + programme. I was very excited to participate in such a great forum as the 6th Psychosocial Support Forum 2021 for the first time. For that reason, I feel very proud to represent other young people in my community who did not have the opportunity to participate in that forum."



I am eager to seeing responsible stakeholders designing psychosocial programmes to address prioritized problems facing the children and youth which we identified in the forum. The problems include Gender based violence (GBV), Sexual Reproductive Health and Rights (SRHR), Drugs and Alcohol, Education, Hygiene and safety in times of COVID-19 and Violence Against children (VAC). As a result of the stakeholders' efforts, the wellbeing of children and youths in my community will be improved."

– CATS, TANZANIA

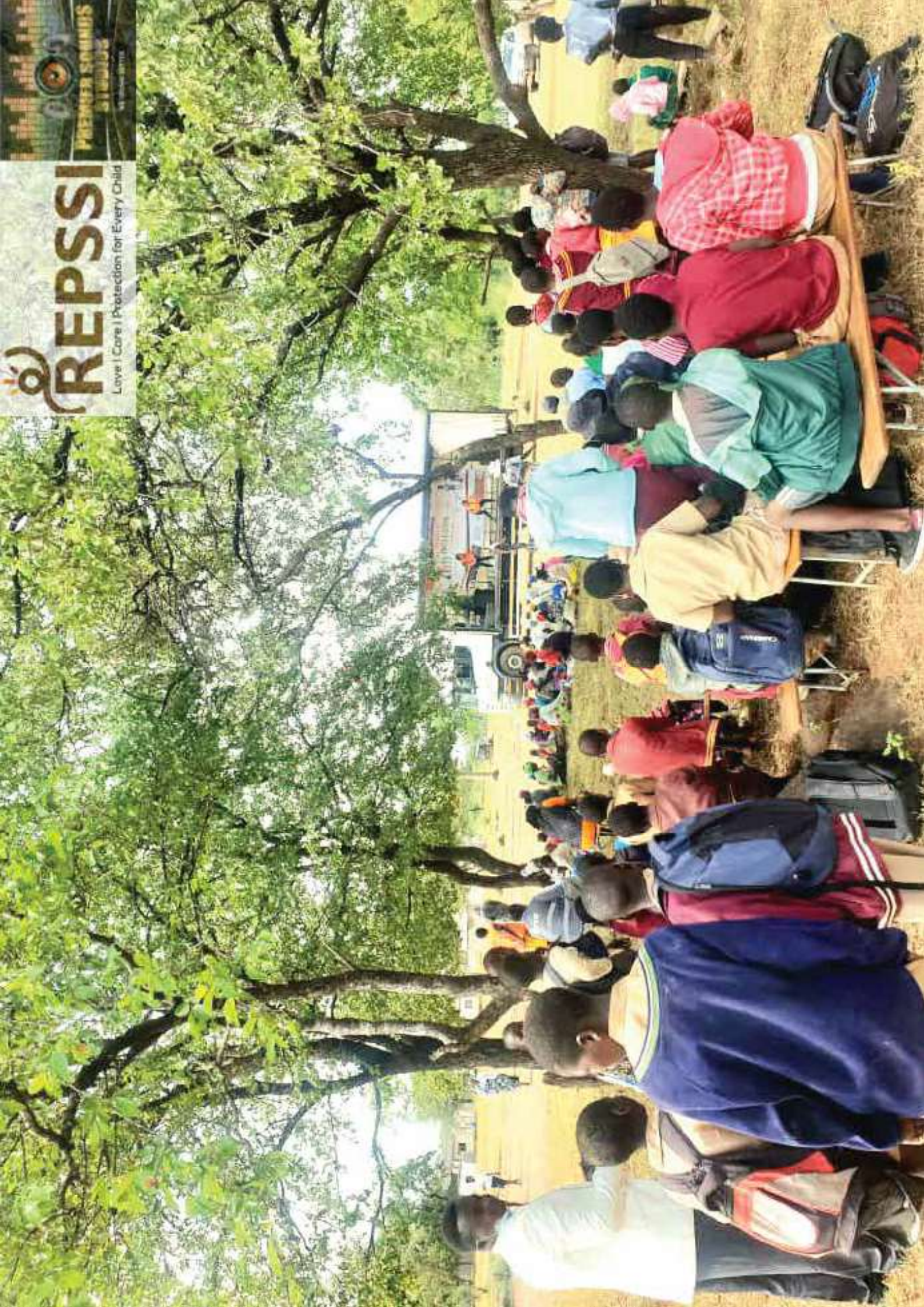
"When I was much younger, I used to think that people who had mental challenges were only those with severe mental disabilities, but in the forum I learned that even people with who are experiencing conditions such depression, anxiety and having suicidal thoughts need psychosocial and mental support so that they can open and discuss their problems with those who can help them accordingly."

– SERVICE PROVIDER, ESWATINI

Financial Statement

Statement of Financial Activities for the year ended 31st December 2021 Based on Audited Financial Statements

Statement of Comprehensive Income	2021 (Euro)	2020 (Euro)
Revenues		
Grants from ICPs	4 841 086	4 541 264
Income from Services	314 903	200 475
P & L on Foreign Exchange		
Investment Revenue	5 942	6 588
Total Incoming Resources	5 161 931	4 748 327
Operating Expenses		
Program costs	4 705 959	4 351 914
Governance & Admin Costs	593 713	567 547
Total Expended Resource	5 299 672	4 919 461
Net (outgoing) resources for the year	-137 741	-171 134
Fund balance as at 1 Jan	2 963 246	3 054 852
Fund balance as at 31 Dec	2 825 505	2 883 718
Statement of Financial Position		
Property Plant and Equipment	392 025	411 982
Current Assets (Trade & other receivables + Cash & Cash Equiv.)	4 010 327	4 551 399
Trade and other Payables	-151 053	-138 696
Deferred Income (Grants received in advance)	-1 425 794	-1 940 967
Nets Assets	2 825 505	2 883 718
Represented by:		
Retained Income	2 825 505	2 883 718



 **REPSI**
Love | Care | Protection for Every Child



REPSSI Partners and Supporters

Aidsfonds	2020	25 299
APASA Mozambique	2020	3 014
Christian Blind Mission	2021/2020	131 400
Co-Impact	2020	1 451
Comic Relief	2021/2020	162 315
The Hilton Foundation	2020	223 794
Global network - Deep Dive	2021	11 670
Department of Social Protection (Botswana)	2021/2020	60 302
Education Cannot Wait	2021/2020	27 452
First for Women	2021/2020	57 002
Frontline AIDS - Ready+2	2021	1 007 685
Frontline AIDS - Shadow	2021	1 598
FNB Namibia	2020	20 154
Frontline AIDS	2020	1 057 508
Girl effect	2021/2020	5 032
GIZ Uganda	2021/2020	37 905
Global Network Partnership	2020/2020	10 273
Global Network - Her Voice	2021	5 402
Jacobs Foundation	2020	76077
KXZ Technology	2021	14 525
M and C Saatchi	2020	357

National Development Agency	2021	15 811	
PATA	2020	17 259	
SOC Mozambique	2020	179 185	
SOC Zimbabwe	2020	337 459	
Service revenue – REPSSlow Revenue	2021/2020	314 903	200 475
Swedish Development Cooperation Agency (Sida)	2021/2020	1 275 302	1 036 093
Swiss agency for Development and Cooperation (SOC)	2020		367 806
Synergos Uganda	2021/2020	2 591	20 710
Terre des hommes	2021/2020	22 704	1 316
The Hilton Foundation	2021	433 736	
TPO- KCHS	2021	299 799	
United Children's Fund (UNICEF) Mozambique	2021/2020	71 816	3 693
United Children's Fund (UNICEF) Tanzania	2021/2020	127 568	179 678
United Children's Fund (UNICEF) Zimbabwe	2021/2020	752 928	362 750
United Nations Educational Scientific and Cultural Organisation (UNESCO)	2021/2020	53 536	42 855
TPO- KCHS	2020		23 820
University of Stellenbosch	2021/2020	84 191	92 651
ViiV Healthcare	2021/2020	159 738	25 314
Frontline AIDS - Young Africa	2021/2020	8 805	34 984



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