



Regional Annual Report

January to December 2022

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CAB	Country Advisory Board
CATS	Community Adolescent Treatment Supporters
CBO	Community-based Organization
COVID-19	Coronavirus Disease
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DQA	Data Quality Assurance
DSP	Department of Social Protection
EAC	East African Community
ECD	Early Childhood Development
ESA	East and Southern Africa
EUP	Early and Unintended Pregnancies
EVAWG	Elimination of Violence Against Women and Girls
FBO	Faith-based Organization
FFW	First for Women
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
IP	Implementing Partner
M&E	Monitoring and Evaluation
MGCDSW	Ministry of Gender, Community Development and Social Welfare
MHPSS	Mental Health and Psychosocial Support
MoH	Ministry of Health
MPS	Minimum Package of Services
NET	Narrative Exposure Therapy
PSS	Psychosocial Support
RDQA	Routine Data Quality Assessment
RECs	Regional Economic Communities
REPSSI	Regional Psychosocial Support Initiative
RIATT-ESA	Regional Interagency Task Team - East and Southern Africa
SADC	Southern Africa Development Cooperation
SDGs	Sustainable Development Goals
SIDA	Swedish International Development Agency
SIMS	Strategic Information and Management Systems
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health Rights
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
US/USA	United States of America
VAC	Violence Against Children
YWCA	Young Women Christian Association of Malawi

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Acknowledgements

The Regional Psychosocial Support Initiative (REPSSI) wishes to thank all stakeholders, including strategic partners and collaborators (government and non-governmental), and implementing partners that contributed to REPSSI's programmes during the reporting period (January – December 2022). These partnerships and collaborations stretched across 15 countries in East and Southern Africa (ESA), including: Angola, Botswana, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia, Zimbabwe, South Sudan and Somalia.

Additionally, REPSSI remains thankful to all funding partners for their financial support that enabled the actual roll-out of REPSSI's programmes in 2022. These funding partners included: Swedish International Development Agency (SIDA); Frontline AIDS; Conrad N. Hilton Foundation; USAID; COMIC Relief; Christian Blind Mission (CBM) Global; UNICEF; Christian Blind Mission (CBM); ViiV Healthcare and Aidsfonds; Global Fund; UNESCO; Elton John AIDS Foundation; 1st for Women Foundation in South Africa; Department of Social Protection (DSP) in Botswana; Netherlands Embassy in Mozambique; terre des hommes German; Deep dive; Stellenbosch University; Paediatric AIDS Treatment for Africa (PATA); Bodily Autonomy Integrity; Global Network; Synergos Institute; Bulgaria Development AID; Girls Not Brides (Tanzania); the Regional Interagency Task Team - East and Southern Africa (RIATT-ESA); SBD Zambia; UNDP; AIDS and Rights Alliance for Southern Africa (ARASA); Sexual Rights Centre (Zimbabwe); MHPSS Collaborative; German Corporation for International Cooperation (GIZ); Dutch Ministry of Foreign Affairs; HIVOS; Irish Aid; Africa Psychosocial Support Institute (APSSI); Lego Foundation; United Nations Office For Project Services (UNOPS); Save the children; WHO, International Organization for Migration (IOM).

A Message from our Board Chairperson

Dear Partners,



THE PAST YEAR HAS BEEN one of consolidating our regional strategy, governance systems and geographical presence. We have deepened our engagement with regional economic communities, particularly the African Union, with whom we are working to develop a policy that mainstreams mental health and psychosocial support into peacekeeping operations. We are also working with the East African Community and the African Committee of Experts on the Rights and Welfare of Children, on policy frameworks that promote psychosocial support in programmes targeting children.

Over the past year, the Regional Board met consistently and on schedule, and so did all our 13 Country Advisory Boards. The Human Resource and Board Nominations Committee was fully constituted and met accordingly. As a result, the Board, through its oversight function, has greatly enhanced risk management and compliance with statutory and regulatory frameworks in all our countries of operation.

The need for REPSSIs' services remains crucial in the region. Following the COVID19 pandemic, communities have remained vulnerable and exposed to multiple disasters in the region, that require comprehensive psychosocial support interventions. In the coming year, we will continue to work with national authorities and civil society organisations, to adopt approaches that promote the provision of psychosocial support services targeting disaster risk prone communities.

On behalf of the Board and Management, I express my most sincere gratitude to all you our partners, that collaborate with us and support our programmes.

JUDGE MARIA MAPANI KAWIMBE

A Message from our CEO

Dear Reader,

I AM PLEASED TO SHARE WITH YOU our 2022 Annual Report. Our context of operation has remained volatile in some countries. For example, the protracted refugee crisis in Uganda, has stretched resources available for effectively responding to the humanitarian crisis. Additionally, the effects of climate change, flooding and drought continued to threaten countries in the southern Africa region. Mozambique experienced floods, drought, and the Tropical Cyclone Gombe that struck Nampula in March 2022. Malawi experienced two cyclones (Anna and Gombe) which affected some parts of the country and caused much destruction on property and loss of lives.

In the rest of the region, REPSSI has continued to respond to the psychosocial and mental health needs of children, women and families affected by HIV and AIDS; poverty, conflict, gender based violence and abuse, among other difficulties. Our emphasis on delivering evidence based interventions, is a key aspect of our programme impact. During the year, we concluded the development of our Monitoring, Evaluation, Research and Learning framework, and restated some of our impact indicators. We also signed a memorandum of understanding with the Africa Population and Health Research Council, to build our capacity in research and to generate practice oriented evidence.

Lastly, issues concerning adolescent boys and girls, have been quite heightened over the past year, particularly following COVID19 lockdowns. Our emphasis on increasing access to reproductive health and sexual education services to adolescents, has enabled adolescents to access essential information and lifeskills, and to lead meaningful and responsible lives.

I thank you for your support, and do hope you find this report informative.

PATRICK ONYANGO MANGEN



Introduction and Background

IN THE PERIOD UNDER review (January – December 2022), the Regional Psychosocial Support Initiative (REPSSI) continued to implement its interventions across the 13 ESA countries¹ in East and Southern Africa (ESA), with an expansion into two other African countries, South Sudan and Somalia, in line with four programme themes outlined in the REPSSI 2021-2025 Strategic Plan, namely 1) Health and Sexual Reproductive Health Rights, 2) Protection and sustainable livelihoods, 3) Education and Early Childhood Development, and 4) Disaster Risk Reduction and humanitarian response. The table below summarizes what each thematic area entails:

TABLE 1: REPSSI Programme Thematic Areas – 2021-2025 Strategic Implementation Plan

<p>Health and Sexual Reproductive Health Rights</p> <p>Continued and deeper focus on mental health.</p> <p>HIV prevention, testing, treatment and care.</p> <p>Sexual and reproductive health, rights, and work to promote positive health facility psychosocial environments.</p> <p>Improved health for girls, boys, youth, families and communities.</p>	<p>Protection and sustainable livelihoods</p> <p>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.</p>	<p>Education and Early Childhood Development</p> <p>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 the early development of their young children.</p>	<p>Disaster Risk Reduction and humanitarian response</p> <p>Building resilience to protect the environment and reduce climate change, to respond to climate change in ways that do not further harm the environment; and to respond to disasters and humanitarian emergencies.</p>
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In line with the four thematic areas, REPSSI implemented 44 projects across the 15 ESA countries during the report period, with the support from funding partners and other strategic implementation partners. *(Annexure A provides a summary of the projects implemented during the reporting period).*

Complementing the projects implemented by REPSSI during the same period (January – December 2022) were advocacy activities spearheaded by REPSSI’s partner, the Regional Interagency Task Team - East and Southern Africa (RIATT-ESA). Amongst other issues, RIATT-ESA has been involved with policy development, review, alignment, harmonisation and implementation in parts of the ESA region; advocacy for HIV-sensitive and transformative policies for children, adolescents and young people throughout their life cycle, and research, information and knowledge management.

¹ Angola, Botswana, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia, Zimbabwe. Recent developments have seen REPSSI expand its activities into South Sudan and Somalia

Operational Context

THE SOCIO-ECONOMIC IMPACT of the fourth wave of COVID-19 was considered mild compared to the previous waves. This was attributed largely to the COVID-19 mass vaccinations across the ESA Region and the globe. However, the overall impact of COVID-19 pandemic continued to affect children, adolescents, families, businesses, and development sectors. The impact of the pandemic was also evident in schools where some children dropped out, as well as under-staffed schools as teachers moved to other occupations due to long periods of school closure. Additionally, some parents/guardians lost jobs and other sources of income, thus leaving them without any means of meeting their children's educational needs.

More also, the region experienced high costs of living as a result of the Ukraine/Russia war. Affordability of basic food supplies has particularly become a challenge for a region that imports around 85% of its wheat supplies, one-third of which comes from Russia and Ukraine. Again, fuel prices increased severally, causing transport and food prices to rise. Consequently, programme operating costs increased and REPSSI had to find ways to mitigate any undesired impact on its programme.

In other parts of the region, the high cost of living led to several civil tensions and economic anxieties being experienced. For instance, Angola, Kenya and Lesotho experienced tensions and clashes ahead of political elections. Eswatini experienced a massive countrywide civil unrest, which only abated towards the end of the first quarter of 2022. Mozambique has remained on high alert as incidences of violence in northern Mozambique's Cabo Delgado province continue to affect citizens. The political tension and civil unrest impacted negatively on travel, community meetings, and implementation of planned programme activities and events in the affected areas.

Also, climate change, flooding and drought continued to threaten some countries in the ESA region. Mozambique experienced floods, drought, and the Tropical Cyclone Gombé that struck Nampula in March 2022. Malawi experienced two cyclones (Anna and Gombé) which affected some parts of the country and caused much destruction on property and loss of lives.

In June 2022, the world witnessed the U.S. Supreme Court overturn the landmark 1973 Roe v. Wade ruling that recognized women's constitutional right to abortion. This ruling may have negative impact on birth control services in the ESA region, including the integration of these services into SRHR interventions. It is anticipated that funding towards SRHR services, specifically abortion and birth control, may be adversely affected and harder to access for those in need of professional support.

Despite these challenges, REPSSI accomplished most of its strategic objectives and goals for the year, with a programme delivery rate in excess of 90% against all planned activities. During this reporting period, REPSSI continued with project implementation, community conversations, training key project implementers, mobilizing communities to take lead in protecting their children, and creating a safe environment for positive child development/growth.

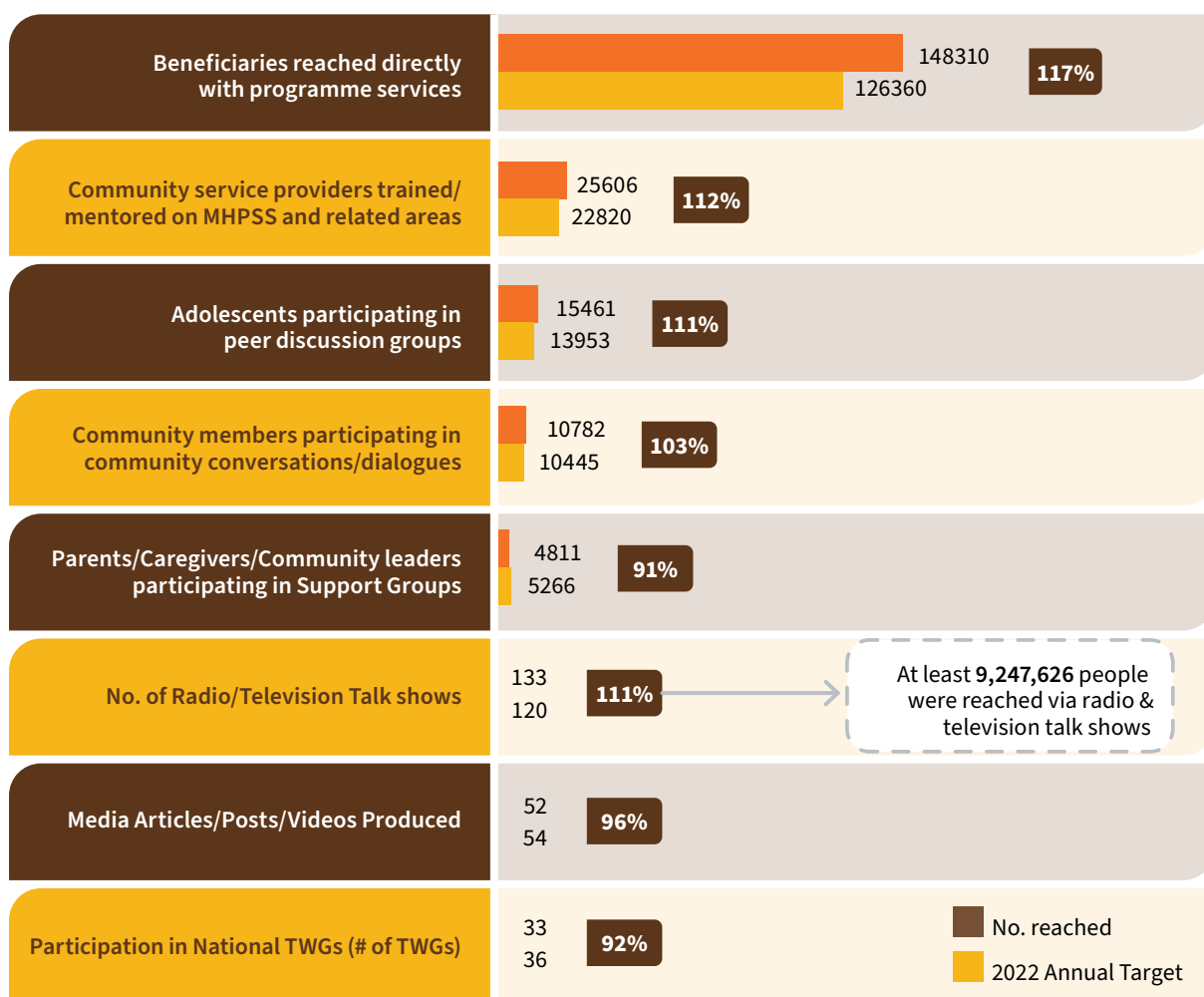


> 90%

Programme Performance against Targets

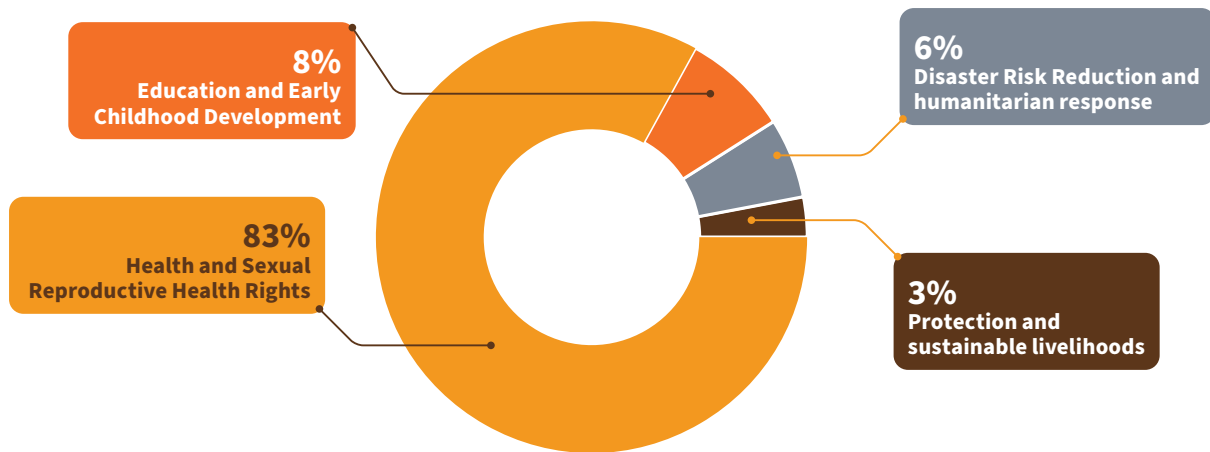
IN LINE WITH THE four thematic areas of programme implementation, REPSSI reached a total of 148,310 beneficiaries directly with a variety of MHPSS and related services during the reporting period. Additional, over 9 million people were reached across all 15 countries through other mass media and community mobilisation campaigns, such as community conversations, and radio and television talk shows. In effect, as depicted in Figure 1 below, REPSSI performed exceptionally well in most Programme Indicators (over 100% achievement against the respective annual targets), except for three indicators where performance was slightly below the annual targets (but all are above 90%) – this was mostly attributed to the low participant attendance in some programme activities due to challenges such as natural disasters (flooding and cyclones in Mozambique and Malawi), as well as civil unrest due to political tensions in Angola, Kenya, Lesotho and Eswatini.

FIGURE 1: Overall Programme Performance (January - December 2022)



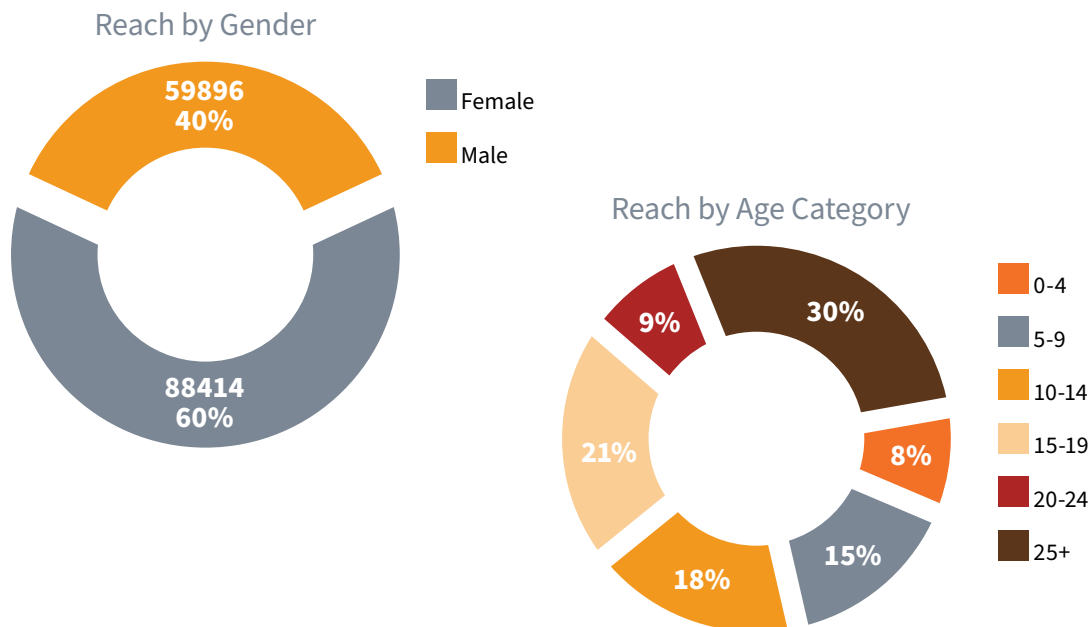
In addition to the above overall performance, and as depicted in Figure 2 below, a majority of the programme beneficiaries across all performance indicators were served under the Thematic Area **Health and Sexual Reproductive Health Rights** (83%), with 8% served under **Education and Early Childhood Development**, 6% under **Disaster Risk Reduction and humanitarian response**, and 3% under **Protection and sustainable livelihoods**.

FIGURE 2: Distribution of results by Thematic Area



Furthermore, with respect to the 148,310 beneficiaries that received direct programme services, a majority (60%) were female whereas 40% were male, which is a reasonable gender distribution, considering that females are more likely to be diagnosed with depression and anxiety, including other vulnerabilities, than men², hence the need to target and reach more females in the provision of MHPSS and related services. Also, as depicted in Figure 3 below, 30% of the beneficiaries reached were caregivers/parents aged 25 years and above, followed by adolescents aged 15-19 (21%), and thereafter the adolescents aged 10-14 (18%). Clumped together, the adolescents aged 10-19 were reached the most (39%), which is a good indicator of programme performance, as REPSSI’s projects are largely focused on adolescents, including their caregivers/parents – who were also reached significantly (30%).

FIGURE 3: Direct service delivery by Gender and Age



² News Medical Life Sciences, The Gender Gap in Mental Health, Accessed from: <https://www.news-medical.net/health/The-Gender-Gap-in-Mental-Health.aspx#:~:text=Women%20have%20a%20significantly%20higher,to%20genetic%20and%20biological%20factors.>

Overall, across the key performance indicators, the results achieved in 2022 show remarkable programme performance, with an average reach of 104% attainment across most indicators. This high performance is attributed mainly to the following factors:

- 1. Continued support by partners, including national governments and non-governmental organizations, made it easier to roll out REPSSI programme, resulting in the realisation of high programme performance. REPSSI will continue to develop partnerships in each of the implementing countries, as well as enhance the already existing partnerships.**
- 2. The use of media outlets and community conversations/dialogues has yielded exceptionally good results against their respective indicator targets, and this contributed significantly to the overall programme performance. Thus, the use of the two mediums has proven to be very effective in reaching out to people.**

The programme has also seen positive change of attitudes, behaviours and living conditions amongst target communities. These changes, amongst others, include significantly more respondents visiting health facilities for health services at least every six months (from 34% at baseline to 41% at endline), decreased parental stress levels, significantly more mothers having their own source of income (from 20% at baseline to 39% at baseline), positive changes in attitudes on initiation of sex debut, more attitudes against child marriage, increased returns and retention rates of adolescent mothers in schools after pregnancy, and active engagement in activities to prevent GBV (from 26% at baseline to 82% at endline).

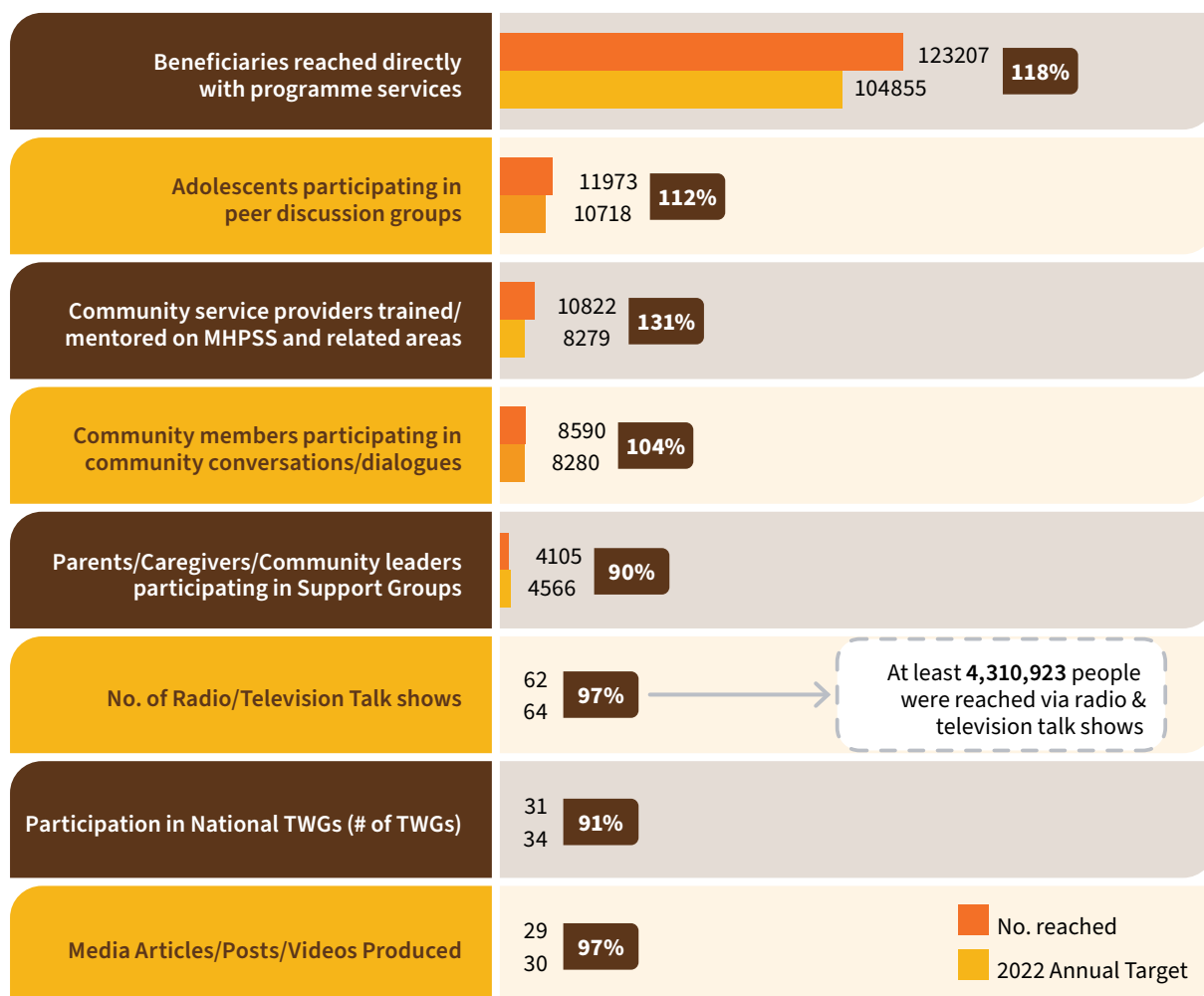
In the sections that follow, we discuss each programme thematic area in more detail and analysis.

Health and Sexual Reproductive Health Rights

Health and Sexual Reproductive Health Rights are central to people's overall health and well-being. They entail a state of physical, emotional, mental and social wellbeing in relation to all aspects of health, sexuality and reproduction; thus, they are not limited only to the absence of disease, dysfunction or infirmity. Furthermore, the complexity of Health and Sexual Reproductive Health Rights goes beyond simply providing health and reproductive health information and access to young people and women; it includes working with boys and men, empowering families to meet their socio-economic needs, and involving young people more pragmatically in designing interventions that work for them.

In line with the focus areas under this programme theme, REPSSI rolled out interventions that enhance access to and uptake of SRHR for girls, boys and youth; promoting social connectedness and belonging skills; enabling access to a continuum of HIV services (starting from HIV prevention, to testing, treatment and care); promoting mental health; and enhancing community systems strengthening. All the ESA countries in which REPSSI is operating contributed to the results achieved in this thematic area, and Figure 4 below summarises performance thereof per indicator for the period January – December 2022.

FIGURE 4: Programme Performance - Health and Sexual Reproductive Health Rights



The results achieved under this thematic area, echo those attained under the overall programme performance, and it is for similar reasons, key of which include the power of partnerships, media outlets, and community dialogues/conversations in realising programme results significantly.

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Worth mentioning, over and above the performance achieved against the output indicator targets in this thematic area, are the outcomes that have emerged from the implementation of the programme. Key of these outcomes are the following:

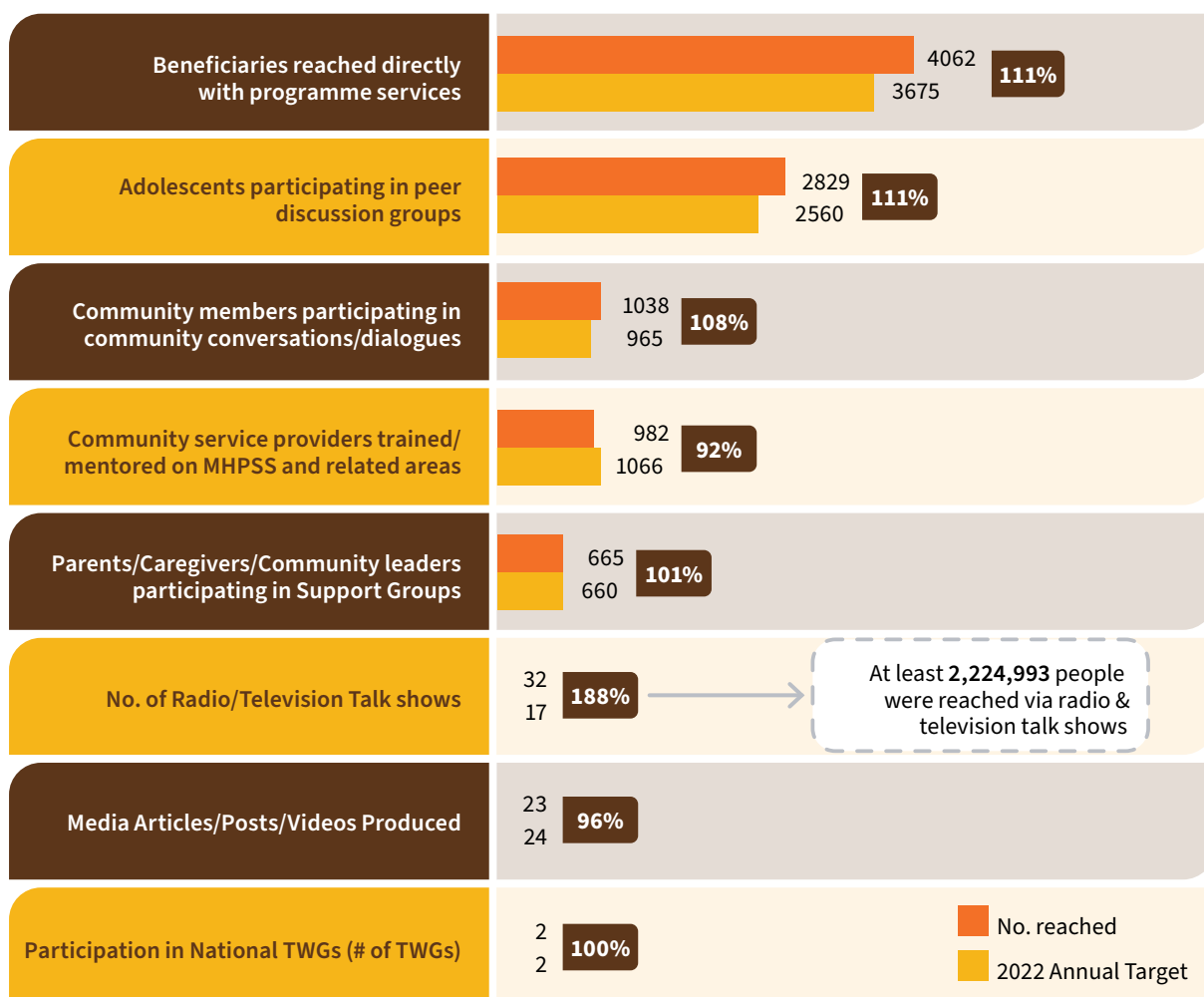


- 1.** Adolescents are now opening up and feeling safe to talk about HIV with their families, caregivers, and/or their teachers at school. In Kenya, for example, Baseline and End-line surveys conducted in the programme implementation sites showed a proportional increase (from 81% to 86%) regarding participants who indicated that they felt safe to talk about HIV with their families or caregivers. Additionally, at Baseline, 58% of the participants indicated that they felt safe to entrust their teachers with their HIV status; this proportion increased by 15% at End-line, to now 73%.
- 2.** Parents and guardians are becoming more supportive of their children to go to health facilities for reproductive health services; as a result, there is a proportional increase vis-à-vis the number of adolescents who regularly go to health facilities to access SRH services. In this regard, in Namibia, Baseline and End-line surveys conducted saw a 15% increase vis-a-vis adolescents who attend health facilities at least every six months for SRH services (from 30% at Baseline to 45% at End-line).
- 3.** As a result of PSS-informed maternal and child healthcare services, adolescent mothers are becoming happier in their role as parents, are getting more affectionate towards their children, and appreciate the need to go back to school in cases where education was not completed. In Malawi, for example, Baseline and End-line surveys saw a 22% increase (from 43% to 65%) regarding adolescent mothers who indicated that they felt more affectionate towards their children. Additionally, a decrease in parental stress was recorded amongst the adolescent mothers, coupled with increased resilience and improved self-esteem.
- 4.** Enhanced coping with, and managing of, daily stressors in life amongst project participants, including the understanding of the different body changes during adolescence and the need to pay attention to these changes.
- 5.** Change of mindset amongst project participants regarding early and unintended pregnancies, in which case the number of participants who prefer to become a parent at an older age (25 years and above) has increased. In Angola, for instance, the baseline survey showed that 38% of the project participants would want to become a parent over the age of 25; this proportion increased to 55% at End-line survey, depicting a 17% increase in the number of participants who did not prefer early pregnancies. Similarly, Zambia recorded 84% at Baseline and 90% at End-line, depicting a 6% increase in the number of participants who preferred adult pregnancies.
- 6.** Increased awareness, in Tanzania and Lesotho, of the harmful practices that lead to child marriages; this is on account of the continued engagement, dialogues and conversations with parents, communities, including traditional and faith leaders. In this regard, in Lesotho, the proportion of project participants who now engage in activities to prevent child marriages has increased from 12% at Baseline survey to 53% at End-line survey. More also, in Tanzania, faith leaders have taken the responsibility in their communities to challenge current practices that lead to child marriages, advocate against child marriages, and influence policy change.
- 7.** In Zambia, the school re-entry policy has been popularized, leading to 41 adolescents that had dropped out of school returning back to school. Similarly, in Namibia, there have been increased returns and retention rates of adolescent mothers in schools after pregnancy (298 out of 335 adolescent mothers that had dropped out had returned to school during the reporting period)
- 8.** In Uganda, 16 of 23 adolescents and young people who had absconded from treatment for 2-3 months due to stigma and pill burden came back to care due to home visits and adherence counselling by the para-social workers, linkages officers and social workers. Additionally, improved household nutrition and intensive adherence counselling led to 356 of 408 CLHIV (93%) in Rakai getting suppressed, and 573 of 647 CLHIV (96%) in Kyotera getting suppressed.

Protection and sustainable livelihoods

In the context of REPSSI's 2021 – 2025 Strategic Plan, protection and sustainable livelihoods includes the promotion of psychosocial support in national and community systems for the prevention and response to violence against children and women, as well as addressing gaps in critical child protection and post violence against children (VAC) and GBV protection and referral services. Four countries (Botswana, Eswatini, South Africa, and Zimbabwe) contributed to the results achieved in this thematic area, and Figure 5 below summarises performance thereof per indicator:

FIGURE 5: Programme Performance - Protection and Sustainable Livelihoods



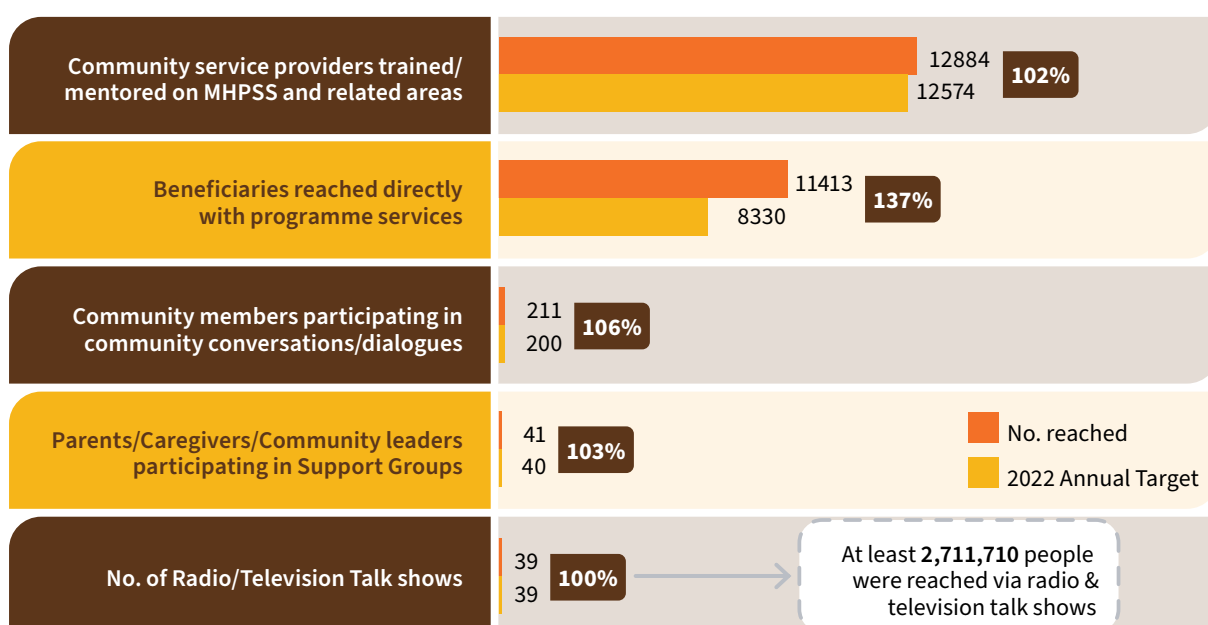
Through the activities conducted and the services provided under this thematic area, the programme has recorded an increase in GBV awareness amongst targeted communities, more community members partaking in activities to prevent GBV, and more community members speaking against GBV with their families and communities.. In Eswatini and South Africa, for instance, baseline and endline surveys show an increase in participants that are engaging in activities to prevent GBV (from 26% to 82%), and more respondents telling friends not at their school about their victimisation experience (17% at baseline to 25% at endline). In Eswatini, an increase was recorded of participants that are speaking against GBV with their friends (from 5% at baseline to 77% at endline), and a reduced number of participants who believe in male domination in households (from 60% to 26%). For this thematic area, media outlets and community conversations/dialogues continue to contribute more to programme performance, thus proving to be very effective mediums of information dissemination, regardless of the programme focus area.

Education and early childhood development

Early Childhood Development (ECD) is considered the foundation to children’s wellbeing. Given the challenges and emerging issues that affect education and child development, REPSSI implemented projects that enhance the capacity of mothers and caregivers to provide responsive and nurturing care to children. The projects also promote positive psychosocial environments in schools and training institutions for education. In this regard, REPSSI intensified engagement with stakeholders in the education and child development sectors, so as to promote and create positive psychosocial environments in schools, and subsequently improve education outcomes and early childhood development. The interventions also addressed teachers’ MHPSS capacity to support children and young people. Additionally, parenting skills-building sessions to enhance the parents’ ability to support children’s development, mental health, psychosocial wellbeing and resilience were held.

Eight countries (Mozambique, Zambia, Malawi, Eswatini, Tanzania, South Africa, Zimbabwe and Angola) contributed to the results achieved in this thematic area, and Figure 6 below summarises performance thereof per indicator:

FIGURE 6: Programme Performance - Education and Early Childhood Development



Over and above the progress made vis-à-vis the key output indicators in this thematic area as depicted in Figure 6 above, the programme has recorded some emerging results/outcomes from the implementation of programme activities as summarised below:



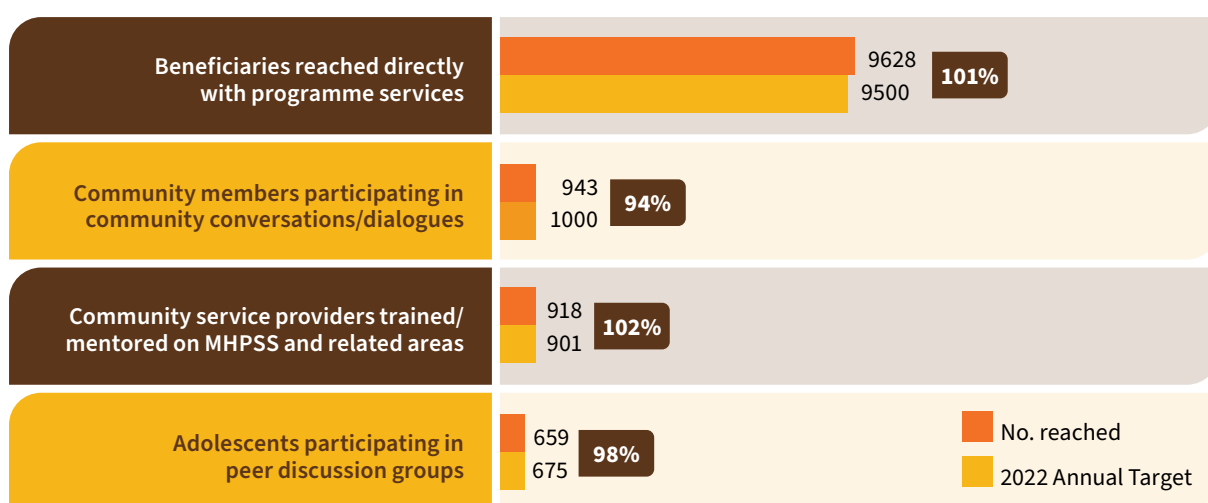
- 1. Increased capacity of Community-based Organizations (CBOs) and Faith-based Organizations (FBOs) in MHPSS across Mozambique and Zambia, has contributed to an effective support system for psychosocial support and responsive care giving amongst children and caregivers that the CBOs/FBOs serve. Additionally, as a result of MHPSS knowledge and skills acquired, teachers are now able to actively identify mental health challenges among learners and are consistently offering them psychosocial support.**

Disaster risk reduction and humanitarian response

The ESA region is faced with numerous disasters resulting from natural environmental occurrences, climate change and conflict, which occur regularly. Against this backdrop of exponential needs and tremendous challenges, REPSSI is playing a part in contributing to the mitigation of the psychosocial effects of these challenges, including the promotion and strengthening of social connectedness and cohesion to address stressors that occur in disruptions or displacements when responding to disasters and humanitarian emergencies in the Region.

Seven countries (South Africa, Mozambique, Zimbabwe, Tanzania, Uganda, South Sudan and Somalia) contributed to the results achieved under this thematic area; however, not many activities were implemented in 2022 that relate to humanitarian response due to inadequate funding in this area. Figure 7 summarises performance thereof per indicator:

FIGURE 7: Programme Performance - Disaster Risk Reduction and Humanitarian Response



Emerging outcomes, in addition to the progress made in this thematic area as portrayed in Figure 7, include the following:



1. An increase, in Uganda, in the proportion of participants who indicated ability to stop or control worrying as a result of being in humanitarian emergency settlements (from 47% at baseline survey to 70% at end-line survey).
2. Still in Uganda, more than half (57%) of respondents showed a decrease in anxiety scores from baseline to endline.

Advocacy and Policy Influencing Agenda

REPSSI's programme activities during the reporting period included advocacy work around SRHR and MHPSS, and this work was done in collaboration with the Regional Interagency Task Team in East and Southern Africa (RIATT-ESA). Thus, both RIATT-ESA and REPSSI were involved in advocacy activities, aimed at influencing the uptake and inclusion of SRHR and MHPSS interventions in the relevant government policies and programmes. This section summarises the activities that RIATT-ESA and REPSSI did around Advocacy during the period January – December 2022.

The Regional Interagency Task Team in East and Southern Africa (RIATT-ESA)

RIATT-ESA is a regional network with a membership of over 40 Civil Society Organizations (CSOs), the academia, UN agencies and the Regional Economic Communities in East and Southern Africa. REPSSI, as a member organisation, has hosted the RIATT-ESA secretariat for close to 10 years now. RIATT-ESA's programme focus on policy influencing and advocacy is closely aligned to REPSSI's mission of influencing the uptake and inclusion of SRHR and MHPSS interventions in the relevant government policies and programmes.

During the reporting period (January – December 2022), RIATT-ESA focused its advocacy and policy influencing work on adolescent sexual reproductive health (ASRH), early unintended pregnancy (EUP) and child marriage (CM). New partnerships were formed, and promising practices were promoted for purposes of learning and replication or policy change that would benefit children and young people. Policy briefs on “The state of funding for children in SADC” and on “National paediatric testing guidelines in EAC and SADC” were written and used to influence change. These were used as action points during the SADC meetings to invest in funding for children and young people in the ESA region.

Expounding and extending on the above, RIATT-ESSA's key Advocacy efforts in 2022 included the following:

- Publication on Early and Unintended Pregnancies (EUP): In February 2022, RIATT-ESA published an article in the Lancet on EUP titled, “Early and Unintended Pregnancies threaten Triple Dividend”. This article was from a study commissioned by RIATT-ESA in 2019 on early and unintended pregnancies. With countries in the ESA region having committed to reduce EUP by 70% by 2020 and in line with ICPD25 and Beijing25+, RIATT-ESA commissioned a review of the policy and implementation progress of EUP. This resource guide is robust and evidence-driven, detailing each country's most recent Adolescent Sexual Reproductive Health (ASRH) policies, Reproductive Health Strategies and National Health Plans to map out EUP and its associated drivers. Emerging implementation insights based on the latest evidence on EUP are presented within different country contexts, specifically the realities and the experiences of adolescent girls which must be considered and addressed. The key findings in the article were also disseminated in 4 newsletters that were produced and shared across the network and stakeholders.
- RIATT-ESA/AU Media Awards: In April 2022, RIATT-ESA, in collaboration with AU and Media Monitoring, opened applications for the 2022 Media Awards. The purpose of this call for applications was to invite journalists from Africa to submit child marriage stories for the 3rd AU-RIATT-ESA Media Award. The targeted stories were those on child marriage, which were published in Africa between August 2021 and the first week of April 2022. 27 applications were received from interested journalists. Three winners were selected from these applications, and the awards were presented at a high level AU-RIATT-ESA ceremony hosted by AU in Ethiopia in November 2022; this ceremony took place alongside the training of journalists on sensitive reporting on child marriage and harmful practices.

- The Regional Linking and Learning Forum: In support of the Regional Economic Communities (RECs) the SADC and the EAC, RIATT-ESA convened a Regional Linking and Learning Forum drawing on CSOs, cooperating and development partners, and the Member States on the 8th and 9th of June 2022. This platform sought to explore and share working models/good practices in the midst of the COVID-19 pandemic with the new ways of working, consolidate national and regional partnerships and establish and commit to a clear roadmap for collaboration in support of the accelerated national implementation of Minimum Package of Services (MPS) Framework. It also sought to see how working models were being implemented in alignment with the SDG targets, UNAIDS 90 x 90 x 90 Ending AIDS agenda and linking with the SADC PSS Framework. The preparations and convening of the Regional Learning and Linking Forum 2022 were led by the Care and Support TWG with the active participation of other TWGs (Advocacy TWG and Social Protection TWG). This Forum was a hybrid forum with a few Partners attending in person while the majority attended virtually. The Regional Learning and Linking Forum on Delivering Comprehensive Services for Orphans and Vulnerable Children and Youth was attended by 52 strategic partners. Member States and regional partners benefited significantly from sharing lessons and experiences on the implementation of the MPS Framework, as well as unpacking strategies to effectively accelerate the national implementation of the Framework in a coordinated and holistic manner.
- Advocacy Capacity Building Training: This was another advocacy activity that RIATT-ESA embarked on during the reporting period. The focus was to train young people on advocacy, how to develop a clear advocacy message, how to engage parliamentarians, and how to do a SWOT analysis that is advocacy focused. The idea was to lay the foundation of advocacy so that young people are empowered on advocacy before they receive various messages or issues that they can speak to. Nine child ambassadors and child champions were trained on advocacy. They indicated that the training gave them the power and confidence to advocate for issues that affect them as young people.
- SADC Parliamentary Forum (PF) Meeting: RIATT-ESA made a significant contribution in advocating for children and young people through their input into calls for action that were read by the REPSSI child ambassador during the SADC PF meeting on 25 November 2022. The broader theme of the meeting was “Consolidated Programme for Public Hearings on Matters of Regional Interest and Concern by SADC PF Standing Committees”. The calls to action were submitted under the theme “Protection of Children from Sexual abuse and Exploitation (including child marriage)”. The calls to action that RIATT-ESA submitted were those that were coming from the policy briefs (one on “The State of Funding for Children in SADC” and the other on “Advocate for improvement of EID to reach national paediatric targets”) and were anchored on the work that had been done in the SADC region.

The Regional Psychosocial Support Initiative (REPSSI)

Whereas countries in which REPSSI is operating may differ in focus and priority areas, the design and implementation of advocacy plans all conform to one Regional Strategy. The Regional Strategy continues to guide all MHPSS and SRHR advocacy work linkages, synergies and collaborations in all these countries. Table 2 below summarises the activities undertaken in that regard during the reporting period.

TABLE 2: Advocacy Activities in REPSSI Country Offices

Country	Area of Advocacy
Botswana	<ul style="list-style-type: none"> • Held three community conversations, advocating for safe child friendly communities. • Had two media engagements at national level using radio and television stations, advocating for safer care and protection of children.
Eswatini	<ul style="list-style-type: none"> • REPSSI participated and contributed to the review of the draft “National Plan of Action for Children”. • The Deputy Prime Minister launched the “Children’s Month”. REPSSI participated in the launch and was acknowledged for their efforts and contributions in addressing GBV.
Kenya	<ul style="list-style-type: none"> • REPSSI produced social media posters highlighting the importance of Psychosocial skills for adolescents, encouraging parents and caregivers to talk to their children about sex and sexuality, and the importance of positive PSS environment in schools and health facilities. • REPSSI produced a six-minute documentary that tells a story about the implementation of the “Enhancing SRHR Outcomes” Project in Kenya.
Malawi	<ul style="list-style-type: none"> • Ongoing participation in the MHPSS Technical Working Group (TWG), Child Development/ Protection TWG (includes ECD), and the Social Welfare TWG, resulted in REPSSI’s contribution to the 2022 MHPSS Work plan, preliminary work on the Suicide Prevention Guidelines (led by Ministry of Health), and the MHPSS Guidelines. • REPSSI also contributed to the development of the Ministry of Gender, Community Development and Social Welfare (MGCDSW) and the Ministry of Health (MoH) MHPSS tools. These tools included the MHPSS Indicator Reporting Form and the Narrative Exposure Therapy (NET) Reporting and Supervision Templates.
Mozambique	<ul style="list-style-type: none"> • Supported the participation of Community Adolescent Treatment Supporters (CATS) on the READY+ project in the advocacy workshop led by Y+, which focused on addressing the law of rights and duties of people living with HIV and AIDS. • REPSSI participated in the coordination meetings for the Construction of the ECD Advocacy Strategy, through which the first draft was prepared.
Tanzania	<ul style="list-style-type: none"> • REPSSI joined other stakeholders and members of Tanzania Ending Child Marriage Network at a Symposium that aimed at reflecting on the Law of Marriage Act of 1971 Amendment from legal perspective and issues relating to rule of law, independence of judiciary and separation of power. • REPSSI also partook in advocacy activities aimed at ensuring street children are supported and re-integrated into their families.
Zambia	<ul style="list-style-type: none"> • REPSSI was involved in advocacy activities for the enactment of the “Child Code Bill” through the National Child Rights Forum, leading to the bill being tabled before parliament for debate. • REPSSI participated and provided technical support in the development of a communication strategy for the Comprehensive Sexual Education champions (parliamentarians). This was to ensure that the PSS life-skills and mental health agenda were adequately represented in the communication strategy. • Participation in making submissions in the review of the Social Workers’ Association of Zambia Bill of 2022; these submissions have aided the amendment of the Bill from the initial draft presented before parliament.
Zimbabwe	<ul style="list-style-type: none"> • REPSSI continued to advocate for the inclusion of persons with disabilities in community development interventions in the country. • Related to the above, the Zimbabwe International Trade Fair (ZITF) provided an opportunity for REPSSI to engage key stakeholders on the disability inclusion agenda. The total number of stakeholders directly engaged was 121, 17 (14%) of whom were persons with disabilities. • REPSSI Zimbabwe celebrated Global Wellness Day on 11 June 2022 by undertaking various wellness activities that helped to fundraise for the Psychosocial Support Centre to be run by REPSSI Zimbabwe in partnership with the Department of Social Development. This event complemented government efforts in sensitizing communities on drug and substance abuse. The event attracted private, government and NGO sector representatives.

Governance and Operations Management

Governance

REPSSI CONTINUES TO strengthen regional and country-level governance, purposed at guiding and overseeing organizational performance and effectiveness. In 2021, REPSSI managed to constitute all Country Advisory Boards (CABs), with clearly defined roles. REPSSI also successfully managed to replace Dr. Connie Kganakga, who had reached her term limit as the Chairperson of REPSSI's Regional Board. Judge Maria Kawimbe is now the substantive Regional Board Chairperson.

Three committees of REPSSI's Regional Board were reconstituted, namely,

- 1 Audit and Risk Committee,
- 2 HR and Board Nominations Committee, and
- 3 Programmes and Technical Committee.

During the reporting period, REPSSI reviewed and updated all organizational policies, and used feedback from several due diligence reports to augment these policies with globally acceptable governance practices. REPSSI strengthened the confidential reporting mechanisms, child-safeguarding practices, and risk management mechanisms. REPSSI's vision of decentralising planning and decision-making to the country offices was pursued and prioritized. The country offices' capacity building in proposal development, strategic planning and management was top on the agenda throughout the year. This included forecasting, budgeting and financial management to maximize resources. REPSSI Regional Office's role and technical assistance in all these areas is being strengthened to enhance influence and effect amongst a broader range of partners and projects in the region. This entailed identifying key functions and roles of the regional headquarter personnel, in programme quality improvement, performance measurement and communication.

More also, REPSSI underwent several due diligence assessments that enhanced the organisation's governance and management systems. Frontline AIDS conducted a comprehensive assessment of REPSSI's financial, policy and programme procedures. As a result of this assessment, REPSSI was able to enhance some of the organisation's policies, particularly the whistleblowing and code of conduct; UNICEF also conducted an audit on the prevention of sexual exploitation and abuse. In this regard, REPSSI responded to issues that had been identified and obtained PSEA Clearance from UNICEF towards the end of the year. Save the Children conducted a partnership organisational capacity assessment and support to REPSSI to establish a Complaints Reporting Mechanism. SIDA commissioned Ernest and Young to conduct a partner risk rating assessment which was successfully completed and REPSSI was rated as a low risk partner.

Additionally, REPSSI managed to obtain unqualified regional audit and country audits. REPSSI prides in having robust financial monitoring system and continues to improve it to cater for the decentralisation process. The general uptake of the REPSSI budgeting, expenditure and reporting system – PTRAIL – has significantly improved, with all countries now utilizing it. Furthermore, REPSSI continues to use its monitoring, evaluation, accountability and learning system to strengthen programme implementation and quality assurance, ensuring that both human and financial capacities are efficiently managed and sustained. REPSSI also continued rigorous resource mobilization, with some countries significantly increasing their funding base. Countries have continued to embrace cost-share, cost recovery and established joint resource mobilisation approaches to address the emerging issues that needed additional responses. This resulted in broader engagement and reach beyond the project areas.

Human Resources

As of end December 2022, RESPSSI’s staff complement across the 15 ESA countries was sitting at 151; 56% (85) of these are female whereas 44% (66) are male. Figures 8 and 9 below summarise RESPSSI’s staff complement as of end December 2022, disaggregated by gender and type of employment contract.

FIGURE 8: RESPSSI Staff Complement – December 2022

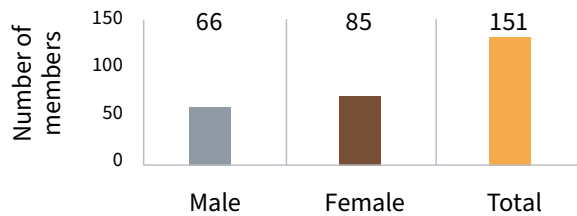
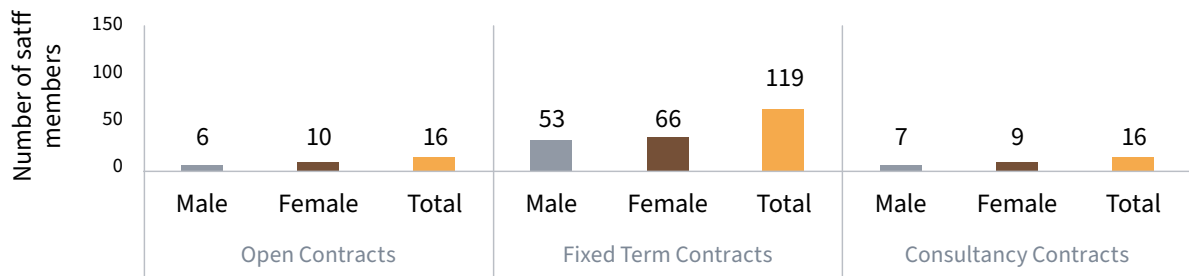


FIGURE 9: Types of Employment Contracts



To ensure proficiency, efficiency and effectiveness, RESPSSI’s Performance Management Framework, individual performance plans, and feedback and competency reviews were enforced. Staff members were required to complete the PSEA training, Agora training, and participate in ongoing learning in programming and team building events. Human resource related policies, procedural manuals and systems were reviewed, amended and updated to ensure RESPSSI’s values, mission and mandate are maintained, managed and executed.

Monitoring for Effectiveness and Accountability

Strengthening the Monitoring, Evaluation, Research and Learning (MERL) system is key in RESPSSI. System functionality and accessibility enables the realisation of proper documentation, storage, and processing of data of RESPSSI projects, as well as the resultant outputs and outcomes. In 2022, RESPSSI reviewed its MERL Framework and aligned it with the organisation’s Strategic Plan for 2021 – 2025; thus, the current version caters for the changes, amendments and additions made in the 2021 – 2025 Strategic Plan. Furthermore, RESPSSI team continued to utilize the monthly progress review meetings to promote a culture of programmatic and performance data review. This ensured the realization of quality programme results. Furthermore, RESPSSI boosted the function of MERL by recruiting a Regional Monitoring and Evaluation (M&E) Manager and a Regional Programme Assistant who, together with the existing Regional MERL Officer, provide MERL support to all country offices on a regular basis. This enabled the Regional MERL team to conduct scheduled MERL meetings with the country offices to review country-level MERL data and discuss and address all MERL related challenges.

The Regional MERL team played a critical role in implementing data quality assessments (DQAs), mostly virtually, in order to ensure that all data was verified from the point of source to reporting. At country level, site monitoring support visits and physical routine data quality assessments (RDQAs) were conducted, at times in collaboration with national government officials, funding partners, key stakeholders, REPSSI board members and implementing partners.

Leveraging on the existence of sound data management practices, programme teams continue to ensure that performance data collected and captured into the PTRAIL³ system meets the key elements of data quality, in particular validity, integrity, completeness, consistency, and timeliness (with regard to data capturing). In this regard, the REPSSI MERL team continued to undertake weekly data quality checks in the PTRAIL system to ensure that all the data quality elements are met at all times.

During the year, REPSSI conducted a whole programme evaluation covering a period of 18 years, supported by Swiss Agency for Development and Cooperation (SDC). Key highlights from the evaluation included the following:

- **Partnerships and collaborations:** REPSSI successfully established strategic partnerships with regional economic communities (blocks), including the East African Community (EAC) and the Southern African Development Community (SADC). These partnerships helped in making PSS interventions credible and legitimate and instrumental in standardising PSS interventions in countries in East and Southern Africa. More also, there was impact on Government institutions as demonstrated by Governments supporting positions of PSS Advisor in Eswatini; creating departments responsible for PSS in South Africa and Zimbabwe; REPSSI being accorded position of technical capacity builder in Botswana and South Africa; and accreditation of PSS training programmes in South Africa.
- **Capacity building:** REPSSI training programmes were reported to be of high quality and of practical relevance by graduates. Consequently, there is high demand for PSS training, especially for the Certificate and Diploma programmes. The reach of the training programmes has been increased by offering PSS programmes as part of pre-service training at selected teachers' training programmes.
- **Mainstreaming of PSS into social services, health, education (SHE) programmes:** REPSSI pioneered the development of PSS approaches, resources and tools used during mainstreaming of PSS into social, health and education interventions. In all, more than 56 resources and tools were developed by REPSSI, and REPSSI had reviewed and accredited other PSS resources and tools developed by other organisations. This means REPSSI is now recognised as the clearing house for PSS materials by different organisations involved in PSS interventions. Additionally, the quality of REPSSI resources and tools has been enhanced through the development and application of a PSS Quality Assurance Protocol (MILL). The MILL outlines all the steps that must be followed in pre-testing PSS resources and tools before they are rolled-out.

³ A prototype information management system used across all REPSSI countries of operation

Towards the end of the year 2022, REPSSI also underwent an evaluation of the SIDA funded SRHR regional programme, assessing the extent to which programme objectives had been attained. Key highlights from the evaluation included the following:

- **Reduced EUP through skills that enhance SRH information and services:** In Zambia, a significant rise was recorded in the number of girls who had been withdrawn from marriages and had gone back to school. In addition, what could be observed in the community was that there was now information sharing among the youth regarding issues surrounding sexuality and how to avoid engaging in early sex as children.
- **Improved outcomes for adolescent mothers through PSS Informed Maternal and Child Health Care (MCHC):** In Malawi, the results of REPSSI's programme were viewed at different levels, namely: regional, national and community levels. At regional level, REPSSI initiated regional Technical Working Groups (TWGs) or coordinating mechanisms which included PSS in a policy, strategy plan or budget and PSS Forums for policy briefs and presentation of papers. These regional TWGs and PSS forums had contributed to influencing regional policies to be psychosocially responsive. At national level, REPSSI has been an active member of several multi-sectoral TWGs in ministries of Health, Gender, Youth, Labour and Education, amongst others. This membership provided REPSSI an opportunity to participate in advocacy for psychosocial inclusion in policy programming, which led to likeminded stakeholders to follow suit overtime. At district and community levels, REPSSI had spearheaded multi-sectoral coordination and collaboration of existing structures for psychosocial support services and life skills to adolescent mothers and their children, which facilitated mind-set change to create a supportive and conducive environment.
- **Reduced Gender Based Violence:** In Eswatini, prior to REPSSI's PSS programme, most of the human rights violations and GBV were considered private and not a responsibility of society. However, as a result of REPSSI's programme implementation, an increase was recorded in the knowledge and understanding of human rights, which led to boldness and confidence among community members in responding to cases of violation of human rights and perpetration of GBV.

What We Are Learning

THROUGH THE IMPLEMENTATION of programme activities during the review period (January – December 2022), REPSSI has learnt a number of lessons which have substantial effect in assisting with the efficient delivery of the programme, successful reach to targeted populations, realisation of desired programme outcomes/results, expansion of programme activities into other untapped population areas, and realisation of programme sustainability. Some of the lessons include the following:

Working through and with community structures and systems

- Working with and through existing community structures and systems facilitates and fast-tracks programme implementation, increases intervention ownership and the prospect of programme sustainability. In Zambia, for instance, the engagement of traditional leaders at project inception significantly assisted in securing project support. This was evidenced by chiefs assigning focal point persons within their community structures to support project implementation. Furthermore, across all countries, results were achieved through community structures, community-based organizations, community support groups, community caregivers, community facilitators, Community Adolescent Treatment Supporters (CATS), school-teachers, traditional leaders, as well as government and civil society coordination structures.
- Constant engagement of community members, police and chiefs in issues relating to GBV and SRHR enables the community to understand the issues of protection, care and support, amongst others, and taking the lead in addressing factors that perpetuate these issues. This also allows for provision of holistic interventions and adds to building a community-wide response network that enforces effective and successful referrals.
- Targeted MHPSS community dialogues are critical in creating an enabling environment in homes, schools, and broader communities. These community dialogues should always be followed up with implementable action plans. In addition, these plans should be supported and mentored throughout implementation until localized ownership takes place.
- Timely communication to targeted communities and other stakeholders of the phasing out of a project leads to stakeholders' and community members' preparedness to continue with the initiative when the project phases out.
- The establishment of partnerships and creation of synergies with other organizations operating in the same area (e.g. Mobile Brigades in Mozambique) yields rapid achievement of project goals and objectives.

Peer to peer and youth friendly approaches accelerate project outcomes

- Working with young professionals and volunteers is both productive and effective, especially in schools and health facilities.. Interest, innovation, availability and motivation opportunities are much more amongst young facilitators. Thus, investing in young facilitators/volunteers and young professionals in project areas allows for quick yet meaningful engagement with children and adolescents.
- Equipping adolescents in facilitating activities with their peers helps in effectively reaching the targeted adolescent populations, in building trust, and in learning and replication of positive practice and behaviour. In Angola, for instance, focused life skills groups in schools (facilitated by adolescents) increased young people's awareness of their rights, the role of parents, and PSS and SRH issues.
- Clubs, safe space gatherings, and support groups are an effective vehicle for peer-to-peer support beyond the project sites. These allow for sharing amongst peers, age-appropriate reflection, and acquisition of critical skills and information without fear of being judged. With adequate adult support and appropriate materials for these groups, such as posters, T-shirts, snacks when they meet, and stationery, the groups can effectively help young positive models to emerge and influence their peers.

Collaborative capacity building efforts and coordination initiate continued support

- Capacity building efforts, sharing regular updates with key stakeholders and partners, ongoing leadership and coordination in project implementation, stimulate reduction of implementation costs. In Mozambique, for instance, the Ministry of Health has been implementing the “Estratégia do Adolescente e Jovem Mentor” nationwide – which is very similar to the READY+ CATS model. Based on the regular REPSSI project updates, the Ministry of Health requested REPSSI to coordinate the alignment and implementation of the M&E tools and indicators beyond the READY+ project. This resulted in cost sharing which reduced REPSSI’s implementation costs and increased reach of beneficiaries. Additionally, close collaboration with stakeholders in the country enabled access to more support and responsibility over the Health Care Providers, CATS and Peer Educators.
- The inclusion of community leaders in capacity-building interventions accelerates the process of revitalising the community coordination committees, indicating that investing in key community stakeholders contributes to the sustainability of community responses.

Male engagement and inclusion in MHPSS programmes is key to child, adolescent and young people’s mental and psychological well-being

- It is important to work with boys and men when engaging project recipients on psychosocial skills and positive masculinity in addressing GBV. There is value in having them separate for some activities and together for others for the sake of empathy, cohesion and cross learning.
- The engagement of community members in positive masculinity/parenting has taken centre stage and motivates men to be more involved in the lives of their children. In Malawi, for instance, most of the men participating in positive masculinity sessions cite this intervention as a very motivating and open approach in allowing them to find themselves and get involved in the lives of their children as much as possible.
- The engagement of men as co-facilitators in community activities, addressing issues related to parenting, HIV stigma and discrimination, the importance of HIV testing and adherence, contributes to greater retention of other men in parenting activities, community dialogues, and lectures.



Socializing, playing and team building promotes social connectedness

- Getting together (flocking), playing together, sporting activities, and group games promote teamwork, bonding, and communication to complete tasks. These are key in promoting social connectedness and in creating a sense of belonging amongst peers, families and communities.
- Related to the above, games and sporting activities do promote psychosocial wellbeing, life skills and cooperation among children, adolescents and youth. In South Sudan, these activities have helped in diffusing some of the tensions existing between different tribes.
- The WhatsApp support groups created during COVID-19 to discuss issues around HIV prevention and SRHR became a mechanism to expose sexual harassment, violence and GBV in schools, and to hold the perpetrators into account.

Using Media for advocacy and programming

- Using the media, especially radio communication enabled REPSSI to continue with its advocacy work on all aspects of programming cost-effectively.
- Media supports advocacy efforts more effectively when there are human stories that share experiences. For instance, in Lesotho, cases of young girls around child marriage shared using different media platforms increased the impact of the message and the call for change.

Evidence gathering is key to programming

- Gathering evidence before, during, and after the implementation of a project is key, as it provides stakeholders opportunities to reflect, deliberate, share their opinions, buy in, and support the project. This also allows the stakeholders and decision-makers to address emerging challenges during project implementation and enhance the uptake of REPSSI interventions. For example, the presentations on endline surveys from the Sweden Project have illustrated that MHPSS can improve the psychosocial well-being of children, their caregivers, families, and communities.

Responsive and inclusive interventions boost MHPSS

- Distribution of start-up livelihood packages is crucial for inclusive programming; this is conducive for starting up businesses (income generating activities) to supplement livelihoods in the home/s. Males should be involved in these livelihood interventions for adolescent mothers, parents and caregivers to ensure child care and wellbeing is enhanced. Some adolescent and young mothers in Malawi, for instance, reported that their start-up provisions were confiscated by their male partners under the pretext of borrowing the money and repaying later. Apparently, in most cases, this did not happen. Instead, this caused household-level conflict and at times violence. Also, the provision of MHPSS within community savings groups in Sofala in Mozambique significantly increased the resilience of the communities and families against the effects of Cyclone Idai due to the inclusiveness and responsiveness of the interventions for their children.
- Community-Based Child Care Centres (CBCCs) need feeding programmes for the children attending the interventions. Community leaders should be ready to allocate pieces of land for communal gardens in order to cultivate maize and/or soya beans for porridge for the children to ensure the intervention is responsive to the basic MHPSS needs.
- MHPSS needs of children and adolescents should be addressed in a multi-sectoral manner to allow tackling other vulnerabilities as well, such as birth registration, education and social support. This entails including key vulnerable groups, in and out of school adolescents and young people, parents and caregivers, in MHPSS programmes.
- Extending awareness raising, capacity building efforts, and information sharing beyond the targeted populations expands MHPSS, enhances protective factors, and strengthens community responses. This also promotes longevity and scope of engagement beyond the implementation sites.



Looking Forward and Thinking Sustainability

WE WOULD LIKE TO DO a lot more research and evidence based programming. We have collected tons of data that we intend to analysis more to publish and identify promising practices. We would like to become an organisation that is innovative and continually improve the way we work, by staying attuned to community needs and vulnerabilities. In the coming year, we would like to do more in the area of mental health policy influencing and capacity building. We would also like to understand the effects of climate change on the psychosocail wellbeing and mental health of communities that we work with, and support communities become more resilient, as well as work with them to ameliorate the effects of climate change and adaptation through sustainable human activity.

More also, REPSSI is committed to integrative and collaborative programming to ensure continuity and sustainability of current REPSSI projects. Despite some interruptions in programme implementation, key of which included political tensions, civil unrest, flooding and draught, REPSSI is looking at intensifying efforts, approaches and momentum to ensure the availability and uptake of SRH for children and young people through improving their MHPSS skills.

Related to the above, and drawing from the experience gained, results achieved, and lessons learnt in the implementation of programme activities over the past years, REPSSI has developed four SRHR Project Models that will be piloted in South Africa, Zimbabwe, Zambia and Mozambique in 2023; each country will pilot one model.

The models are expected to inform future programming of projects that focus on the following SRHR outcomes:

- **Reduced Early and Unintended Pregnancies (EUP) through psychosocial skills that enhance Sexual and Reproductive Health (SRH) information and services.**
- **Improved HIV outcomes through psychosocial skills that enhance HIV prevention and access to services**
- **Improved outcomes for Adolescent Mothers though PSS informed Maternal and Child Health Care**
- **Reduced Gender Based Violence (GBV)**

Worth mentioning also is that REPSSI approaches are rooted in community structures and systems, with the support of host governments; this is purposefully done to ensure sustainability of MHPSS interventions beyond the life cycle of REPSSI projects. REPSSI has learned, in this regard, that implementing projects using already existing structures helps avoid establishment of parallel structures that cannot be sustained by host communities beyond project life. Table 3 below provides a summary of the key partnerships and collaborations that REPSSI has with national authorities and non-governmental entities, aimed at ensuring sustainability of REPSSI interventions.

Further to establishing partnerships with other entities (governmental and non-governmental), REPSSI is able to pass on essential life skills to adolescents and young people by working directly with families within their local contexts.

Also, REPSSI will continue to capitalise on new evidence generated from programme evaluations and endline surveys conducted on its projects, to determine what is working well, and then share this knowledge with in-country partners for replication. .Additionally, REPSSI will invest in documentation of REPSSI work at different levels, as well as increase media presence via different platforms to showcase impact of REPSSI interventions, which then can be adopted or adapted by other implementing partners.

TABLE 3: Key Partnerships and Collaborations

Country Office/ Unit	Key Partnerships/Collaborations	
	Government Partners	Non-Governmental Partners
Angola	Department of Education (DoE); Department of Health (DoH)	Radio Mais; SoS Angola; Africare; INAC
Botswana	Department of Social Protection (DSP)	Young Women's Christian Association (YWCA); Marang
Eswatini	Ministry of Education and Training; National Children Services Department	The Coordinating Assembly of Non-Governmental Organizations (CANGO); Compassionate Ministries; Young Heroes
Kenya	Ministry of Health (MoH); Ministry of Education (MoE); National AIDS and STIs Control Program	Kenya Orphans Rural Development Program (KORDP); Kibera Community Self-Help Program (KICOSHEP)
Lesotho	Ministry of Education; Ministry of Social Development (MOSD)	Young Women's Christian Association of Lesotho (YWCA); Touch Roots Africa; Centre for Impacting Lives (CIL); Lesotho Inter-Religious AIDS Consortium (LIRAC); Letsema; Lesotho Network of AIDS Service Organizations (LENASO); Lesotho Network of People Living With HIV and AIDS (LENEPHWA); MVAC partners; Phelisanang Buphelong (PB); National OVC; Serumula Development Association (SDA); SENTEBALE; National OVC Coordinating Committee (NOCC); Society for Women and AIDS Africa Lesotho (SWAALES)
Malawi	Ministry of Gender, Community Development and Social Welfare (MGCDSW); Ministry of Health (MOH)	Young Women's Christian Association of Malawi (YWCA)
Mozambique	Conselho Municipal de Maputo; Ministério do Género; Criança e Acção Social; Ministério da Saúde; Ministério da Justiça; Ministério da Educação; Ministério da Saúde	ASSCODECHA; Direção Provincial de Saúde (DPS); Serviços Provinciais de Saúde (SPS); Direção Provincial da Educação; Conselho Provincial de Combate ao SIDA (CPCS); Fundação para o Desenvolvimento da Comunidade; ARIEL Glaiser; Médicos com África; Early Childhood Development Network; WIWANANA; OASIS; OCSIDA; Childlife; CMA; Reencontro; KUVUMBANA; Nova Vida; APAPURG; AREPACHO; Activa; MMR Limpopo; Sofala Kuwanguissana; Amucria; Associação Kugarissica
Namibia	Ministry of Education, Arts and Culture (MoEAC); Ministry of Sport, Youth and National Service (MSYNS); Ministry of Health and Social Services (MoHSS); Ministry of Gender Equality, Poverty Eradication and Social Welfare (MoGPESW); Kunene Regional Council; Opuwo Local Authorities.	Namibian College of Open Learning (NAMCOL)

Country Office/ Unit	Key Partnerships/Collaborations	
	Government Partners	Non-Governmental Partners
South Africa	The Department of Basic Education (DBE); SANAC Children's Civil Society Sector	Nelson Mandela Children's Fund; June 16 Youth Development Foundation; Afrika Tikkun; Sophiatown Community Psychological Services; Three2six; Outreach Foundation; The Centre for the Study of Violence and Reconciliation; The Psychosocial Rights Forum; The Mental Wellness Initiative; University of Witwatersrand; Bridge; Ububele Educational and Psychotherapy Trust
Tanzania	Ministry of Health (MoH); Mkuranga District Council	Humuliza; Kwa Wazee; PASADA; Youth Millenium Initiative Organization (YMIO); Kimara Peers
Uganda; Somalia; South Sudan	Office of the Prime Minister (OPM); Ministry of Health (MOH); Ministry of Gender Labour and Social Development (MGLSD); Kiryandongo Local Government	UNHCR; UNICEF; TPO; Save the Children; World Vision; Save the Children; IRC; DRC- HADs; WHITAKER; C-Ten; RLP; BRAC-Uganda;
Zambia	Ministry of Education (MOE); Ministry of Health (MOH); Department of Chiefs and Traditional Affairs	ChildFund; Chibombo Child Development Agency
Zimbabwe	Department of Social Development; Ministry of Health Child Care; Ministry of Primary and Secondary Education	Child Protection Society (CPS); Justice for Children Trust (JCT); National Aids Council (NAC); Musasa; AFRICAID Zvandiri; JF Kapnek Trust; Family Support Trust (FST); Y+; PATA; Shanduko Yehupenyu; FACT ZICHIRE; JHWO; Sexual Rights Centre (SRC); TDH; Childline; COPAZ; JJA; ZAVH
RIATT-ESA	African Union (AU); Southern Africa Development Cooperation (SADC) Swiss Agency for Development and Cooperation (SDC)	African Early Childhood Network (AFCEN); African Young Positives Network (AY+N); Child Rights Network of Southern Africa (CRNSA); Disability HIV & AIDS Trust (DHAT); East African Community (EAC); Elizabeth Glaser Paediatric AIDS Foundation (EGPAF); Family for Every Child; Health Economics and HIV and AIDS Research Division (HEARD); I'M a Great Child Worldwide; International Association for Migrant Support (IAMS); International Children's Palliative Care Network (ICPCN); Nelson Mandela Children's Fund; Parenting in Africa Network; Paediatric Aids Treatment for Africa (PATA); Regional Psychosocial Support Initiative (REPSSI); Save the Children; Sentebale; SAfAIDS; Terre Des Homme Germany; NMFC; SAT; UNISA; Save the Children; University of the Free State; World Vision International; UNICEF



Emerging Stories of Change

(summarized)

Improved MH and psychosocial wellbeing through psychosocial skills to broaden coping mechanisms, adapt and be assertive.

JONA JONA (FICTITIOUS NAME), is 24 years old, married and a father of two children. In 2021, he found himself losing weight and had no appetite to eat. His wife took him to the hospital for consultation. They were both tested for HIV. Jona's results were positive while his wife's results were negative. This scared and depressed him. It was very difficult for Jona to accept his positive HIV results knowing his wife was negative. He was initiated on treatment and his wife was advised to get tested every 3 months.

Jona did not adhere to the treatment, so he relapsed often and was referred to the SAAJ, where he met a friend (CATS) from the READY+ project who talked to him about HIV, health and self-care. Jona was later visited at home by the CATS. He was supported and advised to participate in the support group meetings to learn and be supported by his peers. In the support group, the discussions, sharing of information and experiences, and the encouragement from others helped him face his wife with boldness. The experiences of his peers and the acceptance in the support group showed him that he was not alone and that he should fight to live. As a result, his adherence to treatment improved, his viral load dropped considerably. Jona continues to share his story by saying: "I have been well supported emotionally, physically and even spiritually when I needed it most, resulting in me feeling strong, healthy and able to continue providing for my young family"

– READY+ project – Mozambique

16 YEAR OLD SEVERINA SEVERINO was unknowingly initiated on ART at an early age. Though she took her medication every day, she did not know she was HIV+. Severina would ask her mother what the medication was for, but her mother did not give her a plausible answer. This caused Severina to lose interest in taking the medication and she started failing to adhere. Her status was only revealed by the nurse, following a health facility visit which indicated her viral load was very high. The revelation depressed Severina a lot and caused a feeling of anger. She completely defaulted and rebelled against treatment.

In search for the lost to follow up adolescents, CATS Rosa contacted her, approached the family and managed to invite Severina to join a Support Group. Thanks to the Support Group, Severina realized she was not alone, and today she is grateful to be part of the project, and adheres to ART without her mother forcing her to, and her viral load remains suppressed.

– READY+ project – Mozambique

A BOY AGED 20 based in Livingstone in Zambia attended a session with community-based implementer within the school on drug and Alcohol abuse, with a follow up session on behavioural disorders. The young person reached out to the facilitators for help with a substance abuse problem that he has been experiencing since 2019; he informed the facilitator about having a history of taking marijuana, shisha, blue mash, Tuff staff glue, and alcohol. The boy was helped with counselling sessions by one of the community-based implementers and has since reported change in the abuse of drugs.

– ReCLAIM project – Zambia

A BOY AGED 18 years from Katete Undi Area in Zambia with a history of substance abuse and gambling (local description) had an opportunity to attend a sport for change mental health session that was held within the community. The boy had an opportunity to learn about the effects of substance abuse, well-being and seeking help. The young boy, with the help of a trained community facilitator, was able to stop using drugs and became an active participant in the community mental health sessions.

– ReCLAIM project – Zambia

AGLASIA BANDA, a 27 year- old mother of three, testified that through home visits by community project implementers, she learnt that different situations that parents go through have a potential to negatively affect the well-being of parents and caregivers. Aglasia highlighted that through what she has benefited from the project, she is now able to open up and talk about various stressors. Further, she noted that if stress is left unchecked, it can negatively affect her mental capacity to nurture and care for her children. Another project participant, Linda Mweemba, a 40-year-old mother, also said: “As a single mother, it has been difficult for me to give proper care to my children. I neglected my own needs in quest to provide the daily needs of 6 children that I care for. I blamed it on having no partner to help me. However, after enrolling in the project, I realized that there are things that I can manage to do on my own without a partner, and it is possible to survive through my challenges. Now I am able to maintain my wellness without neglecting my children”

- MHPSS-ECD - Zambia



IN THE PAST, it used to be a taboo in Vheneka village, Ward 27 of Chipinge district in Zimbabwe, to accommodate persons with disabilities. People with disabilities were treated as outcasts and associated with evil spirits because of their condition. Community development projects would provide different opportunities in the community, but persons with disabilities would normally be left out. However, this is now a thing of the past because REPSSI trained disability champions, who, as a result of this training, are well versed in conducting intensive community awareness campaigns to sensitise community members on issues relating to disability as well as inclusion of persons with disabilities in project activities e.g. as in the photo above, a participant in a wheelchair confidently stressing out a point during a training on MHPSS in Chipinge District.

Furthermore, a REPSSI implementing partner, TDH, introduced a project that has a component of community learning for school dropouts. This project is led by community volunteers who have passed their O’level to teach the dropouts basic education. The collaboration resulted in a remarkable success. Further on this, the disability champions, through advocacy initiative, managed to incorporate a man named Phineas (pseudoname) with a disability as one of the volunteers. Phineas was enrolled to facilitate the project interventions in the community to assist dropouts to demonstrate different aspects of inclusion and empowerment for the community and individual development. This has been known to ignite self worth that plays a critical role in psychosocial wellbeing.

- Inclusive Communities project - Zimbabwe

IN THE SAVE VALLEY in Zimbabwe lies a small community comprising mostly the Shangani people. This community is found in the midst of Gonarezhou Game Park where human and wildlife conflicts are rampant such that one person who has never been there before cannot imagine that they can find human beings in that place. This place is called Mahenye and is in Ward 30 of Chipinge district. People survive on fishing and most of the community members moved to South Africa in search for greener pastures. Critical services such as health are limited to the general populace of this area and persons with disabilities are disproportionately affected. It is in this small community that REPSSI discovered a family of ten people who have hearing and speech impairments. These people were discovered during home based rehabilitation services that are carried out on a monthly basis by REPSSI and the Ministry of Health and Child Care rehabilitation and mental health officers so that vulnerable people with various impairments are assessed and referred for specialist services. After meeting this family, the rehabilitation officer recommended that these people undergo audiology tests in Mutare at Nzeve Deaf Centre. The family was escorted by the Project Assistant, rehabilitation officer and CCW and they were tested for hearing loss, and nine of them had profound hearing impairment, meaning that they do not hear at all. One child had normal hearing but could not speak. It was discovered that the child became elective silent because no one was speaking in the family, hence the child who could hear and speak was taken to ECD so that he learns to communicate.

- Inclusive Communities project - Zimbabwe

Improved HIV outcomes through psychosocial skills that enhance HIV prevention & access to services

JOHN, A CAREGIVER of his late sister's daughter who is living with HIV just like him, took him a long time to disclose his status to the girl as he had not accepted his status as a person living with HIV, despite being on ART already. Everything changed when a CATS visited their home follow up on his niece. The CATS introduced herself and informed John regarding the aim of her visit. The CATS was welcomed with reservation but John allowed her to talk to his niece while he sat nearby so that at least he could hear what the CATS had to say on HIV, treatment adherence, stigma, self-acceptance and safe disclosure. Later, John revealed that the discussion was so interesting and very informative; he says he felt like joining in but did not want to distract them. He also mentioned that this is when he got to find out how high his niece's viral load was. He did not know what to do in order to appropriately support her.

The following day, John had a clinic appointment at the health facility which he honoured, although he was still afraid of being recognized as HIV+ by other people receiving health services at the facility. By coincidence, he ran into the CATS who had visited his home the previous day. Her attitude and friendly greeting ignited courage in him to talk to her. He explained to the CATS that he was also HIV+ but still afraid of people knowing his status. The CATS listened tentatively and referred him to the doctor who had informed him about his status for the first time; the doctor helped John to accept his HIV status. The doctor explained about treatment adherence and emphasized the importance of adhering to this treatment.

Following this encounter and visit to the health facility, John's attitude to HIV, life, wellbeing and self-care changed completely. On the next home visit when the CATS came to John's home, he called his niece and the three of them sat down to discuss HIV. During the discussions John confidently disclosed his HIV status to his niece. The CATS supported both of them and advised them on how to ensure they were both well. John says "I am very thankful for the READY+ project and the CATS, for if it was not for the CATS, we could still be in the same situation. Currently, both my niece and myself have suppressed viral loads and we are living healthy and happier."

– READY+ project – Tanzania.



NAZIRUNDA PROSSY, 35 years of age, is a caretaker of two HIV positive children - One biological child aged 11 years and the other aged 8 belongs to her young sister who had died. Through the REPSSI project, Prossy was trained on how to establish a viable backyard garden, which can provide household nutrition and generate income to provide for the basic necessities of life. Her backyard garden currently grows Nakati, Sukuma wiiki and onions. Through the garden, she is able to pay school fees for the children and makes a weekly saving of 15,000 UG shillings. The cash has also provided for transportation to maintain the children's health facility monthly visits without disrupting treatment adherence

or missing appointment dates. Her children's health has also been reported to have improved due to adherence and eating a balanced diet with three complete meals in a day. Through the savings, Prossy hopes to open up a boutique for women and children's wear in her sub-county.

– Keeping children healthy and safe Project – Uganda

Prevention of gender based violence

CATS IN ESWATINI are supported by REPSSI to enrol in the Certificate in PSS with the University of Eswatini, which is a REPSSI initiative to empower child and youth care professionals. The first group of three CATS were enrolled in the Certificate Course in 2019. Ms Ayanda Dlamini and Mr Ncamiso Makhanya completed the course last year (2021) and this is their story.



They both acquired HIV peri-natal and both lost their parents as children. Ncamiso's grandmother used to call him from play to come and take his medicines, telling everyone in the process about his status. He resultantly stopped medication for a while until he joined a Teens Club through a Baylor project (a long term partner of REPSSI) in Eswatini. Ncamiso is now a proud product of the Teens Club where he found friends and a sense of belonging. He says that he has mended his relationship with his grandmother and does not believe she was malicious – she just didn't know better.

As young HIV+ people, both Ayanda and Ncamiso enjoyed working with the clubs to promote prevention of GBV and both took the initiative to encourage the children they were working with to start saving money together. Ayanda uses MTN which has a sim card which is free for a group that is saving mobile money through it. Ayanda's group has 2 small amounts – 20 cents a month that they use for a celebration such as a cake for all the children who had birthdays in a month – many of them had even never celebrated their birthday before. The 50 cents a week is kept till the end of the year when they each withdraw it and buy something like school shoes. Ncamiso's group was able to borrow money from Ayanda's group and do things such as buying and selling sweets.

Ayanda is now caring for her grandmother and her younger sister, who is now in second year at the University. When asked about themselves and the Certificate in PSS, Ayanda and Ncamiso displayed how confident they were and how they are looking forward to the future. Although the REPSSI GBV project eventually came to an end, the two young people have continued meeting with their groups and plan to keep going. They say there are more children in their community who want to join the groups and keep learning. Some of the children are also READY+ beneficiaries and are also vulnerable to GBV.

Ayanda has a job now with a Georgetown University HIV and GBV prevention programme, working with adolescents and young people. She is still on probation, but she is confident that she will secure a long-term contract. Ncamiso has a six months' contract with PACT in a programme to encourage people to be vaccinated for COVID-19. He is using PS skills in working with children and young people. He is positive that through this exposure he will make contacts that will help him to get more stable employment.

They both love PSS, and Ayanda says: "it has helped me to understand people, to understand myself, to be able to help children holistically". Ayanda has heard that the University is introducing a distance degree in PSS and hopes to enrol in that. Ncamiso wants to pursue Psychology studies.

REPSSI IMPLEMENTATION of self-defence sessions has continued to improve self-management, protection and assertiveness amongst girls and young adults. During one of these sessions, one girl displayed very aggressive behaviour. However, after the session the child was different, calm, receptive, empathetic and attentive. The child was able to participate meaningfully in the group work. After the session the REPSSI facilitator spoke to the teachers about the child; the teachers indicated they were aware of what the child was experiencing at home. This information led to ensuring the social worker contacted the girl's parents for a face to face session and ensured they attended the parents' dialogue

facilitated by REPSSI. Following the participation in the parents' dialogue, the parents apologised to the child and began talking to the child differently - they talked to each other more positively. This has changed the parents and child's relationship, communication and behaviour. The child has since reported that the home environment has improved for the better, and that she can now talk to her mother freely, who now makes an effort to listen to her. The parents have testified that their daughter is changing positively, behaving differently and even suggests how they should interact with her as the parents.

– *Prevention of Gender Based Violence project – South Africa*

TEACHERS AND PARENTS participating in the “Prevention of Gender Based Violence” Project in South Africa have demonstrated that even though they are not the primary project beneficiaries, they too have many issues going on in their lives. The social bonds in schools are broken, they do not have healthy work relationships, have poor help seeking behaviour, and this is a barrier to being able to properly assist the children who come to school traumatized. The teachers are so overwhelmed, especially with the MHPSS needs of the children, which influence ASRH. This was the case in a child that kept on being checked by her mother to verify whether she was still a virgin. This mother would shout at her daughter, saying that she is just like her father and accusing her of sleeping with boys. A REPSSI trained community facilitator heard about this and made an effort to speak the girl's mother so that she can begin to get her to see that this is a violation of her child's rights. After speaking to her, the mother apologized and said that she would never do it again. The mother shared that she believed that she was protecting her daughter because of her body shape; she says she did not want old men to try to make advances on her.

The community facilitator made sure that this parent was part of the parenting training intervention, as within the conversations it was clear that the mothers' actions were influenced by her own issues and faulty beliefs. After attending the parents' workshop, the child reported that things are better at home and the mother is no longer shouting or accusing her of sleeping around. This case highlighted the value of working with parents and teachers around healthy ways to protect children. This minimizes children internalizing the blame for sexual assault and harassment, thus leading to not reporting or seeking help. Both parents and teachers on the project shared that before participating in the project, they did not have spaces to be exposed to SRH information, reflect, discuss, internalize and work on issues together. Thus they treated children the way they were treated e.g. one teacher in one of the REPSSI project site said: “*You cannot help a child when you are carrying your own baggage.*”

– *Prevention of Gender Based Violence project – South Africa*

“THE [REPSSI] PROJECT HAS really helped my people; mothers that I have been having household conversations with are now reporting that they are better supported by their spouses and that they now feel less stressed in the homes. Also, the number of gender-based violence reports I handle have greatly reduced, owing to the sessions we have been holding with men in my village. As a traditional leader, I decided to lead by example by publicly caring for my children and helping out with the house chores – t his I did so that my fellow men could learn from me and see that I practice what I preach, and this has significantly helped,” Headman Chimoto, Mumbwa District .

– *MHPSS-ECD project – Zambia*

CHITUNGWIZA RECEIVED A case of a 2-year-old boy who was living with his mother and stepfather. The stepfather was physically abusing both the child and the mother. The stepfather is a drug addict who was reported to have been previously charged with several armed robbery counts. The case was reported as a tip-off at the Victim Friendly Unit by a Child Care Worker who indicated that the child's left leg was severely burnt. REPSSI, in partnership with Department of Social Development and VFU, conducted a home visit. Upon arrival, the team discovered that the child had fresh burns under his feet. At first, the mother could not disclose the source of the burns, fearing retribution by the perpetrator, but later opened up that the burns were a result of the husband burning the step-child with a candle two months back, but the child had not been taken to hospital. The mother indicated that the incident occurred whilst she was outside washing dishes.

The Department of Social Development removed both the mother and the child to a place of safety since they were both at risk of physical violence. The child was referred to the hospital where he was admitted for two weeks. REPSSI then provided the Emergency fund for transport and medical attention, as well as specialised PSS to the mother. The perpetrator visited the hospital and threatened violence on the mother before he was taken into police custody, whilst the mother and the child are now staying safely at her sister's place. Specialised PSS using the REPSSI tools is being done. Positive parenting skills were also imparted to the mother.

– *Spotlight Initiative – Zimbabwe*

Ending Child Marriage

A GIRL FROM ONE of project schools was trained as a leader for the psychosocial support skills training for learners. During the training, she opened up and shared her story. She said she had been sexually abused in her home by her father for a long time. She had no one to talk to about her experience and thus kept it a secret. She shared that before the training she was contemplating committing suicide. However, after attending the psychosocial support skills training for young leaders she felt equipped with information on how to seek help, communicate on what she was going through and changed her mind about committing suicide. She felt she got empowered through the project to face and positively address the problem.

– *Ending Child Marriage project – Lesotho*

Improved outcomes for adolescent mothers through psychosocially informed MCHC

“**THE [REPSSI] PROJECT** interventions are not just impacting the lives of parents, but also us as volunteers. Being a father of a young child myself, I have greatly benefited from the knowledge I have gained through the project. I have become more involved in caring for my child and also helping out a lot more around the house to ease the pressure off my wife. Before participating in the project, I had no understanding of how to support my wife to ensure she was mentally well. After I started attending project sessions, I discovered that the skills and information imparted were very beneficial and key to my family's wellbeing. So, I began having conversations with my wife using the picture code and radio spots. Before long, I began to realize that my wife was less stressed and began to take better care of herself.” Daniel Lungu- Community-based volunteer.

– *MHSS-ECD – Zambia*

TANAKA (3 YEARS OLD) and Takunda (10 years old) live in Ward 1 in Chakabva Village in Zimbabwe with their mother and stepfather. Takunda is doing Grade 4 at Murombedzi Primary School. Following the death of their biological father, their mother re-married. Their mother spends most of her time selling vegetables and casual labour (maricho), thus spending very little time with the children and was not aware of the abuse her children were being subjected to by their step-father. Both boys were being sodomised by their stepfather for over a month. The children did not disclose the abuse to anyone out of fear of being beaten by the stepfather. After a while, their mother suspected that something was happening to the children and interrogated them before Takunda revealed the abuse. Takunda revealed that after sodomising the children, the stepfather would prick their penises using a thorn resulting in injuries.

The mother quickly reported the case to the police and that is when they were referred to REPSSI by the Victim Friendly Unit officer. The REPSSI PSS Officer managed to offer psychosocial support to the boys

and their mother. She also assisted them with the Emergency fund to go for medical examinations at Kutama hospital. The medical examination confirmed that the children had been sodomised. The police then apprehended the stepfather and the case is before the courts. The mother is still traumatized, but the PSS Officer is conducting follow-up specialized PSS sessions with the family. The Psychosocial Skills for Young People tool was used to provide psychosocial support to the two siblings. Positive parenting skills were imparted to the mother. The mother is now making sure that she makes time for her children.

– *Spotlight Initiative – Zimbabwe*

Improved early childhood development and education outcomes for infants, children, adolescents and young adults

POSITIVE PARENTING community conversations have led families to be more open to each other, discussing family and other related matters more openly. Openness among family members (parents-children, children-parents, partner-partner) is boosting family social connectedness, equality in sharing household and family roles, tolerance, mutual resolve of issues and eventually leading to prevention of gender based violence. There has also been refurbishment of CBCCs, provision of nutrition meals in CBCC centres, and training of caregivers and committee members have contributed to the increased enrolment rate in all the CBCCs and quality delivery of ECD education.

– *Malawi Early Childhood Initiative for children of adolescent Mothers (MECIAM).*

HORTÊNCIA PEDRO MARTINS, 19 years old, motherless, lives with her sister, brother-in-law and nephews. She is currently in grade 11. As a child, she was frequently sick, and when she was 12 years old, she was taken to hospital where she got tested for HIV and was found to be positive. She was initiated on ART; however, because she did not understand the reason for the medication, whenever her sister went to work, she did not take the medication, thus she relapsed. At the age of 13, she began to understand and accept that she was HIV-positive and realised the importance of complying with ART. Since then she started taking the medication more regularly. In July 2021, she joined the Nhaconjo Health Centre's Adolescent and Youth Friendly Health Services (SAAJ) and met CATS Casimiro, who supported her and became her confidant. From that day on, she became a READY+ beneficiary and started to enjoy the benefits of the Project. She has been receiving regular home visits and has participated in the Support Group - The Power of Change. She has met many friends, found opportunities to talk openly about her condition with other peers, and this has helped her a lot. She now feels confident, joins in the decisions and has accurate information on Sexual and Reproductive Health. Recently, Hortência won a scholarship for Vocational Training at Young Africa Beira through the Skills To Live Project, and is attending a cooking course, as her dream is to become a chef in a Restaurant.

– *Skills2Live project – Mozambique*

CLAUDIA NAMWEYA, a teacher at Kameru Primary school in Namibia says: "Children with disabilities (CDWs) are not always able to speak for themselves or defend themselves against the vulnerabilities of everyday life." Based on this, she took it upon herself to learn sign language with the aim of supporting and empowering children that have hearing impairment. She initially had five girls between the ages of 15-18 years in her class, but this number steadily increased as she discovered that some classes had 3-4 children needing similar support. She started meeting with them on Saturdays to discuss topics on sexual reproductive health and rights and to know how they deal with it in their personal lives. "I noted that all of them went through sexual molestation but they could not express themselves; and due to stigma, they had no one to tell". In order to better support them, she started partaking in REPSSI psychosocial (PS) Life skills sessions with the girls and provided the sign language interpretation. At the time, she was a volunteer teacher who received no incentive or salary from government for four years. That, however, did not stop her from yearning to support the growing group of CWDs, who were

mostly hearing impaired girls. Noting the tormenting and unsafe environments they have to grow up in, she approached the town council and several businesses in the community for support. “I was so determined to help the CWDs that I even approached the local bottle stores to support the cause”. She later wrote letters to the office of the Minister of People with Disabilities to request for support. While awaiting government’s response, she managed to secure a very small space at the Kunene Community Radio office. She used this office to teach sign language and PS life skills while the radio supported free announcements to families of CWDs to invite them to Sign Language trainings.

When Minister Alexia Mungomba visited her town, she insisted on meeting with him face to face, and shared her concerns. The Minister endorsed her project and liaised with the Ministry of Education to accommodate Claudia, providing a classroom as part of the inclusion policy of the Ministry of Education, Arts and Culture to teach CWDs. On receiving the space, she managed to: 1) Integrate CWDs into the existing PS Life Skills clubs; 2) Schedule hospital visits to show them where to find help; 3) Influence mural teachings on the wall; 4) Apply for Hostel accommodation as some walk more than 10km per day to and from school; 5) Introduce visits to the hostels to supply basic health and nutritional support; 6) Provide PSS support as the CWDs are prone to bullying; and 7) Conduct home visits to the families of the CWDs to discuss child protection and SRHR issues with them. She noted that most parents do not understand sign language and struggle with the general communication with their children, therefore Claudia started a sign language class for families of CWDs.

– *Prevention of Early and Unintended Pregnancy project – Namibia.*



MERCY KATUSHABE 17 years old, was selected among the children to benefit from the Apprenticeship training from Rakai T/C, Kibona parish in Rakai district in Uganda. Mercy underwent a one-year training in hairdressing and was certified after the course by REPSSI and the district local government to start her own saloon and make money to support her family. She was equipped with a set of start-up kits, and because of her good behaviour and desire to learn, the Artisan retained her in her saloon and has become a co-shareholder of the saloon where she makes about 300,000-500,000 UGX every month. From this income, 50% is saved and 50% supports the family with basic needs and school fees for her siblings.

Mercy hopes to open her own saloon at the beginning of 2023 now that she has saved 1,500,000 UGX in the saving group in her sub-county. “I appreciate the support given to me through the USAID KCHS, TPO and REPSSI; I now have a say in family decision since I have my own income and can support my family to have three meals in a day”. She also informed the project team that through her hard work, she bought for her father a bicycle to transport his food staff to the market and also started a backyard garden for her mother.

– *Keeping children healthy and safe Project – Uganda*



SSEKANJAKO NAJIB 18 years old, from Kabira sub-county, Bwamijja Parish, Kirindu village in Kyotera District of Uganda was among the first beneficiaries of the apprenticeship training skills intervention. He was very interested in learning, and while on training, he acquired skills and impressed the workshop owner who started paying him monthly fee of 100,000 UGX. He was able to save part of the money and when he received his start-up kit from REPSSI, he started his own workshop where he has now employed and is training three other young boys from the community. He now pays school fees for his two biological brothers and supports in feeding the family. He also saves 10,000

UGX weekly and he has saved for over 8 months now. He plans to use his savings to expand his business in the future to help the poor HIV positive children in his community. He continues to thank USAID KCHS, TPO and REPSSI for now he is considered a “man”, and those who used to think he will die without any good coming out of him now eat out of his sweat.

– *Keeping children healthy and safe Project – Uganda*

A YOUNG GIRL AGED 14 years from Katete district in Zambia had been reported to be on the verge of dropping out of school as she had not been reporting for school for several weeks due to her home situation. The young girl was recruited to attend the community mental health sessions that were addressing challenges that young people face within the community. The young girl after having an opportunity to be part of the mental health sessions reconsidered her decision to stop school and found encouragement in the stories of other young people and decided to resume school.

– *ReCLAIM project – Zambia*



SADLY IT HAS BEEN common belief in Zimbabwe, especially in rural areas, that children with disabilities are useless and have no potential to lead successful lives in the future. For instance, in Chipinge district, children without disabilities are prioritized when it comes to assistance with education, and the majority of parents and caregivers are less willing to pay school fees for children with disabilities. Worse still, most of the schools do not provide reasonable accommodation which enhances participation of learners with disabilities. This provides yet another excuse for parents not to send their children to school. Limited household income to purchase assistive devices such as wheelchairs to enhance mobility of the children with disabilities is also a major challenge.

In Chipinge, REPSSI trained teachers in February 2022 on disability inclusion and psychosocial support to address these issues. After the training, teachers were assigned to be disability inclusion ambassadors in their various schools through conducting dialogues as well as sensitising the community to enrol children with disabilities in schools. One of the teachers at a primary school in Ward 27 was the first person to send a report with evidence regarding the results of the dialogues he had conducted in the community on disability inclusion. He identified one child of school going age who was not going to school because of his physical disability. He was very persistent in requesting to have the child assisted with a wheelchair. He voiced out during the School Development Committee meeting to convince them to build a ramp at the child’s targeted classroom block. This was successfully done by the parents. The other challenge in school attendance for the child was mobility. The teacher encouraged the child’s caregivers to escort the child with a wheelbarrow to which they agreed. The moment the child got enrolled into school, the teacher made sure that he made regular calls to the REPSSI project assistant using his airtime to request a wheelchair for the child. Shortly after that, REPSSI delivered the wheelchair to the child and presented it to the school authorities. This has transformed the child’s life as he is now in school. The child is now able to enjoy childhood, access to education and pursue his life dreams as his peers push him to and from school.

– *Inclusive communities project – Zimbabwe*

Improved SRHR and social connectedness for adolescents girls and boys in humanitarian emergencies

TODAY, ALMOST 1.5 MILLION REFUGEES live in Uganda, making it the top refugee-hosting country in Africa and one of the top five hosting countries in the world. Kiryandongo refugee settlement is hosting over 75,000 refugees from South Sudan, Democratic republic of Congo and Rwanda. REPSSI has served refugees from various countries as settled in different ranches and small clusters (villages). Unity Group located in Ranch 1 Cluster K consists of 20 women who came to Uganda to seek refuge due to tribal and political conflicts in South Sudan in 1990s and 2014. They have lived refugee life for a long time with many social protection and economic challenges, including poverty, poor housing, lack of proper employment, poor education for their children, and poor social functionality. Additionally, the refugees are affected by long distance away from their country of origin and lack of communication with their families back home and/or in countries where those families are seeking asylum, ongoing mental health issues due to trauma, survival guilt in the midst of many ethnic groups, and ethnic imbalances within themselves and with the local population, resulting in exacerbated conflicts.

These difficult situations eventually led them not live in harmony with neighbours, poor problem solving skills, and no cooperation of the households for a common developmental aim. The frustration these women had was transferred to their children as one woman testified:

“I used to get annoyed and beat up my children and punish them heavily whenever they did something wrong. There was no option for me to give them time and listen to them; I would find myself using abusive words to them due to the anger”.

These women said they did not know how to support each other in the community with respect to their daily challenges.

However, they expressed happiness and joy to be part of REPSSI interventions and being among the programme beneficiaries; they said their life has not remained the same since. The first time they engaged with REPSSI was in 2020 before COVID-19 outbreak. They were mobilised through the cluster and the church leader, and a REPSSI staff came to talk to them about a REPSSI project that sought to enhance access to and uptake of sexual and reproductive health and rights for girls, boys and the youth in the community. These women met in a group once a week for a period of 2½ months. In the group, community conversations were conducted that provided a platform for caregivers to share ideas on how to take care of their children across their life cycle, shared about mental health and SGBV, alcohol and subsistence abuse, better parenting to create a better community free from violence, safe with happy community members, thus leading to peaceful co-existence and development.

These interventions led to a drastic change of mindset and behaviour amongst themselves, and they reported that they now talk to their children with caution and love, guide them instead of only giving them instructions with house chores and taking them to the garden for cultivation. They now give clear and positive instructions to their children to follow, understanding that quality time with their children is priceless. Additionally, they pointed out that acting as mirrors to their children has created safe spaces for them in the community, as the children are encouraged to share whatever challenges they go through with their parents, taking them as best friends.

Further to the above, the women also reported that the REPSSI interventions have empowered them to work together with a purpose of shifting from total dependence on UNHCR to self-reliance, sustainability and resilience; the group cohesion has led them to keep supporting each other. They started a savings group, and majority confessed it was their first time to be part of such group:

“The weekly savings has really helped me; I am now able to at least buy school materials to support my children. I set up a fruit and vegetable stall from the loan I got from the VSLA; sometimes I feed from my business to have a balanced diet”, a member of the group said.

They reported improved harmony amongst themselves and their neighbours, and continued to thank REPSSI for such an opportunity that opened their minds on vast knowledge. “We shall never be the same again”, group members happily said

– SRHR and social connectedness in humanitarian emergencies project – Uganda

Financial Statement

Statement of Financial Activities for the year ended 31st December 2022 Based on Audited Financial Statements

Statement of comprehensive Income	2022 (Euro)	2021 (Euro)
Revenues		
Grants form ICPs	5 453 386,00	4 841 086,00
Income from Services	283 728,00	314 903,00
P & L on Foreign Exchange	154 369,00	
Investment Revenue	11 137,00	5 942,00
Total Incoming Resources	5 902 620,00	5 161 931,00
Operating Expenses		
Program Costs	0,00	4 705 959,00
Governance & Admin Costs	0,00	593 713,00
Total Expended Resource	-	5 299 672,00
Net (outgoing) resources for the year	-354 700,00	-137 741,00
Fund balance as at 1 Jan	2 964 326,00	2 963 246,00
Fund Balance as at 31 Dec	2 609 626,00	2 825 505,00
Statement of financial Position		
Property, Plant and Equipment	413 976,00	392 025,00
Current Assets (Trade & other recivable + Cash & Cash Equiv.)	3 570 769,00	4 010 327,00
Trade and other Payables	-142 181,00	-151 053,00
Deferred Income (Grants received in advance)	-1 232 938,00	-1 425 794,00
Nets Assets	2 609 626,00	2 825 505,00
Represented by:		
Retained Income	2 609 626,00	2 825 505,00

Annexures

The background features a warm color palette of oranges and yellows. Large, overlapping, wavy shapes in shades of orange and bright yellow are positioned on the left and right sides. A subtle, repeating floral pattern in a light yellow or cream color is visible across the bottom right portion of the page.

Annexure A: List of Projects implemented during the reporting period

Thematic Area 1: Health and Sexual Reproductive Health Rights			
Name of Project	Project Goal	Country of Implementation	Funding Partner
Enhancing SRHR outcomes	Enhanced access to and uptake of sexual and reproductive health and rights for girls, boys and youth in East and Southern Africa	All 13 countries	Swedish International Development Agency (SIDA)
READY + 2 project	Create resilient and empowered adolescents and young people living with HIV who are better informed and make healthier choices	Eswatini, Mozambique, Tanzania and Zimbabwe	Frontline AIDS
READY for an AIDS Free Future (R4aFF)	Support adolescents and young people between 10 to 24 years old at the highest risk of HIV infection by enabling access to a comprehensive package of HIV continuum of care services – from HIV prevention to testing and treatment services, through addressing the 95-95-95 HIV cascade	Mozambique	Elton John AIDS Foundation, through Frontline AIDS
Skills2Live (SK2L)	Economically empower at least 1,300 young people who are living with HIV or are at risk of acquiring HIV, through Technical Vocational Education Training (TVET), integrated with entrepreneurship and life skills education	Mozambique	Netherlands Embassy in Mozambique, through Frontline AIDS
Celebrating Life	Enhance the agency of children, families, parents, caregivers, health professionals and communities to Support HIV testing, treatment and adherence for children; at the heart of the project is the quest to find the “missing child” or marginalised children.	Mozambique	ViiV Healthcare and Aidsfonds
HER Voice Fund	Increase access to and quality of programmes and services for AGYW; improve the social, cultural and legal environment for AGYW; increase empowerment and participation of AGYW	Mozambique	Global Fund and ViiV HealthCare, through Y+ Global
Our Rights, Our Lives, Our Future (O3)	To increase adolescent boys’ and girls’ access to good quality CSE programmes that integrate content on HIV, GBV, prevention of both EUP and child marriage.	Zambia	UNESCO

ReCLAIM	Enhance the capacity of community structures to be responsive and offer support to children and young people with or at risk of developing mental health problems.	Zambia	COMIC Relief
UNICEF Chat bot	To reach out to young people in an innovative way that will enable them to access MHPSS messages through AI	Kenya	UNICEF
Resilient and Sustainable Systems for Health and Community Systems Strengthening (RSSH-CSS)	Enhanced Community Systems Strengthening that includes interventions on community-based monitoring, community empowerment, community-led advocacy and research and Social mobilisation	Zimbabwe	Global Fund through UNDP
Bodily Autonomy Initiative	Realising the rights to bodily autonomy and integrity and the fulfilment of sexual and reproductive health and rights for LGBTI persons, women, adolescent girls and young women in southern and east Africa, through the elimination of stigma and discrimination based on sexual orientation and gender identity	Zimbabwe	AIDS and Rights Alliance for Southern Africa (ARASA) through Sexual Rights Centre
Keeping Children Health and Safe	Reduce New HIV infections & Reduce Vulnerability among OVC, Adolescents and Young Women in SW-Uganda	Uganda	USAID through TPO as the PRIME
Pilot training of the Global Course on Mental health and Psychosocial Support for Children and Caregivers in Adversity	Blended learning approach and integrating Competency Based assessment to evaluate Learner progress and competency	Uganda	MHPSS Collaborative
UNICEF ESARO MHPSS Chatbot content development	Programme for the mental health Psychosocial support (MHPSS) chatbot 2nd content creation	Uganda	UNICEF
Mainstreaming MHPSS into the Vocational Training Institutes in West Nile Region.	To support Vocational Training Institutes in developing a system that improves access to psychosocial support services of the RISE trainees in the training environment	Uganda	GIZ
Promote Sexual and Reproductive Health Information and Rights for Adolescents	Advocate for girls' empowerment and sexual reproductive health and rights	Angola	Bulgaria Development AID
Service Her	Promote the prevention and combat against violence, especially GBV affecting girls and LGBTQI+	Mozambique	Dutch Ministry of Foreign Affairs through HIVOS

Thematic Area 2: Protection and sustainable livelihoods

Name of Project	Project Goal	Country of Implementation	Funding Partner
Social Connectedness and Belonging	To reduce the isolation and promote the social connectedness and belonging of the most vulnerable children	Eswatini	Synergos Institute
Department of Social Protection Project (DSP) Project	Improve the psychosocial wellbeing of children through the promotion of psychosocial support in national and community systems for the prevention and response to violence against children	Botswana	Department of Social Protection (DSP), Botswana
Prevention of Gender-Based Violence through Say No to GBV Intervention	Reduce violence against women and girls through safer family, school and community environments by developing protective factors and structures to prevent violence	South Africa	1st for Women
Spotlight Initiative and Emergency	Addressing gaps in critical Child Protection and post VAC and GBV protection and referral services	Zimbabwe	UNICEF
PSS Support for Forcibly Displaced Children and Youth (FDCY) and their families	Address the psychosocial capacity of social workers and Early Childhood Development practitioners in Southern Africa	Zimbabwe	Tdh Germany
Inclusive Communities Project	People with disabilities, in all their diversity, to be resilient, accessing their rights and actively and equally participating in national, community and family life in the target areas of Zimbabwe	Zimbabwe	Irish Aid and CBM Switzerland through CBM Global Disability Inclusion Zimbabwe

Thematic Area 3: Education and Early Childhood Development

Name of Project	Project Goal	Country of Implementation	Funding Partner
Strengthening mental health and responsive caregiving capacities of caregivers of young children	Improve the capacity of mothers and other caregivers to provide responsive and nurturing caregiving to children aged 0 – 5 years	Mozambique and Zambia	Conrad N. Hilton Foundation
Social service strengthening programme	Enhance the capacity of the social, health and education sectors to respond to the mental health and psychosocial needs of boys, girls and youth	Zambia	SBD
TDH-ECD toolkit pilot	Build the capacity of volunteers to provide MHPSS to vulnerable children.	Zambia	TDH Germany
Malawi Early Childhood Initiative for children of Adolescent Mothers (MECIAM)	To enhance the psychosocial well-being of adolescent mothers (AM) & development outcomes for their babies	Malawi	Comic Relief

Certificate in Psychosocial Support	Skilled workforce in Community Based with Children and Youth.	Eswatini	APSSI
Sharing stories	Reduce the impact after-effects of COVID-19	Tanzania	Lego Foundation through Stellenbosch University
Enhancing MHPSS capacity of Service providers in South Africa and Zimbabwe by financing the activities of REPSSI to capacitate ECD educators and PSS practitioners to address social, emotional and psychological needs of FDCYS	To improve forcibly displaced children and youth mental health and psychosocial wellbeing through quality MHPSS service provision in Johannesburg, South Africa and Tongogara refugee Camp in Zimbabwe	South Africa; Zimbabwe.	TDH Germany
Mainstreaming PSS into Education Services	Build PSS Capacity in Schools to Improve learning outcomes	Angola	UNICEF

Thematic Area 4: Disaster Risk Reduction and humanitarian response

Name of Project	Project Goal	Country of Implementation	Funding Partner
Inclusive Humanitarian Response	Improving the living conditions of vulnerable groups at community level in Chivi and Mwenezi districts	Zimbabwe	Christian Blind Mission (CBM) International
Disaster risk reduction and enhanced humanitarian response through MHPSS	More resilient community facilitators who are better equipped to maintain their mental health and well-being	South Africa	1st for Women (Covid-19 funds)
Social Services Work Package for Cabo Delgado, Phase I	Build capacity of social service providers to provide MHPSS and GBV response services; and strengthen community-level child protection mechanisms: mental health and PSS provided to IDPs (especially women, children, survivors of GBV, OVC/child headed households)	Mozambique	World Bank, through United Nations Office For Project Services (UNOPS)
Strengthening the capacity of social workers, CSOs and communities in priorities provinces on MHPSS programming, including on the use of MHPSS tools and approaches that are relevant for development and humanitarian contexts	Strengthen the capacity of social workers, CSOs and communities in priorities provinces on MHPSS programming, including on the use of MHPSS tools and approaches that are relevant for development and humanitarian contexts	Mozambique	UNICEF
Building Resilience of Children, Young People, Families and Communities Affected by Conflict, Climate Change and Migration in the East and Horn of Africa (HoA).	Regional policies and legal frameworks are comprehensive and holistic in addressing the rights of children and youth in the East and HoA	Uganda; South Sudan; Somalia.	Save the children
Ebola preparedness	Ebola preparedness	Tanzania	WHO, UNICEF, IOM



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