

# REPSSI ANNUAL REPORT

# 2020



# VISION

**All girls, boys and youth enjoy psychosocial and mental wellbeing**

# MISSION

**REPSSI leads in innovative Mental Health and Psychosocial Support interventions to transform policy and practice for girls, boys and youth in Africa to reach their potential**

# STRATEGIC OUTCOMES

1. Enhanced health, SRHR, and HIV outcomes for children, adolescents & mothers through MHPSS
2. Enhanced protection and sustainable livelihoods through MHPSS
3. Education and Early Childhood Development is enhanced through MHPSS
4. Disaster risk reduction and enhanced humanitarian response through MHPSS

# CORE VALUES

REPSSI will be guided by and will exhibit the following core values in its organizational life and practices:

- **Integrity:** We are committed to fairness, equity, accountability and honesty in our internal and external relationships, communications and transactions
- **Collaboration:** We value the collective wisdom that emerges when individuals work together as a team both internally and externally
- **Excellence:** We are committed to the highest professional standards
- **Innovation:** We are driven by research, learning, and innovation to retain our leadership in psychosocial support. We value indigenous wisdom, knowledge and practices
- **Diversity:** We believe diversity exhibited by our staff and partners is an asset to our organization

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# Message from the Board Chairperson

**Dr Malega Constance Kganakga**  
Chairperson  
REPSSI Regional Board



Governments in the East and Southern Africa region responded to the COVID-19 pandemic as it swept across the world in 2020 with swift measures to close schools, reduce movement and curtail economic endeavours. These measures succeeded in limiting the transmission of COVID-19, with lower morbidity and mortality in Africa than in much of the rest of the world. However, the impact was felt in millions of children who lost a year of education, without access to alternatives that ministries tried to rapidly introduce such as internet, television and radio based lessons. Reported cases of gender based violence sky rocketed as economic stresses compounded stresses of cramped conditions in lock down. Access to promotive and preventive health services such as HIV testing, sexuality education and contraceptives was disrupted.

Towards the end of the year anecdotal reports began to emerge of large numbers of adolescent girls becoming pregnant and children entering labour to support families that were struggling. It is likely that these children will not return to school when schools are able to open. Those that lost family members during the lockdowns were not able to mourn or say goodbye. The need for mental health and psychosocial support has never been more pronounced or acknowledged. REPSSI worked to overcome the challenges of having to change the way it usually works to respond to this enormous need.

In spite of the COVID19 pandemic, it has been a remarkable year for REPSSI with several significant milestones. We have recruited a new CEO and completed the transition for five of our outgoing Board Members. I will also be completing my tenure next year as Chairperson of the Board and look forward to supporting the incoming Chairperson in their new role. This year also marks the end of our 2016-2020 Strategic Plan which saw several changes in grant making with one of our core donors transitioning to programme based funding and SDC ending funding to REPSSI after funding the organization for longer than they normally would. Nonetheless we are excited about our new Strategic Plan 2021-25 which, was completed on time and launched by the Board at its last meeting of November 2020. This new strategy, will thrust us into relatively underserved programme areas, such as; humanitarian response and emergency operations; disaster risk reduction and violence prevention.

As I plan to step down in my role as Board Chairperson, I am deeply grateful to the Regional Board members that I have served with for over six years. Without their dedication and commitment to serve, we would not have managed to keep REPSSI afloat and consistently reached our global target of 2million children each year, across our programmes in the East and Southern Africa Region. I am equally appreciative of the donors that have supported us over the past many years and that have seen this organisation grow and thrive in the field of psychosocial support. Lastly I commend management and staff, for their passion and perseverance throughout the difficult times we live in today.

# Message from the Chief Executive Officer



**Patrick Onyango Mangen**  
Chief Executive Officer

We are pleased to share with you an account of our performance over the past year. Though REPSSI was impacted by the restrictions to movement and gatherings, we worked to find new approaches to respond to the numerous psychosocial and mental health challenges that accompanied the COVID-19 pandemic. While much of the world adopted internet based approaches, REPSSI found ways that were appropriate to the circumstances we work in with very poor internet penetration.

We moved forward with our plans to establish APSSI, believing that this is even more critical in these difficult times. We reconstituted the APSSI Board of Directors, recruited the Executive Director and supported the development of the APSSI Strategic Plan and

management structures. We are pleased with these developments at APSSI, a subsidiary of REPSSI and we are optimistic that the organisation now stands on a very strong foundation.

As we move into implementing our new Strategic Plan 2021-25, we found it prudent to review our governance systems and policy environment to ensure that the organisation remains abreast with best practices. We therefore embarked on a process of reviewing and updating all our policies particularly on branding and communication, safeguarding, management of risk, as we plan to decentralise additional responsibilities to country offices.

You will notice that we have slightly adjusted our logo and enhanced it with additional features. We have also streamlined content on our social media platforms to signify a stronger brand presence. In the same vein, we completed the task of reconstituting our Country Advisory Boards across twelve countries, transitioning outgoing Board Members and recruiting new Board Members for some countries.

Lastly I am grateful to my management colleagues, our Country Directors and Representatives and all staff in general, for their dedication and unwavering service to those girls, boys, youth and families that depend on our interventions amidst the COVID19 pandemic.

## **REPSSI Board Directors, 2020**

Dr Malega Constance Kganakga, Board Chair;

Mr Gavin R. Tipper, Board Treasurer;

Dr Margriet Blaauw;

Mr Thomas Fenn;

Mr Kaumbu Mwondela;

Mrs Jeanne Ndyetabura;

Mr Patrick Onyango Mangen,

Dr Alison Schafer;

## **APSSI Board Directors, 2020**

Prof. Sheila Mokoboto-Zwane – Board Chairperson;

Dr Malega Constance Kganakga;

Dr Thandekile S. Magojo;

Mrs Grace Matlhape;

Dr Lewis Ndhlovu;

Mr Patrick Onyango Mangen

# PROGRAMME OVERVIEW

2020 was marked by the impact of COVID-19 on our lives and on the ways in which we tried to respond within our programmes, at the same time as the demand for psychosocial support interventions was expanding. REPSSI developed several short messages on PSS that were widely translated and shared over WhatsApp and other social media and produced a series of Facebook presentations, reaching audiences across the region. The short poster messages focused on:

- PSS to respond to COVID-19
- PSS for children in a time of COVID-19
- Talking to our adolescent children about their sexual and reproductive health
- Positive masculinity
- Caring for Babies and Young Children in a time of COVID-19
- Loss and grief during COVID-19

The Facebook presentations which are now available on the REPSSI YouTube channel were:

- Fright, flight or flocking
- Supporting children during a time of COVID-19
- Talking to our adolescent children about their sexual and reproductive health
- Journey towards positive masculinity
- Caring for babies and young children in time of COVID-19
- Social connectedness and circles of hope in this time of social distancing
- Care workforce for social connectedness
- Adolescents living with HIV: Self-care during COVID-19
- Teachers – champions for our children during COVID-19
- Supporting adolescent mothers during COVID-19
- Stigma and discrimination during COVID-19
- Celebrating health workers on the frontline against COVID-19
- Supporting pregnant adolescent girls during a time of COVID-19
- Why wear a mask? The psychosocial benefits during a time of COVID-19
- Loss and grief during COVID-19
- Supporting grieving children who lost their loved ones during COVID-19
- Learning to co-exist with COVID-19
- Mental health and sexual gender based violence

REPSSI teams have engaged with the media (print, radio, television) in several countries such as Zimbabwe, Lesotho, Tanzania, Mozambique, Zambia on the psychosocial impact of COVID-19 on children, families and communities and what can be done to support one another.



# Programmes implemented in 2020:

REPSSI worked in partnership with national and local government and civil society organizations to develop models of integrating PSS to enhance outcomes across the lifecycle of girls, boys and youth. We rapidly adapted our programming as restrictions impacted on the ways in which we were able to train or mentor those that we collaborate with, hold conversations with communities, reach adolescents through school based clubs when schools were closed or health facility safe spaces when it was not safe to be in health facilities, engage in national, regional or global Technical Working Groups, and meet with the adolescents.

## A. Nurturing Care for young children

REPSSI is supporting integration of PSS into programmes for nurturing care in early childhood. These include the development of resources on how PSS improves early childhood outcomes and accredited training, with an emphasis on supporting caregivers to be able to provide nurturing care to young children. We have a particular focus on adolescent and young parents. REPSSI:

1. Partnered with, and built the capacity of community based organizations that are supporting provision of nurturing care as well as working with caregivers of young children.



Caregivers



21



3

CBCC management committee members

57

23

**LEGEND**

For country map, see page 20

	<b>FEMALE</b>		<b>GIRL</b>
	<b>MALE</b>		<b>BOY</b>



Caregivers



7



9



ECD and health workers

100

2. Are working to provide accredited training to those that work with young children.



Preprimary teachers from Ngwane college

87



Developing the curriculum for a Diploma in Early Childhood Development to be accredited by TEVETA,



ECD workers registered on CBWCY certificate

13

3. Worked with governments to review policies and develop standards



4. Engaged with communities through TV and the radio when it was not possible to engage with them through community conversations



Programmes

39

5. Provided materials to engage with children at home and to renovate centres



Groups

15

Centres

3

6. Are supporting research by the University of Stellenbosch on the feasibility of delivering a programme over WhatsApp to encourage caregivers to engage with young children in stories and books



Regionally REPSSI is a member of the Policy, advocacy and communications; and Access to quality ECED programmes and services technical working groups established by the African Union within the ECED cluster to promote more attention to preprimary education.

## B. READY – supporting Adolescents living with HIV to access SRHR services

The READY+ programme is implemented by a consortium, led by Frontline AIDS and including Africaid / Zvandiri who have pioneered the CATS (Community Adolescent Treatment Supporters) model which is being expanded; PATA (Paediatric Adolescent Treatment Africa), Y+ (Young positives) and CANGO who lead implementation in Eswatini. We work through a number of implementing partners in Eswatini, Mozambique, Tanzania and Zimbabwe.

All countries were affected by restrictions on access to health facilities, with concerns about adherence to treatment. All governments instituted measures such as multi month dispensing of ART to mitigate the impact. Partners used technology, social media (whatsapp and sms) with virtual support to provide PSS thus reducing loss to care and follow up. While these were valued by the adolescents and young people they could not replace face to face contact. Planned trainings and meetings were postponed, scaled back and reorganized. REPSSI led the expansion of READY+ to Cabo Delgado province in northern Mozambique which has been affected by insurrection. Even though the COVID-19 restrictions prevented other READY+ partners traveling to Pemba, training progressed with virtual support. REPSSI:

- Finalised the community conversation guide, Let's Talk to our Children (about sex and sexuality) and translated this into Portuguese and KiSwahili
- Trained CATS



33

35

105



19

30

83

Total

52

65

188

- Communicated with communities through local radio stations



- Trained 14 CATS that are young mothers to reach out to other young mothers



and 2 support groups of young mothers living with HIV



- Held Community conversations



Participants

**2557**

- Held Caregiver conversations



**85**

**12**

**97**



Total

**556**

## C. Reduced Early and Unintended Pregnancies (EUP)

Our programme was premised on partnership with the Ministry of Education at district level to reach adolescents through school based clubs that build psychosocial skills, and engage with parents or caregivers in community gatherings for conversations which was not possible due to the COVID-19 restrictions. REPSSI Zambia developed a series of radio programmes which were shared with Angola and Namibia who are also working on this project. Each country partnered with local radio stations and local authorities and adapted the content to suit their context. It has been reported that there were massive increases in early and unintended pregnancies amongst adolescents across the region during the COVID-19 lockdowns. REPSSI:

- Developed training for teachers on improving the psychosocial environment of their schools and a manual on building Psychosocial Support Skills which were translated into Portuguese and KiSwahili.
- Trained teachers



**14**

**13**

**87**

**13**

**17**

**112**

**27**

**30**

**199**



Total

3. Initiated regular radio programmes which reached beyond the initial project area



4. Teachers and facilitators continued to engage with children even when schools were closed and encouraged them to participate in the radio programmes



Schools in Moxico province

10



Schools in Kunene region

10



Schools in Eastern Province

30

- District Guidance and Counselling Coordinators
- Zonal Guidance Teachers
- Zonal Head Teachers
- District Resource Centre Coordinators
- Correctional Officers
- in Southern Province



45

22

23

5. Commemorated International Day of the Girl Child with activities to encourage delayed sexual debut



6. Held community conversations



Parents

270

7. Was a leader of the Comprehensive Sexuality Education Taskforce which successfully lobbied government and other stakeholders, through numerous media engagements, presentations and other meetings, to not withdraw Comprehensive Sexuality Education (CSE) from the school curriculum.



Regionally REPSSI is participating in the Education for Health and Well-being sub-cluster (EHW) of the African Union Commission and in the SADC Parliamentary Forum's SRHR programme.

## D. Improved HIV outcomes

The countries where REPSSI works still have the highest HIV prevalence rates in the world. REPSSI is integrating psychosocial skills and support into a range of programmes to improve prevention, access to treatment and care as well as support for children, adolescents and families affected by HIV. REPSSI:

1. Partnered with schools and trained teachers to improve the psychosocial environment of the school to lead to reduced stigma and more openness to discuss HIV prevention



Schools

10



10



38

Teachers

22

20



10

11

21



12

9

17

2. Engaged with some adolescents through groups



and via WhatsApp



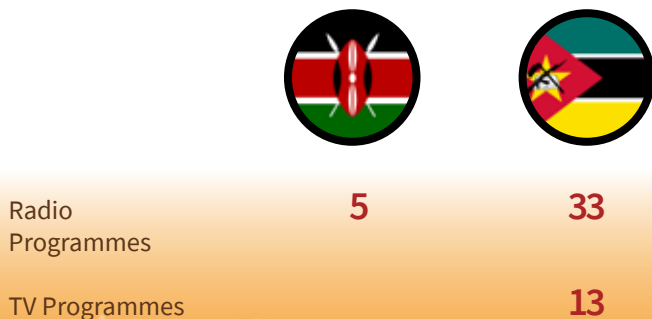
3. Trained health care providers



4. Conducted some community conversations using the new REPSSI tool, Let's Talk to our Children



and supplemented this with radio and TV outreach



5. Established caregiver groups



6. Supported the formation of a national network of young people living with HIV (PAAJ+) which held an orientation for 46 (elected) Mozambique deputies on different SRH, HIV and key population needs,



7. Coordinated the local consultations to develop a Mozambique HIV Prevention Shadow Report in a process which was led by Frontline AIDS.



8. Established the Keeping Children Healthy and Safe (KCHS) programme, as a sub partner to TPO Uganda, in Rakai and Kyotera districts, South West Uganda. The KCHS programme will enhance access to care for children and families affected by HIV. Activities in late 2020 included training 55 parasocial workers to do outreach into the community.



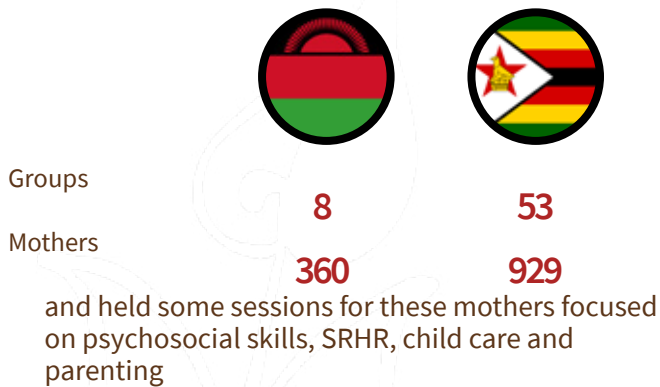
Registered children living with HIV **2050**  
Registered HIV exposed but uninfected children **1235**

REPSSI Regional and RIATT ESA engaged in review of the UNAIDS global strategy and development of Strategy 2021 – 2026, recommending that there should more priority for paediatric testing within 6 weeks of birth and access to treatment for children with increased funding.

## E. Improved outcomes for Adolescent Mothers

The highest rates of adolescent fertility are found in Africa. REPSSI is seeking to improve SRHR outcomes for adolescent mothers who face rejection, isolation, exclusion from education and other opportunities, poor access to services and poor socio-economic prospects. We anticipate that supporting mothers will enable them to support their children. In common with other programmes this programme involves working directly with the young mothers in groups, sensitizing the community and service providers to support the young mothers, fathers and their young children as well as working with the young fathers on issues of positive masculinity. REPSSI:

1. Established community based groups of adolescent mothers



REPSSI regional and RIATT ESA are active members of the Coalition for Children affected by HIV (CCABA) where we are sharing experience with others about adolescent mothers programmes.

## F. Reduced levels of Child Marriage

Following a successful campaign in 6 countries against child marriage, REPSSI is deepening our engagement on this issue to empower adolescents in school based clubs through psychosocial skills to withstand the pressure to marry young. The programme also supports schools, their caregivers and the communities in which they live to support them in this decision. The field programme was severely disrupted in Tanzania due to elections in that country. We are also engaging with technical working groups to influence legislation on child marriage. REPSSI:

1. Partnered with schools to improve the psychosocial environment and support groups of children and adolescents to campaign within the school and community on delaying marriage until children have completed their education
2. Trained teachers in psychosocial skills and child advocates who have been leading their groups in the communities to sensitize their communities on the importance of education before marriage, even in the lock down periods.



- 3. Participated in radio and other media programmes to raise broader awareness on the need to delay marriage



- 4. Commemorated the international day of the Girl Child at village level to raise awareness about COVID19, PSS, Parenting, GBV, Child marriages



- 5. Made a presentation to members of parliament on strategies to end child marriage



REPSSI joined other stakeholders to commemorate the International Day of the Girl Child. REPSSI called upon Governments, International Cooperating Partners and Civil Society Organisations to:

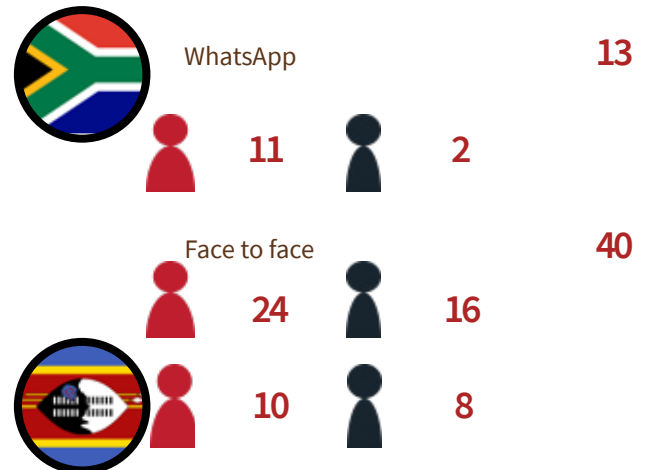
- A. Provide psychosocial interventions to challenge harmful social and cultural norms and attitudes.
- B. Prioritise the implementation of Comprehensive Sexuality Education to ensure improved health and education outcomes for adolescent girls
- C. Invest in improved access to quality life skills education for adolescent girls.
- D. Empower girls, including those with disability, to drive social change and break barriers of discrimination

REPSSI regional and RIATT ESA are members of the CSO Reference Group on Supporting the African Union Campaign on Ending Child Marriage. The provision of Psychosocial support is highlighted in the campaign plan as a critical component in ending child marriage.

## G. Reduced Gender Based violence (GBV)

REPSSI is building on work over the last 6 years in different countries to develop the psychosocial skills of adolescent boys and girls to choose not to relate with one another through violence. The programme was intended to be run by engaging schools to become safer, with groups of girls and boys considering how they can contribute to reduced violence and community conversations to develop action plans to make communities safer. We were not able to have the groups in schools and were able to:

- 1. Train group facilitators



- 2. Conduct sessions with children in the community, including via WhatsApp when it was not possible to meet physically



3. Hold community dialogues



Caregivers



and intergenerational dialogues resulting in commitment to make communities safer



4. Hold a Say No to GBV walk through Soweto in 16 Days of No Violence to raise awareness about the need to end GBV.

5. Host or was a guest in several live radio talk shows on Gender Based Violence, Sexual Offences and Domestic violence



## H. Mental Health and PSS (MHPSS) in Emergencies:

REPSSI has been building our capacity to contribute to the provision of MHPSS in emergencies. REPSSI's overall emergency response in 2020 included work to support adolescent SRHR in Uganda, responding to the cyclone in Zimbabwe and responding to COVID-19 globally, regionally and at national level in many countries.

## Improved SRHR outcomes in Humanitarian Emergency Settings

REPSSI is partnering with TPO Uganda, the Office of the Prime Minister and other partners in Kiryandongo Refugee Settlement in central Uganda with a total population of about 277,444 of whom 57,872 are refugees from either DRC or South Sudan. They have all been displaced from their original homes and are seeking to establish new communities within the settlement and with the host communities. REPSSI and TPO worked with youth in Kiryandongo to promote connection in a time of distancing and isolation, including:

- training health workers on the mental health of adolescents;



- training teachers on PSS for adolescents



- established clubs to promote social connectedness and Teachers engaged with children outside school .



- established community and faith based structures to support children.

Adolescents participated in discussions about SHRH **477**



Community members participated in Community awareness sessions **565**



REPSSI Uganda is an active member of the national MHPSS working group and ensured PSS and community engagement were included as key strategies in the national COVID-19 response and social services workers were recognized as essential. Further, the child helpline was reopened.



## MHPSS in response to Cyclone Idai

REPSSI continued to support recovery in three districts that were affected by Cyclone Idai, with training of 280 (147f and 133m) teachers, health workers and other humanitarian actors in psychosocial support and recovery. Psychologists were placed in two of the affected districts to deepen mental health programming.

## MHPSS in response to COVID-19

REPSSI is responding to the COVID-19 emergency:

- Conducted rapid orientation for community COVID-19 response committees and teachers

REPSSI provided a service to children in widely dispersed districts, engaging community cadres, at a time when many government officials have not been working optimally due to the COVID-19 restrictions.



- built the capacity of District PSS team members (comprised of Teachers, Community development officers, Community case workers, Psychiatrists, Sociologists, Police officers, Immigration officers) and



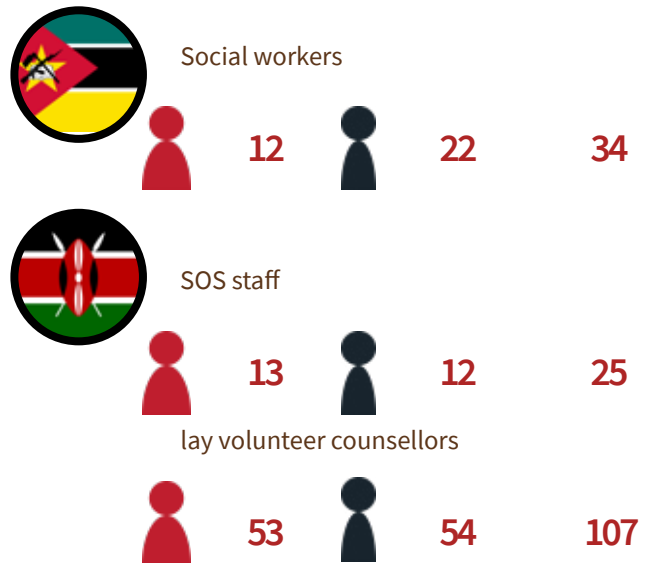
District Women and Child Protection committee members to respond to emergencies in eight regions.



Testimonies from affected people show that when PSS is provided to infected people they recover faster and it reduces stigma and discrimination. The Government has given PSS more priority than before.

- Produced a training package on Psychosocial Support for Social Workers to respond to COVID-19 in partnership with UNICEF, Ministry of Gender, Child and Social Action and the Association of Social Workers and trained initial

- Trained



from the Department of Children's Services.

Developed posters for COVID-19 awareness.

Further, REPSSI is collaborating with several partners to develop resources to support different groups in emergencies. These include:

- the Institute for Inspiring Children's Futures at the University of Strathclyde, Glasgow, to develop a low-burden smartphone app to collate real-time, anonymous information of policy-makers' and practitioners' daily challenges and experiences as they are working to promote children's wellbeing in current and future pandemics. This app will be launched in 2021.
- the International Federation of the Red Cross / Red Crescent in developing materials to support children returning to school

- tdh Germany to develop materials to support those that are working with forcibly displaced children and youth
- GIZ to support integration of MHPSS into vocational training institutes in Uganda
- REPSSI finalized the Power of Vision tool and REBUILD which is a training manual for front line emergency workers

REPSSI regional is a member of:

- 2 regional groups focusing on COVID-19, the East and Southern Africa (ESA) COVID-19 Case Management Technical Working Group chaired by WHO AFRO; and the Regional East and Southern Africa MHPSS Community of Practice (ESA MHPSS CoP), which we co facilitate with Save the Children. Both engaged with regional responses, shared learning, led standardization and operationalizing evidence-based responses in humanitarian responses. The ESA MHPSS CoP has an active Whats App group and held several webinars to share learning and new developments.
- The global Interagency Standing Committee MHPSS Reference Group and participated in the development of several guidance documents.
- the MHPSS Collaborative steering committee. The Collaborative has a strong presence in the west while we can leverage our reputation in Africa. The Collaborative showcased the Teachers' Diploma programme on the Mental Health Innovation Network.

## I. Mental Health

**ReCLAIM:** In partnership with SOS and funding from Comic Relief, REPSSI raised awareness about mental health through 8 radio programmes, developed the Diploma in Child and Adolescent Mental Health which will be accredited by the Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA) and supported the Department of Adolescent Health in the Ministry of Health with trainings on Mental health and psychosocial support for 56 juvenile offenders



REPSSI developed a manual to train health care workers on Mental, Neurologic and Substance abuse conditions.

## J. Prevention of Violence against Children:

REPSSI is partnering with APEVAC (the African Partnership for the Elimination of Violence Against Children) to support inter-ministerial discussions, policy dialogue and training on ending violence against children, encouraging national governments to embark on a process of becoming a Pathfinder country which commits to policy, actions and practices that eliminate violence against children.

## K. Accredited training for the Social Services Workforce

- REPSSI has continued to support the delivery of the Certificate in Community Based Work with Children and Youth (CBWCY) also known as the Certificate in PSS with academic partners



Graduates

**70**

**105**

**17**

**90**

Enrolled

**100**

**140**

**24**

**102**

and directly



Graduates

**43**

**14**

- REPSSI Zambia delivers the Diploma in CBWCY that is accredited by TEVETA and is developing curricula for Diplomas and Bachelors degrees in Early Childhood Development and Child and Adolescent Mental Health.



Graduates

**123**

- In response to long standing demand for a diploma in PSS, APSSI reviewed modules that were originally developed for the Diploma in Community Based Work with Children & Youth in Zambia. APSSI is in discussion with several institutions to develop the curriculum for this diploma.
- William Pitcher and Ngwane Teachers Training Colleges continue to deliver the Teachers' Diploma in Psychosocial Care, Support and Protection as a foundational course for all pre-service teachers



Graduates

**515**



**312**



**203**

# RIATT-ESA

The Regional Inter-Agency Task Team on Children and AIDS in Eastern and Southern Africa (RIATT-ESA) is a regional network of actors working on children, young people and HIV to ensure children's care and support needs feature in global, regional and national policies. In an environment that was constrained due to restrictions to curb the spread of COVID-19, RIATT-ESA continued to be the regional voice for children affected by HIV.

4 regional studies were conducted which provided critical evidence for high level advocacy resulting in the inclusion of global targets on children living with HIV in the UNAIDS 2021-2026 Global Strategy.

1. Advocate for improvement of early infant diagnosis (EID) and treatment to reach national paediatric targets. Only 40% (8/20) of countries had 70% and above EID coverage by the end of 2019. Eswatini in Southern Africa and Rwanda in Eastern Africa are examples of good practice.
2. Advocate for the development of regional and national policies on childhood TB and HIV. Integration of TB with other related health services with costed actionable action plans and guidelines needs to be prioritized in most East and Southern Africa countries.
3. Promote transformative regional policy reviews in relation to SRHR and reduction in early and unintended pregnancies. Countries in the region with the highest adolescent fertility rates (AFR) are: Angola (151), Mozambique (149), Malawi (133), Democratic Republic of Congo (124), and Uganda (119).
4. Children, HIV & COVID-19. investigated how organizations were impacted by COVID-19, the challenges they have faced and measures they have taken to alleviate and mitigate the impact of COVID-19.

RIATT-ESA produced a policy brief for the UN HIV High Level Meeting highlighting Priority Actions for Children and Adolescents living with & affected by HIV. 7 additional policy briefs produced were:

1. State of Funding for Children in the Southern Africa Development Community
2. Donor Financing for Children Investment in East and Southern Africa
3. Embracing Corporates and Philanthropists in Investment into Children's Welfare in Africa
4. Government Financing in Promoting Equitable Public Spending for Child Rights and Welfare in Africa
5. Official Development Assistance Flows for Investment in Children in East and Southern Africa Opportunities and Challenges in Targeting and Inclusion
6. Harsh Realities of Early and Unintended Pregnancy in Eastern and Southern Africa
7. Policy Shifts in the Right Direction: Early and Unintended Pregnancy in Eastern and Southern Africa

RIATT-ESA continued partnering with the African Union Commission to support campaigns to end female genital mutilation and child marriage in Africa through a call for entries into media awards on these issues.

The RIATT-ESA Secretariat appreciates the RIATT-ESA Partners, the Technical Working Groups and the Study Reference Groups; the insightful leadership from the Steering Committee; REPSSI as RIATT-ESA's Fiscal Sponsor, and the Embassy of Sweden for financial support. To you all, we say "Thank You!"

# COUNTRY MAP





# ANGOLA

## 2020 HIGHLIGHTS

### GOVERNANCE

Country Advisory Board

- Mr Junior Joao Cassule - Chairperson
- Dr Jose Fernandes
- Mr Benjamin Tchiyevo
- Dr Hortensia Afonso Da Trindade

Registration: As a non governmental organization No. 5/2014 fls. 3 do LivroB, Published in Diário da República N.o 210 III Série de 29/10/2015

### FUNDING PARTNERS

Sweden

### PARTNERS

10 schools in Moxico Province (eastern Angola, bordering on Zambia); Ministries of Education and Health in Moxico Province; Radio Mix & National Radio in Moxico Province.



Country Representative:  
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Baseline data was collected by trained teachers from ten schools in Moxico that REPSSI is partnering with in the programme to reduce early and unintended pregnancy. The teachers used the opportunity of seeking consent from parents and caregivers for their children to participate in the baseline to encourage the caregivers to listen to the project

radio programmes to understand more about it. Several caregivers contacted the team after listening to the programmes to ask if their other children could also join the groups.

The father of a 13 year old girl at Bairro Tchifutxi primary school asked his child what the teacher spoke to her about in the baseline process. She responded that she was asked about how she feels at home and about other issues to do with her wellbeing and access to SRHR. The surprised father went to look for teacher Fana Kaumba. The father explained that he thought that school was only to teach his child to read and write. He was grateful that the school was doing more than this for his daughter and invited teacher Kaumba to his home to speak to his other children as he was keen for them to join the club at school.

The teachers in Moxico belong to an active whatsapp group through which they share how they are supporting adolescents as well as lessons that they are learning as the groups that they lead learn psychosocial skills.

Baseline data was collected from 385 adolescents around the city of Luena. 194 (50%) were female and 191 (50%) were male. The ages ranged between 12 and 17. 87% looked after younger children and 69% look after sick people at home. 13% have lost their fathers and 7% their mothers.

The only SRHR services that had been accessed were: 9% tested for HIV, 9% got condoms, 1% tested for STIs, and 1% had received ART. 42% of respondents, had already had sex and the average age of sexual debut was 12 years. Areas that could be enhanced for resilience included support from friends and relationship with parents / caregivers.

### REACH

FEMALE	MALE	TOTAL
29,059	25,382	54,441



50 Remote Area Development Programme hostel staff (including matrons, boarding masters, caretakers, drivers, cooks, night watch men and general duty assistants) were trained in the Community Based Work with Children and Youth (CBWCY) certificate offered by the Botswana Open University. All received scholarships from the Department of Social Protection through REPSSI. Several studies, including the Situation Analysis of Orphans and Vulnerable Children (2017), have highlighted the need for better care in the hostels, including more sensitivity to the children’s culture and backgrounds. These studies have highlighted that the staff in the hostels need to be trained. An important aspect of the situated, supported, learning approach used for delivery of the certificate is immediate application of new knowledge in practice.

Two years later, the Department of Community Development boasts tangible, positive measurable outcomes. “Approximately 1 375 children, 679 boys and 696 girls housed in 10 hostels across 7 districts in the country, are now placed in good-caring hands of adequately trained staff”. (Deputy Director, Department of Community Development).

The Botswana Open University has been partnering with REPSSI in delivering this certificate to those working on the front lines with children and youth since 2015. The University is partnering with REPSSI and APSSI in developing a Diploma in PSS as there is great interest in this course.

A previous graduate of the CBWCY certificate, who is now a research assistant with the Harvard University project in Botswana commented, “the modules on Personal and Professional Development, Care and Support of Children at Risk and the Service Learning impacted positively on my personal and professional life. My character has been shaped to value and appreciate other people because everyone has a unique role to play in life. I have learnt to be more assertive, tolerant and confident in what I do. These are all skills that are essential in my role. Before I enrolled for the CBWCY certificate, I was a volunteer peer educator with BOFWA and then I moved to BOCAIP.”

## GOVERNANCE

- Country Advisory Board
- Ms Dorothy Tlagae - Chairperson
  - Dr Godson Gatsha
  - Mrs Jennifer M Marinelli
  - Ms Mmannyama Margaret Mokgachane
  - Ms Ruth Moedi RadibeMs Kgomotso Nana Sejo
- Registered as a branch of REPSSI regional, Number EX2012/7769 ()

## FUNDING PARTNERS

Department of Social Protection;  
Sweden

## PARTNERS

Department of Social Protection and Ministry of Basic Education; YWCA, PCI, Marang Child Care Network; Botswana Open University

Country Representative:  
Mmamiki Kamanakao

## REACH

FEMALE	MALE	TOTAL
20,874	19,339	40,213



# ESWATINI

## 2020 HIGHLIGHTS

### GOVERNANCE

Country Advisory Board

- Mr Sboniso Madlopha - Chairperson
- Ms Samukelisiwe Busika
- Mr Clement N Dlamini
- Ms Lindiwe Dlamini
- Ms Nokuthula Gwebu Lucas
- Ms Happygirl Senamile Mtshali

Registered under the Swaziland Companies Act No.8 of 2009. Certificate No. 203 of 2015, company ID: 201502053002013. No: R7/42484

### FUNDING PARTNERS

Sweden, Frontline AIDS, Jacobs Foundation

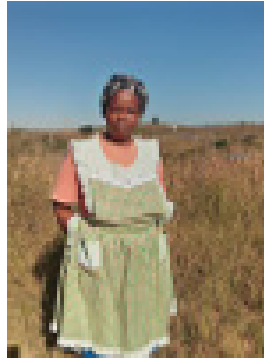
### PARTNERS

National Department of Children’s Services; Ministry of Education and Training; University of Eswatini, William Pitcher & Ngwane Teachers Colleges; READY+ partners; CANGO; Moya Centre; Save the Children, SOS Children’s Village



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Mrs Busisiwe Sikhosana (52), is a grandmother, a caregiver in a Neighbourhood Care Point at Bhekinkhosi community of Manzini region and a Sunday School teacher in her local church. She attended the REPSSI led workshop on, 'Talking to Our Children about Sex and Sexuality' for parents and caregivers in the READY+ project. REPSSI, CANGO and the READY+ implementing partners in Eswatini held such caregiver

workshops in all four regions of Eswatini.

Mrs Sikhosana says that the workshop improved her skills in communicating with children about sex and sexuality. Since she started talking to her children about these, she has noticed that her relationship with the children has improved. She is even able to share personal stories and experiences in addressing abstinence and contraception with them. She says that children have to be taught that sexual relationships come with risks and responsibilities. She also believes that children and young people should be able to make safe sex choices such as abstinence and use of condoms.

Mrs Sikhosana also participated in a READY+ dialogue in which the community developed a plan of action outlining how they would support adolescents and young people living with HIV. She is committed to helping adolescents and young people living with HIV. She visits them and engages their families in discussions to address stigma and discrimination, bullying and exploitative child labour, especially among orphans and vulnerable children. She mobilizes donations of sanitary pads for vulnerable girls.

REPSSI is working with community based facilitators to engage adolescents in the community in sessions to reduce gender based violence. The facilitators collected data from 77 female and 51 male adolescents, aged 12 to 18. 15% have lost their mother and at least 20% have lost their father. 30% responded that someone has, in the past, threatened to hurt them and they believed it would happen. 37% (43% of males and 32% of females) responded that someone had used force to take something away from them that they were carrying or wearing at some point in their lives.

### REACH

FEMALE	MALE	TOTAL
21,506	20,752	42,258



# KENYA

## 2020 HIGHLIGHTS



Psychosocial Support and Mental wellbeing are important: Following the PSS and mental health trainings for teachers in Busia, a teacher was able to successfully intervene, support and refer a 16 year old boy who was heading household. The boy had dropped out of school when his parents left to work on the flower farms in Naivasha. As the parents were not sending any money to the children he got a job driving a bodaboda (motorbike) to be able to pay for food. He was unable however, to pay for the school fees of his 5 siblings who also dropped out of school. In order to cope with the multiple tasks and roles in the household he decided to marry and he became a father as well. This increased his responsibilities and COVID 19 only made it worse. He became stressed, uncontrollable and was labelled a victim of witchcraft. His young wife left and his siblings disappeared. It is at this point that the teacher intervened, located the boy's grandfather and together they sought assistance from the hospital and talked to the school officials. The boy was treated and is in school again.



Baseline data was collected from 391 adolescents (62% female, 38% male) from Busia and Kibera, Nairobi, whose ages ranged from 12 to 21. The adolescents are members of school clubs who are learning psychosocial skills to enhance prevention of HIV. 99% were in school and the average grade they were in was grade 7. 67% had electricity (with just 44% of Busia compared to 85% of Kibera respondents) and only 16% had a tap with running water in their home. 73% look after young children and 56% look after sick people at home. 5% of all the adolescents indicated that their mother had died, 12% that their father had died, and 2% had lost both parents. Sexual reproductive health services that were accessed in the last 6 months were: 2% got condoms, 17% were tested for HIV (20% of females; 12% of males; just 6% of Busia and 26% of Kibera respondents), 3% were tested for STIs and 1% received ART.

An average score on the CYRM-R scale of 69.06 indicated high resilience; an average of 4.92 on the PHQ-9 indicated mild depression and 20.56 on the Rosenberg Self-Esteem Scale, is within normal range

### REACH

FEMALE	MALE	TOTAL
168,638	157,738	326,376

### GOVERNANCE

- Country Advisory Board
- Mr Daniel Kinoti Mungatia - Chairperson
  - Ms Pamela Kabeira
  - Justice Sarah Ondeyo-Omolo
  - Ms Nyambura Rugoiyo
- REPSSI is pursuing registration in Kenya

### FUNDING PARTNERS

Sweden

### PARTNERS

Department of Children's Services; KORDP; KICOSHEP; 20 project schools in Busia and Kibera, Nairobi; SOS Villages Kenya, Hope WorldWide.



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# LESOTHO

## 2020 HIGHLIGHTS



An adolescent boy and girl from each of the 15 schools that REPSSI is working with in the End Child Marriage project were trained to lead their clubs in the communities as the COVID-19 restrictions

made it impossible for such clubs to meet in schools. The clubs focused on encouraging children to complete their schooling before they get married. The clubs also had activities in the community to sensitize caregivers about the negative psychosocial impacts of child marriage on children. The pair from St Thomas High School, Mafeteng District, approached their area chief to ask for a gathering of the community where they could share about the importance of children staying in school and not getting married at a young age. Without hesitation the chief did as he was asked and the gathering was arranged to support advocacy to stop child marriage in the villages around.

The young people established a village children's group that developed various dramas to raise awareness about things that lead to child marriage such as poverty and peer pressure. The village group included children from other schools in addition to St Thomas. All the children participated in the drama and got involved in spreading this message of delaying marriage. This was an indirect benefit to the project as it extended the messages to children from other schools. Some parents were attracted to the children's group and have volunteered to support the group activities when they meet.

Baseline data was collected from 349 school club members (64% female, 36% male) from Mafeteng (38%), Maseru (32%) and Teyateyaneng (30%). The age of respondents was between 12 and 18. 66% look after young children, and 56% look after sick people at home. 16% indicated that their mother had died (16% Mafeteng; 25% Maseru and 7% Teyateyaneng), 32% that their father had died, and 8% that they had lost both parents. 1% had been married or were currently married, and under 1% have been pregnant or have gotten someone pregnant.

## GOVERNANCE

Country Advisory Board

- Ms Mokome Mafethe – Chairperson
- Mr Thuso Green
- Ms Lerato Peggy Mateka
- Ms Mathato Nkuatsana
- Ms Maseisa Ntlama
- Mr Sofonea Shale

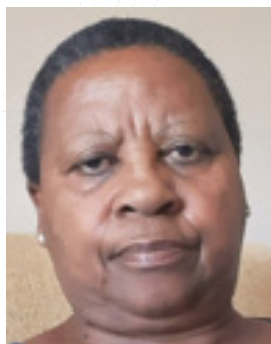
Registration number 2014/94 PVO

## FUNDING PARTNERS

Sweden

## PARTNERS

Ministry of Education and Training; 15 schools in Maseru, Mafeteng and Berea Districts; YWCA Lesotho; Letsema Child Rights Network; Ministry of Social Development; World Vision; Lenaso; Sentebele; Lesotho Red Cross; Touch Roots Africa



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## REACH

FEMALE	MALE	TOTAL
42,619	35,973	78,592



REPSSI and our partner YWCA are implementing a project to improve early childhood development for the children of adolescent mothers in Blantyre and Machinga. Though many project activities were very disrupted by COVID-19



restrictions, we were able to support community renovation of three of the eight community based childcare centres (CBCCs) that are part of the project. The structures at the Yamikani CBCC in Mdalachibwana village, Machinga, were roofed with iron sheets and plastered and floored with cement. When all the work was completed, the community organized a ceremony to celebrate the opening of the CBCC on 12th December, 2020. REPSSI and YWCA were invited to witness the event. The group village headman and surrounding village headmen, community members, adolescent mothers that the project is working with as well as caregivers and young mother champions all joined the celebrations on the big day. The district social welfare officer was also in attendance. At the end of the day, members were invited to share a hearty meal of rice and meat (which shows how special the day was – rice is not taken every day).

The mothers that we are working with are between the ages of 15 and 22. 58% of the mothers went to bed hungry on one day the week before we did the baseline; 11% have lost their mothers, 23% their fathers and 5% both parents. 65% are married or have been. Of those that had been married, 56% said it was not their choice to be married and 9% had felt pressure from family to get married. 62% of respondents were between 16 and 17 when they got married but 14% were only 14 or 15. 60% of the mothers were tested for HIV in the previous 6 months and 40% were on ARVs. 21% of the mothers had their own source of income, with slightly more in Blantyre than Machinga. 36% do not receive any support from the fathers of their children.

The REPSSI programme has two components – Psychosocial skills to improve the sexual and reproductive health of adolescent mothers and early childhood development for their children.

## GOVERNANCE

Country Advisory Board

- Mr Felix Kakowa – Chairperson
- Mr Benson Jackson
- Ms Kahaki Jere
- Mrs Hyacinth Kulemeka
- Ms Juliet Yamikani Malamba
- Mr Humphrey Sibande

Registered under the NGO Board of Malawi certificate NGO/R/14/38 and CONGOMA certificate C820/2014

## FUNDING PARTNERS

Sweden; Comic Relief

## PARTNERS

Ministry of Gender, Child Development and Social Welfare; Young Women's Christian Association (YWCA); Forum for African Women Educationalists Malawi (FAWEMA); UNICEF



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## REACH

FEMALE	MALE	TOTAL
62,670	61,088	123,758



# MOZAMBIQUE

## 2020 HIGHLIGHTS

### GOVERNANCE

Country Advisory Board

- Mr Flavio Liberato Fernandes - Chairperson
- Ms Luisa Fumo
- Ms Maria Francisca Sales Lucas
- Ms Edna Maura Paunde

Registered as Non-Governmental Organization, No. 55-98, published in Boletim da Republica, III no 68 of 26/08/2013

### FUNDING PARTNERS

FrontLine AIDS; Conrad N Hilton Foundation, Sweden; SDC; ViiV; UNICEF; AidsFonds; Her Voice Country Lead;

### PARTNERS

ADECC, Hixikamwe, Kugarissika, Oasis, Wiwanana, Okumi, 8 Health facilities; 20 schools, Ministry of Gender, Children and Social Action; the Association of Social Workers; Ministry of Education; TVM, Gaza, ECD partners



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REPSSI Mozambique used television and radio engagements to address the impact of COVID 19, stigma and discrimination against people living with HIV on HIV treatment, adherence, and access to sexual and reproductive health.



As the COVID-19 restrictions have made engagement with communities very difficult, REPSSI partnered with the provincial division of Mozambique National Television TVM, to broadcast the “Celebrate Life” programme in Gaza province. The programme draws on content from the REPSSI Journey of Life and other resources such as Babies and Young Children.

One of the programmes focused on taking care of children in a pandemic. The guests to the programme were a sociologist who is a children’s story writer and a caregiver who is a primary school teacher. Discussion in the programme included how parents could spend more time with their children in the pandemic, creating games to keep the children occupied. Parents could also explore artistic activities such as music, painting, reading with their children. Both guests urged parents to spend more time with young children and encourage them to do their homework. The guests suggested that parents could help their children to learn and overcome difficulties they are experiencing.

The programme delved into issues of absent parents who are so busy with their work that they are seldom able to spend time with their children. The guests encouraged all parents and caregivers to take the time to monitor their child’s growth and development. They discouraged parents from substituting material things for love, affection and protection. Parents who travel can communicate with their children by telephone or whats app. Parents who go to the fields should spend time with their children when they come home.

In the final section of the programme the presenter invited callers to share their views. The round up of the programme was that parents should use the COVID-19 restriction time to spend as much time with their children as possible. The guests also reminded all parents that were tuned in that they should do everything possible to prevent COVID-19.

### REACH

FEMALE	MALE	TOTAL
115,378	112,978	228,356



REPSSI Namibia is implementing a programme to reduce Unintended and Early Pregnancy in the remote, dry and underdeveloped Kunene region, which borders Angola in the north west of the country. Teachers trained in early 2020 from ten schools in and around Opuwo town were not able to

implement the project in their schools which were closed due to COVID-19 restrictions, but they kept in contact with the children in their communities. Noting an escalating rate of pregnancy, the trained teachers found creative ways to continue club activities in the community. All the schools commemorated the International Day of the Girl Child in October with drama, songs and poems to encourage one another to delay pregnancy and complete one's schooling. The radio programme that is being delivered by a local radio station has been very effective in sharing messages and information on promotion of psychosocial wellbeing, healthy life skills and Sexual Reproductive Health and Rights with the community.

The teachers collected data for the baseline from 300 adolescent members of the clubs (53% girls and 47% boys), whose ages are between 12 and 23. The results indicated that 8.67% had been pregnant (18 girls) or had gotten someone pregnant (8 boys). Some adolescents reported to have experienced pregnancies more than once and some up to 3 times (for both girls and boys). In the last 6 months, 20% of respondents (18% of females and 22% of males) got condoms, 14% (11% female and 18% male) were tested for HIV, 11% were tested for STIs and no one received ART. 25 of 142 boys (18%) received voluntary male medical circumcision (VMMC) 42 of the 158 girls (27%) were using a modern form of contraception. Overall the children expressed satisfaction with the health services that they received, the attitude and respect of the health provider and confidence in confidentiality between themselves and the health provider. However, 40% of the children did not feel that the health provider had given them their full attention, 67% did not feel that they had enough time to ask all the questions that they would have wanted to and 67% felt that that the health facility did not have all the medicines or supplies needed.

## GOVERNANCE

Country Advisory Board

- Ms Nicolette Bessinger - Chairperson
- Ms Saara Herta Asino
- Mr Amos M K Kamonde
- Ms Petronella Masabane
- Ms Kathleen Joyce Nakuta

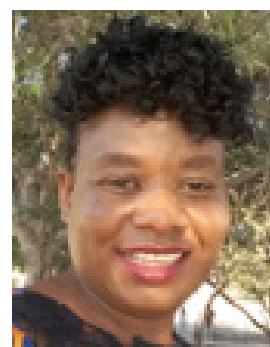
Registered as a branch of REPSSI regional  
Registration No: F/2005/00464//08

## FUNDING PARTNERS

Sweden, Comic Relief

## PARTNERS

Ministry of Gender Equality, Poverty Eradication and Social Welfare; Namibia College of Open Learning (NAMCOL); SOS; LifeLine/Childline; Ministry of Education, Arts and Culture and 10 project schools;



Country Representative:  
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Namibia

## REACH

FEMALE	MALE	TOTAL
40,352	31,085	71,437



# SOUTH AFRICA

## 2020 HIGHLIGHTS

### GOVERNANCE

REPSSI registration is within regional registration



REPSSI is working with children in schools in Diepsloot and Soweto of Gauteng province to prevent gender based violence. As disruptions to the school calendar meant that we could not have as many sessions during school time as we had hoped to, we had a weekend camp at the end of 2020 for more than a hundred children. Some comments from children after the camp were:

Alwande is 13 years old. She always thought that only women and children experience gender based violence. She learned that everyone can go through gender based violence including boys and men. Further, she learned that 'you need someone whom you trust and that person must support you'

Kamogelo learned that there are many types of abuse and that one person can harass, abuse or violate someone using different types of abuse or violence. She liked the inner voice activity because it showed her that one has that little voice that tells you about dangerous situations and places.

Pheelo liked the topic on 'my beautiful body' and 'self-defence' because she learned how to love and be comfortable with her own body and how to defend herself from people who may want to attack her.

Vani said 'I learned how to control my anger, I will pay attention to the things that make me have anger'

'I did not know much about rape. It was one of the discussions that taught me a lot. I now understand that rape is abuse'

'I liked this topic GBV because it helped me realise the beauty and worth of women to us in the world' (grade 9 boy)

### FUNDING PARTNERS

Sweden; First for Women Foundation; National Development Agency

### PARTNERS

Department of Social Development (DSD); Afrika Tikkun; June 16 Youth Development Foundation; Nelson Mandela Children's Fund; Department of Basic Education (DBE)



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Baseline data was collected from 772 school going respondents, aged 12 -17, who are participating in the Say No to GBV programme. They include 422 females and 350 males; 391 in Diepsloot and 453 in Soweto. 90% had electricity and 75% had a tap with running water in their home. 67% look after young children (females 70%, males 63%) and 44% look after sick people at home, (males 46%, females 41%); 6% (3% females, 10% males) got condoms, 8% were tested for HIV, 1% were tested for STIs and 0.8% received ART.

### REACH

FEMALE	MALE	TOTAL
70,986	64,141	135,127



Kalia, who is now 25, married and a mother of two children, is a CATS (Community Adolescent Treatment Supporter) with the READY+ programme in Kagera region, in the north west of Tanzania. Kalia has



been enrolled on ART since 2013 but struggled to adhere to her treatment due to stigma. She used to collect her treatment late in the day or over the weekend when there were fewer people at the health centre. She was able to adhere during her pregnancies and her children are HIV negative. Being a CATS has helped her to open up about her status so that she can support other young people to access treatment and adhere to it. She has been able to establish a small shop where she sells fruit, vegetables, cooking oil, flour and other basics. She has gained so much confidence that she participates in the local political process in an otherwise very male dominated, rural and remote district. She was elected to be the Sub-village Chairperson in her community.

REPSSI trained 14 CATS who are young mothers to be able to support other young mothers. The young mothers have many psychosocial issues that are different from other young people, many are in polygamous relationships and do not have much support from their husbands. These young mothers were able to reach out to 306 additional young mothers who are living with HIV within eight months. Young mothers are helped to help each other so that they can give PSS and nurturing care to their young children.

REPSSI Tanzania collaborated with PORALG and the Ministry of Health, Community Development, Gender, Elderly and Children to roll out national PSS training (developed with support from UNICEF) in Arusha, Kilimanjaro, Kagera, Mwanza, Songwe, Tanga and Pwani regions. The training targeted Women and Children Protection Committees and PSS Teams. The training demonstrated practical skills to provide psychosocial support to individuals, families and community members who are psychologically affected by COVID-19 and link clients with other services. Testimonies from affected people show that when PSS is provided to infected people they recover faster and it reduces stigma and discrimination.

### REACH

FEMALE	MALE	TOTAL
126,429	122,333	248,762

### GOVERNANCE

Country Advisory Board

- Ms Jeanne Ndyetabura - Chairperson
- Mr Projectus R Kahyoza
- Mr Peter Massesa
- Ms Happiness G Mmbando
- Mr Godwin Protace
- Mr Ernest Tarimo

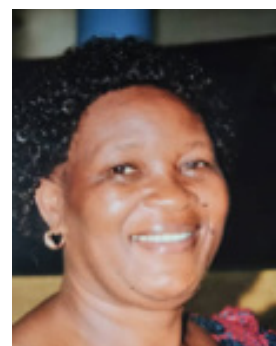
REPSSI is registered under the Non Governmental Organizations Act No 24 of 2002. Registration No INGO 0009501

### FUNDING PARTNERS

Frontline AIDS, Sweden, UNICEF, University of Stellenbosch

### PARTNERS

Ministry of Health  
Community Development  
Gender Elderly and Children;  
PORALG; Humuliza; Kimara  
Peers; KwaWazee, PASADA;  
Tayopa; YMIO



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# UGANDA

## 2020 HIGHLIGHTS

### GOVERNANCE

Country Advisory Board

- Dr Ramadhan Hizaamu - Chairperson
- Mr Andrew Hyeroba
- Mr Ronald Mutumba
- Mr Sostine Ngabirano
- Mrs Grace Onyango

REPSSI is registered under the Non – Government Act, CAP. 113, registration number 10803 as a foreign NGO operating in Uganda; Also Incorporated under Uganda laws as a company limited by guarantee, registration number 80020000114360

### FUNDING PARTNERS

Sweden; TPO; University of Stellenbosch; GIZ

### PARTNERS

Ministry of Gender Labour and Social Development; TPO; COW Foundation; Cotfone; NASWU; Nsamizi Institute of Social Development;



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Victoria is a counsellor at Panyadoli Health Centre, in the Kiryandongo refugee settlement in central Uganda. Kiryandongo has refugees from DRC and South Sudan who are integrating with the local community. Victoria

participated in a mental health and psychosocial support training to respond to COVID-19 offered by REPSSI and TPO. She says, "I have participated in many trainings with several organizations. I thought this training was to help me improve on my work as a counsellor and perhaps support the persons of concern, who have different challenges especially HIV and GBV issues. Little did I know that the training would help me as a person. I received knowledge on offering psychosocial support (Basic counselling, offering psychosocial first aid, stress management and conflict resolution as well as self-care) which is everyone's need. I am effectively using the skills I acquired to support the clients at the facility as well as my fellow staff. I have come to realize that psychosocial support is important for me as well. My family relationships have improved. We love, care and share with each other."

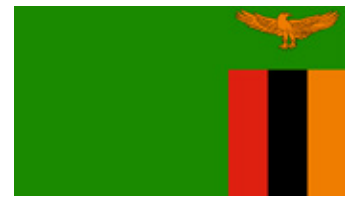
"During the COVID-19 outbreak the staff, community and my family were all tense, depressed, stressed and anxious about life. I was able to stand with my family and clients in offering counselling, community sensitization and awareness of prevention. I was also able to refer clients with severe psychological distress. Psychosocial support is a necessity to everyone at all levels. I am now confident about myself."

REPSSI is supporting a number of school based clubs for adolescents in the refugee settlement to enhance social connectedness and thus to improve SRHR. The baseline was conducted with 201 adolescents aged 12 to 19 who were all in school. Only 11% had electricity and 8% had a tap with running water in their homes. Half the adolescents reported going to sleep hungry at least one night in the previous week. 88% look after younger children and 83% care for people that are sick at home. 10% have lost their mother, 28% lost their father and 7% have lost both parents. None of the adolescents have been married or are currently married, have been pregnant or made someone pregnant. Sexual and reproductive health services that have been accessed in the last 6 months were: just 1% of respondents got condoms, 14% were tested for HIV, 13% were tested for STIs and 0% received ART.

### REACH

FEMALE	MALE	TOTAL
331,653	284,508	616,161





Chieftainess Kawaza of the Chewa people of Sinda and Katete is partnering with REPSSI in Zambia to address the causes and effects of early and unintended pregnancy in all 760 villages under her leadership, supported by sub-chiefs (Ndunas) and government heads at district and community level.



The partnership has resulted in reduced child marriage, abolishing of practices that encouraged sexual contact among young people and supporting re-entry of children into school. This has involved engaging with families, schools and other service providers.

Chieftainess Kawaza shares: “Our partnership with REPSSI is unique in that the organisation is not leading but following our lead. With REPSSI’s support, we developed a 3-year Strategic Chieftainship Development Plan which drew input from all subjects of the chieftainship- children, youth, women and men. Through our engagement with this organisation, we have learnt to embrace the views of all members of our community.



Prevention of Early and Unintended Pregnancy is one area outlined, that we have successfully implemented in all our villages. Here at my Kagoro Palace, we have a one stop centre with the children’s desk where all issues for children received from all the committees are processed and acted on.

We have established village cluster committees headed by Ndunas, with government officers, religious leaders and other respected members of communities. The members have been trained by REPSSI and using the skills acquired have recorded a number of successes. At village level we have response teams overseen by Village Headmen/women. All our response actions are happening through these structures and only those issues that fail to be resolved through the structures are escalated to my office.

The REPSSI approach of using Psychosocial Life Skills to address Early and Unintended Pregnancy is an excellent one as it focuses on strengthening children and young people’s inherent capacity to deal with life situations in a positive and helpful way.” REPSSI is working with school based clubs in 30 schools within Chieftainess Kawaza’s area.

## GOVERNANCE

Country Advisory Board

- Judge Maria Mapani-Kawimbe - Chairperson
- Mr Benedicto Banda
- Ms Jenge Noreen Chilambo
- Mr Chabu Christopher Kangale
- Ms Marissa Mushota
- Dr Jackson Mwewa
- Mr Bryan Ng’ambi

REPSSI is registered as a company limited by Guarantee, under Companies Act Cap 388, of the Laws of Zambia, Registration number 130378

## FUNDING PARTNERS

Sweden, SOS Children’s Villages, UNESCO, Conrad N. Hilton Foundation, University of Stellenbosch

## PARTNERS

Department of Adolescent Health in the Ministry of Health; Ministries of General Education, Community Development and Social Welfare Services; Breeze FM; Office of the President Sinda



Country Director  
Kelvin Ngoma

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## REACH

FEMALE	MALE	TOTAL
54,704	49,464	104,168



# ZIMBABWE

## 2020 HIGHLIGHTS

### GOVERNANCE

Country Advisory Board:

- Mr Raymond Yekeye - Chairperson
- Ms Audrey Charamba
- Mr Togarepi Chinake
- Ms Patience Magodo

Registered-as a Private Voluntary Organization, PVO 10/12

### FUNDING PARTNERS

UNICEF; SDC; CBM; Sweden, Frontline AIDS, Jacobs Foundation

### PARTNERS

Ministry of Social Welfare; Rural District councils; Zvandiri / Africaid, MMPZ, BHASO, TSURO



Country Director:  
Sibusisiwe Marunda  
19 Mull Road, Belvedere.  
Tel: +263 242 740 954

### REACH

FEMALE	MALE	TOTAL
46,677	31,825	78,502



With support from UNICEF REPSSI has been providing comprehensive psychosocial support and child protection services in several districts. Some examples of the kind of cases that we have worked on are:

A 14-year-old girl in Chitungwiza was sexually abused by her boyfriend aged 24 and the community was labelling her as “loose”. Family relationships were strained as the girl threatened her mother for reporting the case to the police which resulted in the boyfriend being arrested. The girl’s father was unhappy with the community service sentence given to the young man and blamed his wife for allowing the romantic relationship and the subsequent abuse. Their eldest daughter got married at 17 and the mother herself was married as a child. The case was referred and a joint home visit was conducted by the Department of Social Development and REPSSI. Positive parenting approaches were shared with the parents, including positive discipline such as use of praise and rewards. Initially the response was positive however, due to the strained relations between mother and daughter the family regressed to negative discipline. REPSSI psychologist made fortnightly telephonic contacts through which the family shared their feelings and emotions.

A 15-year old girl whose mother passed away and father remarried and moved to South Africa, lives with her paternal grandmother. The child, who was in Form 2, eloped to an older man, believing that she was pregnant and because she was being abused by her relatives. The REPSSI social worker counselled the child and family, arranged to remove the child, organized for her to have pregnancy and HIV tests and also initiated processes for the girl to get birth registration. As the tests revealed that she was not pregnant, REPSSI supported her to return to a different school where she would not face taunting from her peers. REPSSI had to continue to counsel the girl’s uncles who were not very supportive. At one point she even attempted to elope again, but she returned to her family.

These families were supported through multisectoral responses involving community childcare workers, the Department of Social Development, REPSSI social worker, psychologist, the Ministry of Education, Ministry of Health and other NGOs.

# Regional Psychosocial Support Initiative (NPC)

(Registration Number 2005/004648/08)

Annual Financial Statements for the year ended 31 December 2020

## Statement of Financial Position

	Notes	2020 €	2019 €
<b>Assets</b>			
<b>Non-current assets</b>			
Property, plant and equipment	3	411 982	394 631
<b>Current Assets</b>			
Trade and other receivables	4	359 694	181 750
Cash and cash equivalents	5	4 191 705	5 056 405
		<b>4 551 399</b>	<b>5 238 155</b>
<b>Total Assets</b>		<b>4 963 381</b>	<b>5 632 786</b>
<b>Equity and liabilities</b>			
<b>Equity</b>			
Accumilated surplus		2 539 281	2 710 415
Other reserves	6	344 437	93 312
		<b>2 883 718</b>	<b>2 803 727</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	7	138 696	145 326
Deferred income	8	1 940 967	2 683 733
		<b>2 079 663</b>	<b>2 829 059</b>
<b>Total equity and liabilities</b>		<b>4 963 381</b>	<b>5 632 786</b>

## Statement of surplus or deficit and Other comprehensive income

	Notes	2020 €	2019 €
Revenue	9	4 741 739	3 806 831
Cost of sales	10	(192 615)	(197 893)
<b>Net revenue</b>		<b>4 549 124</b>	<b>3 608 938</b>
Other expenses		(4 566 074)	(3 709 790)
Other (losses) gains	12	(160 772)	59 636
<b>Operating deficit</b>	13	<b>(177 722)</b>	<b>(41 416)</b>
Financial income	15	6 588	10 108
<b>Deficit of the year</b>		<b>(171 134)</b>	<b>(31 108)</b>
<b>Other comprehensive income:</b>			
<b>Items that may be reclassified to surplus or deficit</b>			
Exchange differences on translation		6 626	
Exchange differences on translation on foreign operations		6 626	
<b>Other comprehensive income for the year net of tax</b>	16	<b>6 626</b>	
<b>Total comprehensive losses</b>		<b>(164 508)</b>	<b>(31 108)</b>



## Contact us:

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