

Richard Gerster



**Africa's
Orphaned
Generations:**

**It Takes more than a
Village to Raise a Child**

Impressum

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Layout Sonja Beeli-Zimmermann
Cover Hauptmann & Kompanie Werbeagentur, Zürich
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School children looking for protection under a village tree (Mozambique).

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Acknowledgements

A Swazi woman who cares for families and children in villages on a voluntary basis told me in the course of a discussion, “I frequently hear very touching stories that make me want to cry more than anything else – but I could never do that in the presence of a child; it would be unprofessional.” I often had exactly the same feeling in the moving encounters I was granted during my memorable visits to programmes in eight of the thirteen REPSSI partner countries. The names of those afflicted with HIV and AIDS who are portrayed or referred to in the interviews and statements in this book have been disguised to protect their personal identities. I wish to thank the innumerable men and women who work as paraprofessionals with children facing hardship in village communities and neighbourhoods for the time they gave me while simultaneously performing their invaluable work.

It would be wrong, however, to speak only of the sad aspects of my visits, for the joys of life can be observed even under the most difficult circumstances. Indeed, REPSSI’s mission of mobilising “Love, Care and Protection” for children and young people offers a positive contrast to troubling conditions. The people of REPSSI show incredible commitment and professionalism in the work they do. I wish to express my admiration for all of them and my gratitude to all of them – from the management and the different departments in Johannesburg to the board of directors and representatives in other countries – for the unvarnished insights that I was able to obtain into REPSSI’s working methods and organisation.

REPSSI’s work and success are symbiotically connected with the work and success of its partners. Hence the many intense discussions and on-site project visits I was able to carry out with numerous local, national and international partner organisations, including those in civil society as well as those in government, were among the fascinating aspects of preparing this publication. I want to express my sincere thanks to these organisations for their willingness to share their experiences.

The international cooperation partners in Switzerland and Sweden that have supported REPSSI for ten years with advice and funding must be acknowledged here as well. Norway joined in 2005. A special word of thanks goes to the Novartis Foundation for Sustainable Development. Klaus M. Leisinger, President of the Foundation, and Karin Schmitt, its programme director, offered continual and enthusiastic support for this book. They not only contributed financially to make its publication possible but also allowed the author the intellectual freedom to express himself as he saw fit. I also wish to thank Kathrin Berger, whose editing of the German manuscript did much to make this book readable, and last but not least the translators, Theodore Wachs and Marlène Thibault.

Richterswil, Switzerland, June 2012

Richard Gerster

Foreword

Noreen M. Huni, Executive Director REPSSI

“Stigma will kill me before this disease,” said one mother who was living with HIV.

Has REPSSI really made a difference having been in existence for the past ten years? And if so, in what ways? The 10-year milestone is a significant accomplishment for REPSSI, worth celebrating and sharing with those who have walked this journey with us. It is also the mark of new beginnings in the face of new challenges for REPSSI and social development in general. The need for psychosocial care and support will forever be a necessity for as long as vices such as poverty and misery, conflict and war, HIV and AIDS continue to ravage societies. While civil society organisations such as REPSSI are dependent on good will and funding from donor communities, anchoring social and emotional care and support in the communities fuels their capacities to sustain the interventions beyond the funding period.

This book heralds the unique success story of REPSSI as an African indigenous initiative in the context of the regional challenges in East and Southern Africa. REPSSI’s history and milestones with regard to the genesis of psychosocial care and support and the formation of the organisation are components which the author examines in detail, thus securing institutional memory in the organisation, including identification of its origins and originators. This book articulates the unique evolution of REPSSI from its humble beginnings to a leader in championing psychosocial care and support in the region and beyond. At the end of the day, the goal is to harness intelligence, dedication and resources so psychosocial care and support will go beyond REPSSI’s current reach to become an international working practice.

This publication also serves as a tool of accountability regarding responsible use of Novartis Foundation funds and accountability to taxpayers from Switzerland, Sweden and Norway. The book illustrates the value added that a private sector foundation can contribute in addition to money, namely sharing its specific know-how and suitable instruments with a relief organisation. In sharing the lessons learned by REPSSI and its cooperating partners, the author makes a case for a paradigm shift in the theory and practice of international “aid”.

Richard Gerster spent time with all REPSSI partners and with the end beneficiaries of REPSSI’s work, interviewing and observing. Their voices and experiences comprise a critical collection in this book, making the narration a reliable account. Richard Gerster’s writing enables informative and authentic insight into the situation of children in East and Southern Africa as a “hotspot” of international efforts to fight poverty, the “raison d’être” for psychosocial care and support, and the fight against HIV, AIDS and other sources of deprivation and discrimination.

This book captures the journey of REPSSI, and I hope it will ignite critical discussion and inspire a new vision for REPSSI. For our strategic partners and alliances, it offers an opportunity to reflect on past efforts and affirm their commitment to REPSSI and its vision. The book captures with great clarity the successes and challenges that REPSSI has encountered in its endeavour to

advance the psychosocial care and support agenda in the region and beyond. The saying, ‘where there is a will there is a way’ became a reality as REPSSI pursued its mandate despite the odds.

I am greatly indebted to all who have made contributions to this book, especially the international cooperating partners – the Novartis Foundation for Sustainable (NFSD), the Swiss Agency for Development and Cooperation (SDC), The Swedish International Development Cooperation Agency (SIDA) and the Norwegian Agency for Development Cooperation (NORAD) – the implementing partners, community caregivers, the children reached by REPSSI, and REPSSI’s staff. My desire to translate the history, successes and lessons of REPSSI into a book has become a reality as the result of a discussion with Karin Schmitt. I wish to express great thanks to Richard Gerster for authoring this book.

Foreword

Martin Dahinden, Director General, Swiss Agency for Development and Cooperation (SDC)

A look back at the time since the turn of the millennium in Southern Africa reveals that HIV and AIDS spared no one: women, men, young people, children, the elderly – all were affected one way or another. It was recognised by that time that the HIV/AIDS pandemic posed a genuine threat to further development in the context of food insecurity and weak state governance. The expression “triple threat” was used to describe the threefold challenge resulting from the interplay among these three factors in this region.

Two projects were very active in the fight against the HIV/AIDS pandemic: the Humuliza Project in Tanzania, developed by Terre des Hommes Switzerland, and the Salvation Army’s Masiye Camp in Zimbabwe. Both projects specialised in working with children and young people affected by and/or infected with HIV and AIDS. Their goal was to assist young people – who had often lost their parents – on their way to achieving self-confidence and autonomy. The Swiss Agency for Development and Cooperation (SDC) supported both of these projects simultaneously. Hence the idea arose of freeing them from their “isolation” and combining them in a single innovative programme that could offer psychosocial support to young people in Southern and East Africa and had the necessary instruments at its disposal to do so. And so REPSSI was born. Although this was a somewhat risky adventure, early experience soon proved to the SDC that the project was worthy of support. This assessment was shared by both of SDC’s partners, the Swedish International Development Cooperation Agency (SIDA) and the Novartis Foundation for Sustainable Development (NFSD), which had financed the Humuliza Project from the beginning.

Today REPSSI is an independent institution working in Southern and East Africa. More and more organisations – some of whom are partners of SDC – are being trained by REPSSI to give psychosocial support to children and young people in the context of their own activities. To date, this support has reached 5 million children and young people in the region.

Thanks to results achieved in the field, REPSSI has been able to expand its regional influence. The Southern African Development Community (SADC) now has an “Orphaned and Vulnerable

Children and Youth Framework”, and a “Framework and Guidelines on Care and Support within the Education System” has been issued for use in the educational sector. REPSSI’s approach and the instruments it employs have also extended beyond Africa and are currently being applied in Haiti and Nepal.

The SDC is convinced that the basic principle of psychosocial support is an important achievement that can be used in the social integration of young people affected by HIV and AIDS and in combating violence during or after conflicts. It constitutes an approach that can change the lives of those affected by these traumatising experiences and allow them to find their place again in society. The SDC will continue its commitment to the psychosocial approach and to developing it further – at both the political and operational levels – along with the different actors involved.

The SDC wishes REPSSI all the best!

Foreword

Klaus M. Leisinger, President, Novartis Foundation for Sustainable Development (NFSD)

When Kurt Madörin inquired in 1998 whether the Novartis Foundation could support his work with traumatised Children affected by HIV and AIDS in Tanzania, I was initially very hesitant. I knew Kurt Madörin and had a high regard for his great knowledge and his commitment to development. I was not aware, however, of the incredible degree to which children are traumatised by the death of their parents; the abysmal extent of the personal and social misery into which they sink; and how vulnerable they are to exploitation and violence, deprivation of rights, and ostracism. Moreover, the Novartis Foundation in the late 1990s had no expertise that could be applied to work of this sort. I therefore assessed the risk of failure to be much greater than the prospects for success, and I advised that we turn down Kurt Madörin’s request.

My colleague Karin Schmitt saw the situation in a completely different light. Given the fact that millions of children were left helpless and alone to face totally new problems of enormous proportions, she found it unthinkable to stand on the sidelines. Here was a real need to provide help and, if necessary, to cooperate with professional experts to develop new solutions. That this would require long-term perseverance, and that risks would have to be taken, was only normal under such circumstances. Such was the beginning of one of our Foundation’s greatest success stories.

What began in a small Tanzanian village near Kagera with modest resources 15 years ago has since made life easier for more than 5 million children. The regional expansion of psychosocial support that has taken place thanks to the Regional Psychosocial Support Initiative (REPSSI) has been so successful that the 15 governments of the South African Development Community (SADC) accredited REPSSI’s package of intervention measures in 2011 and pledged to use it in their own work with traumatised children and children living in precarious circumstances. The embedding of REPSSI’s tools and methods into an overall package of economic, social and other

services will boost the long-term effectiveness of psychosocial support measures. REPSSI today stands at the threshold of transformation into a social enterprise. This means that it will be far less dependent on donations in the not too distant future and will instead be able to sell its knowledge, methods and products to interested institutions.

What lessons can be learned from this? Readiness to take risks, willingness to innovate, perseverance, and trusting cooperation with competent partners are rewarded in development work as elsewhere. This book documents REPSSI's impressive journey along a path guided by these qualities, describing its first 10 years and taking a critical look at future challenges.

Heartfelt thanks are due to all those who have contributed to this wonderful success story. REPSSI's many achievements would not have been possible without the tireless dedication of many committed colleagues and partners. In place of the many names that could be cited here, I would like to single out Noreen Huni, executive director of REPSSI, Karin Schmitt, and Kurt Madörin for particular mention. I am also grateful for the support of the Swiss Agency for Development and Cooperation (SDC), the Swedish International Development Cooperation Agency (SIDA), and the Norwegian Agency for Development Cooperation (NORAD) and, last but not least, for cooperation with the Swiss Academy for Development (SAD).



Children's faces show their hopes for the future (Swaziland).

In Lieu of an Introduction: A Day in the Life of Afiya Juma

Dar-es-Salaam, Tanzania. At the age of 16 or 17, Afiya Juma became the head of her household. Afiya's mother died of AIDS in 2007, and her father also fell ill. Afiya withdrew from secondary school in order to care for her father and look after her siblings. When her father died in 2009, her relatives wanted to separate the children and place the youngest in an orphanage. Afiya resisted this plan and prevailed, but not without paying a price: she and her siblings have since been ostracised by their relatives, rarely receiving visits and getting no support of any kind. Now, in 2012, Afiya is 20 years old, her three brothers are 18, 15 and 8, and her sister is 6.

This is what a day in Afiya Juma's life looks like:

Afiya rises at 5:00 in the morning to prepare breakfast for her siblings. She pours the tea and lays out food left from the previous evening. She sees to it that both her younger siblings leave the house in time to get to preschool and primary school, respectively.



Afiya at work in her run-down atelier (Tanzania).

At 6:40 am Afiya accompanies her youngest sister across the dangerous street on her way to school – a task she shares with her oldest brother. The teacher looks out for the little girl on her way home again. The second youngest goes to school on his own. Both the older children have completed primary school but did not manage to pass the exam for admission to secondary school.

At 7:00 am Afiya leaves for work in a squatter settlement. The journey takes her a good half-hour on foot; she cannot afford a bus ticket. After an apprenticeship, she began work sewing, embroidering and tailoring shirts, trousers, dresses, pillows and tablecloths to order. The competition is stiff and business is done only after tough bargaining over prices. She and three colleagues rent a space of approximately 18m² in a garage-like structure. Huge water stains and holes in the roof bear witness to rain that penetrates their working area and makes it effectively unusable. Afiya pays 7 US dollars monthly as her share of the rent. The landlord is completely unwilling to do any maintenance work on the structure.



With Afiya out of the house, the oldest brother looks after the younger siblings when they return from school. It is not easy to keep them from going begging among their neighbours. Moreover, being regarded as poor and disdained by others for being unemployed and uneducated is hard to endure; people overlook the fact that he hires himself out as a day labourer whenever he has an opportunity. He also helps to fetch water in 20-litre buckets nearby and from the further surroundings – usually at a price of 20 cents per bucket. Afiya stresses the family's togetherness and mutual commitment.

Afiya returns home from work at 5 pm. On a good day she can earn as much as 20 dollars; frequently, however, she earns only a fraction of this. She must pay for material, thread, rent and other expenses from her earnings. Her net income for a day's work is between 2 and 5 dollars. And her customers often ask to delay payment or they are late in collecting the clothes they have ordered.

Between 6:00 and 8:00 pm Afiya prepares dinner in the makeshift tin shed next to the house that serves as a kitchen. During the rainy season, when everything is flooded, she is forced to vacate the shed and do the cooking in the living room. There is a water tap immediately next to the kitchen, but since Afiya can no longer pay the bills, her water connection has been shut off.

Afiya and her siblings eat dinner at 8:00 pm. If money is available, rice and vegetables or beans appear on the table, and occasionally fish and maize porridge (ugali) along with vegetables. When money is lacking, they are forced to beg from neighbours to meet their basic needs. And if hunger still persists, they attempt to get food on credit from the local shop. Failing this, they go without a meal. "It is hard to see your neighbours eating when you don't have even a bite for yourself," says Afiya's brother.

Afiya and her siblings go to bed between 8:00 and 9:00 pm. In their modest house with its three small rooms, she shares a room with her sister while the three boys sleep together in an adjoining room.

Afiya owes the modest income she earns from her work as a seamstress and dressmaker to a neighbour and former schoolmate who told her in 2010 about Pastoral Activities and Services for AIDS and HIV People Dar-es-Salaam Archdiocese (PASADA), an aid agency for children facing hardship run by the Catholic Church in Dar es Salaam. Through the use of resources from the Regional Psychosocial Support Initiative (REPSSI), emotional grief work, and an assessment of her situation, PASADA opened doors and allowed Afiya to come to terms with the blows of fate that she had experienced. With fresh courage she took up a previously rejected offer from PASADA for a one-year apprenticeship as a seamstress and dressmaker. To start her training, the organisation gave her a sewing machine as a gift, and on completion of her apprenticeship she received start-up money amounting to approximately 130 dollars. Adding this to her own savings, Afiya purchased a second-hand embroidery machine. Her dream is to be able to earn a secure income through her work and support her siblings on her own.

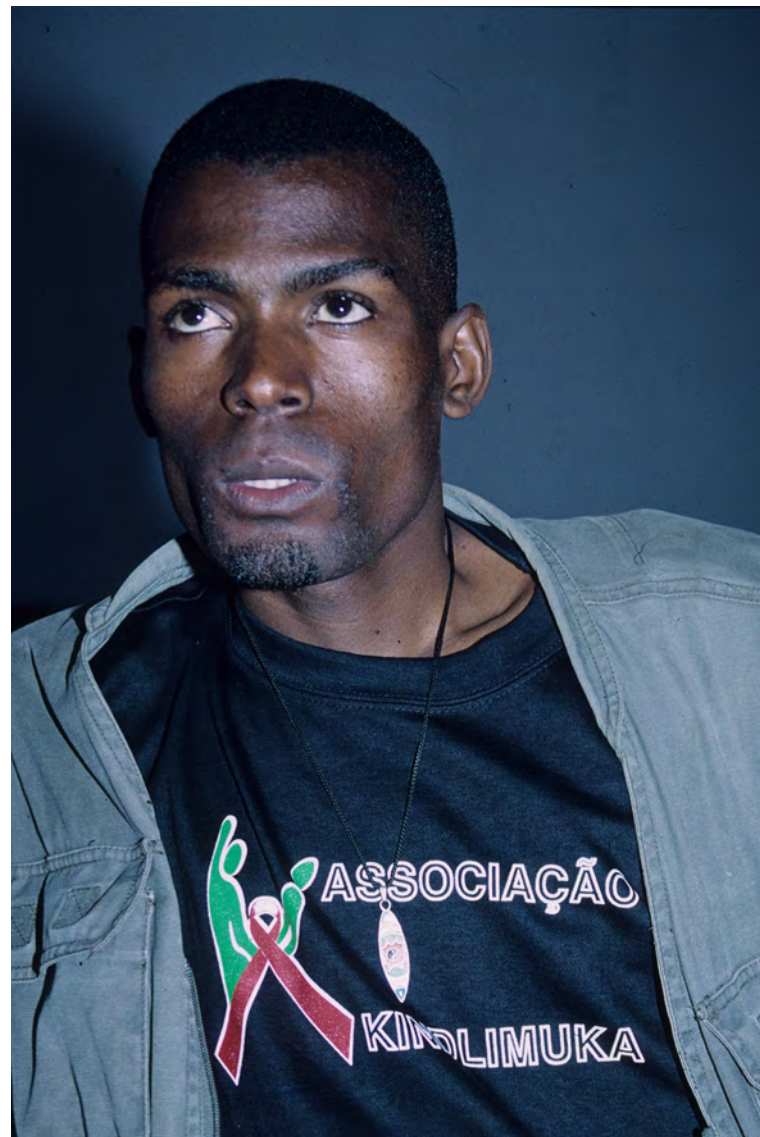
The Social Context

“Every seventh person in Mozambique is HIV-positive. One, two, three, four, five, six, seven! You!” Amos Sibambo of the self-help organisation known as Kindlimuka (“Breaking the Silence”) goes through the ranks in the audience, counting people off and pointing at every seventh person. His direct approach gets a good response from the public and is answered with hearty laughter. Theatrical pleasure and information are combined in one. 1.1 million people, or 13% of the active population between the ages of 15 and 49, were HIV-positive in Mozambique at the time of Sibambo’s performance in the year 2000. Ten years later, the number was 1.4 million, or 11% of the population.¹

HIV and AIDS: A social crisis

These figures position Mozambique in the statistical middle among countries in Southern and East Africa. With an infection rate of 26%, Swaziland is the statistical leader in this sad category. But almost one in four people in Botswana and Lesotho are HIV-positive as well. Heavily populated South Africa has the highest absolute number, with 18% of its population, or 5.6 million people infected. On average, every twentieth person in all of Sub-Saharan Africa is living with AIDS – a total of 22.5 million people. Of these, 2.3 million are children under the age of 15. According to the UN organisation UNAIDS, 34 million people throughout the world are currently living with HIV and AIDS. In 2010, 2.7 million people were newly infected, and 1.8 million died of AIDS. About two-thirds of the people afflicted by AIDS worldwide live in Africa, especially in Southern and East Africa, making it the epicentre of the epidemic.

HIV/AIDS is not a health problem; it is a crisis that shakes all of society to its core. Family structures are destroyed. Schools lose teachers to AIDS. Countless girls have less chance of an education because they have to assume the responsibilities of home care for those afflicted. Rates of criminality explode among orphans lacking proper care.



Amos Sibambo and Kindlimuka fight for openness in dealing with HIV and AIDS (Mozambique).

Girls from families afflicted with AIDS are far more likely to turn to prostitution. Businesses need to train additional personnel for key positions, as they must reckon with the premature deaths of many of their employees. Human and financial resources that have to be deployed in the fight against HIV and AIDS are unavailable for use elsewhere.

Pascoal Mocumbi, Prime Minister of Mozambique, 1994–2004, and physician (University of Lausanne)

In Mozambique, the overall rate of HIV infection among girls and young women – 15% – is twice that of boys their age, not because the girls are promiscuous, but because nearly three out of five are married by age 18, 40% of them to much older, sexually experienced men who may expose their wives to HIV and sexually transmitted diseases. Similar patterns are common in other nations where HIV is rapidly spreading. Abstinence is not an option for these child brides. Those who try to negotiate condom use commonly face violence or rejection. (...) As a father, I fear for the lives of my own children and their teenage friends. Though they have secure families, education, and the information and support they need to avoid risky sex, too few of their peers do. As prime minister, I am horrified that we stand to lose most of a generation, maybe two. (...) As a man, I know men’s behaviour must change, that we must raise boys differently, to have any hope of eradicating HIV and preventing the emergence of another such scourge. (...) Above all, we must summon the courage to talk frankly and constructively about sexuality. We must recognise the pressures on our children to have sex that is neither safe nor loving. We must provide them with information, communications skills and, yes, condoms.

Source: Pascoal Mocumbi, “A Time for Frankness on AIDS and Africa”, The New York Times, 20 June 2001 (<http://www.nytimes.com/2001/06/20/opinion/a-time-for-frankness-on-aids-and-africa.html>).

In the majority of cases, the HIV virus is spread through unprotected sex between men and women. Prostitution, drug use and homosexuality are also particular sources of risk. Women, however, are far more heavily affected by HIV and AIDS than men, owing to their weak negotiating power when it comes to sex.

In the decade between 2000 and 2010, the epidemic claimed more than 14 million lives in Sub-Saharan Africa – almost as many as the total number of lives lost in Europe during the Second World War.

Why are large parts of Sub-Saharan Africa so much more heavily affected by HIV and AIDS than other regions of the world? One reason for this probably lies in a combination of social and economic causes. The weak negotiating power of women in sexual relationships makes it more difficult for them to say no to sex or to avoid unprotected sex, both within and outside of marriage. Other cultural practices such as circumcision or simultaneous sex with multiple partners increase the risk of infection. Individual lack of awareness of a partner’s HIV status and of other untreated sexual diseases further adds to the spread of disease. And not least of all, rampant poverty makes fertile breeding grounds for prostitution and labour migration: the family remains behind, while the man seeks new partners where he works.

Poverty, hunger and conflict

While outside views of Southern Africa frequently focus in particular on the dramatic consequences of HIV and AIDS, many men and women in Africa face the impacts of these afflictions as part of their general everyday worries. The societies most affected are those in the world’s poorest countries. “People have nothing at home but the smiles on their faces,” says one African woman.

According to data compiled by the World Bank², in 2008 there were 386 million people living on less than 1.25 US dollars per day in Sub-Saharan Africa – the threshold of extreme poverty. But poverty is more than a lack of income or worrying about where one's next meal is coming from. Not least, the poor themselves describe their situation in such terms as experiencing a lack of power, being without a voice, having to do without a social safety net, being frequently exposed to physical violence, and being excluded from society and what it has to offer. To this can be added,



The self-help organisation Kindlimuka aims to break the silence through the use of theatre, among other things (Madagascar).

in countries such as Uganda and the Democratic Republic of Congo, the effects of previous wartime conflict. In other countries, such as Swaziland or Zimbabwe, unresolved political disputes are predominant, or the fundamentals of good governance have fallen by the wayside. Massive migration from these and other poor countries such as Lesotho, Malawi, Mozambique and Zambia to economically advanced South Africa is taking place despite high unemployment there. The struggle for survival characterises the daily lives even of many people who do not suffer from HIV or AIDS.

Ostracism and discrimination

Receiving the news of being HIV-positive or of having contracted AIDS is a blow of fate that is always difficult to bear. But all too often this personal crisis is additionally aggravated by social discrimination. "I soon realised that my neighbours and my friends disdained me. When I passed by, people at the market would spit on the ground or turn their backs when they saw me coming," Micaela Mendoza related. Carlos, a young man, decided to admit his illness openly. Instead of receiving help,



A mother begs for coins with her two children (Madagascar).

he was dismissed from his job. "People who are HIV-positive have human rights too," claims Amos Sibambo of the self-help organisation Kindlimuka.

Discrimination is not always malevolent; it often occurs unintentionally. A father buys two identical T-shirts, one of which has a logo printed on it, and gives the one with the logo unwittingly to his own son while giving the other to an orphan boy taken in by the family. The reaction of the latter child reveals that he experiences this as discrimination.

The sad significance of HIV/AIDS in Africa is not only a question of access to drugs or the consequence of deficient health care systems:

- Cultural reasons play an important role, for example the relations between women and men, women's options to say no to sex, or the widespread practice of arranged marriages;
- Economic hardship provides fertile grounds for prostitution and unprotected sexual practices when men desire these things, and hunger as a consequence of dire hardship impairs the chances of success for antiretroviral therapy to combat AIDS;
- Lack of awareness of the causes of HIV and AIDS as well as avoidance of the topic continue to contribute to the spread of disease, even though efforts to provide better information have begun to bear fruit.

Aspects of African culture are not only part of the problem, however, but also part of the solution. Orphans in Africa were not seen as a distinct problem for a long time, as loss of parents was compensated to some extent by extended families. But the HIV/AIDS pandemic changed this within the space of a few years. Often the safety net of the extended family was no longer sufficient to offer a home to large numbers of semi-orphaned or completely orphaned children. Still, the deeply rooted tradition of the extended family remains the most important pillar of support for future efforts to improve the situation of children orphaned by AIDS.

Notable successes

Efforts to combat AIDS in the last 30 years, and above all in the last decade, have begun to bear fruit. The tide of calamitous and explosive spread of disease in Sub-Saharan Africa has been stemmed:

- The HIV epidemic has stabilised or receded. In 22 countries in the region, the share of HIV-infected people as a proportion of the total population has declined since 2001.
- The number of newly infected individuals diminished from 2.2 million in 2001 to 1.9 million in 2010. The percentage of HIV-positive adults has been reduced from 5.9% to 5%.
- The number of deaths due to AIDS is declining. In 2010, 1.2 million people in the region died of AIDS, whereas in 2001 there were 1.4 million deaths.
- The percentage of pregnant HIV-positive women taking antiretroviral (ARV) drugs to prevent transmission of the virus to their children increased, within the space of a few years, from 15% (2005) to 53% (2009).
- Today more than 5 million people – about half of the people in the region who need treatment for HIV and AIDS – have access to ARV drugs, whereas only an insignificant minority was in this category a decade ago.

Nevertheless, major differences between countries in the region cannot be overlooked. South Africa, the real heavyweight in the region with a population of about 50 million, long remained silent about and denied both the causes and the significance of HIV and AIDS. Today, priority is given to combating transmission of the virus from HIV-positive mothers to their children; 85% of the pregnant women in this category have been treated, with the result that transmission of

the virus was cut in half within a short time. But the country will still be confronted for a long time by the disastrous consequences of its head-in-the-sand policy.

Namibia, by contrast, reacted to the epidemic early on and now has it under control, although it is still at a high level. Botswana is among the pioneers: more than 8 of every 10 HIV-positive women, men and children in the country have access to life-saving ARV drugs. In Zambia and Swaziland drugs are available to 3 out of every 5 people. At the other end of the scale are Tanzania and Mozambique, where only 30% of those who need therapy have access to it.

Fikansa Chanda, Sub-regional Director of REPSSI, Zambia

“Antiretroviral (ARV) drugs were launched in Zambia in 2004 – a pioneering decision by the government at that time in the Southern African region. Prior to that, the best AIDS patients had access to was palliative care that allowed them to die with dignity. Initially, the government supplied drugs to hospitals in the cities. But the churches began to import ARV drugs as well, and, through mobile teams, provided them to remote communities and for home care. The government came under pressure and extended its distribution network to provincial and district hospitals. The ARV revolution completely upended HIV and AIDS care: community-based caregivers suddenly found their patients no longer in bed but at the door, or no longer even at home because they had a job elsewhere. Patients no longer depended on caregivers. House calls made sense only in the early morning or late evening, and one visit a week sufficed in place of two daily visits. Suddenly there was once again room in the hospitals for patients suffering from malaria and other afflictions, whereas patients with AIDS had previously occupied most of the beds and even the space between beds, lying on mattresses on the floor. Thanks to ARV therapy, in many cases parents no longer die and there are fewer new orphans.”

Access to combined ARV therapy is decisive in determining whether people who are HIV-positive or have AIDS can have any hope for the future. To date, such access has been guaranteed for less than half of those afflicted by disease, with major differences from country to country. The prerequisite for successful therapy is good physical condition – something which certainly cannot be taken for granted in East and Southern Africa, where poverty and hunger are widespread. “Food first” is crucial if the body is to have any chance of tolerating medication. Equally important is the discipline to take the drug cocktail regularly at a prescribed time, usually twice a day. Even when treatment shows initial success and patients feel better, therapy must not be discontinued – something that often seems unreasonable and first needs to be understood.

Taking ARV drugs combines treatment with prevention. Indeed, it has been shown that therapy can reduce the risk of transmission of HIV to a homosexual partner by 96%. This side effect is practically tantamount to being vaccinated.

Children: A declining rate of infection

Progress has also been made with child patients in particular. New infections among children under the age of 15 in Southern Africa recently declined by one-third, dropping from 190,000 in 2004 to 130,000 in 2009. The number of HIV-positive children in Africa is currently estimated at 2.3 million. The number of children who die of AIDS also declined by one-fourth, from 120,000 to 90,000.

Equally encouraging is the fact that the number of orphans has begun to diminish or has at least stabilised in certain countries. In Zambia, Zimbabwe and Botswana the number of orphans has declined in recent years, whereas this is not yet the case in South Africa and Mozambique. As combination therapy is far from being accessible to all, parents are still dying in these countries

and the number of orphans has even shown an overall increase despite all the progress made in recent years.

It is both plausible and a proven fact³ that access to ARV therapy for adults with children reduces the death rate and leaves fewer children to grow up as orphans. A study in Uganda also showed that non-orphans have better access to ARV drugs and that orphans are thus at greater risk of reaching the clinical stage of AIDS.⁴ ARV drugs suitable for children have only been available for a few years.⁵

The UN designates children who have lost one or both parents as orphans; most children in this category have lost either their father or their mother. UNAIDS estimates that 15 million children in Sub-Saharan Africa have been orphaned by AIDS, a figure that accounts for 9 out of 10 children affected by HIV and AIDS worldwide. The existence of extreme poverty and conflicts, however,

means that AIDS is far from being the only cause of children losing one or both of their parents and becoming orphans. The number of orphans in Sub-Saharan Africa totals some 55 million overall. Depending on the country, AIDS may be of central or marginal significance when it comes to children losing their parents. In Madagascar and Mauritius, AIDS is responsible for only one of every one hundred orphaned children. At the other end of the scale are Botswana (72 of every 100 cases), Zimbabwe (71%), Swaziland (69%), Lesotho and Malawi (65% each). The rate for South Africa is 56%, while the average for all of Southern and East Africa is 43%.



15 million children have been orphaned in Sub-Saharan Africa as a result of AIDS (Photo: Tanzania).

There are other children who are not orphans but who grow up in unusual circumstances. A study conducted by the Swiss Academy for Development (SAD) in Zambia, for instance, focused on children in households with caregivers who were either chronically ill, belonged to an older generation, or were themselves children.

Life expectancy is the litmus test for overall improved living conditions. For several years, the global trend toward longer life was reversed, when life expectancy sank as a result of HIV and AIDS, wiping out previous progress in development. Between 1990 and 2010, life expectancy at birth in Lesotho dropped by a shocking 12 years; in Swaziland and Zimbabwe it dropped by 11 years, and in South Africa by 10 years.⁶ But recently the number of years of statistical life expectancy at birth in East and Southern Africa has once again begun to show an increase. The average for all countries in Sub-Saharan Africa remained stagnant at 50 years between 1990 and 2000, but has since climbed to 54 years (2010). Botswana is a striking example: in 1990 a new-born child had a life expectancy of 64 years; by 2002 this had dropped to 49 years as a result of HIV/AIDS, but by 2010 life expectancy had climbed again to 53 years.⁷

Interview with Lucie Cluver, Lecturer, University of Oxford, REPSSI Board of Directors

“Children affected by HIV/AIDS suffer from extraordinary psychosocial stress”

You did a longitudinal study over four years in South Africa covering 1000 girls and boys including those whose parents had become ill or died because of AIDS. What was the result?

The children of parents who died of AIDS or have become ill are twice as likely to suffer from depression as compared to children whose parents have died of other causes like traffic accidents. Among children whose parents or carers are sick with HIV/AIDS we see very high levels of anxiety.

Why is HIV/AIDS so different from parental illness or death by other causes?

Stigma, bullying, poverty, caregivers' sickness, and abuse make the difference. Children who experience both AIDS-related stigma and poverty are extremely likely (83%) to develop a clinical-level psychological disorder. In contrast, children who have enough to eat and are not stigmatised have a much lower probability (19%) of that diagnosis.

What does this tell us about the need and design of external interventions?

Providing food and shelter is not enough in such a context. It is essential that we offer interventions which specifically focus on psychosocial support in order for these children to grow up healthy and develop confidence in themselves, their families and their future. Psychosocial interventions are often neglected despite the knowledge that mental health is key to putting lives on a sound track.

Source: REPSSI (http://www.repssi.org/?p=341&option=com_wordpress&Itemid=95) and own interview.

Renewed confidence

The motto of UNAIDS is “Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.” Hillary Clinton, the American Secretary of State, has proclaimed the vision of an “AIDS-free generation”. This will obviously be a long road. Still, progress so far raises the hope that it may be possible to conquer HIV and AIDS. The prerequisite for doing this is not just unabated continuance of efforts from the local level to the level of global cooperation, but intensification of these efforts.

Progress to date can be attributed to a combination of several basic reasons:

- Although medical advances have not yet made it possible to conquer HIV and AIDS, antiretroviral therapy can delay the outbreak of AIDS for years or even decades.
- African governments have shown a political will to combat HIV and AIDS with all available resources and to invest in health care and in social change as forms of prevention.



Funerals have become an attractive market in which one can participate through a savings plan costing 3 US dollars per month (South Africa).

- Multilateral and bilateral humanitarian and development cooperation organisations have mobilised massive international financial support, with similar support also coming from the private sector and civil society, to ensure affordable access to treatment.
- Extraordinary self-help efforts by individuals, families, networks, neighbourhood support groups and local communities have made it possible to live and die with dignity and have laid the foundations for a new will to live. The work of REPSSI is a part of these efforts (see the following chapter).

The Millennium Development Goals as a benchmark

On 9 September 2000, 189 members of the United Nations signed the Millennium Declaration containing a catalogue of concrete goals to which all the signatory member states agreed. These goals call for a halving of poverty and hunger, expansion of primary education, gender equality, a reduction in the child mortality rate and better health care for mothers, progress towards sustainability, and a global partnership to implement these goals. This list of goals is not only indirectly relevant to the fight against HIV and AIDS but also contains explicit targets concerned with the goal of “combating HIV/AIDS, malaria and other diseases”:

- The spread of HIV/AIDS and the incidence of malaria and other major diseases is to be halted and reversed by 2015.
- Universal access to treatment for HIV/AIDS for all those who need it is to be achieved by 2010.



Enough to eat for all is also one of the Millennium Development Goals (Madagascar).

All African nations have committed themselves to the Millennium Development Goals. But the Goals are also binding on the international community which, on the occasion of the turn of the millennium, agreed within the framework of the UN to cut poverty in half by 2015. Since then, however, empty state treasuries in most industrialised countries have come to be a roadblock to increased development efforts. Only Switzerland and Great Britain have augmented their investments in international cooperation efforts, going against the general trend. It is a sobering experience for those African countries that have put their own house in order to realise that for the moment they cannot count on additional development assistance. If the Millennium Goals are to be achieved, economic growth in Africa, and thus increased public financial resources, must have priority.

Economic dynamics as a source of hope

In economic terms, Sub-Saharan Africa occupies a marginal position. The 850 million people of Sub-Saharan Africa produce a total aggregate income just twice that of the 8 million people in Switzerland. Yet the African continent has enjoyed an economic growth rate of over 5% annually in the last decade⁸, something which has largely escaped public notice. This figure is above the global average. Moreover, a number of countries such as Equatorial Guinea, Angola and Nigeria achieved an even higher rate of 9–12%. The drivers of this growth were natural resources and rising commodity prices, the spectacular penetration of every corner of the country by mobile telephones, the growth of the middle class, and investments in infrastructure. Thus, Africa has become an insider's tip among investors prepared to take a risk: one example is a 2011 study by Credit Suisse entitled "Africa's Development Potential Is Still Intact".

What counts in the end, however, is the extent to which the population as a whole benefits from the fruits of economic growth. The broad social impact of growth is limited, particularly when it comes to poverty alleviation, an area where results are mixed. The proportion of people living in extreme poverty in Sub-Saharan Africa dropped by a remarkable 10% in the last decade, from 58% in 1999 to 48% in 2008. On the other hand, 386 million people were living beneath the subsistence level in 2008, which is 10 million more than a decade earlier.



"A strong economy means strong social programmes," says this mother (Zambia).

This increase in absolute numbers is due to population growth from 650 million to 812 million over the same time period.

Countries such as Sierra Leone, Mozambique, Uganda, Tanzania and Ghana have combined respectable economic growth with internal reforms, for example in improving their health care and educational sectors. On the occasion of the Summit of African States to address HIV and AIDS in Abuja (2001), participants pledged to raise the percentage of their national budgets earmarked for health care to at least 15%. Although 27 African nations have indeed increased the share of their national budgets devoted to health care in the last 10 years, only South Africa and Rwanda have achieved this self-declared goal.⁹ Economic growth, combined with countervailing policies, is the basis for building a society that offers everyone a chance for survival and for development of health care under a country's own power.

REPSSI: A Tailor-Made Response

“In terms of HIV and AIDS, adults come first. Children are just an afterthought. That will have to change,” says Noreen M. Huni, Executive Director of REPSSI.

REPSSI works in 13 countries of East and Southern Africa and describes itself this way: “At REPSSI (the Regional Psychosocial Support Initiative), we help children get the crucial emotional and social support to which they are entitled. We are a non-profit organisation working to lessen the devastating social and emotional (psychosocial) impact of poverty, conflict, HIV and AIDS among children and youth across East and Southern Africa.”¹⁰ It is REPSSI’s vision to strengthen families and local communities in such a way that they can provide a home for vulnerable children. REPSSI does not work directly with these children itself but supports partner organisations that are trained to use the instruments it has developed. It is a major challenge to shape such partnerships successfully, for in the end everything depends on who these partners are and how they work.

“Twenty years ago, providing psychosocial support was an alien concept. REPSSI is a model which shows that nothing is impossible,” says Lorraine Sherr, Professor of Clinical Psychology at University College London and a member of REPSSI’s board of directors. The aim of psychosocial support is to strengthen the self-esteem and personal responsibility of children and young people and encourage them, for example, to develop greater confidence in themselves and their own self-healing powers when it comes to health issues. In the educational context, psychosocial support fosters school attendance and strengthens children’s ability to concentrate, thus enhancing their achievements.

Growing awareness of psychological needs

Let us recap briefly: In the 1990s, the HIV/AIDS epidemic was spreading in ever more massive proportions and shaking African societies to the core. At first, dispensing drugs and material aid took priority. International children’s aid agencies concentrated on material support in the form of food, school fees and clothing, as well. The psychological damage that accompanies the death of one or both parents usually went untreated.

Evaluations of the mental state of orphans in Botswana revealed the trauma, anger, misfortune, worries and anxiety dreams they experienced. Research in Zimbabwe also gave evidence of despair, feelings of guilt, and nightmares among affected children.¹¹ Chronic fear makes children fall silent and results in ostracism by their peers; the longer such fear lasts, the more difficult it is to treat. Nonetheless, it took time to recognise that treatment of psychic traumata was just as important as providing drugs and material assistance. Self-help initiatives began to appear simultaneously in different places.

Pioneers from Switzerland

In the 1990s, sociologist Kurt Madörin was responsible for programmes at Terre des Hommes Switzerland that dealt with children affected by HIV/AIDS in Tanzania. One-third of all such children at that time had already lost one or both parents to HIV/AIDS. Among the fatal consequences they faced were emotional uprootedness, loss of confidence, economic hardship and new family responsibilities in lieu of attendance at school. Moved by the distress that he saw, Madörin devised a proposal for a programme in Kagera, Tanzania, that would offer psychosocial support to children. In accordance with their statutes, Terre des Hommes Switzerland neither sends collaborators to developing countries nor initiates its own projects. Therefore, Madörin had to seek external funding. The Novartis Foundation for Sustainable Development (NFSD) spontaneously took up this proposal and provided financing for the so-called Humuliza project, which aimed to restore hope and perspective to these children. “A real stroke of luck,” says Madörin, who had already experienced several rejections of his proposal by other aid agencies.

Kurt Madörin continued to work with Terre des Hommes Switzerland and also implemented the programme in Tanzania. In 2003 he retired, moved to Tanzania, handed over the Humuliza-Project to Tanzanian partners and developed a new programme (Kwa Wazee – an old age pension scheme). Today, at age 74, he still lives there and directs projects. He initially worked for REPSSI as a team member (PSS advisor); later, and until 2010, he was a member of the organisation’s board of directors and its management.

Stefan Germann worked for the Salvation Army in a hospital in Zimbabwe in the early 1990s. Like Tanzania, Zimbabwe was also heavily confronted with the consequences of HIV/AIDS, as it still is today. In 1994 Germann founded the Masiye Camp, whose purpose was to offer vacation courses that would strengthen the will to live and the capabilities of children affected by HIV/AIDS. After coming across the training manual Kurt Madörin had developed, he contacted Madörin in Basel. In accordance with his particular strengths – good networking skills and strategic thinking – Stefan Germann assumed responsibility for strategic partnerships at REPSSI in its early years. Based on his experiences in Zimbabwe, he wrote a doctoral dissertation on households headed by children, in which he advocated recognition of such households as a possible alternative for dealing with the crisis. Today he works for World Vision International and has been a member of the board of directors of REPSSI since 2007.

Karin Schmitt, programme director at the Novartis Foundation, is the third key person from Switzerland who can be designated as a pioneer. Novartis makes no drugs to combat HIV/AIDS; humanitarian circumstances and its self-image as a corporate citizen are the only considerations that play a role in the Novartis Foundation’s commitment. When Kurt Madörin, who was still a programme director at Terre des Hommes Switzerland at the time, approached the Novartis Foundation in 1996/97 with his idea for the Humuliza project for traumatised children, he found Karin Schmitt ready to listen. Klaus M. Leisinger, President of the Novartis Foundation, recalls: “I was very sceptical, as we had no expertise in this type of work, but Karin Schmitt saw the problem and also the tragedy that lay behind it and expressed the opinion that ‘something must be done about this – we must develop the necessary expertise!’ Her persistence played a decisive role in NFSD’s support of the Humuliza proposal and its commitment to this issue for well over 10 years.” The cooperation of NFSD ensured REPSSI of continuity on the financial front. NFSD’s contributions have been characterised by its commitment to children, the courage to take a risk,

an interest in innovation, and the desire to improve the effectiveness of development cooperation. Behind all of this are the ideas and the leadership of Karin Schmitt. Through her personal commitment and as a member of the board of directors and the management of REPSSI, she set benchmarks from the first moment up to the present day.

The founding of REPSSI

Kurt Madörin first presented his Humuliza programme at a workshop in the Masiye Camp in October 2000. Both Stefan Germann and Madörin were determined to combine their concepts for support of children affected by HIV and AIDS and to put their own experience at the service of others. Although the pilot projects in Tanzania and Zimbabwe differed in terms of their approaches, they shared a central concern: children who had been traumatised by the loss of their parents, and economically and socially disadvantaged as orphans, required not only material assistance but also psychological support. Madörin briefly outlined the challenge this way: “Failure to support children to overcome this trauma will have very negative impacts on society and might cause dysfunctional societies, jeopardising years of investment in national development.”¹²



Living the dream of overcoming one's trauma – something REPSSI wants to help every child achieve (Zambia).

Denied the chance to simply be a child

“In a child-headed household children spend countless hours on the day to day running of the home, caring for their ill parents, supervising siblings and generating income in order to support the family. These children play the role of adults without any preparation for such roles. Many have to quit school and have no time to play with other children; this affects the ability of children to just be children. The impact of HIV and AIDS is felt at many levels by these children; spiritually through feeling let down by the higher being, emotionally through experiencing the ill-health and eventual death of parents, socially through lack of time to be with friends and the stigma related to HIV and AIDS, intellectually through dropping out of school, and physically through lack of money to buy food and clothes.”¹³

Source: Excerpt from an unpublished REPSSI document.

Plans for REPSSI took shape at a second think-tank session in 2001, in which children and young people participated alongside practitioners and specialists concerned with assistance to children affected by HIV and AIDS. Representatives of international aid agencies were also invited and thus took part in debate about the problems and the process of an institutional response to the crisis from the outset. Reference has also to be made to an important publication that UNAIDS did as part of their best practice series called “Investing in the future: Psychosocial support for children affected by AIDS” written for UNAIDS by Susan Fox. Both, Humuliza and Masyie Camp, featured in that publication which was critical to get the needed legitimacy among government donors. In June 2001 the United Nations General Assembly took up the problem of HIV/AIDS in a special session and issued an urgent appeal for action that also addressed the desperate situation of Children affected by HIV and AIDS. Article 57 of the UN Declaration of Commitment on HIV/AIDS calls upon countries to “ensure that national strategies are developed in order to provide psychosocial care for individuals, families and communities affected by HIV/AIDS.”¹⁴ In the end, however, no one gave priority to this task or implemented it in concrete terms. REPSSI stepped into the breach and, taking a cue from the UN Declaration, began to develop responses to the question of what psychosocial support would mean in practice.

REPSSI was launched as a project in May 2002. It was supported by the Southern African AIDS Trust (SAT), Terre des Hommes Switzerland (TdH), the African Regional Team of the Salvation Army (SAART), and the International HIV/AIDS Alliance (IHAA), who formed an official consortium under whose auspices REPSSI could operate. Their responsibilities consisted of contributing expertise (TdH), administrative assistance and legal hosting (SAART), lobbying efforts (SAT), and financial support (SAT). The UN appeal and the UNAIDS best practice document undoubtedly also made it easier to obtain financial support from the governmental agencies involved. Thus, the Swiss Agency for Development and Cooperation (SDC) and the Swedish International Development Cooperation Agency (SIDA) were among the founding partners in 2002, alongside NFSD. The commitment of these three international donors covered a time frame of 5 years (2002–2007). But REPSSI’s status as a project was an obstacle to formal cooperation with African governments.¹⁵ Although REPSSI was able to support local partners in their work with the government, it could not build its own network of relations with important ministries. Hence in 2005 REPSSI became a regional organisation registered in South Africa. Since 2011, REPSSI has been striving to establish nationally registered branches in different partner countries.

REPSSI’s vision and mission were initially formulated as follows: “The mission of REPSSI is to be the leading recognised authority in advocating for and providing quality technical assistance and

knowledge in psychosocial support to children affected by AIDS, poverty and conflict in East and Southern Africa through collaborative partnerships and innovative and culturally appropriate methods.”¹⁶

The core elements of this mission are:

- REPSSI cooperates with partners whose programmes support vulnerable children, but does not intervene with children directly;
- REPSSI supports all vulnerable children, not only those afflicted by HIV and AIDS but also those who are victims of poverty and conflict;
- REPSSI sees itself as a regional organisation that applies its instruments and works with its partners across national borders;
- REPSSI aspires to devise its instruments and training courses in such a way that they can be applied in different cultural settings.

These core elements are still applicable, even though they are expressed differently in their current versions. According to its *Strategy 2011–2015*, REPSSI’s vision is that “Communities and families nurture, protect and empower children and youth to enhance their psychosocial wellbeing.” Its mission is stated as follows: “REPSSI provides technical leadership in psychosocial support for children and youth.” Working through partners allows flexible expansion of the scope of the organisation’s work when the necessary financial resources are available.

Lucie Cluver of the University of Oxford and a member of REPSSI’s board of directors highlights one element in particular: “What is special about REPSSI is that it does not rely on professionals. REPSSI does not assume that trained physicians, nurses, and psychologists can solve the problems of afflicted children since there simply are no such people in Sub-Saharan Africa. Instead, REPSSI relies on interventions that are based on experience and carried out by lay people. These are precisely the people who can reach these children.”

Kathleen Okatcha of the Kenya Orphans Rural Development Programme (KORDP), who has long been active in the fight against HIV and AIDS, sums it up this way: “The longer I work in this area, the more convinced I am that REPSSI has the answer. Psychosocial work is more urgently needed than ever.”



Information campaigns dispense with prejudice: “Sleeping with a virgin does not cure AIDS” (Zambia).

“If I don’t prepare dinner everyone goes hungry”

Can you describe your family?

I had 9 children. Eight of them died, most of them from AIDS. My husband also died a few years ago. Today there are 10 of us at home – a baby, 7 children between the ages of 2 and 17, 4 of whom are orphans, an aunt and mother of 3 of these children, and myself.

How do you find the strength to accept your fate and care for everyone?

I’m now between 70 and 80 years old. God allowed me to survive – I don’t know why, but it is God’s will. If I don’t cook dinner, the family has nothing to eat. If I don’t plant anything, we have no maize. I gained self-confidence through support from the Kitovu Mobile aid agency.

How do the 4 orphan children in your household get on, for instance 16-year-old Agnes?

Agnes had to leave school in the fourth grade because she had no money for her school uniform and other expenses following the death of her parents. That plunged her into a deep crisis. She was able to regain confidence about life from the days she spent in a youth camp with other children. Her relationship with me also improved. Kitovu Mobile made it possible for Agnes to do an apprenticeship as a seamstress. This is very important to her: she has a three-hour journey each day on foot to get there and back, but she now has a new perspective on life.

Taking stock at half-time

The turbulent but successful founding of REPSSI in 2002 was followed by a developmental phase that lasted until 2007. An external evaluation carried out half-way through this period (2004/05)¹⁷ provided important impulses for further development. Fundamental issues needed to be clarified, some of which were also sources of controversy:

- *What actually is psychosocial support?* Discussion about the nature of psychosocial support has been ongoing at REPSSI since its founding. Although a precise definition can be disputed at length, there is nonetheless broad consensus about the essential features:

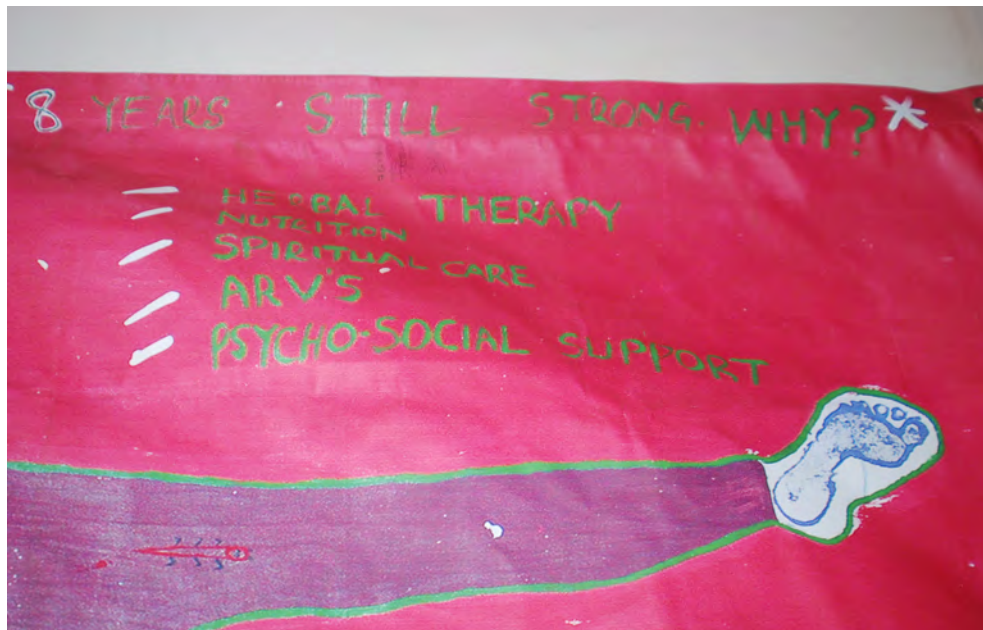
What is psychosocial support?

Following a number of years of debate, REPSSI described psychosocial support in its *Strategy 2011–2015* as follows: “Psychosocial support is love, care and protection. It is support for the emotional and social aspects of a child’s life, so that they can live with hope and dignity. Psychosocial support includes ensuring the meaningful participation of children in issues affecting them, listening and responding to children’s problems, helping children to appreciate their history and identity, encouraging children to set goals and reach their potential, and ensuring that children have positive relationships in their lives. Families, children and youth suffering from loss, ill health, deprivation, stigma, abuse or exploitation are critically in need of this support.”¹⁸

- *How many and which children really need external support, and how can vulnerable children be identified?* Even in the frequently drastic situations found in Africa, 9 out of every 10 children are cared for within their local communities, by families or caregivers with whom they have a personal relationship. Opinions are divided about whether and to what extent care within extended families and local communities suffices under conditions of extensive poverty and in the face of a massive HIV/AIDS epidemic. It is clear that traditional structures and child-raising practices are massively overburdened when it comes to giving vulnerable children a supportive environment and the self-confidence they need. Hence when identifying vulnerable children and families it is important that local communities are in-

volved and make suggestions. Hope Worldwide in Kenya believes that children's clubs also can be helpful as a source of discreet identification of orphans and other vulnerable children.

- *What support structures are best for orphaned children?* It is not by chance that REPSSI and its partners seek to strengthen both the integration of orphaned children in existing support structures and the capacities of these structures; there is international agreement among experts that this approach is the best solution from the point of view of children's wellbeing. "Strong evidence was found that institutional care of orphans and vulnerable children should be the last resort," says one survey of the current state of this field. Yet there are still organisations that give direct assistance to children in the form of food, clothing and school materials, thereby circumventing families and local communities and hence providing competition rather than support. Efforts to found children's homes are still being made as well. These are frequently regarded as attractive by international donors since it can be observed and demonstrated that the money contributed to them goes directly to benefit specific children. Certain individual governments and individuals associated with them, such as the First Lady of Zimbabwe, for example, also favour orphanages. In countries like Zimbabwe, where civil liberties are narrow and not well defined, these differences of opinion are politically charged. A debate about the best interests of children between non-governmental organisations and the government can suddenly turn into a political discussion.



"8 years still strong – why?" Psychosocial support is specifically mentioned on this Body Map (Kenya).

- *Should REPSSI offer only knowledge or also financial assistance?* In the early years, REPSSI's array of tools also included financial assistance to partner organisations up to a maximum of 30,000 US dollars. One example is the Transcultural Psychosocial Organisation (TPO) in Uganda, which received a contribution to adapt specific methods that REPSSI had developed elsewhere, for children afflicted by AIDS, to the situation in Uganda, where many children were struggling with the consequences of armed conflict. But this contribution fell far short of what was needed to make the adaptations, translate materials into the local language, carry out a test run and then make adjustments. The inadequate financing given to TPO was not an isolated case. Financial assistance from REPSSI provoked dissatisfaction and also aroused expectations among partners. Angela Malik of the Kondwa Day Centre in Zambia recalls, "We desperately sought money to buy food for our orphaned children and turned to REPSSI. We were told that they offered know-how rather than money. At first I was quite disappointed

but then I went back to REPSSI. I never regretted it.” REPSSI ran the risk of being seen as a financial aid organisation rather than an organisation offering know-how. It was against this background that the external evaluation of 2005 recommended a re-examination of financial contributions and a search for alternatives. Financial aid was subsequently dropped as a tool.

Gender-aware procedures

Most people afflicted with AIDS are women. “Possibly no other aspect of HIV and AIDS is as ‘gendered’ as care and support. Care and support generally includes both care of people living with HIV and AIDS and of families and children affected by HIV and AIDS.” When illness strikes a family, most of the burden of care falls on the girls and the grandmothers. A study in Rwanda found that girls were in charge in 90% of 45,000 households headed by children. School attendance for girls still represents a great challenge in many regions because girls are expected to help out in the household and in the field. Moreover, as soon as one parent dies, going to school is clearly regarded as something of only secondary importance for girls in comparison with household work and work in the field. The higher the level of schooling, the smaller the proportion of girls in attendance. In cases of teenage pregnancy, girls are usually forced to discontinue their education while boys remain in school. Experience shows, however, that more years of education enable women to make better decisions as mothers when their children become ill. In particular, they are more open to modern medicine as opposed to traditional healing practices.

The man is traditionally the breadwinner of the family and is the decision-maker in matters that concern his wife and children. Thus when psychosocial interventions strengthen self-confidence among women and when, as a result, women begin to exercise self-determination in regard to their sexuality or to generate their own income, power relations within the family are altered. This can sometimes have grave consequences up to and including domestic violence. Therefore, any process that takes deliberate account of the roles of women and men, and of girls and boys, must go beyond strengthening women: men must consciously redefine their own role in a partnership, from matters of sexuality to caring for children.

An enterprising graduate of the REPSSI certificate course in community-based work with children and youth launched a successful programme in Swaziland to motivate men to become involved in care of small children. The course took place beneath a tree belonging to the village community and the organiser presented a fruit tree to participants as a reward for their participation in the programme. REPSSI activities such as the certificate course overwhelmingly benefit



Grandmothers frequently play a crucial role in care and supervision of children (Uganda).

Creating an upward spiral for girls

The opportunities for girls to attend school beyond the primary level and complete a course of study, particularly in remote areas of Zambia, are still poor. It can by no means be taken for granted that their rights are respected and protected. HIV and AIDS are ever-present too, and pose an enormous challenge for girls as well as for schools. When there is not enough money at home, it is usually the girls who come up short. This happens frequently, as school costs are a great burden. Although there is no school tuition up to the 7th grade, there are expenses for uniforms and for school materials. In the 8th and 9th grades, the cost of school is approximately 120 US dollars annually. Girls who continue school beyond the primary level usually also face expenses for meals and boarding. This requires almost 500 dollars annually, which the great majority of them are unable to afford. Thus it is important that girls be supported throughout the course of their education until they become responsible members of their communities. This is the only way to break the vicious circle and set an upward spiral in motion. The resources developed by REPSSI, and its training courses, play an important role in making it possible for girls to stand on their own within their families and in school. REPSSI's *Hero Book* is particularly attractive for girls, for example. The *Journey of Life* also stimulates self-reflection among young people. The founding of kids' clubs provides a learning platform for having a say in school. Psychosocial measures also aid in the struggle against child abuse in schools.

Source: Various discussions related to the Zambian school system.

women, who make up the majority of participants. "Women are more far more likely to take the time and be willing to become involved in unpaid work than men; and successful completion of the course earns them greater respect in the village," goes the justification offered from a feminine perspective.

For a long time, however, REPSSI failed to address the issue of gender roles systematically. This gap was partly closed in 2011 when guidelines for REPSSI's own personnel were formulated, all people employed by REPSSI were given training on gender issues, and the categories "women" and "men" were included among the criteria for assessing success and incorporated into the organisation's evaluation instruments. Since then, gender roles have routinely been given consideration when developing new resources and courses. Based on a detailed analysis of its activities in the various countries, REPSSI estimated that girls comprised a slight majority – 52% – of the beneficiaries of these activities. A considerably larger proportion of girls were among the beneficiaries in Namibia, Malawi, Zimbabwe and Botswana, while in Angola and Zambia, boys were the major beneficiaries. Africare, a REPSSI partner in Tanzania, reported pronounced violence against women in the Iringa region and encouraged the development of new REPSSI resources for work with the women, men and villages affected. In some countries (Kenya, Uganda, Malawi and Namibia) REPSSI works in partnership with ministries whose scope of responsibilities includes women's issues in addition to children's issues. Overall, the chances are good that gender roles will be given greater weight in the future.

A comprehensive range of offerings

In the service of its own vision and mission, REPSSI cooperates with different types of partner organisations – civil society, universities, governments, and regional organisations. These partners will be presented in greater detail in Chapter 4.

REPSSI targets different levels of intervention: on the one hand, it seeks to use basic services such as schooling and health care as a channel for psychosocial services appropriate for children. On the other hand, it aims to strengthen families and village communities but also to offer assi-

stance in individual care and counselling. The resources it develops, advocacy activities, the training it offers, and expertise are the tools REPSSI employs. The following cube diagram depicts REPSSI's partner organisations, levels of intervention, and its tools:

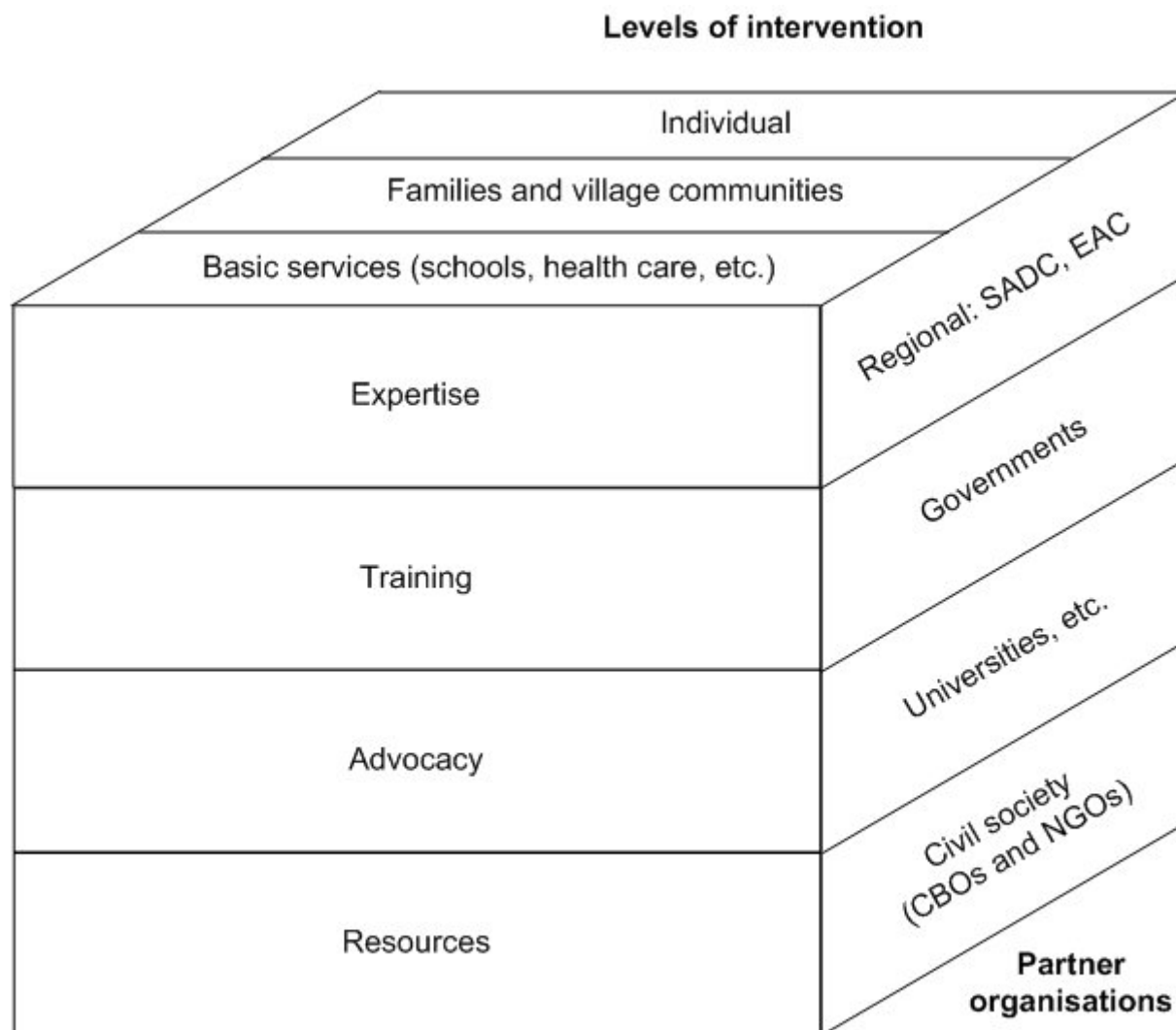


Figure 1: REPSSI's levels of intervention, tools and partner organisations.

REPSSI resources

REPSSI has developed a total of 29 tools and other resources, of which 7 in particular have been widely disseminated. In Tanzania these materials are translated into Swahili, while in Mozambique and Angola they need to be in Portuguese. French-language versions of selected resources are also available for work in Madagascar and the Democratic Republic of Congo. Among the most sought-after of these resources are the following:

- *An Introduction to Psychosocial Support*: REPSSI makes frequent use of this introductory book at the beginning of training programmes concerned with psychosocial issues. One child quoted in the book expressed the benefits of psychosocial work this way: "I learn to talk about my fears and that I don't have to suppress my grief, and I learn how to play instead of fighting." Psychosocial welfare work in a village also has an impact on the child's family: "When my sister died of AIDS, it was clear to me not only that I would have to take care of her six children but also how I would be able to do it," a Swazi woman related in a

personal discussion. She had already done a great deal of work with psychosocial methods: “I frequently hear very touching stories that make me want to cry more than anything else – but I could never do that in the presence of a child; it would be unprofessional.”

- *The Journey of Life* is a series of activities which helps communities to reflect on the needs of vulnerable children, and plan a course of action to support them. In Njombe, in southern Tanzania, a village community decided while working with *The Journey of Life* to devise an action plan for children in need in the village. One component of this plan was to create a stock of food reserves. The people of the village decided that each household would contribute 20 kg of beans or maize flour during the harvest season. Households headed by children or elderly people looking after children would have the right to draw from these reserves. This use of *The Journey of Life* thus led to a very specific improvement in the lives of disadvantaged children. A different perspective was offered in the experience reported by other parents in Kabweza, Zambia: “*The Journey of Life* made it possible for us to balance the needs of our own children with those of the orphaned children we had taken in and to treat them like our own children.” One mother reported: “When there were no books available in the school classroom, I did not have the strength to protest. Now I summon all my courage and go to speak to the teacher.” Daphetone Siame, who formerly held a leading position at REPSSI, believes that *The Journey of Life* is REPSSI’s most important tool because it is not an intellectual exercise but a vehicle for initiating an interactive process with the community.
- *The Tree of Life* helps community-based workers to talk with vulnerable children about family, relationships, loss and bereavement in a way that conveys hope and values. Margareth Njimba of the Youth Counselling and Rehabilitation Centre (YCRC) in Tanzania has a high regard for work with *The Tree of Life*: “Self-reflection is key. Who are you? Where do I come from? What can I do?” A women’s group in Swaziland says, “*The Tree of Life* helps children to understand their family roots, including relations with step children living outside of the family.” And voices from a village in Zambia testified, “With *The Tree of Life*, children are a part of the community and do not belong only to a mother and a father. Traditionally parents have all the power. When I was a child, my parents brought me to one of my aunts without asking me or giving any reason. Now parents and children sit at the same table: parents are interested in their children’s feelings and try to take their ideas into consideration.”
- A *Hero Book* is an autobiographical story and sometimes a work of art, which supports children and youth in identifying obstacles blocking the path towards their goals, and in



A REPSSI programme coordinator presenting *Journeying Towards Our Dreams*, a modified version of *The Journey of Life* (Zambia).

finding ways to overcome these obstacles. For example, a child might speak with his surrogate mother who abuses him, in order for them to find other ways of communicating with each other. Sofia, an eight-year-old child, used to go to sleep whenever she felt overwhelmed by a problem, “so that the problem would think I was dead and would leave me alone.” Drawing a *Hero Book* allowed her to take a new approach to her problems. Sonkwe Nyondo from Zambia says, “When my mother died I had a hard time with fear, anger and grief. I went to a new family and I became aggressive. A sympathetic neighbour encouraged me to create a *Hero Book*. Eventually I was able to regain my composure.” Based on positive experiences, the Kitovu Mobile organisation in Uganda trains teachers to use *Hero Books* in their teaching. But what actually is a hero? In the words of Amukusana, “A hero learns to cope with his problems and helps other people to solve their problems. My grandmother is my hero.” Another girl in the group expressed herself similarly: “My aunt is my hero!” Sixteen-year-old Adla Cheyo from Tanzania identified her mother and her uncle as her heroes – her mother because she had to work so hard to support the family before she died seven years previously. Her caregiver wrote a discreet note on a slip of paper explaining that the mother had worked as a prostitute in order to survive. Her uncle was a hero to Adla because he divorced his wife when she confronted him with the ultimatum that she would leave him if he did not expel Adla from the house.

- A *Body Map* is a powerful and creative tool that allows physical expression of thoughts, feelings, experiences and wishes. Large-scale outlines of the body are drawn, and colours,



Caregivers at the Kondwa Day Centre explaining a *Body Map* they have created (Zambia).

express grief, and to have unlimited time to talk to others who have also been affected. Role playing strengthens the power of resistance. Writing down what was bad and then burning it afterwards symbolises a new start. But the most important thing is to develop the ability to forgive, otherwise there is no end of stress,” says Elvis Joseph Miti of PASADA, summarising the moving experiences he had. A 15-year-old girl who took part in a bereavement seminar subsequently decided to return to her aunt and uncle after three years of living on the streets. But they beat her and threw her out. Following a talk between PASADA and the uncle, PASADA notified the town authorities’ child protection team of the case. The girl then found temporary accommodation with hope of a place in a boarding school.

- The *Talking Book* helps counsellors in aiding parents and caregivers when trying to find an appropriate way to explain to an HIV-positive child the situation that he or she is facing.
- The *Tracing Book* works like a patient-held medical file. It is used to keep a record of ARV medication and to identify gaps and side effects.

Training of caregivers

Community caregivers are required to care for children and young people in difficult circumstances. Professional psychiatrists, psychologists, and social workers are scarce and expensive. The solution thus lies in the training of paraprofessional volunteers, for instance grandmothers who are able to provide care for neighbours in addition to their own extended families.

REPSSI and its partners have trained about 30,000 caregivers over the years, mostly at the community level, who do invaluable work with children in their own surroundings. Since 2009 REPSSI has offered a demanding certificate course in community-based work with children and youth that has met with enthusiastic reception. This distance learning course is well on the way to becoming an outstanding advertisement for REPSSI; it will be described in further detail in Chapter 4. Other targeted forms of short-term training are also carried out frequently on request, for example for private organisations.



A caregiver proudly showing off her memory book (Zambia).

The training of master trainers is intended to guarantee that professional trainers in psychosocial support are available within the individual

partner organisations. Master trainers are responsible for seeing that psychosocial support is firmly incorporated into the partner organisation’s work at all levels, and for conducting training courses in psychosocial counselling of children. The course of study for a master trainer lasts 18 months. More than 100 master trainers in partner organisations such as Africaid, PASADA, and World Vision have received such training since it was introduced.

While this concept has undeniable advantages, it also makes REPSSI dependent on its partner organisations. Courses in psychosocial support only take place if a partner requests a master trainer to offer such a course or frees him or her for this purpose. If a master trainer changes employers or becomes self-employed, the obligation to offer training is no longer in effect.

REPSSI has built up a pool of highly qualified regional facilitators (REFAs) – a loose network of trainers who have a great deal of experience in the use of REPSSI resources in different countries. Several former master trainers are now a part of the pool, which currently consists of about 40 REFAs. These facilitators are available to train REPSSI master trainers and to offer other training courses, outside of their own organisations, for 20 working days annually, according to the terms of a contract between REPSSI and the employers of the individual REFAs. The REFAs are the elite, or “gurus”, within the informal REPSSI training hierarchy.

Because REPSSI gives special emphasis to the rights of children, kids’ clubs have a special place in schools and neighbourhoods. Special attention is given to the training of kids’ club leaders. In kids’ clubs, self-determination is key. Children are encouraged to develop their talents – for example from making music to producing a CD – and, at the same time, they also offer mutual encouragement to one another. Hope Worldwide of Kenya, one of REPSSI’s partners, has inspired the founding of more than 160 kids’ clubs with 22,000 members in schools and local communities. These clubs are laboratories for practicing childrens’ participation in all decisions that concern or affect them. This constitutes an innovation in many African cultures where adults usually decide what is good for children.

Zambia: Children gain self-confidence

The children of Kafue have gained an enormous amount of self-confidence through kids’ clubs. One example is their opposition to local beer that was sold cheaply in their community. Through discussions with small shops and the local council, they were able to achieve a reduction in the number of sales outlets and the times of sale for alcohol. They were also invited by the national parliament to testify about alcohol abuse among young people in front of the responsible parliamentary committee. They objected to low prices for and active marketing of alcohol.

Fiona Adoyo, a 14-year-old girl, is in her final year of primary school. She has been leading the kids’ club at the Rosebella Primary School in Kenya for 4 years. Two hundred of the 433 pupils at the school, all between the ages of 7 and 14, are members of the kids’ club. The teachers challenge the pupils in particular to think as entrepreneurs – they make soap, shampoo and jewellery themselves and sell the products they make. “We use every opportunity we have for marketing,” says Fiona. The kids’ club also started its own business, the Rosebella Company, and chose Fiona to be the CEO. They import solar lamps which they sell for a profit. And they bake cakes and make yogurt. In 2011 the Rosebella Company earned a profit of about 60 US dollars. This money was used to help their schoolmates who were facing hardship, for example to buy uniforms or books. The children also share their know-how with their parents, some of whom have since opened their own small shop. The kids’ club was founded in 2007, after teachers had completed training in *The Journey of Life* and in leadership and management of kids’ clubs.

Advocacy

Influencing children’s issues at all levels – political, administrative, in the context of international partnerships, etc. – has been one of the cornerstones of REPSSI from the outset. Targeted advocacy on behalf of psychosocial care and prevention has the best chances of success if it is based on experience and scientific evidence. REPSSI regards advocacy as a planned process that focuses on influencing guidelines, laws and practices among influential persons, groups and in-



A lively debate in progress in the kids' club at a primary school supported by KICOSHEP (Kenya).

stitutions in such a way that they promote the psychosocial wellbeing of children. The objective is to mobilise political will and human and financial resources at the local, regional and national levels for the benefit of children. REPSSI's extraordinarily successful lobbying at the regional level – with the Southern African Development Community (SADC) and the East African Community (EAC) – will be described in detail in Chapter 4. As we shall see there, the work of REPSSI has also had an effect at the national level in some countries, where national institutions have integrated psychosocial objectives into their activities.

Influence that promotes a child-friendly environment is also important at the local level. REPSSI has accordingly developed an advocacy toolkit for community initiatives. Together with the Nelson Mandela Children's Fund, REPSSI gives training to staff members in partner organisations that in turn enables them to train leaders at the community level for work with local groups in villages and neighbourhoods. As a recent innovation, the advocacy toolkit is currently being tested in practice in South Africa and Zambia to ensure that it can be applied across different cultures.

Advocacy at the community level is a matter of addressing such questions as: What issues is the population concerned with? What facts and arguments are involved? How can we mobilise people? How can we negotiate with the authorities, with businesses and with aid agencies? How can we cooperate with local media such as radio and newspapers? How can I use the possibility of village theatre? When is a protest march expedient? Active representation of interests at the local level for the most part mobilises own resources, is easily comprehensible and promising, and strengthens self-confidence.

A centre of competence for psychosocial expertise

“We want children to grow up with dignity,” says Noreen M. Huni with reference to REPSSI’s overall goal. REPSSI acts as a centre of competence for psychosocial expertise in offering programme development as a specialised service to governments and private organisations. For example, REPSSI has, often together with partners, worked to:

- Advise the government of Tanzania about drawing up a national framework for psychosocial support;
- Provide technical support to the Ministry of Health in Zimbabwe in drawing up guidelines for paediatric care of young HIV patients and in compiling a handbook for children;
- Design a strategy for psychosocial care and a three-year strategy plan with and for Swaziland;
- Support the government of South Africa in designing a strategy framework for psychosocial care and a national action plan for children.

In addition to advisory work focusing on national guidelines, REPSSI is also heavily involved in health, education and social service; activities in these areas will be presented in greater detail in Chapter 4. Psychosocial support is relevant and sought after in other areas as well, including adherence in taking ARV medication, dealing with young victims in police and court procedures, inheritance and potential disputes, and in cases of wartime conflict and natural disaster.



Participants practicing role play at a joint course run by REPSSI and the Nelson Mandela Children’s Fund (NMCF) to stimulate community initiatives (South Africa).

Training for advocacy at the community level

Staff members from 20 organisations in South Africa took part in a REPSSI course during several days to explore new forms of local support for orphans and other disadvantaged children. They incorporated experiences from their daily lives in role-play exercises. For example:

Parents and caregivers joined forces and spoke with a businessman in the village who was employing children illegally for starvation wages, preventing them from attending school while their parents simultaneously were unemployed. When the teacher and local officials became involved and joined the parents and caregivers in their efforts, the businessman ceased exploiting families in distress and offered to hire people of legal age seeking work.

A 10-year-old boy complained to his caregiver that he sometimes felt exploited by aid agencies as a symbol of poverty and AIDS and as a means of generating donations. A 12-year-old recounted his fate at an event organised by an aid agency and described his experience as follows: "Now the campaign is over and they got what they wanted. I'm not needed anymore; I feel lonely and abused." It will take both courage and carefully considered actions to avoid undesirable developments like these in the future.

Reinforcing the key factor of adherence to therapy

Adherence to therapy is a major challenge for both children and adults. Taking life-long ARV medication once or twice daily without interruption requires discipline that frequently comes into conflict with the local social environment. Taking medication can be interrupted for many reasons:

- Fear of stigmatisation, discrimination and ostracism when one is known to be HIV-positive;
- Too little understanding of why medication must be taken even when one feels better;
- Lack of transportation to obtain medication or inability to afford the costs of such transportation;
- Economic hardship in the household;
- Undernourishment and hence a body that is too weak to tolerate ARV medication;
- Simply forgetting to take medication, being too busy, or even being in another place;
- Feeling subjectively healthy and no longer seeing oneself as ill.



Administration of medication and counselling in the clinic operated by PASADA, one of REPSSI's partners (Tanzania).

Different studies have verified that the psychosocial wellbeing of children and their caregivers improves therapeutic discipline in taking ARV medication. The fact that over 5 million people are now taking life-saving antiretroviral medication is evidence that HIV and AIDS are being addressed in a more tolerant and relaxed way than was the case a few years ago. Information campaigns are the antidote in the fight against discrimination. At the indi-

vidual level, psychosocial initiatives to overcome stigmatisation play an important role. On the basis of work with and entries in a *Hero Book*, it was possible in some cases to detect interruption of ARV medication. While the father refused to discuss HIV/AIDS, the mother was moved as a consequence to accompany the child to the clinic and continue treatment.

A victim-friendly court

Sexual abuse of children is a major problem in many countries. Finding a child-friendly approach to this problem is particularly challenging. Ironically Zimbabwe, which has not been noted for making positive headlines recently in relation to good governance, has nonetheless established victim-friendly procedures for protection of children. These include comprehensive and professional psychosocial counselling as well as medical and legal services for girls and boys who are the victims of rape, sexual attacks or domestic violence, who are involved as witnesses, or who are charged with an offence. Appropriate training of court officials, police, teachers and health care personnel is being undertaken. One South African woman pleaded for psychosocial support for the police as a preventive measure: "The police are so often confronted with violence that the daily stress they endure is all too often released within their own families."

Victim-friendly police units have been introduced in 267 police stations in the country. Based on estimates by the National AIDS Council, 1 in 5 orphaned girls is a victim of sexual attack. In 2009 the 17 victim-friendly courts in Zimbabwe investigated 1222 cases. Thanks to this procedure, "children can testify in court without having a personal encounter with the accused," explains Judge Eunah Makamure, who played a leading role in shaping these reforms. The extent of her commitment to children's issues is reflected in the fact that she is a co-founder of REPSSI and a member of its board of directors.

A better deal for children in inheritance disputes

AIDS victims frequently are not open about their illness with their children, and often they neither draw up a final will nor make provisions about who is to look after their children when they die. Psychosocial work, and particularly the use of REPSSI's *Tree of Life* and *Memory Book* tools, can foster understanding of the relationships within one's own extended family. One HIV-positive woman stated, "I cannot afford a lawyer. So I write down how I want my possessions to be dispersed. It's also important for me to record that my children can return to my family. The memory book is recognised as a last will and testament." Active care of fathers and mothers afflicted with AIDS can inspire them to write their last will and can thus have a sustainable impact.

The death of a family member is linked with issues of inheritance. Children are not infrequently cheated of their inheritance by relatives. For example, they may be pushed out of their home because no will has been made or because they are unable to fight for their rights. According to research done by the Swiss Academy for Development (SAD) in Zambia, "17% of orphans experienced some sort of property grabbing (household, belongings, money, land, livestock) by relatives, but only 2% of non-orphans." In the final analysis it is nothing less than brazen theft when relatives help themselves to the inheritance of usually defenceless children. Similarly, households headed by women are also at an increased risk of losing agricultural land and other possessions. Retracing done with the *Tree of Life* or the *Memory Book* brings such "property grabbing" and other injustices to light. Newly gained self-confidence makes it possible for victims to approach the authorities and demand their rights.

An interview with Raphael Mukwizwa, a police officer in Zimbabwe

“Avoiding descent into prostitution”

You work in a victim-friendly police unit. What does this mean in concrete terms?

A 15-year-old girl is reported missing by her parents. We find her on the streets where, urged on by colleagues, she has begun to work as a prostitute. We talk to her, to her parents, and to her teacher. She finishes school and is glad that she has avoided falling into prostitution.

You completed the REPSSI course in psychosocial counselling of vulnerable children. Has it paid off?

The training was an incredibly important experience for me. I did a 5-week internship at Streets Ahead, a non-governmental organisation that works with street children. I met children and spoke with their parents and was able to get a priceless insight into the social realities we are facing.

Armed conflicts

A number of countries in Sub-Saharan Africa have been the scene of armed conflicts in recent decades. In 2003 in Uganda, for example, the Lord’s Resistance Army (LRA) disrupted the eastern part of the country, pillaging, committing rape, and carrying out killings. Extreme experiences of this sort cause trauma, aggression, fear of persecution and depression in children. The Transcultural Psychosocial Organisation (TPO), a REPSSI partner, revised existing materials and adapted them to the given local circumstances. Using role play, songs and discussions, TPO gave thousands of children the scope to come to terms with the past and to regain hope for the future. When unexploded bombs were triggered in Tanzania in 2009 and 2011, the authorities requested assistance from REPSSI. REPSSI also received requests for help with conflict management in other cases, such as the unrest in Kenya following the elections of 2008 and 2010.

REPSSI’s expertise and engagement in this area have their limits, however. “I don’t think REPSSI is doing a particularly good job dealing with conflicts,” remarks one member of REPSSI’s board of directors in self-critical terms. “We are slightly engaged in Angola and a little bit in Uganda,

but if we really want to work with children in areas where there is conflict, we would have to get involved in the Democratic Republic of Congo.”



Police training should consist not only of learning discipline but for certain selected units also involve training in child-friendly procedures (Mozambique).

Coping with natural disasters

When natural disaster strikes, there is frequently a need to deal with widespread despair and stress. Thus it is not surprising that psychosocial support is nothing new in such situations. Red Cross societies from several countries have set up a European Network for Psychosocial Support (ENPS). The UN created the Inter-Agency Standing Committee (IASC) as a mechanism to strengthen coordination in humanitarian efforts. The IASC draws up guidelines for use in the event of disaster, thereby establishing international standards. For a time REPSSI was a member of an IASC working group, and it hosted an international IASC conference in South Africa in 2010. But owing to a shortage of human resources, it did not pursue options for deepening this cooperation.

REPSSI has, however, been specifically called upon numerous times by individual countries to help provide aid in cases of natural disaster – for instance when floods occurred in Tanzania in 2011 and there was a need to provide psychosocial support for children and their families whose homes and fields had been destroyed. When a severe earthquake struck Haiti in 2010, REPSSI was asked to provide material and technical support. REPSSI trainers were deployed during the earthquake in Malawi in 2010, and REPSSI supported partners on the scene during the landslides in Uganda in 2010. The government of Uganda has recently invited REPSSI to give critical review and comment on its national policy for disaster preparedness and management. Few people within REPSSI have experience in this area, however. “We have limited means at our disposal so we have to set priorities and cannot do everything,” says REPSSI director Noreen M. Huni.



*Mental minefields also have to be defused following violent conflicts:
A minefield in Mozambique.*

The influence of the political context

As an organisation that provides knowledge, REPSSI is usually only indirectly affected by problems of governance in partner countries. Work with children and through partners is rarely precarious in political terms. Yet political considerations cannot be completely left aside:

- The REPSSI certificate course includes supervision of course participants in the context of regional groups that meet every three weeks under the direction of a mentor. At election times in Zimbabwe, large meetings may be regarded as politically suspicious. “Careful communication about the course and its working methods is necessary to avoid stepping out of bounds,” says one insider.
- Swaziland is undergoing a financial crisis that is not without impact on the care of children. Although teachers and school inspectors are still receiving their salaries, there is no petrol

“One of the highlights in my life”

Some years back there were post-election conflicts in Kenya. How were you involved as an independent regional facilitator for REPSSI?

The chaos began when the election results were published. I was sent by KORDP, a REPSSI partner, for six weeks to Webuye to do psychosocial trainings, e.g. on how to work with *The Journey of Life*. I am a Kikuyu, and in Webuye the majority of participants were from Luo-speaking communities. It became much more than training. Several participants had lost relatives in the clashes or their property had been looted. A stress test was part of the introduction to psychosocial interventions. A – fictitious – notice arrived that the hotel we were all staying at had been raided and the property taken. Some participants started crying, praying, called the police or just remained quiet until I revealed the truth. Experimental learning is most effective. It is crucial to exchange openly and have a positive outlook on the future.

That assignment must have been a high-risk venture!

First: I was asked by KORDP and I agreed. The mandate was very delicate, of course. I was introduced as a REPSSI REFA from Tanzania in order to keep a clear distance from the conflict in Kenya. It was only at the end of the training that I revealed my identity as a Kikuyu and Kenyan. The reaction was overwhelming: Several men, most of them Luo, started crying. They experienced how unnecessary and misleading this ethnic conflict was. That clearly was one of the highlights in my life.

Did the training deliver?

The violence did not continue. In the communities with KORDP-supported activities, peace returned more quickly. First people were very heated, but after psychosocial interventions they calmed down.

available for visits to schools in remote locations. “We sit in the office playing cards,” jokes a school inspector with some frustration, before she adds in earnest, “One case of child abuse in a school was reported to me three months ago and I simply have not yet been able to visit the school to investigate the case and question the people involved.”

Financial integrity

There has not been a single example of fraud or misuse of financial resources in the ten years since the founding of REPSSI. No one is completely immune from corruptibility, however, so perhaps a grain of luck is involved. One undoubted advantage is also the fact that no more financial contributions have been made to partner organisations since 2005. But the really decisive factors are professional and preventive financial management, transparency, and accountability. The four-eye principle applies when it comes to financial transactions. Auditing of the annual statement of accounts takes place quickly, within three months. Advances are given to employees only in small amounts. Expenses must be immediately accounted for with receipts before a new payment can be made. When one staff member wanted to take one of REPSSI’s cars home overnight, the management denied permission to do so. Acceptance of favours of any kind is forbidden when making purchases. When a T-shirt supplier sent a gift package as a thank you for an order, it was returned unopened. This incident was reported at the next meeting of the management team as an example of the rigorous policy of refusing favours, either in cash or in kind.

Corruption is virtually endemic in some of REPSSI’s partner countries and presents an on-going challenge. For example, when the king of Swaziland stages a major event, cars belonging to the government are requisitioned to transport guests to the venue. The National Children’s Coordinating Unit (NCCU), a REPSSI partner, is exempt from this pressure of requisitioning even

though it is financed as a project by the government. It also administers funds from international donors and is thus able to prevent misuse of its resources, even if this involves only a temporary improper use of motor vehicles.

Corruption was one of the topics discussed at the conference of the REPSSI board of directors and REPSSI's international cooperation partners in 2012. The board emphasised that it was vital to maintain a proactive attitude. Although the board did not specifically commission this analysis, the management of REPSSI arranged for an analysis of all key areas, the results of which were scheduled to be presented to the board at its next meeting, along with a possible package of proposed measures.

The cultural safety net

Culture is omnipresent in the work that REPSSI does. Psychosocial support is strongly coloured by tradition and loyalty within extended families. Extended families offer identity, along with rights and duties, to several generations and extending beyond biological relationships. Individual members of an extended family can, as a rule, move freely between households that are part of the family, for example when educational opportunity or the death of their parents requires it. Children have an emotional, economic and social "value"; responsibility for them goes beyond the family, as illustrated by the African saying: "It takes a whole village to raise a child."

At the same time, social change is also breaking up many traditions. It is taboo to speak about sexuality with children in public, and for many parents in private as well. Edwick Mapalala, REPSSI's programme coordinator in Tanzania, describes her experience in these terms: "Sexuality and contraception are undesirable topics for dialogues with village communities. Taking about condoms is seen as an incitement to sexual intercourse. What people usually favour is abstinence."

In the final analysis, the main objective is to minimise the risks of unwanted pregnancies and infection with AIDS in a changed social environment. In earlier times it was the responsibility of the aunts and uncles in the family to counsel teenagers on sexual matters. But today these relatives are often absent from daily life or may even be dead. Meanwhile, television, the Internet and age-peers are unable to fill the gap. The AIDS epidemic has consequently often exceeded the limits of what extended fa-



"Say no to corruption" is not only an internal motto at REPSSI; the fight against corruption is also waged publicly (Tanzania).

milies can bear. Households led by children are undoubtedly the most visible and dramatic sign of this.

Although the tradition of the extended family is a social anchor in the face of HIV and AIDS, it is certainly not a reason to idealise African cultures. Some aspects of the African social system pose a great challenge for modern medicine and for psychosocial support in the fight against HIV and AIDS. This is especially true with regard to the power that men have over women and children, widespread violence in the family, the practice of circumcision, and child marriage. These factors, combined with traditional medicine – which even includes witchcraft – affect the work of REPSSI that focuses on family and community structures as a cultural safety net for children.



Promoting the use of condoms is one element in a strategy of prevention (Mozambique).

REPSSI@work: Successes and Overall Impact

Challenged by the AIDS epidemic, working in a context of extreme poverty and confronted with repeated conflicts, REPSSI, operating as a private initiative, has achieved an astounding record of success.

REPSSI's success at a glance

- More than 5 million children have access to psychosocial care provided by REPSSI's partners in over 1000 projects in East and Southern Africa;
- The REPSSI programme is making an important contribution to the Millennium Development Goals, particularly to combating HIV/AIDS in this region;
- REPSSI has embedded psychosocial support firmly in the social development agenda at the international, regional and national levels;
- Comprehensive packages of psychosocial knowledge have been researched, developed, tested and processed for different target groups;
- The certificate course in community-based work with children and youth is the first of its kind to be accredited;
- REPSSI and its partners have built up a pool of regional psychosocial expertise consisting of well over 30,000 trained individuals;
- The SADC states have defined a minimum package of services for children and a conceptual framework for psychosocial support.

REPSSI's partnerships and networks

Since 2007 REPSSI has reached 5.7 million children in East and Southern Africa and has been directly or indirectly active in 2000 communities. These achievements have not been attained by REPSSI alone, however; the methods it has developed are based on cooperation with partners.

The external evaluation carried out in 2009 identified 34 formal memoranda of understanding (MoUs) with non-governmental organisations in the REPSSI network. In addition, REPSSI has agreements with provinces, ministries and other bodies at the national level, as well as regional multilateral institutions. This network is evidence that backing for psychosocial support of children has increased over the years, both in the African countries where it is being applied and among international donors. USAID, for example, has had detailed technical guidelines drawn up for promising practices in psychosocial support. Also worthy of particular mention is the initiative known as the President's Emergency Plan for AIDS Relief (PEPFAR), the largest donor involved in the fight against HIV/AIDS. Psychosocial support is one of 7 areas of intervention in which PEPFAR engages, in addition to its work in the areas of food and nutrition, shelter and care, protection, health, education, and economic and family strengthening. The prerequisite for involvement by PEPFAR is demonstrable effectiveness of the measures employed.

Extended families, neighbours, the village community, schools and other local institutions are the soil that nurtures psychosocial support – a biotope in which the fruits of external psychoso-



Not only children affected by HIV and AIDS but also those affected by poverty have benefited from REPSSI's success: Young people looking at an almost empty kiosk in rural Mozambique.

cial interventions thrive best. REPSSI's perspective has accordingly shifted from the individual child and adolescent to the family and the community. The results of research done by the Swiss Academy for Development (SAD) confirm the validity of this orientation.

The roles of government and civil society are basically complementary. Both have different comparative advantages. Civil society actors have strengths in the areas of innovation and implementation, as well as great flexibility, allowing them to address themselves to the needs of disadvantaged groups or individuals directly. Governments that are functional generally enjoy political legitimacy, establish legal frameworks, reach a broad segment of the population, and provide infrastructure. When a government is weak or non-legitimate, private initiatives and non-governmental organisations often step into the breach and assume a substantial role in providing basic services such as health care. REPSSI has both civil society and government partners in most countries, but in varying proportions.

Among REPSSI's many partners, the United Nations Children's Fund (UNICEF) has a particularly strategic position. While UNICEF plays an important role in children's issues in all countries of East and Southern Africa, it recognises REPSSI's expertise when it comes to the psychological health of children. REPSSI has traditionally had good relations with the UNICEF regional office in Nairobi, which is responsible for Southern and East Africa. Relations between the UNICEF coun-

try representatives and the regional office are delicate, however, and financial resources are controlled primarily at the country level. Thus even though the UNICEF regional office supported the development of REPSSI's certificate course to the best of its ability, implementation of the course at the national level has not received comparable support from the country offices. The exception is Swaziland, where cooperation between UNICEF and REPSSI has been close for years. In South Africa, UNICEF has provided funding for the development of a conceptual framework for psychosocial support, and there are indications that funding for specific purposes will also be available in Mozambique.

REPSSI has worked closely with partners in civil society from the outset, with a distinction being made between key operating partners and scale-up partners. Key operating partners are 1–2 non-governmental organisations in each country that have proven competence in psychosocial support, financial and administrative capacities, and a potentially broad reach. Scale-up partners include numerous local organisations that work with children under the umbrella of a key operating partner. The Nelson Mandela Children's Fund (NMCF), national Red Cross organisations, Child Fund, Hope Worldwide, Save the Children, and World Vision are some of the most important partners. REPSSI cooperates closely with NMCF, for example, when it comes to mobilising communities, lobbying for children's issues, giving children a voice, and dealing with questions of communication – areas that are of strategic importance to both parties.

Commitment to psychosocial support is now firmly anchored in every significant non-governmental organisation in the region that works for and with children. According to Victor Koyi, Director of Child Fund Kenya, cooperation with REPSSI is extraordinarily beneficial: "For us, REPSSI is a strategic partner. We and our local partners benefit enormously from psychosocial thinking. For example, it strengthened resilience in our village communities, openness developed and became noticeable, and young people gained a new sense of empowerment. The REPSSI methodology is present in all of our programmes."

Other national organisations such as NMCF in South Africa, the Kenya Orphans Rural Development Programme (KORDP) and the Kibera Community Self Help Programme (KICOSHEP) in Kenya, Kitovu Mobile in Uganda, the above-mentioned international aid agencies, PASADA in Tanzania and other church-related organisations are also among REPSSI's partners. This extensive network did not develop of its own accord but was the result of a systematic partnership strategy that was implemented in 4 phases:

- Phase 1 – Building relationships: Selection of partner and mutual agreement, signing of MoU, analysis of the partner's psychosocial practices using the so-called psychosocial support assessment tool (PSSAT), action plan for expanding psychosocial support;
- Phase 2 – Capacity building for psychosocial support: Training of master trainers in psychosocial support and regional facilitators (REFAs), visits to partner, guidelines on mainstreaming psychosocial support, documentation of experiences;
- Phase 3 – Implementation at village level: Master trainers assess psychosocial practices of self-help organisations, plan capacity building among them and train key people; master trainers are supervised by REPSSI and REFAs;
- Phase 4 – Graduation and celebration: Renewed assessment of psychosocial practices using PSSAT, agreement on exchange of experience, graduation.

In 2007 REPSSI signed an MoU with Child Fund Kenya, among others, with a view to more intensive cooperation. A workshop was held to assess the extent to which Child Fund had already incorporated psychosocial methods into its programmes. Many weak points were exposed, resulting in a modest rating for the organisation. Child Fund subsequently worked to remedy this situation based on an internal action plan. Two years later, in 2009, both partners assessed the situation once again and found that progress had been made at several levels: the efforts undertaken had borne fruit in the areas of training, caregiving, advocacy, and monitoring the impacts of psychosocial support. Child Fund Kenya was now able to claim for itself a “high level of psychosocial capacity”.

Partnerships with universities and other institutions are also a part of REPSSI’s work. Thus, REPSSI engages in close cooperation on training activities with the University of KwaZulu Natal (UKZN), one of South Africa’s leading universities, and with the African Centre for Childhood (ACC). The ACC was founded jointly by REPSSI, UKZN, and UNICEF in order to outsource implementation of the certificate course to an external institution. REPSSI also cooperates closely on training issues with universities in Swaziland (University of Swaziland) and Uganda (Nsamizi Institute of Social Development).

It is time for “a departure from mental health being considered a Cinderella of the health system,” announced Aaron Motsoaledi, South Africa’s Minister of Health, at a conference. “Poor mental health is not just an individual or personal issue but one that is critical to social and economic development.” REPSSI’s commitment to and its interest in cooperation with governments in partner countries are based on this realisation. George Khisa, programme manager of Hope Worldwide Kenya, a REPSSI partner, says, “REPSSI today is a recognised partner of the govern-



A meeting at the community level in Kafue, a village in Zambia where Child Fund, a REPSSI partner, is active.

ment. REPSSI is an authority in psychosocial support, in the development of guidelines and resources as well as in training and services.”

Cooperation in Swaziland is especially far-reaching and well-established. This may seem surprising, given the country’s doubtful reputation for governance. There is strong political support from the highest ranks for children’s issues, however. REPSSI has signed MoUs with the National Children’s Coordination Unit (NCCU) and with UNICEF. The council of ministers decided that the NCCU would be hosted by the office of the deputy prime minister, which is perfectly placed in strategic terms and allows access to all the country’s ministries. In international comparison, Swaziland is a model for coordination of children’s issues, which is often weak in other countries. In Lesotho, for example, it is outsourced to a platform of non-governmental organisations.

NCCU coordinates more than 70 private partners in the country and, among other things, has rendered service in the training of master trainers in psychosocial work with children. Training weeks in psychosocial work have been conducted with a number of organisations and ministries. “Today all 52 police stations in the country have one or two officers with special know-how in dealing with vulnerable children,” says Khosi Mabuza, a specialist on psychosocial issues in the NCCU. Thanks to NCCU, psychosocial topics are also well represented in the so-called “National Plan of Action for Orphans and Vulnerable Children 2011–2015”. Whereas the previous strategy had a special focus on orphans, the current plan takes account of the needs of all children. Furthermore, REPSSI helps the government and its partners to monitor their programmes and determine whether they are achieving their declared aims. “Cooperation with REPSSI is extremely valuable for the government; since REPSSI has gained expertise in other countries, we don’t have to reinvent the wheel,” says the NCCU staff member. The NCCU enjoys an outstanding reputation among international partners as it can demonstrate concrete results and has shown itself accountable for the funds it uses.

Regional and global connections

Given the nature of its work, REPSSI has cultivated a very extensive network at the regional level. REPSSI’s close cooperation with the Southern African Development Community (SADC) and the East African Community (EAC) is paramount in this respect and is described in detail below. In addition, REPSSI also cooperates with the broadly supported Regional Interagency Task Team on Children and AIDS – Eastern and Southern Africa (RIATT–ESA), which is chaired by REPSSI executive director Noreen M. Huni. RIATT–ESA focuses on lobbying and on applied research, with the aim of facilitating better access to prevention and care for children afflicted by HIV and AIDS. Thanks to support from UNICEF, Sweden (SIDA) and Norway (NORAD), RIATT–ESA’s working programme has included an assessment in the region of how children are currently involved in decisions that affect them. Another study focused on the role of older caregivers in intergenerational care of disadvantaged children. The conclusions of both studies are now being further analysed at the national and global levels and are thus influencing international opinion.

The first major regional conference dealing with psychosocial support, the Regional Forum on Psychosocial Support, took place in South Africa in 2011, with 270 delegates from 19 countries taking part and exchanging ideas and experiences. A unique event convened at the invitation of REPSSI, SADC, UNICEF and NMCF, the Forum mixed theory with practice and brought together

representatives of organisations concerned with vulnerable children and youth, as well as experts from government, private organisations, universities, international partners and the UN. It approved recommendations on guidelines for psychosocial work that were being prepared by SADC at the time. It is expected that a Forum will be held every 2 years in the future.

RIATT-ESA and REPSSI are also active in the International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa (ICASA), the most important forum on HIV and AIDS in Africa. At ICASA 2011 in Addis Ababa, 350 participants from East and Southern Africa joined in by satellite transmission to contribute their own experiences directly.

East and Southern Africa is a region so severely affected by HIV and AIDS that experience with the epidemic there is of global interest. Because REPSSI has such a strong regional base and engages in cooperation with all sides, its voice is also heard at the global level. In 2011 UNICEF and the Inter-Agency Task Team on Children and HIV and AIDS (IATT) organised a conference in New York with the title "Taking Evidence to Impact" in order to assess work with children affected by HIV/AIDS. The results of the study on children's participation in decisions that affect them were taken into account both during preparations for this conference and in the presentations given at the event itself, and they helped shape conclusions that provided answers to the question of which practices are most promising for dealing with HIV and AIDS in the future. This was undoubtedly one of the highlights of the year for REPSSI. REPSSI also works with the international Mental Health and Psychosocial Support (MHPSS) Network, and is represented on its steering committee by Lisa Langhaug, head of research.



REPSSI's executive director in a discussion with journalists (Botswana).

Mainstreaming: Respecting the basic rights of all children

Brightening the daily lives of several thousand children is not enough to make REPSSI content. Its challenge is to achieve much more far-reaching impacts, and ultimately to ensure respect for the basic rights of all children.

A breakthrough that benefits the broad population can only be achieved in partnership with governments. REPSSI's influence with the authorities varies from country to country. In Tanzania, for instance, "REPSSI is the main partner for everything the government does in the area of psychosocial support," says Jenny Ndyetabura of Tanzania's department of social welfare. "REPSSI is the technical guru for psychosocial issues." Mainstreaming in Uganda, by contrast, is only just getting underway, as REPSSI has so far concentrated more closely on non-governmental organisations as partners there.

Mainstreaming means taking a psychosocial perspective in every area and at all levels, and integrating psychosocial concerns in policies, programmes, budgeting, education and monitoring of achievements. "Budgeting is a major challenge because the effects of psychosocial work are not

understood at the highest levels in the ministries. When trauma and stress remain unresolved in families and communities, therapy will not have a lasting impact, and this will also impede economic growth,” says one committed ministry representative. REPSSI’s cooperation with public services not only increases their effectiveness but also strengthens their legitimacy. When the many weaknesses in school systems and the health care sector result in more and more non-governmental organisations assuming responsibility for primary care, usually backed by international funding, short-term successes may be achieved, but there is a risk that respect for public services and the call for reform will be undermined in the longer term. In this respect, the new focus on cooperation with governments formulated in REPSSI’s *Strategy 2011–2015* is a forward-looking decision.

Shifting emphasis from private to public partners will be anything but undemanding. Since REPSSI personnel will have to negotiate with public authorities, relevant experience and skills have been taken into account when hiring new employees. Governments are bureaucracies, and obstacles lead to frustration. REPSSI can therefore not expect to make progress as rapidly as it did in its work with non-governmental organisations. Its work will become less predictable once its success is directly influenced by the political environment. REPSSI will also have greater difficulty demonstrating its achievements to donors. “Training 200 teachers is less time-consuming than convincing the government to make psychosocial training a part of the school curriculum,” says a leading staff member. Work with NGOs frequently involved advanced training of people who were already convinced of the importance of psychosocial support.

REPSSI resources can reach new recipients through public authorities, and this leverage effect supports the governmental approach. Cooperation with NGOs remains on the agenda, however, as they are usually involved in implementing programmes that specifically benefit those who are in need.

Interview with Noreen M. Huni, Executive Director of REPSSI, Johannesburg

“REPSSI’s experience is in global demand”

REPSSI has a leading position in promoting psychosocial support for the emotional and social wellbeing of children. How does this influence REPSSI’s role at the global level?

Years ago we had to fight for participation in international dialogue. Nowadays we get more requests for our participation and inputs in conferences and publications than we can satisfy. REPSSI’s contribution is in demand globally.

Can you give us some examples?

We strictly prioritise. In 2011 we delivered a contribution at the conference of the International AIDS Society (IAS) in Rome on the role of psychosocial support in the prevention of mother-to-child transmission (PMTCT) of HIV. At the World Mental Health Congress in Cape Town we presented our master trainer capacity development programme. I could add more examples.

Participation in international conferences is very demanding. Does it pay to invest so much time and money?

Exchange of information and experience is the lifeblood of REPSSI as a knowledge organisation. It is vital and increases the effectiveness of our interventions and those of our partners. Moreover, Africa is facing a reduction of the funds available for the fight against HIV and AIDS. Presence on the international scene is indispensable in order to communicate that international aid in this area remains a matter of life and death. Our voice as an African regional organisation remains critical at such platforms because we speak from the perspective of the affected communities.

The certificate course: REPSSI's flagship

The certificate course is a completely new training approach that has rapidly become REPSSI's flagship. Volunteers from villages and neighbourhoods working with children affected by poverty, conflict, HIV and AIDS were previously only able to take training in brief, isolated courses. Since 2009, however, the certificate course in community-based work with children and youth has offered on-the-job, systematic 12–18 month training in the basic skills of psychosocial care of children. This training also covers child protection and children's rights. Theory and practice are closely linked. The final portion of the course consists of practical work with children in villages or with partner organisations.

The certificate course is a distance learning course but does not make online communication a prerequisite so as not to discriminate against remote regions. Rather, it is based on course materials supplied by REPSSI, as well as one-day regional meetings for participants that take place every three weeks and serve as a forum for discussing and reinforcing what has been learned. Nevertheless, the great distances involved often demand the utmost effort from participants just to get to the meeting venue.

“A course participant rode a bicycle for 9 hours through the night to take part in the meeting,” reports Faith Wakiyu Kamsu, a mentor in the certificate course in Kenya's coastal region. In other cases the costs of transportation and lodging pose a problem for participants. The mee-



Committed caregivers in remote regions have a chance for further training thanks to the REPSSI certificate course (Zambia).

tings are led by experienced REPSSI master trainers who can themselves turn to a mentor if they have a need for it. This innovative concept currently makes it possible to offer the course in over 10 countries in East and Southern Africa: Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

As already mentioned, the certificate course is designed for volunteer caregivers in communities, but also for personnel in NGOs and self-help organisations as well as teachers, health care personnel, policemen and social workers. The course prerequisites do not include academic qualifications, but rather practical work with children, knowledge of English, and usually a primary school diploma.

The certificate course was developed by REPSSI and UNICEF in cooperation with the University of KwaZulu-Natal (UKZN) in South Africa and is administered by the African Centre for Childhood (ACC) together with national supporting bodies. It is increasingly passing into national hands, however. In Kenya, for example, the government identifies itself with the course to a high degree: it has incorporated some of its key elements – number of graduates, benefits for communities – as success criteria in performance agreements with personnel responsible for children in the Ministry of Social Development. The University of KwaZulu-Natal grants academic credit for completion of the certificate course. Victor Mazvidziwa, a professor of social sciences at UKZN, sees the course and its focus on practical experience as a welcome challenge: “Confronting our academics with the different environments in numerous African countries offers us opportunities for learning.”

Three rounds of the course have so far been carried out:

- Course 1, 2009/10: Pilot course in 8 countries, content provided by UKZN, organised by ACC, 500 participants, lasting for 12 months;
- Course 2, 2011/12: Transition phase, with participation by national institutions in 5 countries, to the point of national accreditation in Namibia and Uganda, direct execution as before in a further 5 countries, over 1000 participants, lasting for 18 months;
- Course 3, 2012/13: National execution in specific countries (Swaziland, Uganda), advertising in an additional 6 countries, lasting for 12 months.

The certificate course is extremely attractive, as evidenced by the high number of course participants. Yet this is only the tip of the iceberg: there are several times as many applications for the course as students that can be admitted; without national quotas, the course would be completely overrun and no longer manageable. In Kenya, for example, there were 480 applications for a good 100 openings. Interest is very keen, especially in rural communities, where there are few chances for further training. The course demands a great deal from its participants, however: “We sweat for every mark we get,” says one. Nevertheless, 9 out of 10 participants passed the final examination administered by the University of KwaZulu-Natal – a phenomenal result, especially for a distance learning course. More than 1 out of 5 graduates, previously without a salary, found a paid job after completing the course; most of them attributed this to the certificate course. This is an important argument for taking the course when the unemployment rate among young people is 40%, as in South Africa. “I learned more in the certificate course than during my four-year course of study at the university,” says Primerose Runyararo Nhamo from Zimbabwe, a primary school teacher who grew up as an orphan. The certificate course also received high commendation from an independent evaluation.

Interview with C.W.S. Sukati, Professor at the University of Swaziland and Director of the Institute of Distance Education, Swaziland

“The University is in the service of communities as well”

From 2012 onwards, the certificate course in community-based work with children and youth, developed by REPSSI, will become part of the Institute of Distance Education’s programme. Why?

Swaziland has the highest HIV and AIDS infection rate worldwide. Many families are incomplete and the children are left alone. We urgently need more paraprofessionals to care for and work with the children and youth who find themselves in this unfortunate situation. We want to contribute to closing this gap. Our mission does not only include teaching and research. The core mandate of the university requires us to be in the service of communities as well.

Nevertheless, a university course in practical work with children is unusual.

That is true. The programme of our Institute of Distance Education has to be approved by the university. We had to do a lot of convincing and fight for acceptance. Traditionally, the university would select and enrol applicants according to their school performance. For this certificate course, however, practical experience with working with children and youth plays a crucial role and is required for admission to the programme. In addition, more practical experience has to be gained and successfully passed during the capstone course of the programme. Last year some applications by university graduates were not accepted because they lacked experience in working with children and youth, whereas we admitted teachers based on their everyday working experience with orphans in their schools. An applicant we refused threatened to take the university to court because in the application forms we had not included working experience as a requirement on top of the subject requirements.

What is your experience in cooperating with REPSSI?

Cooperation is outstanding. REPSSI is very supportive and provides inputs, but is also flexible. We extended the certificate course with a number of modules that the university felt were necessary. By including courses in English, computing, HIV/AIDS, and programme planning and management we want to make sure that all participants master the basic skills. As a result, the course will last for two years. We paid attention, however, that REPSSI’s primary target group of volunteers taking care of children in families and communities were not lost.

“Zimbabwe wins!” shouts Noreen M. Huni, REPSSI’s executive director, through the hall. She is referring to the final marks at the end of the certificate course, for which the Zimbabweans had the highest average in international comparison for the second time. It is graduation day, when all those who have successfully completed the course receive their certificates. Hundreds of family members and friends are present to celebrate this graduation. The ceremony begins with the national anthem, followed by a prayer for God’s blessing and then a round of speeches by representatives of REPSSI, the University of KwaZulu-Natal, the Ministry of Education, and others directly involved in the course. The speeches are interrupted repeatedly by spontaneous applause. A group performing music and dance heightens the mood of festivity. The certificates are handed out individually to the 121 graduates, accompanied by applause and shouts. When the good-humoured host turns up the music, most people get up to dance. The hall vibrates. The memorable celebration comes to a close with a prayer.

Graduates of the certificate course can look back on a unique experience, as evidenced by some of their comments:

- Oliver Kishebuka, a lecturer at the Institute of Social Work, coordinated the certificate course in Tanzania. “The course programme reflects African realities. The best part of the course is work with children in the villages. The graduates realise they make enormous

progress in terms of experience and competence, and they also gain security and self-confidence.”

- Simba Munyondo of Zimbabwe emphasises how valuable the certificate course was for him, not only in shaping his personal life but also his professional life. “REPSSI encourages us to allow children the freedom to develop their own personal responsibility. The course gave me the skill to shape my job interviews for a new position successfully.” He is now responsible for programmes at Africaid.
- Phindile Nxumalo-Mabuza trains teachers in Swaziland. She took the REPSSI certificate course and revised her teaching practices as a result. “I now teach less academically, as a conveyor of information, and more interactively. I support teachers in training with positive feedback whenever possible.” Far too many students experience put-downs in school instead of building self-confidence.
- Manases Oyaro works with 12–16-year-olds in preventive detention who are in conflict with the law, and supports their efforts to rehabilitate themselves. “The course was an eye-opener in terms of how to help young people along the path to social reintegration and involve parents and communities as well. Building on the strengths of adolescents and making them part of the solution, playing football with the others – it all improves feelings of self-esteem.”

Can adjustments to the course charted by REPSSI’s flagship be expected in the future? A debate is in progress at different levels:

- *A rising educational level:* Since 2009 there has been a shift towards already well-educated professionals as course participants. The initial idea of the course was to provide access to formally recognised training for poorly qualified volunteer caregivers in villages. The selection committees will have to make a deliberate effort to counter this trend and strengthen the original intention.
- *Certificate vs. diploma:* An often-heard criticism is that the course demands far too much time and money of participants for merely awarding a certificate; instead, a diploma should be offered upon completion of the course. But in this case a primary education would no longer suffice as an entrance requirement and the original target group would be excluded. The wiser solution would be to allow for both options through differentiated course offerings.
- *Nationalisation:* Anchoring and accrediting the course at the national level is an uncontested issue. The process of moving in this direction is proceeding unevenly in the different countries. REPSSI’s function as the “mother” of the course and centre of competence in psychosocial questions



The Permanent Secretary of the Ministry of Education of Zimbabwe presenting a course certificate to a graduate (Zimbabwe).

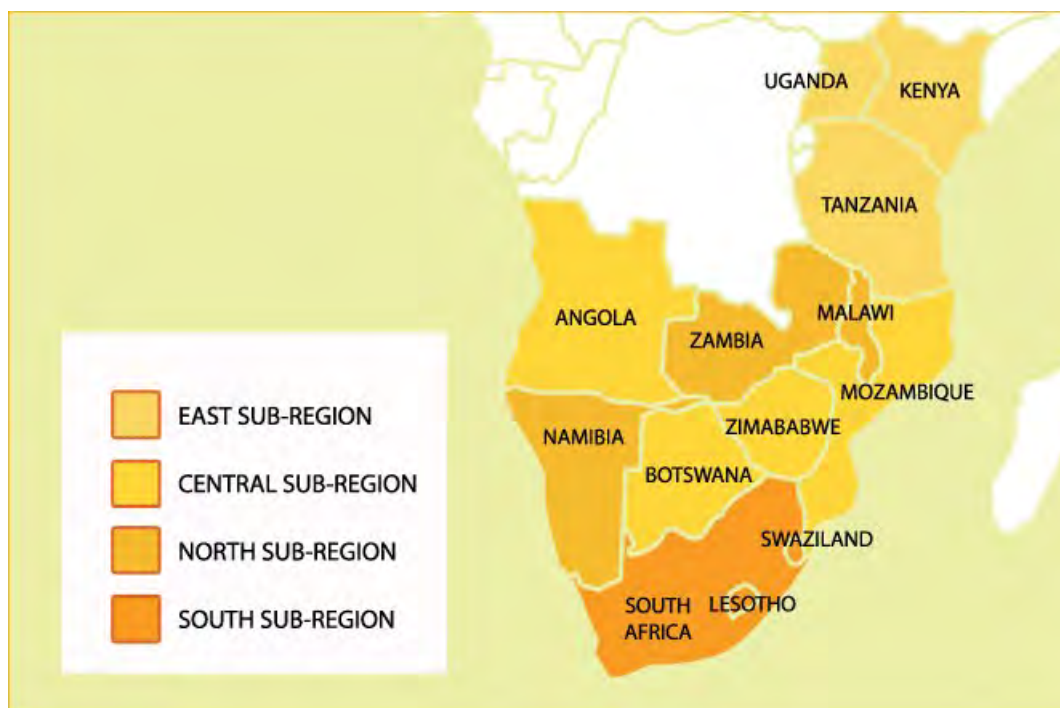
will have to continue to play a role at the national level to prevent countries from drifting apart and to ensure relevance to practice and to fieldwork.

- **Financing:** Financing of the course is an unresolved challenge. The course fee of 1500 US dollars covers documentation, supervised training sessions in the region, and at least 3 resources supplied by REPSSI (*The Journey of Life, Tree of Life* and *Kids' Clubs*). As a rule, the target group, consisting of volunteer children's caregivers, are unable to afford this fee. REPSSI is therefore seeking sponsors, but has had little success to date. The costs of the course could be reduced if it were carried out with a national sponsor.
- **Quality control:** When the course is carried out at the national level, the authorities in charge can change its focus. One example is Swaziland, where the course was fortunately taken over by the university but expanded with English and informatics for a duration of 2 years. The question of quality control is also likely to arise, especially in relation to maintaining practical work in villages and with partners as part of the course.

Reform is bound to come about. In addition to the basic certificate course in psychosocial work, there are plans for developing job-specific courses in the future. A certificate course for training teachers in psychosocial support, based on the same formula but with an adapted curriculum, is already well along in development. "It is our vision that the government makes this course obligatory for all teachers," says Fiksana Chanda, REPSSI's regional director in Zambia.

REPSSI's regional role: Cooperation with SADC

Africa, a continent of vast geographical proportions, is fragmented into 54 countries. International cooperation is thus crucial. Psychosocial support must be incorporated into numerous governmental programmes in order to achieve a broad impact. It is not sufficient to work only with private partners. REPSSI accordingly sees itself as a regional organisation with a centralised management that implements its programmes in different countries. REPSSI is active in 13 countries in Southern and East Africa:



REPSSI: A regional initiative (Source: www.repssi.org).

REPSSI and SADC: from special programm to core programme

Based on its self-image as a regional initiative, REPSSI developed a vision of gaining the support of the Southern African Development Community (SADC) and its 15 member states. SADC came into being in 1980 as a counterweight to South Africa's policy of apartheid, with an agenda focusing not primarily on economic or trade issues but on integrated development. Thus, according to Article 5 of its treaty, its objectives include "to support the socially disadvantaged through regional integration" and to "combat HIV/AIDS or other deadly and communicable diseases." The primary role of SADC is to coordinate and harmonise national policies, develop regional programmes, mobilise financial resources for their implementation, and monitor their implementation. The external evaluation of REPSSI that was done in 2005 envisioned an enormous potential for cooperation with SADC.

REPSSI approached SADC in 2005 in order to make this vision a reality. It is a matter of some dispute as to which side took the original initiative; success often has many fathers. "We asked REPSSI to put a long-term technical staff at our disposal for psychosocial questions relating to vulnerable children, and REPSSI responded," says Stephen Sianga, the responsible SADC director, summarising how cooperation began. REPSSI's registration as a regional organisation in 2005 paved the way for agreement. REPSSI and SADC signed a mutual declaration of intent in the same year.

The basis of SADC's engagement was the commitment made by the heads of state in 2003 in Maseru, the capital of Lesotho, with the signing of a declaration to combat HIV/AIDS. This Maseru Declaration was followed by an action plan for this purpose that would also benefit children and youth.

The road remained a rocky one, however; it took more than a year before the REPSSI technical staff was able to begin his work at the end of 2006. He made intensive efforts to gain trust, which was undoubtedly necessary, as no representative of a civil society organisation had previously worked in SADC. Although the fight against HIV/AIDS was a high-priority topic on paper, implementation was restricted to spontaneous projects and suffered from a lack of communication between individual sectors. It is important, for example, that caregivers be familiar with the social background of HIV-positive children and think beyond the administration of medication.

The situation of people afflicted with HIV and AIDS was now analysed throughout the SADC member states; many interested organisations were consulted and a strategic framework was drawn up along with a business plan to implement it.

In 2010 a conference of ministers of SADC member countries addressed the issue of vulnerable children and youth (orphans and others) as an independent topic for the first time. The ministers acknowledged that disease, hunger, conflict and economic distress affect not only children and young people, but also development, peace and security throughout Southern Africa. This was followed by a consultative process promoted by UNICEF and REPSSI and involving experts from government and civil society. The result was several SADC resolutions that provide a common framework for all member states in dealing with vulnerable children and youth:

- SADC will define a minimum package of services for vulnerable children and youth; the package will include access to schooling, health care, food, social services, and psychosocial support, as well as a guarantee of security.



The minimum package also includes economic means of existence. The YCRC in Tanzania offers apprenticeships for young people, for example in welding.

- Psychosocial support is to be part of the minimum package and will be specified in concrete terms in the form of a conceptual framework for SADC member states: the emotional and social needs of orphans and other vulnerable children are to be given special consideration in schools, health care, etc.

For Noreen M. Huni of REPSSI the significance of SADC's resolutions is that "psychosocial support is no longer something nice to do, but something to which a child has a right." And Manasa Dzirikure of SADC adds, "Now there is no more leeway for failing to focus on the wellbeing of children. There is no basic need to change administrative structures. The priority today is to provide training on psychosocial issues for teachers, health care workers and other personnel."

The Regional Forum for Psychosocial Support launched jointly by REPSSI, SADC and other partners in May 2011 formulated concrete recommendations at the same time as SADC was about to draw up the above-mentioned minimum package of services and the conceptual framework for psychosocial support for its member states. The recommendations advocated taking action to promote implementation of the guidelines in the member states, popularisation and dissemination of documents, and close monitoring and evaluation of implementation. This process was to be accompanied by an online discussion forum.

Today REPSSI is active in 11 of the 15 SADC countries; it does not work in the Democratic Republic of Congo, Madagascar, Mauritius and the Seychelles, although all of these countries are

Interview with Stephen Sianga, Director for Social & Human Development and Special Programmes, SADC

“The top priority is now sustainable implementation”

The fight against HIV and AIDS is a priority for Southern Africa. What does this mean?

The Southern Africa Development Community (SADC) adopted a minimum package of services for orphans and other vulnerable children and youth which explicitly includes psychosocial support. We developed a regional conceptual framework on what this means for state-provided basic services, in particular for education and health. Policies are well developed and positioned today.

What are the challenges for the future?

The top priority is now a sustainable implementation of the minimum package and the conceptual framework. Our member states should not reinvent the wheel but build on existing knowledge and structures. Training and funding are the key.

Why does SADC as a multilateral governmental body cooperate with REPSSI, a non-governmental organisation?

REPSSI disposes of knowledge and expertise in psychosocial support which we do not have and which is vital for the region. The results of that long-standing cooperation are visible and tangible, they can be traced all over Southern Africa when dealing with psychosocial support of orphans and other vulnerable children. Psychosocial support to vulnerable children and youth is an investment into the common future of our region.

members of the SADC. South Africa, Swaziland, Namibia and Mozambique have made the most progress in implementing the SADC procedures for psychosocial support.

“Some member governments now invest their own money in psychosocial work. This is a great success for a non-governmental organisation such as REPSSI,” notes Tapfuma Murove of REPSSI with satisfaction. Recently, more and more REPSSI resources have also become available in French and are thus at the disposal of the francophone nations such as Madagascar and the Congo. “We have achieved a lot in the fight against HIV and AIDS: life expectancy among parents has increased, the quality of life has improved, children are surviving, and transmission of the disease from mother to child has been halted. But there is still a lot to do – discrimination has not yet been wiped out,” says Stephen Sianga of SADC.

In retrospect it can be seen that the issue of psychosocial care of children and youth has had a veritable career within SADC. Within the course of a few years, a “special programme” was transformed into an element of SADC’s core programme. This is also doubtless thanks to the professional collaboration of REPSSI. Since vulnerable children and youth are now a part of the core programme of SADC, the organisation sees itself confronted with the future challenge of fi-



The self-help organisation Danso in Kenya offers children and youth basic training in informatics to boost their chances on the job market.

nancing not only the costs of infrastructure but also the costs of the expert made available by REPSSI. The current contract between REPSSI and SADC will end in 2014. Further cooperation in an adapted form is certainly conceivable.

Cooperation with the East African Community (EAC)

REPSSI has been active for years in the East African countries of Kenya, Uganda and Tanzania, but not in Rwanda and Burundi, although they are also members of the East African Community (EAC). One of the recommendations of the independent mid-term evaluation of REPSSI's *Strategy 2007–2011*, however, was to establish relations with EAC. The first discussion between REPSSI's management and representatives of EAC took place in 2012. In April 2012 EAC submitted a request to REPSSI to support the community and its members in developing psychosocial services for children and young people.

The objectives of EAC are less comprehensive and ambitious than those of SADC, and its regional structures are also less well developed. Thus its powers of self-assertion are limited. A unit within EAC concerned with HIV and AIDS has only existed for a short time. The strategic framework that EAC member states devised with respect to health care also offers a starting point for integrating concerns related to psychosocial health. East Africa now has the advantage of being able to learn from experience in Southern Africa.

Interview with Ruedi Lüthy, physician and director of the Newlands Clinic, Zimbabwe

“Love and attention are just as important as drugs or meals”

Africaid is a self-help organisation and an important partner of both the Newlands Clinic and REPSSI. How important is the psychosocial aspect in dealing with HIV and AIDS?

Medical treatment is one thing, whereas holistic care is something else. Love and attention are just as important as drugs or meals. The clinic personnel have too little time for each individual case. Without the Africaid self-help groups, those afflicted would have virtually no chance to talk about HIV/AIDS and its consequences.

Taking daily doses of drugs for HIV/AIDS lifelong calls for incredible discipline.

Adherence is strengthened when patients can find their way back to a positive attitude towards life through psychosocial counselling. This is extremely important, as resistance can set in if therapy is interrupted. This in turn would require changing to new drugs, which at 60 US dollars per month are six times as expensive.

REPSSI focuses especially on children and young people. Does this make sense in your experience?

Children are all too easily overlooked. Initially, for example, there were no AIDS drugs for children. Treatment of children demands much more from us than treatment of adults. Teenagers with HIV in particular are in a turbulent phase of life, discovering their sexuality and standing at life's threshold. Competent care can do a great deal for them. Africaid also offers young people between the ages of 18 and 24 apprenticeships in welding, hairdressing and other vocations. This is more than just training: it is the foundation for a normal, self-determined life with a job and a family. The people of Africaid are making an extraordinary commitment.

REPSSI's workshop: A look at selected countries and topics

Zimbabwe and beyond: A broad impact in the health care sector

“Being given medication in the clinic is one thing; but actually swallowing the medication is something entirely different. Discipline is a major challenge,” says a caregiver from the non-governmental organisation Africaid in Zimbabwe, a REPSSI partner, speaking from experience. “When an HIV-positive child fails to show up to get his or her medication as agreed, the case is reported to us by the clinic so that we can determine why and try to find ways to improve adherence.”

Africaid provides individual counselling and offers membership in self-help groups that meet once every month. The organisation reaches 1800 HIV-positive children and young people this way. It works with methods and resources supplied by REPSSI and offers its personnel opportunities for further training in psychosocial care. Zvandiri, as the programme is known by name, is a word in the Shona language meaning “Just as I am!” The issues at stake here are greater acceptance, self-awareness, and a life of dignity. This is considerably more demanding and more promising than merely administering pills.

“Africaid is one of the organisations that not only talks but also acts,” says the Swiss physician Ruedi Lüthy in praise of the organisation. Lüthy is the director of the Newlands Clinic in Harare. Previously a professor at the University of Zurich and a pioneer in the fight against AIDS – he was a co-founder of the Swiss Lighthouse Foundation – he moved to Zimbabwe in 2003 and founded this out-patient HIV clinic and a reference laboratory in the capital of Zimbabwe that is financed by donations and the Swiss Agency for Development and Cooperation (SDC).

In Zimbabwe non-governmental organisations such as Africaid or REPSSI must register with the Ministry of Labour and state precisely how their activities complement public programmes. Four ministries (health, education, labour and justice) participate in implementation of the UN Convention on the Rights of the Child, with the Ministry of Health and Child Welfare having the lead. REPSSI and UNICEF have an advisory function in discussions about how the SADC minimum package for psychosocial support is to be implemented in the Zimbabwean context.

There is agreement on the fact that the programme should benefit all children and not only those affected by HIV and AIDS. In view of this it is necessary to identify the need for training in individual specialised areas. The next step will be for REPSSI to discuss with the Ministry of Health how health care workers can be given further training in psychosocial support. “We are very interested in working on rapid implementation of the action plan for children,” says Anne Musiwa, deputy director of the Ministry of Health.

The active role that REPSSI plays in the health sector is an important one. “Although we have clinics in a number of places, women still give birth in traditional fashion at home despite the much greater risks this involves for both the mother and the child. The reasons for this lie in a combination of culture, stigma and poverty. Psychosocial methods allow us to work towards changes of behaviour, with good chances of success. REPSSI saves lives,” says Kathleen Okatcha of the Kenya Orphans Rural Development Programme (KORDP) in Kenya. Family planning is part of counselling in the clinics supported by Hope Worldwide in Kenya. Priority is given to different options for contraception such as use of condoms or abstinence, but always linked with prevention of HIV. Counselling and condoms are both free of charge. Schoolchildren between the ages

of 10 and 14 who are not yet sexually active are taught in a playful atmosphere how to insist on safe sex or how to say no.

“Psychosocial support makes you think outside the box,” says Futhie Sunshine Dlamini, a caregiver with the Family Life Association of Swaziland (FLAS), summarising her experience. The mother of 4 children completed the REPSSI certificate course successfully. “The course changed my family life. I have more patience and I am a better listener. My sons now call me their angel! But above all what I learned in the course is useful in my work.”

Condoms cost only 20 centimes. If they are not used despite this low price, the reasons must be sought elsewhere, according to Futhie Sunshine Dlamini. “If unprotected sex is practiced even when people know better, it may be a case of economic hardship. On a hungry stomach you are tempted to trade sex for food. Or perhaps there is a family problem. Incest in extended families is as much a taboo as a frequent occurrence. If a teenager requests a pregnancy test, I try to determine the circumstance and offer advice. There are far too many unplanned pregnancies that rob teenagers of their young lives and result in an unwanted child. And back-alley abortions are not the answer.”

Psychosocial support requires creativity, as Futhie Sunshine Dlamini illustrates with the example of a “love letter” from the clinic. The mother of a two-year-old child came to a FLAS clinic because she was pregnant again. A subsequent test revealed that she was HIV-positive. If she were to tell this to her husband, she would have to assume that he might become violent. At the same time, it was urgent that she take ARV medication regularly. After discussing the situation with her, the clinic sent her husband a “love letter” and invited him and the family to a discussion about pregnancy and child nutrition. General medical examinations including checking blood pressure and other, similar checks were then carried out, as well as a routine HIV test for both the woman and her husband. Both turned out to be HIV-positive. Thanks to the relaxed atmosphere up to that point as well as everyone’s interest in a healthy baby, the husband was able to cope with this devastating news. His wife then began treatment with ARV medication, and transmission of the virus from her to the child was prevented. Providing systematic training for health care personnel in psychosocial concerns relating to children represents a large potential that REPSSI has so far exploited only selectively.

health care personnel in psychosocial concerns relating to children represents a large potential that REPSSI has so far exploited only selectively.

South Africa: A broad impact thanks to incorporation of all actors

Although the AIDS epidemic is present throughout all regions and classes of the population in South Africa, the government took no action for many years and denied the consequences. This situation has since changed radically, owing to the pressure of circumstances, but also as a result of massive interventions on the part of civil so-



“Let’s talk” is as simple as it is fundamental in coming to grips with the challenges of HIV and AIDS (South Africa).

“South Africa is well positioned today when it comes to psychosocial support”

The number of AIDS orphans in South Africa is estimated at 1.9 million children by UNICEF. Does the number continue to increase?

The Department of Social Development (DSD) estimates the number of maternal orphans in the country by analysing the death and birth files received from the Department of Home Affairs. As the provision of details on the father is optional in birth registration processes, we have figures since 2003 but for maternal orphans only. Thanks to ARV medication the increase has slowed down since 2006, but it is not yet reversed.

How do you value psychosocial support in dealing with HIV and AIDS?

HIV and AIDS was initially seen as a health issue and hence support tended to be more medical than psychosocial. The DSD provides psychosocial support and ensures that this is mainstreamed in all services provided to people affected by HIV and AIDS. The adoption of the Conceptual Framework for Psychosocial Support for Orphans and Other Children Made Vulnerable by HIV and AIDS, which is aligned to the SADC framework, provides guidelines and ensures uniformity in the provision of psychosocial support. REPSSI has been participating in the National Action Committee for Children Affected by HIV and AIDS (NACCA) since 2008. Their experience and expert knowledge on psychosocial support is invaluable to NACCA and in the development of the conceptual framework.

What are your expectations for the future?

Implementing guidelines will follow. We expect that our partners will develop a common understanding of psychosocial support, based on the conceptual framework, and coordinate their efforts. When it comes to psychosocial support, South Africa is well positioned today, also owing to our excellent cooperation with REPSSI.

ciety. The government of South Africa is now pursuing ambitious aims, as evidenced by the new National Strategic Plan on HIV, STIs and TB 2012–2016. HIV infection is to be reduced by half, and 80% of HIV-positive individuals who require ARV medication are to have access to therapy. Stigmatisation and discrimination will be combated. To underscore the seriousness of this political commitment, the highest responsible official body, the South African National AIDS Council (SANAC), is being completely reorganised and staffed with new personnel. Efforts to provide good conditions for the future, especially for children affected by HIV and AIDS, must be seen against this background.

Responsibility for vulnerable children normally lies with ministries of social development or social welfare. But these ministries are usually not involved in the fight against HIV and AIDS. They are therefore poorly positioned and also lack the necessary training to advocate the interests of children. There is a need for more joint commitment across ministerial lines, and on the part of communities and non-governmental organisations that are anchored in neighbourhoods and villages. The issue of children affected by HIV and AIDS has been given specialised institutional attention since 2002 through the National Action Committee for Children Affected by HIV and AIDS (NACCA), which came into being during a coordinating conference called to put an end to the chaos that characterised aid to children in South Africa at that time. All ministries, interested businesses in the private sector, and civil society organisations involved in dealing with HIV and AIDS are represented in the NACCA, which can thus rely on a broad base of support. A steering committee is responsible for operational management. Different reference teams have been created. The NACCA secretariat is based at the government's Department of Social Development.

The NACCA is overseeing implementation of the National Action Plan for Orphans and Other Children Made Vulnerable by HIV and AIDS 2009–2012, and has a broad range of responsibilities. It is expected to foster coordination and cooperation among all parties involved, in order to achieve the “realisation of the rights of orphans and other children made vulnerable by HIV and AIDS.” The NACCA serves as a platform for exchange of information and is meant to ensure that relevant research on the wellbeing of children is carried out, and that this is done in accordance with ethical principles. It consequently also sees itself as an advocacy body that guarantees the rights of orphans and other vulnerable children. Mobilisation and distribution of resources to implement actions that will benefit children is another of its responsibilities.

REPSSI signed an agreement with the Department of Social Development in 2008 for joint action to create a favourable environment for assisting disadvantaged children, and particularly to implement the National Action Plan for Orphans and Other Children Made Vulnerable by HIV and AIDS. REPSSI has been a member of NACCA since 2008, and in 2011 it was chosen by non-governmental organisations to be their representative on NACCA’s steering committee. REPSSI also heads the reference team on psychosocial support. At the request of NACCA and the Department of Social Development, REPSSI designed a framework for psychosocial support, financed by UNICEF. REPSSI was also involved in subsequent consultations held in the provinces. These are important not only with respect to making substantive improvements, but also for ensuring acceptance in the upcoming implementation phase.

Among civil society actors such as the Nelson Mandela Children’s Fund (NMCF), for example, elements of psychosocial work have long been considered very important. NMCF today has 78 partner organisations, 54 of which have training in psychosocial issues. The government began to shift its position in 2008, when a process was initiated to create a framework for psychosocial support. A study tour to Malawi and Tanzania, in which REPSSI participated, was undertaken in 2009 in order to learn from experience in those countries. This was followed by a workshop co-facilitated by REPSSI. A consultant subsequently drafted a framework that was found to be unsatisfactory. At this point, REPSSI was asked to make a fresh attempt, for which UNICEF paved the way by granting a financial contribution. Consultations involving all stakeholder groups took place in 7 provinces based on the draft developed by REPSSI, leading to further adaptations. This final draft was then approved by the director of the Department of Social Development. The framework is now being developed further into concrete guidelines that will be binding on all actors. The breakthrough has taken place.

Zambia: A broad impact through the schools

The effectiveness of broadening psychosocial care by providing it in schools has been analysed scientifically. A study concluded that teachers are the dominant source of counselling and support when it comes to HIV and AIDS, with a clear increase from 19% in 2004 to 56% in 2009 in Kenya, Uganda and Zambia. According to information provided by UNICEF, 80 of every 100 children in Zambia attend primary school today, whereas this figure is barely 40% at the secondary level. Among girls, the proportion is decidedly lower, however, and among children affected by HIV/AIDS it is likely to be below average. Nor should great regional differences be overlooked. Nevertheless, psychosocial care of traumatised children can be made especially accessible when it is provided through schools:

- Children spend more time in school during the year than they do at home. The teacher is by far their most important attachment figure. Psychosocial training for teachers should therefore be a priority.
- No other public or private institution in Zambia is as omnipresent as the Ministry of Education. Whereas private organisations work only regionally or along the main railway lines, schools are found throughout the entire country.
- Sustained support can best be assured by the government, since it cannot withdraw from a region as non-governmental organisations are able to do.

REPSSI signed a cooperation agreement with school officials in the Ministry of Education already in 2005, and is today an important partner in providing psychosocial support. However, the conventional training teachers receive does not sensitise them to the importance of questioning the causes of absence from school or of dealing with learning difficulties. They do not learn how to conduct a discussion in the case of a death in the family, or how to handle confidentiality when a child opens up in personal contact. REPSSI, however, has resources and methods that teachers can use in delicate situations such as these.

As a recognised partner, REPSSI is also invited to training workshops for teachers' advisors. "We need your organisation to have its presence in the Ministry of Education through our established relevant institutions like the School Guidance Services so that we can continue to better our services to school going children who may be going through emotional challenging moments," wrote the Ministry of Education in a letter to REPSSI.



Determining the content and duration of the REPSSI certificate course at an international workshop.

“REPSSI’s aim is to change the way in which a school interacts with learners, their families and the broader community”

You coordinate the development of REPSSI’s new Teachers’ Training Programme in Psychosocial Care, Support and Protection. What are REPSSI’s objectives in it?

The programme is intended to change the way in which a whole school interacts with learners, their families and the broader community. The objectives of the course are to enhance access, retention, achievement and progression of children within the education system. This is achieved by mainstreaming psychosocial support into the whole school. Psychosocial support is seen as key to holistic child and community development, as psychosocial wellbeing and general wellbeing are inseparable.

How do you develop the certificate course?

Development of the curriculum outline and production of materials for the programme in 2011 involved collaboration with UNICEF, Ministries of Education and teacher training institutions in Lesotho, Zambia, Swaziland, and Tanzania, the Children Institute at the University of Cape Town and MiET Africa. The course material will be pre-tested in August and September 2012 in four countries – Swaziland, Zambia, Zimbabwe, and Tanzania – and will be finalised in December 2012. The course will be piloted in Zambia and probably in Swaziland in 2013.

How do you ensure the quality of the training effort?

Two teachers from each school will participate during twelve months in a mixed-mode learning programme combining situated, supported distance, and face-to-face learning. Teachers should be part of the school management or have a guidance or counselling role in the school. The school head should actively support their selection, and they should be prepared to spearhead the implementation of what they are learning within the school and the community within which the school is based. At the outset of the programme an assessment of the psychosocial wellbeing of the school as a whole is done. The school will be re-evaluated at the end of year one and year two of the course.

Against the background of the AIDS crisis, SADC launched a programme known as Care and Support for Teaching and Learning (CSTL) in its member countries in 2007. REPSSI has since conducted training courses for 260 teachers’ advisors, mostly at the primary level, in 7 provinces and 114 schools throughout the country. Experience with this programme is currently being evaluated. Given that there are 80,000 teachers in the entire country, this is only a drop in the ocean. “It is our long-term goal to establish psychosocial work in all the schools in the country,” says Alex Kaba of the Ministry of Education. But many teachers’ advisors’ positions in rural districts are vacant. Consequently, REPSSI is increasingly engaging directly in training and further education of teachers, in consultation with the government, rather than focusing on teachers’ advisors.

Together with its partners, REPSSI is now developing a post-graduate course that will support teachers in providing psychosocial care for children. It is an on-the-job distance learning course lasting one year, in which theory and practice are closely interlinked thanks to continual application in the classroom. There are exams upon completion of the course, and graduates receive an officially recognised certificate. The National In-Service Teachers College (NISTCOL) of Zambia is currently engaged, together with other countries and experts, in designing a curriculum for this post-graduate course, and will offer it in a test phase for the first time in 2013. A parallel test run will be undertaken in Swaziland (see below). The goal is for REPSSI to subsequently make the course available to other interested countries.

Teachers have a keen interest in this training. On the one hand, it helps them to better manage the daily school routine with children and relations with their extended families. On the other hand, more and more teachers themselves are being confronted with the consequences of HIV/AIDS, either personally or in their own families. “The life skills required to stand up for oneself are something we value highly, so this course is very important to us,” says Foster Lunau, vice director of NISTCOL, with enthusiasm. For example, being able to say no to risky sexual practices is vital. The ability to assert oneself can reduce the spread of HIV.

The post-graduate course marks the breakthrough to broad establishment of psychosocial support. In the words of Fikansa Chanda, regional director of REPSSI in Zambia, “REPSSI has left its imprint in all areas of Zambian education through its training of teachers’ advisors as part of the CSTL programme. The further training course now planned is a big, new step. It is our vision, however, to go beyond this to incorporate psychosocial issues directly in teacher training in all the teacher training institutions in the country.” The Minister of Education in the government newly elected in 2011 is positively inclined towards this proposal.

Swaziland: Craving for psychosocial support in the schools

“The Ministry of Education was literally craving to establish psychosocial support more firmly in Swaziland’s schools,” knows Loretta Mkhonta, an expert in education at NCCU. “The REPSSI certificate for teachers is a pioneering response to the problems in our country, as no other comparable course is available.”



School children drawing in their hero book (Uganda).

Like Zambia, Swaziland has been using SADC's CSTL programme, in a slightly adapted form with the title "Schools as Centres of Care and Support", since 2007. Swaziland has thus emerged as the second country to offer the certificate course for teachers for the first time.

A talk with a group of teachers at the Kirembwe Primary School in Uganda

"Relations between teachers and students have improved"

You have taken further training in the use of psychosocial materials in schools. Is the teacher's role still the same?

Relations between teachers and students have improved. When children come to school late, we no longer punish them without asking questions, but try to determine the reason – some of them have to work in the fields before school. Previously we teachers did not have the know-how or the courage to talk to parents.

And what has changed for the students?

Children are concerned with such questions as "Who am I?" "How can I solve a problem?" "Who will help me to find my own way?" and "Who should I stay away from?" We are now in a better position to deal with these questions. We make use of the *Hero Book*; it generates visions of the direction a child wants to take.

Do you notice any difference in the school when a Kids' Club is formed?

Group discussions have improved behaviour and cleanliness. The clubs monitor the attendance of individual students, and when one of them is absent they try to find out why. This is a form of mutual reinforcement. The groups are also involved in small projects, for instance planting vegetables or staging small sports events

It became clear at a national conference of the Ministry of Education and local school officials that Swaziland indeed had a great need to incorporate elements of psychosocial work in schools. School inspector Isaiah Sizwe Kumene advocated for the concept of positive discipline, referring to his own experience in school: "I still remember today how the teacher entered the classroom each day swinging his cane while we all sat trembling in our seats not knowing what would happen next. We need to have an open discussion about brutality in our schools, ban the cane from the classroom, and replace it with positive incentives." In earlier times, in his view, teachers were revered and children refrained from talking at home about being struck with the cane for fear of being beaten a second time. All teachers should set a positive example, arrive at school on time themselves, motivate children and become directly engaged with them. "Children need to know the rules of the classroom. They don't behave poorly without reason, and it is our call to address the reasons openly. When a child fails a test, one reason could be inadequate teacher performance."

This impassioned appeal to his teaching colleagues was meant to motivate them to take further training courses. His presentation apparently did not miss the mark, as one sceptical voice among the teachers made a plea for transition from physical punishment to positive discipline, but only gradually. Training and further education, however, will not alone suffice. With average class sizes of 45 students, the demand for attention to individual circumstances rapidly reaches its limits.

Organisational Development: Success Does Not Come without Effort

The long journey made by REPSSI's services, from the level of the international donor to the level of the child in need, constitutes the background of REPSSI's organisational development. It is an actual cascade which begins with (1) an international organisation such as the Swiss Agency for Development and Cooperation (SDC) that supports (2) REPSSI in carrying out an agreed upon programme. REPSSI in turn works through its (3) national representative in a particular country, e.g. Zambia, together with (4) a partner, e.g. the government or a non-governmental organisation such as Child Fund Zambia. REPSSI trains master trainers within Child Fund Zambia, who in turn make people familiar with the use of REPSSI resources, both within and outside the organisation. Child Fund Zambia works through its (5) representatives in different regions of the country with (6) local community-based organisations (CBOs) in its designated beneficiary communities. Members of these CBOs, usually volunteers, are also given training. Local CBOs know the different settlements in their area as well as (7) the neighbourhood representatives, who are often nominated by the population. This way, finally, REPSSI reaches (8) the level of the extended families and individual children.

This is by no means an extreme example; rather, it reflects the complexity of the legitimate challenge of reinforcing the capacity of family structures to support and strengthen vulnerable children. Organisational cascades such as this pose an enormous challenge for REPSSI, which strives to have the broadest possible impact on a great number of children while also ensuring high-quality use of its resources to the benefit of end-users. It is important to bridge the distance between users in the villages and those who develop the resources in Johannesburg in such a way that information can flow in both directions. Moreover, these organisational cascades can also be a source of error in conveying information. When state structures are used, for instance in the training of teachers or caregivers, the number of levels can of course be reduced. Working through state institutions is not an alternative, however; it complements the strengthening of family support networks.

Professional organisation and management structures

REPSSI's founding years were characterised by partial resistance to organisational development within its own ranks. "REPSSI was regarded more as an idea than as something suitable for constituting itself as an organisation," recalls one of its founders. But REPSSI's international donors in particular insisted on professional procedures and appropriate management structures. In view of this, Noreen M. Huni was hired as REPSSI's executive director in 2003. In the turbulent years that followed, she, together with many like-minded people in the organisation, established a management format and ensured continuity; she still leads the organisation today. She found it necessary to assert herself repeatedly, as the leadership skills of a black executive director were questioned at the outset and she was regarded as a token woman.

At the suggestion of the Swedish partner SIDA, a team from Ernst & Young was hired in 2004 to carry out a risk analysis and propose means by which REPSSI could be organised according to professional standards, and legally and effectively established in other African countries. In several stages of reform since then, REPSSI has created a professionally operating organisation. The chart below shows REPSSI's current organisational structure:

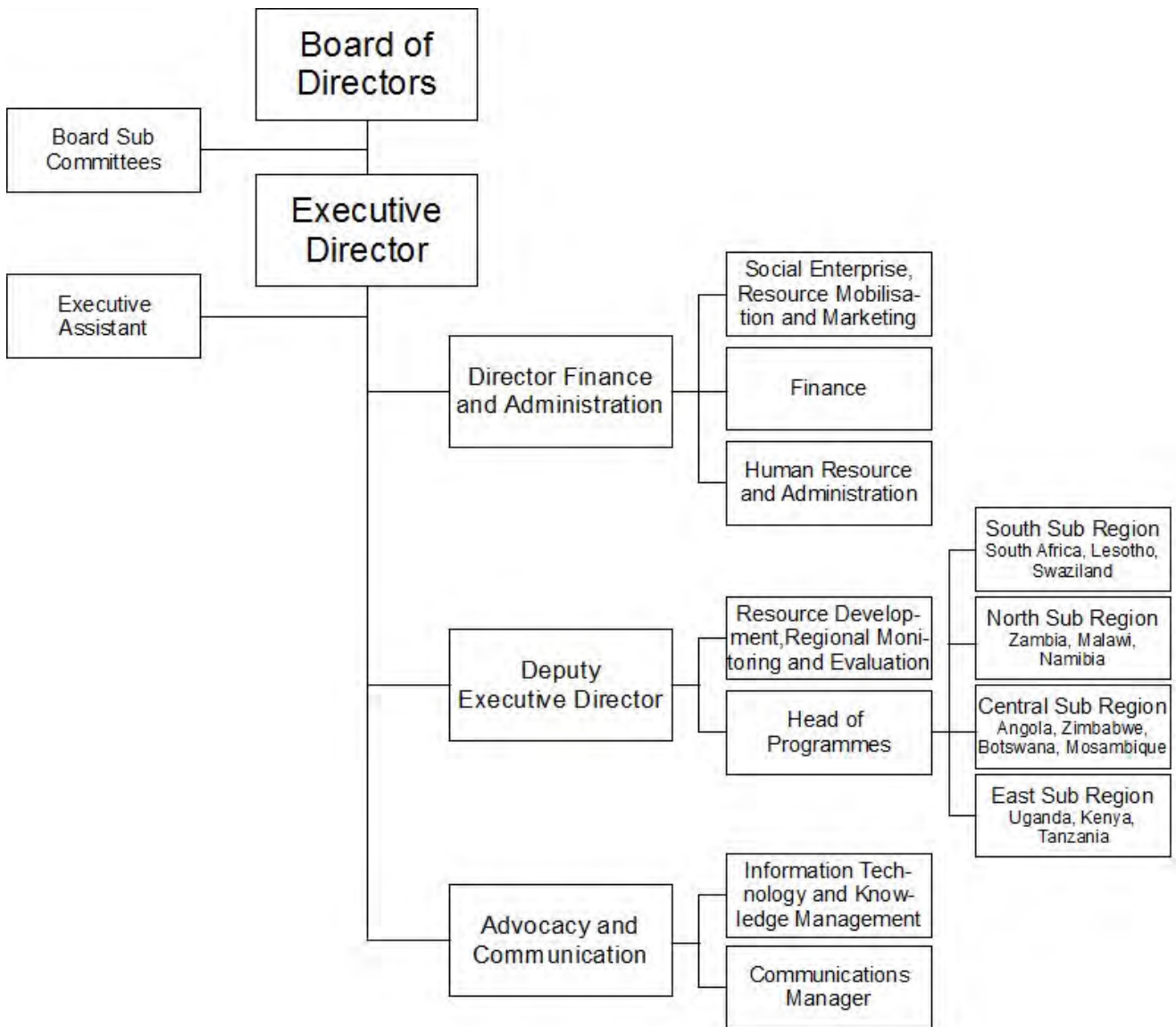


Figure 2: REPSSI's organisational structure.

The Executive Director reports to the Board of Directors and works directly with her Deputy Executive Director, the Director of Finance and Administration, and the member of the management responsible for advocacy and communications. The broad range of decentralised services in Dar-es-Salaam (East sub-region), Harare (Central sub-region), Lusaka (North sub-region) and Johannesburg (South sub-region) report to the operational programme management division at REPSSI headquarters.

“No one leaves the office on Friday evening until all the documents for the Board of Directors' meeting with the international partners have been sent off,” says REPSSI Executive Director Nooreen M. Huni. According to regulations, the documents need to be received electronically and in print 3 weeks prior to the meeting. Naturally, the possibilities offered by new technologies are



A discussion between a REPSSI programme leader and volunteers and caregivers from REPSSI's partners (Swaziland).

employed as well: REPSSI representatives in the different countries hold a Skype conference each Monday in order to coordinate their work and to inform each other about the latest developments. This way, operational meetings that require physical presence in Johannesburg can be limited to one every 3 months.

Results-based management

Organisational weaknesses were discussed openly at the first annual general meeting in 2003. There was a desire for more robust planning and reporting systems. REPSSI personnel subsequently completed intensive training courses. A results-based management framework was introduced already in 2004; the basic idea of this management approach is to set goals, define how they can be achieved, and then break this down into specific concrete steps. REPSSI engaged a Canadian consulting firm to help it organise more efficiently. Results chains were defined and REPSSI personnel were given further training in accordance with them.

The results-based management approach has its limits, however. This can be seen, for example, in REPSSI's engagement with SADC, where a breakthrough occurred only in 2010–2011 even though REPSSI had been involved in work with SADC since 2005–2006. Thus, efforts towards goals and objectives whose achievement depends on external influences clearly reveal the systemic limits of purely results-based management, and of using it as the only criterion for defining donor contributions.

From informal initiatives to a regional organisation

One of the leading recommendations in the analysis done by the consulting firm Ernst & Young was to formally register REPSSI as a regional organisation. The first step in this direction took place in 2004 with the creation of a trust in Zimbabwe. A decisive second step was REPSSI's registration in South Africa as a non-profit organisation with the ambition of working regionally. This was a milestone in REPSSI's history. Increasingly chaotic relations in Zimbabwe made it inevitable that the headquarters would have to be moved to another country. Consequently, REPSSI's headquarters moved from the city of Bulawayo in Zimbabwe to Johannesburg, South Africa in 2005. This change, along with accompanying expansion, constituted a quantum leap that left a temporary mark on internal cooperation. The evaluation report of 2006 recommended working towards an improved organisational climate for REPSSI personnel, especially as it had been shaped as an organisation primarily by personnel from Zimbabwe and was now developing into a more diverse non-governmental organisation that employed people from the entire Southern African region.

From steering committee to board of directors

REPSSI's first board of directors was formed in 2005. This board took over from the interim governing board that had comprised the four founding organisations – the Southern African AIDS Trust (SAT), Terre des Hommes Switzerland (TdH), the African Regional Team of the Salvation Army (SAART), and the International HIV/AIDS Alliance (IHAA) – and the three international



Achieving results means improving people's lives. A representative of REPSSI's partner organisation Kitovu Mobile talking with a family (Uganda).

donors – the Novartis Foundation for Sustainable Development (NFSD), the Swiss Agency for Development and Cooperation (SDC), and the Swedish International Development Cooperation Agency (SIDA) – as well as three advisors without the right to vote, namely REPSSI’s executive director, an advisor for strategic partnerships, and one for psychosocial support. This interim board had been governing REPSSI since its inception in 2002, and its composition gave international voices a strong say.

Since the reform of 2005, the three international cooperating partners no longer share in responsibility for organisational governance. Instead, they engage in meetings with REPSSI’s management and board of directors, making their views known in this way. The individuals who serve on the board of directors rotate in accordance with South African regulations governing registration. All members of the board volunteer their time. The board is composed of both national and international experts as well as representatives from REPSSI’s four sub-regions.

REPSSI’s board of directors is not a rubber stamp body. On the contrary, REPSSI’s corporate culture is characterised by the expectation that board members will actively fulfil their duties, based on a high degree of identification with the organisation. In discussions it becomes immediately apparent that it is not lay people who sit on the board while experts are found only in the REPSSI team, but that both sides have profound knowledge of the problems at hand that must be solved by joint effort. An intense dialogue between the board of directors and the team is expected to facilitate consensus on important issues.

REPSSI consciously promotes a culture of open discussion; transparency is a hallmark and builds trust: “Our head of finance has access at any time to all records and financial accounts,” says Nomfundo Mbuli, who is responsible for the HIV and AIDS programmes in SDC’s office in Pretoria.

Expenses for administration are kept to a minimum. “We do not want to exist in an ivory tower” says Jennifer Marinelli, who was a member of the board of directors until 2011 as the chair of the board finance and audit committee. Cost-consciousness is also required when it comes to travel expenses paid by REPSSI. Economy class flights are the order of the day, and accommodations for overnight stays are chosen not for comfort but for security, cleanliness and Internet access.

Diversity over simplicity

REPSSI considers itself a regional organisation focusing on East and Southern Africa. This self-image demands in particular that diversity of backgrounds and languages be taken into account in team-building. “Diversity management” is also required by South Africa, where REPSSI headquarters are located and where regulations also require a minimum presence of South Africans on the team. Accordingly, the staff is composed of members from many different countries, including South Africa, Zimbabwe, Zambia, Tanzania, Namibia, Uganda, Malawi, Congo, Canada and Ireland, as well as volunteers from the USA and Kenya. A diversity of nationalities is also found on REPSSI’s board of directors, with a president from Zambia and members from Tanzania, Zimbabwe, South Africa, Great Britain and Switzerland. The composition of the sub-regional advisory boards as a rule reflects the countries in the given sub-region. Each sub-regional advisory board delegates a member to represent the sub-region on the REPSSI board of directors.

From “silos” to “mainstreaming”

Concurrent with the organisational analysis carried out by Ernst & Young, another independent analysis was made of the strengths and weaknesses of REPSSI's work with people affected by HIV/AIDS.

The main points of criticism advanced by Linda Richter, the external expert, were that REPSSI and its many partners worked too much on their own rather than building networks, and that REPSSI's role was too reactive, mainly responding to the needs of partner organisations rather than actively setting priorities. This examination of REPSSI's programme resulted in an important reorientation: REPSSI's goal of providing effective psychosocial support in the context of individual projects was transformed into a programme of broad provision of psychosocial basic care. REPSSI now began to set its own priorities, based on its experience and with a view to achieving the greatest possible impact. The initial focus was on cooperation with non-governmental organisations that implemented programmes directly with children; later, there was a shift of emphasis towards cooperation with governments.

Strategic planning

Medium-term planning of goals, means and measures was undertaken on the basis of this new overall direction. In the context of its strategic planning for 2006–2010, REPSSI defined a framework of goals and objectives for results-based management. These perspectives were further concretised in the strategic implementation plan for 2007–2011. REPSSI's current *Strategy 2011–2015* can now build on a solid base of experience gained to date. This document establishes 6 priorities: assistance through national programmes for orphans and other vulnerable children; high-level advocacy for incorporating psychosocial support as a core component in the child development agenda; supporting the development of regional and international psychosocial support standards and indicators through rigorous evidence collection; a shift of focus from the individual child to families and communities; becoming a recognised accrediting authority for psychosocial resources, training and programming in the region; and adopting a cost recovery approach and establishing a social enterprise to better ensure sustainability.

Partner evaluation

In the final analysis, REPSSI's successes are those of its partners, who work with communities, households, caregivers, and their children. An instrument to determine how partners were implementing psychosocial care in their everyday work was developed early on: the psychosocial support assessment tool (PSSAT). The PSSAT makes it possible to ensure that psychosocial support does not remain solely the personal concern of a single individual, but that it becomes broadly established within a given partner organisation. An assessment made 2 or 3 years later can determine in detail whether or not there has been progress in cooperation with a partner. Comparisons between partners, and thus actual ratings, are also possible. This is not simply a gimmick; rather, it paves the way for proper accreditation of a partner to do psychosocial work. Now that cooperation with governments – in the areas of training and health care, for instance – has been defined as a priority, it will be important to develop this evaluation instrument further with respect to these partners.

Monitoring and evaluation

Three phases can be distinguished in monitoring and evaluation:

- In the initial phase (2002–2006), the aim was to develop working, monitoring and evaluation instruments and to establish networks;
- In the expansion phase (2007–2011), the main focus of monitoring and evaluation was on determining the number of children reached;
- In the consolidation phase (2011–2015), the priority is to monitor and evaluate REPSSI's impact in terms of quality.

Most of the work in monitoring and evaluation during the expansion phase was taken up with recording the number of children reached. REPSSI's partner organisations committed themselves to delivering pertinent figures. For its part, REPSSI verified these figures by means of extended, in-depth random sampling in the field. An internal review later described this monitoring process in the following terms: "Field visits by our M&E officer took place over a full week. ... An initial visit to a partner's head office included an examination of the quality of reports coming in from their communities. ... Once in the communities, the M&E officer would check the registers against the programme's individual case files, looking for duplicates, and ensuring that a child had not been counted previously. This check was supplemented with focus group discussions with some of the children from the programme, asking them to confirm their awareness of other children in the programme not present at the time of the visit. Finally, where possible, visits were made to homes of children to get direct confirmation that they were indeed participating in these programmes."



The effectiveness of psychosocial instruments needs to be determined by scientific analysis. A teenager in Zambia with her book of dreams.

Because people responsible for programmes at REPSSI and its partner organisations took part in these visits, they were instructed to monitor implementation of other programmes in similar fashion. This is the basis on which REPSSI was and is able to state with confidence that it has reached more than 5 million children.

In the future REPSSI will abandon the time-consuming monitoring procedures it has followed to date in favour of training personnel in its partner organisations to carry out monitoring, and greater attention will be given to the quality of psychosocial work. This conforms to the international requirement to record not only the number of children reached but also the impact of interventions. Not only institutional partners but also village communities themselves can be involved in the monitoring and evaluation process; after all, they are the experts in the local context who know what succeeds and where the problems lie. REPSSI has accordingly also developed helpful self-evaluation tools for use at the community level (for example, *Are We Making a Difference?*).

Greater attention to the strengths and weaknesses of REPSSI resources is also foreseen. “We have 29 different instruments for psychosocial support, but only 7 of them are actually used by 90% of our clients,” says Lisa Langhaug, REPSSI’s head of research. The effectiveness and the suitability of existing resources will therefore be analysed before new instruments are developed.

From anecdotal experience to scientific evidence

REPSSI provides knowledge and resources and offers training and counselling, but does not work directly with children and young people. The brisk demand for REPSSI’s services from partner organisations can be taken as an indirect indication that these services ultimately have an impact. Evidence of success can be heard in many discussions and anecdotes. Ultimately, however, there is no way to avoid research that employs scientific methods to determine what changes have been effected – a process that is fundamental for REPSSI as a knowledge-based organisation.

The Swiss Academy for Development (SAD), together with REPSSI and Child Fund Zambia, designed an elaborate study in 2006 that was completed in 2011. It was funded by the NFSD and the SDC. Given that REPSSI’s work is actually a project extending over generations – with efforts to ensure the wellbeing of children also aiming to guarantee that they can lead a self-determined life of dignity as adults – a long-term study covering 20 or 30 years would be advisable.

The following results of the study done in Zambia were deemed important:

- Mental health problems are widespread among children in Zambia: 28% of those who participated in the study showed symptoms of clinical depression, by comparison with 10% in the USA for the same age group;
- Orphans and other vulnerable children are more heavily affected: 32% of them were depressive as compared with 21% of the other children;
- Orphans and other vulnerable children do not live in poorer households than other children, but they feel that they are not treated equally at home, and they have less access to material goods such as clothes and school books;
- Not only orphans are affected: children whose parents are chronically ill or who live sepa-

rately from their parents suffer to a similar degree from economic and social stress, with negative consequences for their mental health;

- The mental health of children can be effectively improved by reducing the discrimination they suffer at home and in the community and by increasing the quality of their care;
- Psychosocial support becomes more effective if it is combined with other measures – for example, goat breeding, which opens up new possibilities for earning a livelihood – and vice-versa;
- Psychosocial interventions that confront children with their past, present and future do not automatically benefit every child and, in the worst case, may even be counterproductive.

National registration

REPSSI is currently confronted with two trends among donors. One is a “normalisation” of donors’ perceptions of the threat posed by HIV and AIDS; the other is a tendency among public donors to shift their preferences to fragile states which, with the exception of Zimbabwe, are not among REPSSI’s partner countries. The location of REPSSI’s headquarters in Johannesburg has its advantages from the point of view of accessibility and communication, but is also problematic. Johannesburg is an expensive city, both in terms of finding qualified personnel and maintaining office infrastructure. Moreover, South Africa is considered an emerging country; this is causing international donors to withdraw, regardless of the fact that REPSSI is primarily active in the poorest countries in the region.

Since 2011, in response to these developments, REPSSI has pursued a strategy of establishing itself more firmly in individual countries and is seeking national registration in Botswana, Malawi, Namibia and Uganda. Registration in Tanzania and Zambia is already in effect. In 2012 re-registration as a private, voluntary organisation took place in Zimbabwe, and the same process is

Interview with Sebastian Chikuta, Consultant, REPSSI Sub-regional Manager in Zambia, 2004–2011, and responsible for the research project

“Mental and economic dimensions of wellbeing are mutually supportive”

What was the main research question?

Is psychosocial support more effective as a standalone intervention or in combination with economic activities in increasing the psychosocial wellbeing of children?

Who participated in the research?

We covered five communities, one of them as a control group without an intervention. 280 mothers, fathers, and other caregivers, and 800 children participated. A huge team of overall 58 staff and volunteers (3 from REPSSI, 45 from Child Fund Zambia, and 10 from SAD) carried out the three surveys within a time frame of two years. The authorities and the traditional leaders were involved as well. Additional staff were recruited to feed data into the database during each phase of data collection.

Did you face surprises?

At 30%, the share of children experiencing depression was higher than expected and higher than elsewhere. This generated an extensive debate. Is sadness a depression? Much depends on how you define a depression. It would have been interesting to cross-check the study results with the opinions of members of depressed children’s families. Back to the main research question: When we go to villages where people do not have enough to eat it is only possible to discuss psychosocial interventions if their economic wellbeing is improved at the same time. But psychosocial support motivates people to work hard for a better life. Thus, the mental and economic dimensions of wellbeing are mutually supportive.

underway in South Africa. A national presence boosts the chances of mobilising national as well as international contributions. Most international partners attach themselves to national programmes and ultimately have little interest in regional approaches. A downsizing of the headquarters in favour of decentralised representations would make the organisation more economically efficient. At the same time, however, this would make conceptual and administrative coordination more burdensome, and a coherent public presence would be more difficult to achieve. Voices can even be heard advocating a return of the headquarters to Zimbabwe.

Wanted: new financial formulas

The principle of organising work with partners in more cost-efficient ways has already been mentioned. For REPSSI, this means offering its services under the most advantageous cost-sharing arrangements possible. How the cost-sharing formula becomes operational in practice depends greatly on specific conditions and on the partner involved. Examples include the following:

- The Ministry of Education in Zimbabwe organised a conference for teachers in the province of Marondera, entitled “Introduction to Psychosocial Support”, with the help of REPSSI. The government covered all of the costs of this conference, not least because it was able to count on a contribution from UNICEF. The salaries for the trainers supplied by REPSSI were the only expense not covered and had to be paid by REPSSI itself.
- In 2012 a workshop lasting several days was devoted to the advocacy toolkit, a new instrument for demonstrating the urgency of psychosocial issues in villages in Southern Africa. The workshop was a joint undertaking of the Nelson Mandela Children’s Fund and REPSSI. The costs were shared accordingly.
- In Swaziland the REPSSI certificate course was organised in close cooperation with UNICEF. The agreement called for cost-sharing, with UNICEF to cover the local costs such as the expenses for mentors from the University of Swaziland, while REPSSI assumed the international costs such as expenses for the participation of the University of KwaZulu-Natal of South Africa.

Further information about the challenges REPSSI faces in relation to cost-sharing and financing will be presented in Chapter 7.

Milestones in International Support

Aid to children is popular throughout the world. And there are good arguments for investing in children: they represent the future of every country. Thus, countless actors are busy themselves on the world stage in this field, with the different organisations involved in children's aid either cooperating or competing with one another; the entire range of relations is represented.



High-spirited children at the Rosebella Primary School, which cooperates with REPSSI's partner Hope Worldwide Kenya.

The record of international support is generally positive: a report published in 2012 by the Overseas Development Institute (ODI), a British research institute, showed that in Sub-Saharan Africa the countries that made the greatest progress in the wellbeing of children were those that had received the most aid in the previous decade.⁴² In an emerging country such as South Africa or a richer country such as Botswana, international support has primarily a stimulating, catalytic role. In other, considerably poorer countries in Southern Africa, international aid frequently includes substantial financial support for basic public services, for example in the fields of health or education.

Multilateral actors such as UNICEF or globally active non-governmental organisations such as Child Fund or World Vision often take the lead in concrete implementation of children's aid programmes. This is particularly noticeable in the poorest countries, which often have weak governments. As an organisation established in Africa, REPSSI poses a counter-challenge to this Northern-dominated leadership. "We have had and still have a legitimate claim to work on an equal footing," says Noreen M. Huni, REPSSI's executive director. Today REPSSI's expertise is internationally recognised, not only by African governments but also by donors such as USAID,⁴³ PEPFAR,⁴⁴ and multilateral organisations such as UNICEF and WHO. "Many of our partners use REPSSI resources in their work and report positive results," says Chiara Servili of the World Health Organization (WHO).

The growing global commitment to combat HIV and AIDS

The international community's commitment to combat HIV and AIDS took shape only very slowly in the 1990s. The first sign that thinking had begun to change came in 1996 with the founding of UNAIDS, a collective programme of the United Nations to combat HIV/AIDS. No less than 10 UN organisations were involved in launching UNAIDS, thereby demonstrating that HIV and AIDS could only be effectively combated in an integrated effort. Many multilateral, bilateral and private organisations have since concerned themselves more closely with the issue of HIV and AIDS. A milestone was achieved with the founding of the Global Fund to Fight AIDS, Malaria and Tuberculosis (GFATM) in 2002. This was followed one year later by the launch of the USA's 15-billion-dollar PEPFAR programme.

Interview with Mrs Jeanne K. Ndyetabura, Assistant Commissioner, Department for Social Welfare (DSW), Ministry of Health and Social Welfare, Tanzania

"Initially there was no response"

When were you confronted with children affected by HIV and AIDS for the first time?

In the 1990s the traditional caring capacities of extended families became overwhelmed by the rapidly increasing number of orphans. Grandmothers and aunts took over crucial caretaking roles, and child-headed households mushroomed. The DSW, jointly with UNICEF, commissioned an assessment. Three important insights emerged: there was an overfocus on AIDS orphans; not all orphans are vulnerable; and there are other reasons beyond HIV and AIDS for becoming an orphan and vulnerable.

Did the assessment have any consequences? What did you do?

HIV and AIDS poses the challenge to secure the provision of material basics such as food, housing, and health, but also to address the emotional and social bereavement of the affected children. We took action based on our own limited means, and we continually draw the attention of national NGOs as well as international donors to these needs in our population. We brought up the issue of psychosocial challenges to the donors, but initially there was no response. The DSW was very frustrated.

How did you start the cooperation with REPSSI?

We heard of an organisation called Humuliza which was exploring new avenues in its work with orphans and vulnerable children. This is how we came into contact with REPSSI. Our staff was trained at all levels in how to integrate psychosocial aspects into their daily work. Now the national roll-out is underway. National guidelines have been developed and submitted to parliament. The DSW wants to make use of REPSSI's excellent resources compulsory in the form of "national facilitation manuals". There is a big distance between where REPSSI found us and where REPSSI has taken us.

In the first decade of the 21st century, global resources pledged in the fight against HIV/AIDS multiplied by a factor of 10, going from 719 million US dollars (1999) to 7.8 billion dollars (2009).⁴⁵ Approximately 16 billion dollars was spent to prevent and combat HIV/AIDS in 2009, half of which was paid by the governments of low-income countries and medium-income countries themselves. The share of self-financing among poor countries, however, was only 12%. The other half came from international sources, three-quarters (77%) of it supplied bilaterally by individual donor countries. The PEPFAR initiative launched by the United States is by far the largest donor in the fight against HIV/AIDS among children: the 2 billion dollars PEPFAR has contributed since 2004 is about 6 times the amount that the Global Fund has contributed for children.⁴⁶ PEPFAR earmarks 10% of its budget for vulnerable children. The greater emphasis on the fight against HIV/AIDS was also reflected a decade ago in international declarations such as:

- The Declaration of Commitment on HIV/AIDS of the UN General Assembly special session of June 2001;
- The African Union's Abuja Declaration on HIV/AIDS, Tuberculosis and other Related Infectious Diseases of 2001;
- SADC's Maseru Declaration on HIV and AIDS of 2003.

NFSD, SDC and SIDA/NORAD: The organisations that support REPSSI

REPSSI has been able to build upon extraordinarily stable international support. A consortium of three donors – the Novartis Foundation for Sustainable Development (NFSD), the Swiss Agency for Development and Cooperation (SDC), and the Swedish International Development Agency (SIDA) – has supported REPSSI since its founding in 2002. NORAD joined the supporting group in 2005. Together these organisations currently finance about 75% of REPSSI's total expenditures, which amounted to 5.1 million US dollars for 2011.⁴⁷ REPSSI's expenditures for the entire decade of 2002–2012 amounted to 30 million US dollars.⁴⁸ In earlier years the 3 international partners covered an even greater portion of REPSSI's expenses, although the absolute amounts were lower. In addition, they made in-kind contributions, which will be discussed below.

REPSSI's executive director, Noreen M. Huni, emphasises the fact that the organisation is supported not by donors but by international partner organisations who provide REPSSI with much more than money. "Each partner has its own niche and they are mutually complementary," in her view. The three partner organisations will be briefly presented in the following paragraphs.



The main issues are love, care, and protection for children. REPSSI's executive director presenting REPSSI's core concerns (Zimbabwe).

Leadership, organisational and human resources development, marketing, communication and professional procedures are the core elements of Novartis's commitment. The NFSD's remarkably consistent participation in building, consolidating and further developing REPSSI is closely linked to the continuity of people involved over the years, particularly to the commitment of Karin Schmitt. REPSSI was able to count on contributions from Novartis from 2002 to 2012. Prior to REPSSI's founding, the Novartis Foundation had already helped to fund the Humuliza project in Tanzania, from 1997 to 2002. Novartis has broadly communicated its commitment to health care for mothers and children in light of the UN Millennium Development Goals. Goal 4 envisions a two-thirds reduction in the mortality rate for children under age 5 by 2015. Novartis has made specific mention of its support for REPSSI as one of the several activities in which it is engaged in this context.⁴⁹

Ten years ago, SDC supported REPSSI as just one project among others. This has changed in the meantime. "Today REPSSI is an anchor in our HIV and AIDS programme for the entire region of Southern Africa," says Nomfundo Mbuli, SDC's programme manager for the HIV and AIDS domain in Pretoria. In the Swiss Federal Council's *Message on Switzerland's International Cooperation in 2013–2016* to the Swiss Parliament, REPSSI is singled out as a specific example of success.⁵⁰

Nathalie Vesco Ghélew, SDC's coordinator of HIV/AIDS programmes, underscores the importance of national implementation by governments and the need to monitor success. SDC's new strategy for HIV and AIDS includes a focus on the roles of women and men and on how women and men are affected by the pandemic. SDC brought these issues to REPSSI's attention and is working to make monitoring and evaluation more meaningful in this respect in the future. "Gender mainstreaming is something akin to an unwritten condition for SDC," says one insider. The SDC invites REPSSI to its regional meetings of SDC staff members and partners to promote exchange in the region. This allowed REPSSI to share its experience in results-based management, which other SDC project partners had not yet acquired.

SADC is an additional, complementary partner of SDC in its effort to make effective contributions in the fight against HIV and AIDS. SDC supports implementation, monitoring and evaluation of the *SADC Business Plan on Orphans, Vulnerable Children and Youth 2009–2015*. Already prior to the founding of REPSSI, the SDC used funds from its humanitarian aid division to help finance the Humuliza Project in Tanzania from 1997 to 2002.

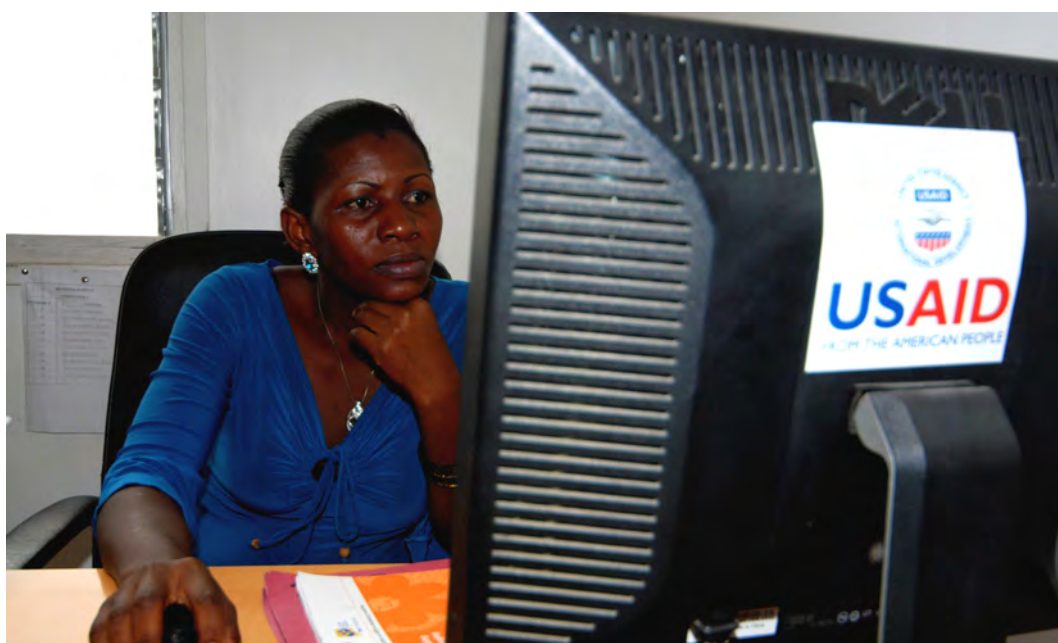
SIDA has a team stationed in Zambia to coordinate HIV and AIDS programmes throughout Southern Africa. REPSSI's regional approach therefore fits well with Sweden's engagement. SIDA does not combat HIV and AIDS in isolated fashion through distribution of condoms or drugs, but through an integrated programme of reproductive health. This also includes the basic rights of women and children and hence equality between women and men. REPSSI's work fits very well with these perspectives. Katja Isaksen, programme director at SIDA, sees REPSSI's strengths as "the fervent commitment of its staff. They do not just do their job. They are self-critical and never rest, but instead strive to learn and improve." In accordance with its regional focus, SIDA cooperates with other HIV/AIDS programmes directly through SADC. SIDA also represents Norway's Agency for Development Cooperation (NORAD), which supports REPSSI since 2005 as well, although it has delegated coordination of this engagement to Sweden.

Cooperation with the SDC and SIDA/NORAD is ensured until 2015, the end of REPSSI's current strategy period. Support from the third donor, the Novartis Foundation, will be provided under new conditions beginning in 2013, with Novartis purchasing services from REPSSI on the basis of specific agreements. This means that acquisition of new, multi-year donors who will support REPSSI's entire programme is a challenge as imminent as it is difficult. Psychosocial care of children is an area of endeavour that is often neglected by donors. In the words of a statement by the Global Partners Forum on Children Affected by HIV and AIDS, sponsored jointly by UNICEF, UNAIDS and PEPFAR in 2011, "With so much global attention focused on prevention and treatment of HIV, care, protection and support of HIV and AIDS affected children is still lagging a long way behind global needs. The median percentage of households with AIDS affected children who get any kind of outside support is just 11 percent."⁵¹ There are several reasons for this unfortunate state of affairs: children are usually not at the centre of the fight against HIV and AIDS; immaterial wellbeing is often underestimated in comparison to concrete aspects of health and is not seen as a priority. And demonstrating evidence of success is a challenge, as a trauma that has been overcome and improvement in wellbeing are not things that can be photographed. In REPSSI's case, moreover, the regional approach does not usually correlate with the geographical orientation of potential donors. Based on experience in recent years, this situation is likely to lead to a greater focus on financing of specific REPSSI projects in individual countries.

Project financing by other donors

The core financing REPSSI receives from its three international donors is supplemented by contributions for specific projects, which amounted to approximately 1 million US dollars in 2011⁵² and accounted for about 20% of REPSSI's total expenditures. These project contributions, which fluctuate considerably from year to year, have been increasing in both absolute and relative terms for several years. This means that the risk of project financing is distributed among more donors, but at the expense of sustainability – as welcome as such contributions are in specific cases. Specific project contributions are frequently a one-off event, and they also require greater effort in terms of acquisition, accounting and reporting than longer-term core financing.

A range of international partners have given REPSSI project-specific support to date. During its initial phase, REPSSI benefited from the professional expertise that Terre des Hommes Switzerland provided in the consortium of sponsors, and the International HIV/AIDS Alliance (IHAA) shared its experience in lobbying. UNICEF⁵³



USAID finances programmes run by different REPSSI partners (Tanzania).

and the Australian Agency for International Development (AUSAID) made financial contributions to the certificate course; the British Department for International Development (DFID) and the New Zealand Agency for International Development (NZAID) supported different projects; and the Swiss Symphysis Foundation contributed to the Humuliza special project in Tanzania. Comic Relief, a British non-governmental organisation, has made a major contribution to help introduce the certificate course for teachers in psychosocial support of children in schools in Zambia in the period 2012–2016.

In 2007 REPSSI put self-imposed limits on project financing as part of its strategy for mobilising financial support. In order to balance administrative costs and financial revenues, external contributions were to be negotiated only if they amounted to at least 40,000 Euros. The external evaluation of REPSSI carried out in 2009 recommended that this restriction be re-examined. The evaluators also suggested that greater efforts be made to secure non-financial commitments to psychosocial work. This includes the search for partnerships with universities and other educational institutions, for instance in the areas of teaching and caregiving. REPSSI is now intensifying its efforts along these lines.

New resources for REPSSI

REPSSI's efforts and achievements have been recognised by another large donor - during the final preparations for this book, USAID awarded REPSSI a grant over some 3.5 million US dollars for a four year period. This money will be used to improve the psychosocial care and support service delivery for families caring for orphans and vulnerable children in KwaZulu-Natal Province working with both the National and Provincial Department of Social Development in South Africa. This award is a milestone in REPSSI's history, helping the organisation to ensure that all children receive social and emotional support. This grant is not only a recognition of REPSSI as an organisation, but more importantly the children across the African continent who have the right to love, care and support.

Source: REPSSI website (http://www.repssi.org/?p=1493&option=com_wordpress&Itemid=64).

Developing options for self-financing

REPSSI is also generating a growing volume of income on its own through the sale of its materials and services, although the amount in terms of absolute figures is still modest: 0.3 million US dollars⁵⁴ was earned from this source in 2011, corresponding to about 5% of overall expenditures. Still, the upward trend over the last 5 years is clearly in the right direction. Greater self-financing is a declared aim of REPSSI's *Strategy 2011–2015*. One way to achieve this is through a policy of sharing costs with partners, with the costs assumed directly by the partner not appearing in REPSSI's budget or accounts. Thus, for example, the government of Zambia assumes the costs of transportation, lodging and food associated with training teachers in psychosocial support, while REPSSI covers the costs of the trainers and the material. In this way, the government financed 70% of the overall costs and REPSSI 30%.

The concept of a social enterprise, however, goes beyond this to envision a complete shift of costs to partners. A corresponding external market analysis was commissioned in 2009 and funded by the Novartis Foundation. Some initial examples, primarily with well-funded international partners, are already available. In Kenya, for instance, Child Fund covered the costs for REPSSI materials as well, and in Tanzania Family Health International paid the full costs.

NFSD and REPSSI: a unique partnership

Development cooperation partnerships are all about combining the competence and the capital of different actors such as the state, the private sector, and non-profit, non-governmental organisations in order to focus on common aims. Close cooperation between the private sector and civil society is the exception rather than the rule. This is what makes the partnership between Novartis and REPSSI so noteworthy.

Novartis has no involvement whatsoever in the manufacture of drugs for HIV and AIDS. Hence its engagement in this area is not linked with any existing business interests but can be regarded as a sense of social responsibility expressed in terms of corporate citizenship. Ideological blinders are not in the interest of either party. “The Novartis Foundation occasionally gave us a hard time, requesting reports and financial information. Although NFSD can be very demanding, they are also open to being convinced by arguments,” recalls Jennifer Marinelli, a member of REPSSI’s board of directors formerly responsible for finances.

Willingness to take risks, flexibility and commitment are the qualities that have characterised cooperation between the Novartis Foundation and REPSSI up to the present day. In the early years of Humuliza and REPSSI, when established structures and experience were largely lacking, a willingness to take risks was especially decisive. According to Jennifer Marinelli, “NFSD was continually looking for new spheres of endeavour and held self-reliance and self-financing in particularly high regard.” Flexibility could be seen, among other things, in NFSD’s financial support of different additional projects beyond the core financing it provided – for instance, a workshop for women in South Africa where REPSSI introduced the *Tracing Book* for AIDS victims to keep track of their own case histories. Another milestone was research done by the Swiss Academy for Development (SAD). “The initiative taken by Novartis in support of this basic research was of crucial importance,” says Nomfundo Mbuli of SDC appreciatively. Novartis thus played a key role on the long road REPSSI has travelled in its development from the initial idea into a pioneering project, then a regional institution, and finally into a social enterprise.

Moreover, Novartis was prepared to put additional company resources at REPSSI’s disposal beyond its financial contributions to REPSSI’s overall programme and to specific projects. Through the mediation of the Novartis Foundation, it was possible to secure the services of Novartis International’s highly motivated human resources department at the company headquarters in Basel. In a spirit of corporate philanthropy, Novartis provided organisational development and introduced methods that are indispensable for the survival and growth of an institution. A team of experts, cooperating with specialists at renowned training firms, developed tailor made courses in management and leadership skills from which not only staff members at REPSSI headquarters benefited but also those in the regional offices. REPSSI was provided with cost-free services relating to legal questions, communication, and even development of professional corporate identity with a corresponding Internet presence. Also included was a business plan aimed at further development that would make REPSSI self-financing in time on the basis of its services, and hence allow it to become a social enterprise. With a view to this future as a social enterprise, the Novartis Foundation organised a study trip to Ifakara, Tanzania, whose medical training centre, which had been supported by the NFSD for decades, was now partially self-financed thanks to the sale of training courses. Novartis provided REPSSI with a marketing consultant to help make the transition to a social enterprise a promising one. REPSSI

also benefited from the influence, connections and experience of Novartis South Africa in auditing, allowing it to reduce its auditing costs by 30%. Novartis South Africa also facilitated access to medical services and family support (careways) for REPSSI personnel.

This non-financial cooperation is highly prized by all participants. REPSSI personnel valued the chance to have further training that was relevant to practice, while instructors were glad to be able to contribute to REPSSI's success.

Looking back, Noreen M. Huni reflected, "The training in leadership issues and team management that took place over a two-year period (2007/08) was specially tailored to our needs and was an entirely positive experience for the whole team." Novartis estimated expenditures for 2006/07 to include 10 business trips and 500 working hours.⁵⁵ The good reputation that the engagement with REPSSI enjoys internally at Novartis can be seen in the fact that Novartis employees created a pool of experts in 2007 to provide access to Novartis's know-how and experience for other development programmes in addition to REPSSI. For the Novartis Foundation, cooperation with REPSSI is a good example of "how a corporate foundation can leverage a modest investment to make a huge difference."⁵⁶

Since 2006 a challenge to cooperation with REPSSI has been posed by a smouldering legal dispute over patenting of the Novartis cancer drug Glivec in India. India is the "pharmacy of the South": 86% of antiretroviral drugs are generics from India. Non-governmental organisations fear that if Novartis wins its case in court, this will greatly restrict the scope of Indian pharmaceutical firms that produce inexpensive generic drugs, even though Novartis itself manufactures



Training lays the foundations for productive work for REPSSI and is also important for young people if they are to find a job. Psychosocial and other support measures are complementary (Uganda).

no drugs to treat AIDS. REPSSI Management & board of directors, decided not to engage in this issue with other Civil Society Organisations, given the global complexity around generic manufacturing and intellectual property rights as REPSSI does not have this expertise as its focus is on psychosocial support for Children affected by AIDS, violence and poverty.

The principles of effective cooperation

At the international level the declarations of Paris (2005),⁵⁷ Accra (2008),⁵⁸ and Busan (2011)⁵⁹ laid out principles for effective development cooperation that have been widely acknowledged: responsibility for national development strategies on the part of aid recipients, donor alignment of procedures to support these strategies, harmonisation among donors, transparency of relations, result-oriented cooperation, and mutual accountability. These principles have been illuminated in a study that focused especially on international support for children affected by AIDS.⁶⁰ Yet despite their acceptance, their implementation in practice is still by no means a matter of course.

However, cooperation as practiced by REPSSI's core partners – SDC, SIDA/NORAD and NFSD – has long closely accorded with these ideas about successful development cooperation:

- REPSSI's programmes take up the priorities of its partners – governments and non-governmental organisations – and adjust to their development programmes;
- Planning, reporting and accounting documents prepared by REPSSI are accepted by all international partners without requiring any additional documents;
- Financial contributions are paid into the general account for REPSSI programmes, and the independent auditing REPSSI already requires satisfies all parties;
- Dialogue among all international partners takes place jointly with REPSSI, and donor visits to REPSSI programmes are jointly discussed and coordinated.

For several years the Novartis Foundation has made payment of instalments of its financial contribution contingent on REPSSI achieving important milestones in its programme (cash on delivery). As these milestones are a component of REPSSI's regular work programme, and as payments are also made into the general account with no separate accounting, this form of performance-oriented cooperation is fully compatible with the principles of effective development. The agreed upon payment is made regardless of whether the expenditures to achieve the milestone have fallen short of or exceeded what was budgeted for them. For example, when compiling its manual, REPSSI was able to build reserves because the effective costs were lower than foreseen in the budget.

Stefan Germann, a member of REPSSI's board of directors, says in retrospect that REPSSI's international partners are "very flexible and also ready to seek solutions outside the institutional comfort zone."

In line with the principles of effective development cooperation, REPSSI's three core partners drew up a joint financial agreement in 2012. The lead time for this was 7 years, with negotiations beginning in 2005. The fact that the agreement was by and large ready for signing only in 2012 had less to do with serious differences of opinion than with practices in light of which formalisation seemed a matter of little urgency. Still, such an agreement as a formal basis will strengthen and harmonise cooperation between REPSSI and its donors. The obvious advantages for REPSSI are:

- REPSSI's international partners share core values and preach from the same page;
- REPSSI's workload is reduced, as all its partners require the same reports and follow harmonised purchasing guidelines;
- Partners identify with and support the entire programme and do not cherry-pick specific attractive components.

Donors rightfully want to know about successes and failures. Thus, REPSSI's international partners are eager for numbers. REPSSI itself is naturally also interested in knowing how many children it and its partners reach. Thus, since 2007 a framework for monitoring and evaluation has been developed that was described in Chapter 5. Taking a cue from the reporting guidelines used by the American donor PEPFAR, REPSSI's partners were urged to maintain lists of children they had reached. Initially, major partners and later minor ones were visited and given further training, and the information they supplied was verified in the field by means of random samples. Double counts were thus for the most part eliminated. This sound but also extremely time-consuming procedure made it possible to assess annual progress: by 2012, REPSSI had reached a total of more than 5 million children.

Quantitative measurements of success have their limits, however. The quality of a relationship with a child cannot be expressed in quantitative terms; what is not measurable is sometimes much more important than what is. Nor can self-esteem be calculated in francs and centimes. REPSSI works through partners, and capacity building among these partners is REPSSI's core responsibility. But international donors are ultimately interested in numbers that indicate success, such as the number of children and young people reached – a level of assessment over which REPSSI has no direct control, as it is determined by REPSSI's partners.



Children on their way home from preschool (Swaziland).

Crucial changes in the structures and procedures of an organisation also lie outside the realm of quantitative measurement – for instance, cooperation between REPSSI and governments cannot be adequately captured in terms of time frames and criteria for success. REPSSI and its international partners are thus courting risk with this new direction.

Making quantitative targets the measure of all things may lead nowhere or even to undesirable or perverse effects. If compiling information is done for its own sake, it is an empty exercise. “When data are compiled they are all too often not evaluated with the aim of improving programmes but for the purpose of submitting reports to donors and governments,” says one person familiar with the situation. The problem of perverse effects has long been known and is also pertinent in the fight against HIV/AIDS. For example, if payments from a donor depend on reaching a certain minimum number of children, the partner organisation executing a programme will do all it can to meet this criterion. The possible consequences of this are described in an independent evaluation⁶¹ of PEPFAR interventions:

- The family context was avoided to enable tracking of clearly identifiable children for reporting purposes;
- The needs of older children were not considered, as only children from 0 to 17 years of age counted in the statistics, making 15- to 16-year-old teenagers unattractive because they would rapidly reach the age limit where they would become statistically irrelevant;
- The selection of interventions and services, including psychosocial support, was not guided strictly by need – preference was given to less expensive services;
- Partners had no interest in releasing children from their “custody”, as this would have reduced the number of children in their care and thus would have diminished the payments they received.

REPSSI’s work has resulted in unforeseen consequences regarding the ways in which organisations mobilise donations for children in the USA and Europe. Many children’s aid organisations use an individualised foster parent approach that benefits a particular child, who writes letters and perhaps can even be visited. Although a direct relationship maximises the financial benefit, this procedure fails to do justice to children and their social context. “A child had nothing to say about what it wrote or how the money was used. The parents or caregivers decided everything; the child, however, was certainly allowed to say thank you,” as Joseph Chemjor of Child Fund Kenya describes the procedure followed up to now. Frequently the caregivers wrote thank-you letters themselves because they did not trust the children to do it.

For REPSSI, however, wellbeing, respect and self-determination are the top priorities with respect to children. This fundamental position contrasts with the fundraising methods of several of REPSSI’s partners. Some of them have changed their approach in recent years, influenced among other things by REPSSI’s psychosocial perspective. Children from the age of 10 now write letters themselves, and they also have a say in how money is used on their behalf.

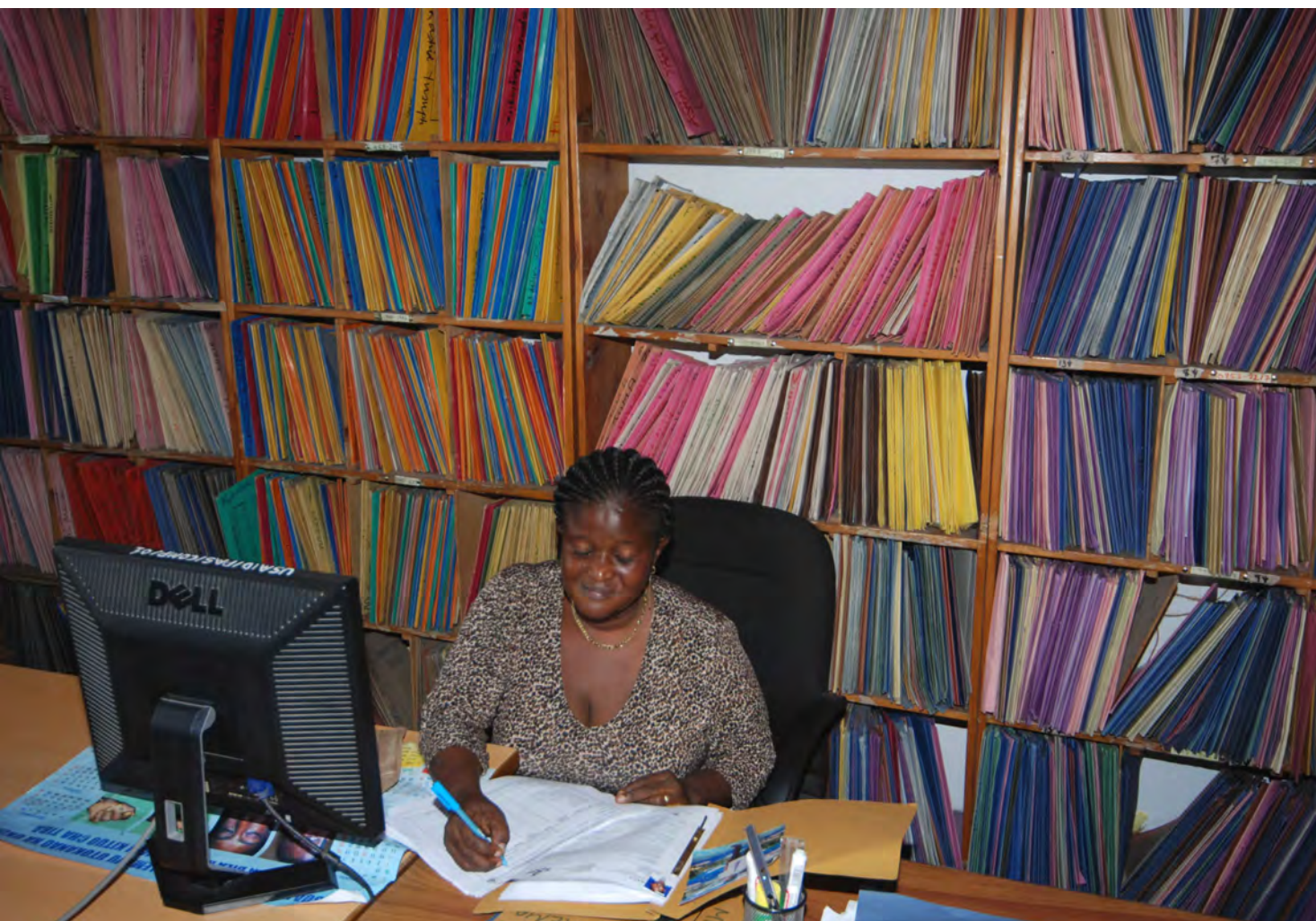
“I am grateful to REPSSI. I am no longer the same person; I now believe the role of children is much more important than I previously thought,” says Joseph Chemjor. While the sponsors’ programme at Child Fund Kenya still focuses on individual children, concurrent development programmes in villages focus on the community. Other children’s aid organisations have recently changed direction as well, working with entire families, communities and no longer for the benefit of select children only. And not least of all, this is likely to reduce the simultaneous improper marketing and patronising of individual children by several aid organisations, as Noah

M. Sanganyi of the Ministry of Gender, Children and Social Development in Kenya has observed. In Switzerland, aid organisations that engage in marketing focused on individual children are not granted the ZEWO seal of approval for non-profit organisations.

In 2011 the Global Partners Forum on Children Affected by HIV and AIDS called upon donors to intensify exchanges of experience among themselves and to learn from this in order to enhance aid effectiveness in a practical fashion. The Global Partners Forum recommends the Regional Inter-Agency Task Team (RIATT) as an appropriate, widely supported platform for East and Southern Africa. This recommendation reveals once again the key role of REPSSI, whose executive director Noreen M. Huni is also the president of RIATT.

(Interim) success at risk

Approximately half of the resources available to combat HIV and AIDS come from international sources. This poses a substantial risk for recipient countries: even if rarely admitted, it is nonetheless true that rational criteria are not the only standards applied in determining how to use funds earmarked for development cooperation. Fashionable trends can be observed among donors, and signs of fatigue may occur; fatally enough, success stories can even trigger withdrawal – for example, in the case of international vaccination campaigns.⁶²



PASADA cares for about 10,000 children of whom 5,000 are orphans. Every dossier represents the fate of an individual child (Tanzania).

Interview with Levina Kikoyo, Deputy Programme Director, Family Health International (FHI360), Tanzania

“Insufficient human resources lead to missed opportunities for REPSSI”

What importance does FHI360 assign to psychosocial support?

Our main priority is to build the capacity of households to care for their children, support and protect them. Care is not only about physical support but includes essentially the ability to understand children. When a child’s parents die and the child suffers from nightmares, refuses to go to bed and continues to ask, “Where is my mom?”, it matters to take the question seriously instead of just replying, “She will come, don’t worry.” Many adults shy away from the confrontation with reality. A good heart is not enough to deal with traumatised children. Building up a relationship and emotional skills is the key.

How do you ensure that social and emotional factors take effect in care?

Training of our own staff and the staff of our partners in the communities and households is essential. We use a number of REPSSI resources such as *The Journey of Life*, the *Memory Book* and the *Hero Book*.

How does FHI360 perceive cooperation with REPSSI?

Our cooperation is excellent. But REPSSI’s human resources are not sufficient to satisfy its partners’ needs. For example, we are revising our own children’s club guidelines with REPSSI’s support, but this has taken time because of staff and time constraints. This is regrettable, not only for FHI360. The lack of capacity also causes REPSSI to miss out on opportunities.

In 2008 there was a dip in the upward curve of new financial commitments by donors to combat HIV/AIDS in Sub-Saharan Africa.⁶³ International donors no longer give absolute priority to HIV and AIDS, as they still did 5 years ago; internationally, HIV and AIDS are increasingly being perceived as a “normal” disease. This in turn has led to a reduction in the financial resources available in the fight against HIV/AIDS.

Resources available generally for official development assistance from OECD countries declined in 2011 for the first time in several years. Particularly striking was an announcement from The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM): the Fund suspended new commitments in 2011 because donor countries, alarmed by a critical report from the Fund’s inspector general about improprieties in the use of funds, cut their financial contributions. Far-reaching reforms gave the GFATM a second lease on life in 2012: thanks to commitments made by donors, the Fund will be able to resume its activities.

Although there is evidence of success in the fight against the HIV/AIDS pandemic, it is much too early to give the all-clear signal. International support is declining at the present time entirely for financial and political reasons, not because of a poor success rate.

The current situation illustrates the high risks for countries dependent on foreign assistance. South Africa covers four-fifths of the costs of ARV therapy from its own resources. But some SADC members such as Zimbabwe, Lesotho or Mozambique are heavily dependent on external financing. In the case of Swaziland, it is unclear where financing for 2013 will come from, and there are fears that Swazis will migrate to South Africa to obtain access to drugs. At the same time, the economic crisis and the sluggish global economy are shrinking tax revenues in African states.

“Some of our member states are struggling to maintain their HIV therapy programmes,” says one source within SADC, confirming the difficulties. This is a dire situation in both human and medi-

cal terms that poses a threat to what has already been achieved. It is estimated that less than 50% of those who need life-saving therapy programmes currently have access to them, and only 72% of HIV-positive children under the age of 15 are able to obtain the ARV drugs that they depend on.⁶⁴ “Imagine that you have begun to take antiretroviral drugs and it has been impressed upon you that you will have to continue taking them for the rest of your life. Transfer of the disease from mother to child can be prevented, and children will no longer die of AIDS. Then financing collapses after a short time and the drugs are no longer available. That is infuriating! What will happen now if money is lacking?” Kathleen Okatcha, director of KORDP, a non-governmental organisation in Kenya, finds the situation shocking.

Interview with Ngaiza Diomedes Medicus, OVC Programme Director, PASADA, Tanzania

“It is more difficult to mobilise money for psychosocial interventions”

PASADA has an extensive and comprehensive programme for orphans and other vulnerable children.

Indeed. We reach almost 10,000 orphans and vulnerable children. More than 1000 of them are HIV-positive and 5000 of them are orphans. The National Aids Control Programme (NACP) database counts persons of 15 years and older as adults. Our outreach is, however, limited to the Archdiocese of Dar-es-Salaam.

What contribution can be expected from psychosocial interventions?

Social and emotional support is a cornerstone of our programme for children in need. Cooperation with REPSSI has greatly enhanced and strengthened our psychosocial interventions. Children find their way back to a positive attitude towards life. The dream of an own family returns. Their performance in school improves. But not all PASADA staff members are “literate” in psychosocial support. This is why every year we budget further training based on REPSSI resources.

What is your experience in raising funds for such programmes?

It is more difficult to mobilise money for psychosocial interventions than for medical programmes, school affairs, shelter projects or nutritional support. One reason for this is that it is not easy to develop and monitor meaningful indicators for improved wellbeing following psychosocial support. Much remains to be done in this area of psychosocial support.

The Challenges

Keeping pace with economic and social change

Will the coming years bring greater prosperity to Southern and East Africa? Or will the region increasingly see the development of fragile states that lose their legitimacy and are unable to fulfil their basic responsibilities? Either of these prospects will have a direct effect on REPSSI's work.

The first scenario of growing prosperity and successful development – including legitimate forms of government that are responsive to the people – would give governments the means to provide populations broadly with the basic services of education and health. Psychosocial factors are an important part of these services and are recognised as such. Lobbying at the national level for implementation of psychosocial programmes, in the context of overall services packages, would therefore remain a priority.

The second scenario raises fears of growing economic disparities and unemployment – socially explosive conditions that could pose a threat to entire states. In fragile states, governments lose legitimacy and powers of enforcement. Frequently, they cannot or will not fulfil their responsibilities to their citizens. It would be unavoidable for REPSSI to work primarily with private partners in fragile contexts, in order to meet the critical demand for psychosocial care and prevention.

REPSSI acts on the basis of humanitarian considerations in working with private partners. But shifting the burden from the government to the people – or civil society – can be only a temporary solution until education and health care are once again guaranteed as normally functioning public services. It is crucial to hold governments responsible for discharging their duties themselves instead of relieving them of their obligations through private programmes. Non-governmental organisations should exercise the same vigilance and caution towards communities in this regard. Indeed, there are reports from Kenya and Tanzania of communities that no longer felt responsible for their children and caregivers in the wake of private interventions.⁶⁵

Developing the capacity for innovation

Innovation is indispensable for an organisation that provides knowledge such as REPSSI, and there is no doubt that the first decade after its founding was characterised by an extraordinarily creative spirit. In recent years, however, fewer innovations have been emanating from REPSSI. One reason for this, among others, is that innovations require an extremely long time to mature: realistically, a time horizon of 5–7 years must be allowed from proposal of an idea to conception, field tests and their evaluation, and finally broad application. Today REPSSI's personnel are overburdened, which makes it difficult to encourage innovations. An incubation fund for this

purpose has not worked out as envisaged. More than a blank line in the budget is required to produce innovation; creative teams and a clear commitment to entrepreneurial processes are essential. At the same time, it is important not to become bogged down in details.

Criticism can be heard to the effect that some existing REPSSI resources are little used. Hence it is reasonable to conclude that innovation is essential but only for core areas with strategic consequences. The special needs of teenagers and adolescents could be one such area.

Investing in adolescents

Young people⁶⁶ in Africa are increasingly becoming a topic in their own right. For one thing, the number of young people is growing rapidly, while unemployment in the adolescent years is widespread and a source of socially explosive conditions. The political upheavals of 2011 in northern Africa were taken by many as a warning signal. At the same time, new challenges in social and emotional support of teenagers are emerging.

Orphans and other children who grow up in difficult circumstances are at greater risk of going astray than children in ordinary families. Although this is nothing new, there is a difference between individual cases and an entire orphaned generation. Male adolescents often lose themselves in several simultaneous sexual relationships and begin taking drugs. Girls sink into prostitution or enter into relationships with older men in exchange for food and money.

Among orphans and vulnerable children “sexual abuse, accompanied by the added burden of teenage pregnancies, is very common,”⁶⁷ says PASADA, an aid organisation of the Catholic Archdiocese in Dar-es-Salaam, Tanzania. Teenage pregnancies are increasing even where there is no abuse. But when a girl sees prospects for her future, she will not want to become pregnant. Aaiyah, a 17-year-old girl from Tanzania who found courage and took a new path after a difficult youth says, “Becoming pregnant would mean it’s over for me. I would have to leave school.” Working to gain self-confidence and achieve goals also helps to protect teenagers from becoming pregnant.

Interview with Edwick Mapalala, REPSSI Programme Officer for the East Sub-region based in Tanzania

“Infants become teenagers”

Before becoming a REPSSI staff member you spent many years working directly with HIV-affected children. What has changed since then?

The infants of those days have become teenagers and are challenging their caregivers. Being a teenager is never an easy stage in life, but here we have to add HIV. A 12-year-old girl came to me, frightened: “What have I done? My mother wants to commit suicide!” The girl had confronted her mother with the question of why she had given birth to her at all knowing that the baby would be HIV-positive. The father had died, the daughter was, indeed, HIV-positive. While mother-to-child transmission can be prevented today, this does not make it any easier to understand the situation and the dilemma mothers faced years ago.

How did you deal with such challenges?

First of all, both the mother and the daughter need information and individual counselling. Joining self-help groups is equally important for both, in order to have peer platforms where they can exchange experiences with other parents and adults or other adolescents in similar situations. This can help them to regain confidence and courage. Today HIV is no longer a death sentence; a normal life with children of one’s own has become possible.



Investing in children and adolescents means giving them a future (South Africa).

Investment in adolescents pays off. “Countries are better placed to reap demographic dividends as a skilled youth cohort reaches adulthood and contributes to the economy and society, and helps build social and political cohesion,” says a new report on progress in child wellbeing.⁶⁸ But even in a country like Botswana, which is successfully combating the HIV/AIDS epidemic, HIV-positive adolescents are seen as a particular challenge.⁶⁹ In 2011 the Global Partners Forum on Children Affected by AIDS also pointed out the growing number of adolescents with special needs that required attention. “Young people tell us that they are not just OVCs. They say they also have potential,” says Stephen Sianga of SADC, describing consultations with those affected.

The road is a rocky one, however. “No provision is made for teenagers, only for children and adults,” says Angela Malik of the Kondwa Day Centre in Zambia, describing the challenge of the first adolescent generation of HIV-positive children. “They are waiting for someone to talk openly with them. It is thus extremely important that we say to them, ‘Yes, you are HIV-positive, but you can still determine the course of your life, including sexuality and having children.’”

A self-help group of young and mostly HIV-positive parents overseen by Africaid in Zimbabwe offers an encouraging example. Over 20 individuals between the ages of 16 and 24 participate in the group to exchange experiences about disclosure of their HIV status – including to their partners – and about feeding babies and raising children. One HIV-positive young man brings his HIV-negative partner along so that she can get first-hand information about the implications of her situation. This illustrates why REPSSI needs to develop new resources and forms of support for young adults.

Maintaining the hallmark of quality

The need for psychosocial support has still not been fully met – a situation that is unlikely to change in the near future. The challenge for REPSSI, however, is not to expand into additional countries such as the Democratic Republic of Congo or Nigeria at the expense of reducing quality of existing programmes; the resources to take steps such as these are currently not available. REPSSI's work must instead be devoted to improving the effectiveness and the quality of its existing interventions.

Mainstreaming of psychosocial support, therefore, cannot mean that REPSSI continues to grow as it did in its first 10 years. It will not be able to maintain its virtually monopolistic position in the long term. Nor would this be sensible; it would even be detrimental to the aspiration of doing more work at a higher level. Instead, it will be increasingly important to find new forms of co-operation with other organisations, as a way of expanding the scope of psychosocial support and simultaneously ensuring high quality. REPSSI has accordingly begun awarding a seal of approval to quality products of other organisations and defining an accreditation process – an important step in consolidating its own leading position without trying to do everything single-handedly.

On another level, the quantitative targets set by donors provide an incentive to produce psychosocial services as inexpensively as possible. This is doubtless desirable on one hand, but on the other it also has the side effect of lowering standards for quality and effectiveness, which are more costly items in the budget – as illustrated by the experience of the US organisation PEPFAR with its executing partners.⁷⁰ REPSSI invests enormously in quality work, as shown, for example, in the extremely demanding processes that guarantee the professionalism of its resources. The “mill” is the in-house term used to describe this tough process of quality control:

Quality assurance in the development of new REPSSI resources

An internal Resource Development Advisory Team is responsible for quality assurance at REPSSI. The development of new REPSSI resources takes place in 5 stages:

Phase 1 - Identification, prioritisation, and selection of a topic, including a review of relevant literature.

Phase 2 - Planning for new development. This includes necessary working steps, time frame, and responsibilities.

Phase 3 - Development of content. Here it is important to involve all interested stakeholders such as children, caregivers, and partners. The process begins with a provisional selection of content. On this basis an initial draft is drawn up and goes through peer review using general as well as gender-oriented criteria. Comments are incorporated into a second draft, which serves as the basis for a pre-test. The final version emerges from experience gained during these steps.

Phase 4 - Design and production. Illustrations, layout and printing take place according to REPSSI guidelines.

Phase 5 - Feedback. Users are asked to relate their experiences and provide their comments to REPSSI.

Source: REPSSI, The Mill. Knowledge Development Quality Assurance. July 2011.

This quality assurance is given high priority not only in the development of resources but also when translating them into other languages. “What counts for REPSSI is quality,” says Fikansa Chandra, REPSSI's regional director in Lusaka. The organisation he had previously worked for had placed the focus in measuring effectiveness purely on quantity. When it was known how

many children were able to attend school once the costs of tuition had been taken over, there were no further questions. "But it is also important to know whether the children learn anything or whether they simply pass the time in school preoccupied by something else." REPSSI's interventions aim to free children's minds so that they better learn how to deal with their difficult situation.

Reinventing the organisation

REPSSI's headquarters, with offices secured by electronic fences, provide a stark contrast with the daily existence of the people REPSSI serves in villages and neighbourhoods.

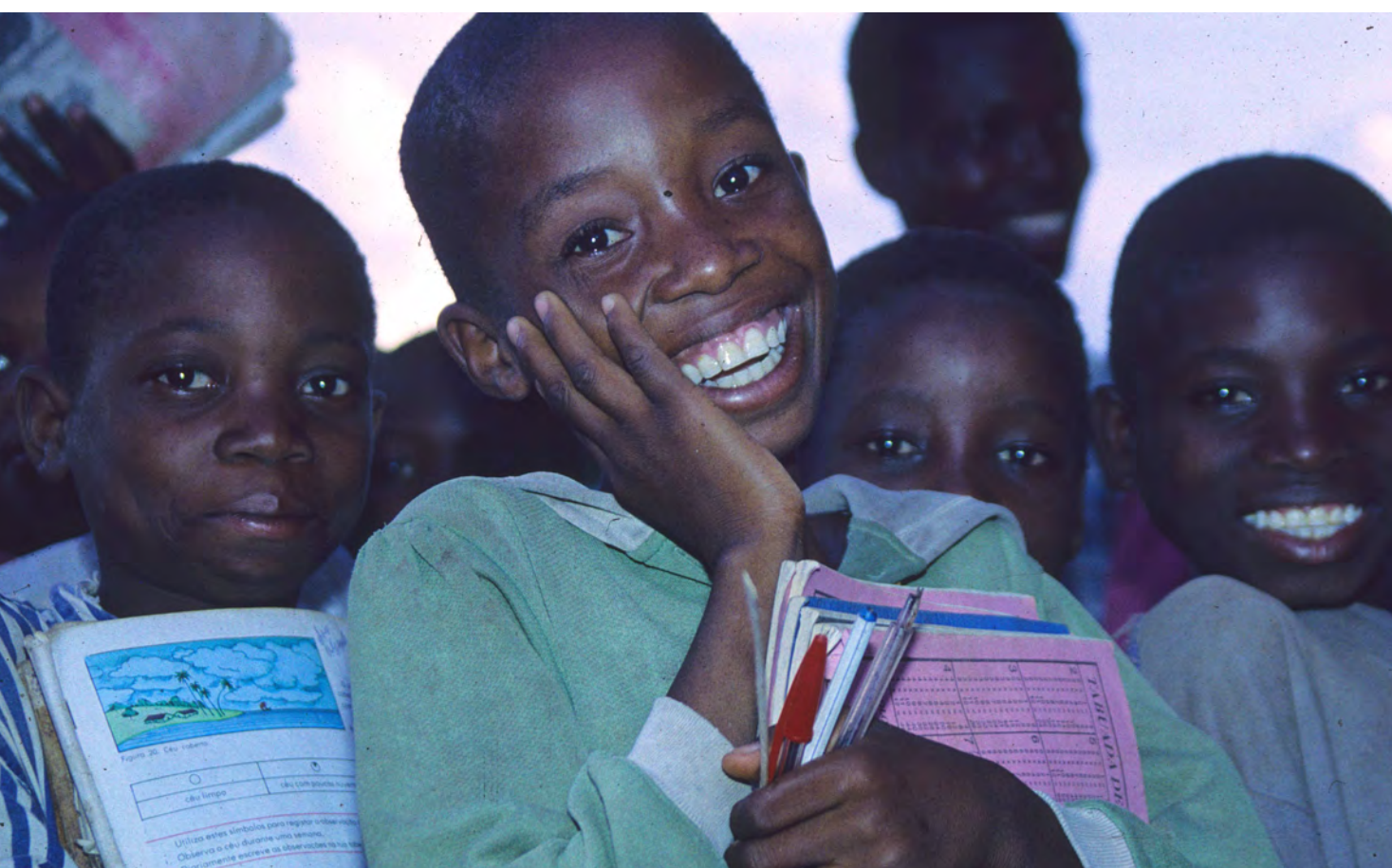
"It is very easy to lose your grip on reality in the concrete jungle of Johannesburg, even though everyone at REPSSI comes from rural Africa," says Daphetone Siame, a previous deputy director of REPSSI. There is no question of good will here; for the REPSSI team is characterised by extraordinary commitment to its work. Personnel at headquarters point to their own personal backgrounds, where involvement with extended families is natural and experience with the effects of HIV and AIDS is not infrequent. The question, rather, is one of the pressures of work, which restrict time-consuming field missions to a minimum. And there is also a question of context: South Africa has a well-developed corps of development workers. While social workers are available in Soweto, for example, this is rarely the case in the poorer neighbourhoods of many other countries. "It is therefore all the more important that materials in REPSSI's training programmes be presented in such a way that even grandmothers can understand them," says Daphetone Siame. This means finding opportunities to reduce the distance between the field and headquarters, for instance by locating training courses in villages or shifting some work from headquarters to partner countries.

Giving priority to research on impacts

It is easy to talk about goals and activities. But what counts at the end of the day are the impacts of interventions. Do the girls in the family now attend school just as the boys do? Are ARV drugs being taken more regularly? Are children being better protected in disputes over inheritance?

That psychosocial support is important and that it improves children's wellbeing is indisputable and has been demonstrated by different studies.⁷¹ But here, as in so many other things, the devil is in the details. Which interventions work in which way, and which are efficient, is unclear in specific cases and has not been scientifically verified.⁷² Research on impacts is difficult and time-consuming. Whether a child can overcome a depressive phase depends on many factors – designing a *Hero Book* or participating in a REPSSI bereavement week is one piece among others in a mosaic.

Different controversies⁷³ among experts cannot (yet) be resolved on the basis of scientifically processed experience. The existing uncertainties are of a fairly fundamental nature. There are questions, for instance, about what impact people trained as paraprofessionals can have, or whether there is not also reason to fear counterproductive effects – such as new conflicts in the home when a child talks openly about its fears. The dividing line between children who need psychiatric intervention and those whose problems can be dealt with by paraprofessional psychosocial methods is also unclear.



Quality is not a luxury – children have a right to a good learning environment. School children in Mozambique.

Monitoring and evaluation has been a topic at REPSSI from the outset. It was already recommended in the first evaluation report⁷⁴ in 2004 that more attention should be given to observation and monitoring of the impacts of interventions, and that partner organisations should be involved as well. The evaluation report identified a wide spectrum in this regard: several large non-governmental organisations had well-functioning programme monitoring systems, but there were also many small partners that assigned no importance at all to monitoring.

REPSSI itself needs to be a model of good practice if it is to assume a leadership role vis-à-vis its partners when it comes to monitoring and evaluation. REPSSI's new *Strategy 2011–2015* assigns high importance to research on impacts, with the aim of building a “learning network” for exchange of know-how and experience. This will also require REPSSI's personnel to show openness in dealing with unexpected results.

Research on impacts is also especially important with respect to therapy adherence and the positive potential of psychosocial measures related to it. Adherence prevents further development of resistance and hence eliminates the need to administer much more expensive second-line treatment. There is considerable anecdotal evidence of this positive connection, but it is critical to provide statistically grounded evidence as well. This would demonstrate that investments in psychosocial work also pay off financially, because it increases the number of cases where the less expensive initial drugs suffice in lieu of the more expensive follow-up drugs.

Longer-term impact is an additional important but so far neglected research topic as donors generally do not fund longitudinal studies and governments in Africa have not started to invest in

such important long term studies as yet: REPSSI's investments in children have a generational perspective of 30 years. The study done by SAD⁷⁵ had a three-year time frame. Scientific studies of the impact of psychosocial support are continuing, but with a focus on the instruments REPSSI employs. Although this is important, it would also be of great interest to build up a data set that includes control groups, as well as a long-term research agenda, and to connect them with short-term steps.

Finding new sources of funding

Financially, REPSSI is heavily dependent on a few international donors. It has a choice of several strategies to change this situation.

One possibility is attempting to work with a larger number of international cooperation partners, thereby avoiding risk concentration. Efforts in this direction have been underway for some time, and have yielded some success in co-financing of selected projects and the certificate course. Although the search for partners who will support the entire programme is considerably more difficult, it will, of course, continue.

A second option is to seek sponsors for specific programme elements in local contexts. REPSSI secured the services of a specialised consulting firm that organised talks with 14 firms in the region. An initial breakthrough occurred in Botswana, not least of all thanks to contacts maintained by Jennifer Marinelli, a member of REPSSI's board of directors based in Botswana: the Stanbic Bank Botswana provided 10,000 US dollars (100,000 Pula) in 2012 to cover the costs of



REPSSI's director of research collecting data on graduates of the certificate course (Zimbabwe).



Stanbic Bank presents REPSSI with a check (Botswana).

10 participants in the REPSSI certificate course in community-based work with children and youth. “We can do nothing better than invest in the children of Botswana; they are literally our future,” says Stanbic’s director in explaining the bank’s donation. REPSSI expressed its thanks for the check received from the bank in these words: “Where every sixth child is an orphan, as in Botswana, the burden of caring for these children often falls upon older siblings or well-

meaning community aides. We are honoured by the support and the trust that Stanbic Bank has expressed for REPSSI. The bank’s contribution is a step in the direction of ensuring that no child in this country will feel endangered or unprotected.”

In Namibia, the First National Bank (FNB) granted through its Foundation in 2012 an award of over 100,000 US dollars (915,930 N\$) to REPSSI. The largest amount ever allocated by FNB Namibia is a 3-year grant to train 40 students in REPSSI’s Certificate Course in Community Based Work for Children and Youth as well as to train 100 community volunteers from ChildLine Namibia in selected REPSSI tools. FNB Foundation chairperson Jane Katjavivi applauded REPSSI’s partnership with the Namibian Government and added “We, at FNB Namibia, are committed to assisting the most vulnerable sections in our community and are always seeking like-minded partners.”

A third alternative is for REPSSI to position itself as a social enterprise that sells its services rather than providing them free of charge to other institutions. A marketing study focusing on this alternative has already been done and further clarifications have been made. It may be necessary to establish a legally separate institution such as a trust or foundation for this purpose. Above all, positioning as a social enterprise will also mean a new self-image for REPSSI’s personnel. Thanks to its efforts to position itself as a social enterprise, in 2011 REPSSI was for the first time able to cover about 5% of its total expenditures from the sale of its products and services.

REPSSI’s efforts to institute greater cost-sharing with its partners are an intermediate step towards becoming a social enterprise. Initial experience has shown that conflicting goals can be an issue. Participants in the certificate course, for example, were also asked to pay a fee. The costs for the first certificate course offered as a pilot project in 2009/10 and the second course in 2011/12 were largely covered by REPSSI, thanks to contributions from UNICEF and AUSAID. A course fee of 1500 US dollars was introduced already when the course was offered the second time, although it was by no means collected from every participant in order to allow well-qualified candidates to attend despite financial hardship.

“With course costs this high, we run the risk of losing the target groups we are trying to reach. In the last course we had volunteer social workers who could not pay the cost of transportation from their village to the regional discussion group every three weeks from their own pocket even if their lives had depended on it,” reports a mentor from Swaziland, where the university became the course organiser in 2012 and proposed to set the fee for participants in the certificate course far above cost in order to generate a surplus for the distance learning institute. In this case people with no means would no longer be able to afford the fee of 3000 US dollars for the two-year certificate course. REPSSI is currently trying to negotiate a more favourable arrangement with the university. The question of stipends for course participants who are unable to pay is still open.

At the time of writing, preparations were being made for the graduation ceremony of the 2011/12 certificate course in Swaziland. The event was expected to attract 400 family members, employers and guests to celebrate with the 119 graduates who successfully completed the course. The organisers – the University of Swaziland, the government (NCCU), UNICEF and REPSSI – were able to secure the deputy prime minister as a speaker. The ceremony thus was also a social event attractive to representatives of the private sector, who were specifically invited in the hope that some businesses would be convinced to sponsor course participants in the future.

In Botswana REPSSI is teaming up with the government, which wants to make use of *The Journey of Life* at the national level in cooperation with non-governmental organisations. “*The Journey of Life* is outstandingly suited for mobilising communities,” says David Kanje of Project Concern International in Botswana. “But the costs of using it pose a great obstacle.” He would like to offer one or two courses in all 32 districts of Botswana to train motivated family and community members to use *The Journey of Life*. REPSSI will assume the expenses for trainers and facilitators in the interest of cost-sharing, but substantial costs will remain for the partners. The facilitator’s version of *The Journey of Life* costs approximately 100 US dollars. If there are 35 participants in each course, the total cost of course documents alone for all the districts adds up to more than 100,000 US dollars. In addition, there are costs for the course venue and for accommodations and food for participants for one week. District budgets for community work in Botswana are not sufficient to finance all these costs. If REPSSI sees itself as a social enterprise that hopes to pass on the costs for trainers and facilitators to its partners as well in the future, this also means that the financial obstacles will grow.

Lessons Learned

Children are the experts where their own lives are concerned

Children and young people can usually decide themselves what is good for them, whether dealing with their contemporaries or with older generations. This principle shapes the work of REPSSI and its partners. Children must also know themselves, however, in order to exercise their rights and their responsibilities. “When your father dies, your world drowns,” as one boy described his experience. “You first have to find yourself again. Making a *Hero Book* and dancing were really helpful for me.”

Showing empathy, and looking and listening with the interests of children in mind, also pays off in daily affairs. Following a training course with REPSSI resources at the primary school in Morop, Kenya, children were invited to make suggestions for improving the school. They proposed building a water tank. Fetching water on foot cost them about 45 minutes of their school time each day. “Taking children seriously and including them in making decisions has advantages for everyone and is the core message of psychosocial work,” says Joseph Chemjor of Child Fund Kenya, one of REPSSI’s partners. The example of the primary school in Morop caught on, and another 26 schools in the region were subsequently equipped with water tanks.

A child’s mental strength is its best protection

The basic approach of taking children seriously and building their self-confidence paves the way to saying no to sex, for example. After a traumatic experience such as a rape, REPSSI tools such as the *Tree of Life* help a child to open up and to communicate. But building inner strength does not start only in adolescence. Nine-year-old Sonkwe Mwanza, a third grade pupil in Zambia, is an example. His mother and father died when he was 4 years old; since then he has lived in precarious circumstances. He shares the home of his aunt and uncle with 2 siblings and 6 cousins. Sonkwe likes to go to school and happily accepts his long journey – a ride on a school bus plus one hour on foot – as part of the bargain. But sometimes he is absent from school. When his teacher visited his home because she was concerned about his absences, she found that Sonkwe often had to look after the younger children. His younger brother also drew the teacher’s attention: he was undernourished. Looking closely and understanding the context instead of simply administering punishment to the child or keeping a distance was an important first step on the teacher’s part. Thanks to training in psychosocial issues, she made an effort despite having 36 demanding children in her class. Sonkwe’s family needs more comprehensive support in order for him to attend school normally and develop a healthy self-confidence.

Working through families and communities

Most orphaned children have lost one but not both of their parents.⁷⁶ The (usually) extended families that survive are therefore the most important anchor for anxious and traumatised children; it is crucial to strengthen the capacity of families and their neighbourhood environment. This is the approach REPSSI takes in its work, and it is shared by major donors such as PEPFAR.⁷⁷ It is also supported by scientific findings.⁷⁸ Focusing psychosocial measures on family structures and communities or neighbourhoods means renouncing the practice of interventions directed at individual children that ignore the family. “How can we deal with discrimination against those affected by HIV/AIDS, and how can we involve the village community? This was the number one challenge 10 years ago. REPSSI came along at just the right time,” says Kathleen Okatcha of KORDP in Kenya enthusiastically. Communities who support children in a village beyond their own families – for instance with money they have earned themselves from a vegetable garden – send a clear signal that they are working in this direction. “Programmes that promote the strength of families and offer family-centred integrated economic, health and social support result in improved health and education outcomes for orphans,” as one overview study concluded.⁷⁹

Relying on volunteer assistants

“In Mangana we had 110 children in a school class under a tree; 70 were orphans and 15 semi-orphans. It would have been impossible to have lessons without volunteer assistants from the village,” says one non-governmental organisation describing the situation it found several years previously in Kenya. Highly qualified professional caregivers can be counted on the fingers of one hand in rural Africa. But people who show empathy and commitment, and are ready to undergo training as caregivers and to volunteer their time, can be found everywhere. In practice most of these are women, usually from the generation of grandmothers, who are ready to perform unpaid service as caregivers. Kitovu Mobile, a grass-roots organisation in Uganda, has carried out a project for grandmothers in its area for several years. More than 500 grandmothers have received material and psychosocial support so that they can fulfil their many unpaid duties as caregivers outside the family.

Integrating instead of excluding

“When we wanted to distribute maize, soy and oil to HIV-positive men and women in 2003, no one showed up despite the presence of poverty and hunger,” said one non-governmental organisation, describing its early experiences, which had been unexpected at the time. Offering a lunch opportunity specifically for children affected by HIV and AIDS may be well meaning but is seen as discriminatory. People with HIV and AIDS are all too often stigmatised and ostracised by their neighbours.

“People threw trash in the courtyard in front of our house when it became known that we were HIV-positive,” recalls a member of a self-help group. This illustrates why supporting actions should be broadly aimed at the entire village community instead of specifically targeting those affected by HIV and AIDS. It has been reported from Tanzania and Kenya that a noticeable fraction of both children who were not beneficiaries of actions and caregivers of non-HIV positive

children showed jealousy of services provided to orphans and other vulnerable children and their families.⁸⁰ Why are children who have to struggle for other reasons – because of extreme poverty, for example – not included in support interventions? This experience confirms something that has long been known: the importance of including village communities in decisions and explaining the special needs of those affected by HIV and AIDS. “Psychosocial work breaks the vicious circle of stigma and discrimination,” says Christopher Amakobe of KORDP in Kenya, speaking from experience. This insight has been scientifically verified: an evaluation that compared 800 households in Kenya, Uganda and Zambia in 2004 and 2009 concluded that “There is plausible evidence that HIV-affected children/youth experienced less stigma and greater societal inclusion at endline than at baseline.”⁸¹

Leadership and the political context count

Success in the fight against the HIV/AIDS epidemic depends greatly on whether governments possess the necessary political will. When government takes the lead, undreamt of success is possible together with international support. On the other hand, if Swaziland slides into a financial crisis that requires cut-backs across the board, schools and health services will also be affected. Thus, efforts to support those affected by HIV/AIDS must take into account the overall financial and governance situation. Only when a government clearly commits itself to social equity in the fight against HIV/AIDS and support for children, will psychosocial measures be embedded in a productive environment, thus increasing the likelihood that they are part of a comprehensive minimum package to improve the wellbeing of vulnerable children and their families. REPSSI’s work will simultaneously be more long-lasting and cost effective.



The DANSO self-help group in front of its gathering place (Kenya).

A discussion with the DANSO self-help group in Dandora, Kenya

“The Journey of Life was an eye-opener”

Why did you found the DANSO group?

Three-quarters of our 56 members are widows or single mothers, many of them HIV-positive or otherwise affected by AIDS. We have to help ourselves to find ways out of economic hardship, stigma and discrimination. Most of us have been introduced to the fundamentals of psychosocial support and trained in the use of REPSSI resources such as *The Journey of Life*. That was an eye-opener! Now we have better exchanges with one another in the group, discuss things with our children, and have an effect in the community. We show by example that it is possible to live with HIV.

What activities do you engage in?

Kids' Clubs have developed in the schools. We meet as a group twice each month. There is also a youth group. We cooperate with the health authorities and offer individual counselling, also for non-members. Volunteers ensure that ARV drugs are taken regularly. Recently we organised an informatics course for young people to increase their chances of finding a job. We have been sewing school uniforms for several years and selling them to make money for the group. We also offer individual advice to anyone who wants to start a business.

Have you been successful?

Some people have been able to find a source of income again, and we are able to finance our group activities ourselves. We have a gigantic rubbish heap just next to us. In terms of health and criminality this is a high-risk zone. Since we have become active, fewer young people hang around this dangerous place. Families have learned in the process, and show more understanding for the concerns of adolescents, who have new opportunities for things to do. Talking about HIV and sexuality is no longer taboo. Many people in the neighbourhood used to die of AIDS, but today this hardly happens any more.

Cooperation brings sustainable success

As previously noted, REPSSI does not work directly with children and youth but through partner organisations. Thus it does not stand on its own but cultivates close cooperation on all sides. “REPSSI’s successes are the fruit of partnership,” according to Noreen N. Huni. The concept and practice of REPSSI show that cooperation at the local, national and international levels equally is decisive: new partnerships bring forth new solutions. However, the successes of this cooperation also clearly show the dimensions of what would be at risk if individual partners should decide to withdraw from cooperation in untimely fashion. Given that changes in thinking and attitude are only really accepted in the long term if they are anchored at the local level, it is crucial that REPSSI’s experience be incorporated into the national policies of SADC member countries.

“Self-help groups like the one in Dandora, Kenya, are supported by people from the neighbourhood, by caregivers, by mothers and fathers, by mixed (HIV-positive and HIV-negative) couples, and others affected by HIV. They express their needs and obtain internal or external help by themselves. This is the best way to guarantee a long-term effect,” says Gladys Kiama, a REPSSI master trainer at Hope Worldwide in Kenya. Hope Worldwide withdrew from the self-help groups three years ago because external support was no longer needed.

Taking risks is worthwhile

SADC has the potential to influence all member countries in support of psychosocial objectives. This realisation was at the forefront of the idea of working not only through national channels

but being simultaneously active at the regional level as well. REPSSI as a non-governmental organisation took the innovative step of opening negotiations with SADC concerning the possibility of providing the SADC secretariat with an expert to be placed there at REPSSI's expense. Following a prolonged period of difficulty – “REPSSI was a lonely voice advocating psychosocial support” as one insider expressed it – a breakthrough occurred in 2010 and 2011. The conditions and the history of this successful cooperation are described in detail in Chapter 4.

“It was really a bold decision at the time. For 3 to 4 years there were no indicators that could be used to respond to critical questions. A multilateral organisation like SADC is driven by a wide range of political factors. The risk of failure was great,” says Tapfuma Murove, responsible for advocacy at REPSSI, in retrospect. The risk of running aground in the multilateral bureaucracy did not materialise, however. The factors accounting for success were the solid basic idea of a secondment, the convincing and competent performance of REPSSI as an organisation, and the judicious procedure of the REPSSI representative in establishing trust. Implementation of SADC's decisions now must be carried out at the national level.

Psychosocial support pays off

The Ministry of Health in Zimbabwe estimates that of the approximately 1.2 million HIV-positive people in the country, about 600,000 require treatment for HIV/AIDS. Two-thirds of them are currently receiving ARV drugs. This typically involves first-line treatment, which costs about 10 US dollars per month in generic form (the branded drugs cost 1800 dollars per year in Switzerland). Interruptions in therapy lead to resistance, and once the drugs are resumed it may be necessary to switch to second-line treatment – which costs far more even in generic form, at



A Body Map hanging in the living room as a reminder to take ARC drugs regularly (Zambia).

60 dollars per month (2400 dollars per year in Switzerland). It is an uncontested fact that psychosocial care has a positive influence on adherence.

Amukusana Lungu, caregiver at the Kondwa Day Centre, Zambia

“The *Tracing Book* helps me to take ARV drugs regularly”

“My husband died of AIDS in 2004. Nine children and grandchildren live in my house. I work voluntarily at the Kondwa Day Centre as a caregiver. The Kondwa Day Centre uses REPSSI’s *Tracing Book*, which helped me enormously. I am also HIV-positive. I record the times when I don’t feel well but also times when I have no pain at all. The book helps me to take the ARV drug cocktail punctually at 9 pm. I also record the side effects. It was very difficult at the beginning, but now I am once again able to plant maize, peanuts and beans on the farm.”

For every individual affected by HIV/AIDS who does not have to have second-line treatment, the health care system saves the difference of 50 dollars per month, or 600 dollars annually. If we assume that potentially every fifth HIV-positive person in treatment in Zimbabwe (a total of 80,000 people) fails to take drugs regularly and develops resistance, and that this can be prevented for every tenth individual through psychosocial care (8000 people), about 5 million dollars (600 dollars for 8000 individuals) can be saved in drug costs annually. Psychosocial care thus has not only psychological but also concrete economic benefits. “Private initiatives that strengthen adherence, such as Africaid and REPSSI, perform an invaluable service for the country,” says Ruedi Lüthy, director of the Newlands Clinic in Harare.

Implementing the minimum package in relation to the context

SADC has defined a minimum standard for education and health that includes psychosocial support, thereby sending a political signal that mental health is one of the fundamental basic rights of children. This also constitutes a counterargument to the often-heard critical objection that “You can’t eat psychosocial support!” However, a full stomach is necessary for psychosocial health to flourish.

Interview with Naailah Nkumbwa, Zambia

“Thanks to goats I can buy school uniforms for the children”

*You have used REPSSI’s *Journey of Life*. Did it help?*

When we could no longer pay for school uniforms and tuition, the children dropped out of school. That was a disaster. Now I have the courage to face life again. I also understand better how to deal with HIV-positive children. I thank God for this support.

But you can’t live on that.

Children are our wealth. They help us plant maize and vegetables in the fields. But that alone does not bring cash. The breakthrough came when we were also able to start keeping goats after doing *The Journey of Life*. Selling goats makes it possible for us to pay the costs of schooling.

Your home is a farm outside the village. How many persons live there?

There are 21 of us altogether. My husband, 3 daughters, 2 sons-in-law, and my 2 youngest children, both boys, live here. In addition there are 12 grandchildren, 4 of whom are orphans. Two of my children have died, and 5 daughters have moved away.

However, the otherwise correct principle of a minimum standard ignores the fact that there are not normally sufficient resources available to meet all demands simultaneously and finance them for the long term. Some African mothers found communication so important that they scrimped and saved for a mobile telephone, even if they scarcely had enough to eat. When governments or aid organisations decide that provision of clean water or other material goods is more important than mental health, this can be just as misguided as the opposite case of offering psychosocial care when the stomach is hungry. Making generalisations leads only to wish lists that cannot be fulfilled, with the risk that decisions made will not take account of individual needs. The challenge of the minimum package consists in finding a combination of specific elements in each individual case that is appropriate to the context, and in involving the people affected in these decisions.

Being a companion instead of a donor

The partnership between REPSSI and its international cooperation partners is a lesson in successful development cooperation in more ways than one: the combination of money and know-how, the programme's orientation, the long-term nature of commitments, and transparency on the part of REPSSI are all outstanding features that have contributed to success. Despite high risks at the outset – foundations of the approach were only partially in place and REPSSI was undergoing continual change – there was always complete transparency, also in relations with international partners. This is the basis on which trust was built. When tensions arose, differences of opinion could still be discussed and relations continued to be marked by mutual respect. In the view of Jennifer Marinelli, a member of REPSSI's board of directors, "Partnership with the Novartis Foundation for Sustainable Development has shown how infinitely important it is for international donors to go beyond financial contributions and also share their experience. The donor may incur small costs in doing this, but it can mean invaluable access to expertise and management skills for an organisation like REPSSI." Cooperation with Novartis personnel

frequently triggered a boost in motivation among the REPSSI team. This function of Novartis as a corporate citizen still has potential for expansion. For instance, could Novartis' training courses in marketing not be opened to REPSSI?



Psychosocial interventions and economic measures such as goat keeping complement each other (Zambia).

What Can Europe Learn from Africa?

European societies today are confronted with challenges quite different from those faced by Southern Africa. Nonetheless, the question arises of whether – and what – Europe can learn from REPSSI's experiences in dealing with young people who are socially excluded, affected by HIV/AIDS, traumatised, and involved in crime.⁸² Even though conditions are for the most part very different in Southern Africa and Europe, illuminating cross-comparisons can be made.

Material prosperity of private households in Europe amounts to many times the African average. Public financial resources available per person for education, health care and security are 200 times greater in Switzerland than in Mozambique, for example. Only 3 of every 100 employable persons in Switzerland are without a job, while the unemployment rate in South Africa is 25%. About 25,000 people in Switzerland, or approximately 0.3% of the population, are HIV-positive – only a fraction of the alarming numbers in Sub-Saharan Africa. In Switzerland, 586,000 people, barely 8% of the population, are poor by Swiss standards and live below the poverty line; according to the Swiss Federal Statistical Office, in 2010 a single individual with an income of less than 2243 US dollars⁸³ was classified as poor. In Sub-Saharan Africa, with a much lower poverty threshold, 44% of the population is poor. There are no virulent armed conflicts in Switzerland. Moreover, the composition of the population is also completely different: children and young people account for almost half (49%) of the population in Sub-Saharan Africa, whereas in Switzerland only one in five people (19%) is under the age of 18.

But the state is being forced to make cutbacks even in wealthy Switzerland; depending on political priorities, this may affect classroom size in schools or social psychiatric care of ambulatory patients, for example. Pressing questions of integration and exclusion arise in dealing with migrants. Integration as a basic principle is also relevant in the penal system with respect to social reintegration of criminals, in schools with respect to students with learning disabilities, and in the working environment with respect to migrants. While it is a widely accepted concept among professionals, integration is often politically controversial when it comes to implementation. Refugees bring the trauma of torture and war with them when they come to Switzerland and frequently require special support in finding their way back to a normal life. And the typically Swiss question of whether one should prepare a separate pot of fondue (traditional Swiss melted cheese meal) when inviting someone who is HIV-positive⁸⁴ reveals ignorance and stigma that have by no means been overcome. It is no coincidence that the Swiss Aids Federation is calling for a law against discrimination. The unprecedented predominance of economic thinking in all aspects of life has deprived many people of a sense of meaning and ethics. A suicide rate above the international average does not develop out of the blue; it is the product of social conditions.

Thus the ingredients in REPSSI's recipe are not without current relevance in the Swiss context, where they could have an impact too. For despite the differences, there are also similarities between Africa and Europe. The fact that children know best what is good for them, and that psy-

chological strength is their best protection, are two of the lessons from REPSSI's activities that are likely to be widely accepted in Switzerland as well. When young people have no emotional bonds and grow up without empathetic caregivers to whom they can relate, the probability that they will engage in violence increases with their isolation. Finding ways to reintegrate young offenders in society is of paramount importance in Africa as well as in Switzerland.

Adherence is an enormous challenge not only in Africa but also among the approximately 150 HIV-positive children in Switzerland. A majority of HIV-positive women in Switzerland are migrants, frequently from Sub-Saharan Africa. The cross-cultural competence promoted by REPSSI is just as necessary in Europe – the destination point for migrants – as it is in developing, multi-cultural Africa. Health problems can be partially resolved by medicinal and technological solutions, but these methods are of no help in dealing with sorrow, trauma, personality crises and depression – phenomena which require a supporting psychosocial environment.

The sections below present three areas in which African expertise is likely to be of relevance in Europe, in Switzerland.

Creating a hub of social innovation

Social innovation is REPSSI's capital. In contemporary Switzerland it is largely lacking, although there is a great need for it in the dialogue between Switzerland and the rest of Europe. A hub of social innovation should be created, subject to no restrictions except the principle of "do no harm". The following overall conditions were important for social innovations at REPSSI:

- Financing was guaranteed for 5 years, so that creative energies could be concentrated on substantive matters rather than on obtaining funding.
- A multi-year perspective opened doors to highly qualified personnel and ensured their trust.
- Networking rather than competition for funding was a high priority at REPSSI from the outset. This paved the way for partnerships, for instance with UNAIDS, UNICEF and NFSD, and made innovative solutions possible.

Enabling lay persons to assume social responsibility

In Africa there are not enough professionals available to perform social and community work such as psychosocial care. Furthermore, there is a lack of financial resources to pay them. The REPSSI model of psychosocial care is accordingly based on training volunteers – usually unpaid paraprofessionals at the community level – and people already employed as teachers, caregivers, police officers or social workers. This is in accord with the principle of working with and mobilising available human resources rather than waiting for external support.

In Switzerland, social work is performed primarily by professionals. Relying on volunteers contrasts with the demand for professionalism that prevails in Switzerland and that sets limits on volunteer work. Requirements are particularly high for care of children outside of their families. The division of labour between professional and volunteer work in Switzerland is very different from Africa, reflecting available human and financial resources. The Schule für Sozialbegleitung (school of social support) in Zurich, recognised since 2010, has undertaken a step in the direction of greater transfer of responsibility to paraprofessionals. The school offers a training niche to

people who want to engage in social work without earning an academic diploma – just as REPSSI has done for quite a while with its certificate course in community-based work with children and youth.

In addition, there is, of course, a wide range of advanced training opportunities for specific professionals such as teachers and health care workers, as well as for paraprofessional work with and care of the elderly. At a time when more and more retired people wish to perform volunteer work and when care of the elderly, in particular, is prohibitively expensive, the REPSSI approach of enabling lay people to assume social responsibility is likely to become more attractive. Ultimately, it is the small things, such as paying a visit to a lonely person, that make a difference.

The community is the key

The African way of coping with trauma, stress and other psychological impacts of HIV/AIDS, poverty, and conflict relies heavily on the community as a therapeutic resource. REPSSI works to strengthen extended families, neighbourhoods, village communities and self-help groups so that they can give psychosocial support. Individual care and therapies are certainly available, but they do not take precedence. An overall individual approach would be feasible neither in terms of personnel nor financially. And most importantly, placing trust first and foremost in the community is more in line with African tradition.

Strong individualism has emerged in Switzerland in recent decades as the result of urbanisation. Previously community life was much more important, particularly in rural regions. Social contacts that are now established in the context of targeted neighbourhood development constitute a starting point in the direction of strengthening a sense of community. For example, the BaBel project in a neighbourhood of Lucerne has shown how important integration in community communication processes is for the psychological health of adolescents.⁸⁵

Memory work could be an additional key. This technique began in Great Britain and later reached Uganda and South Africa, where the basic concept was taken up and adapted by REPSSI. REPSSI's experiences attracted the attention of Aidsfocus Switzerland, which developed a training package jointly with Terre des Hommes Switzerland that is now used worldwide. "We used this package in Haiti at the request of the Swiss Agency for Development and Cooperation, and Aidsfocus Switzerland was then invited to Uganda to conduct a course in memory work for instructors," says Helena Zweifel, coordinator of Aidsfocus Switzerland, in reporting on this South-North-South exchange. Could this be a sign of new sources of income for REPSSI as a social enterprise?

Other experience from REPSSI's work is of international interest as well. The knowledge that psychosocial care also pays off economically is likely to be just as relevant in the Swiss context as it is in Africa, although this is difficult to prove. Expensive long-term analyses are required, and the alternatives remain unclear. As REPSSI's work has shown, psychosocial support is promising only when other basic and usually material needs of children and adults are met simultaneously. In a country like Switzerland, where the broad population enjoys a far higher standard of living than in Africa, the psychosocial component of the minimum package is frequently the decisive final building block in comprehensive support of the wellbeing of children and young people.

Abbreviations

ACC	African Centre for Childhood
ARV	Antiretroviral
CBWCY	Certificate Course in Community-Based Work with Children and Youth
CSTL	Care and Support for Teaching and Learning
SDC	Swiss Agency for Development and Cooperation
EAC	East African Community
ENPS	European Network for Psychosocial Support
GFATM	The Global Fund to Fight AIDS, Malaria and Tuberculosis
HIV	Human Immunodeficiency Virus
IAS	International AIDS Society
IASC	Inter-Agency Standing Committee
IATT	Inter-Agency Task Team on Children and HIV and AIDS
IHAA	International HIV/AIDS Alliance
KICOSHEP	Kibera Community Self Help Programme (Kenya)
KORDP	Kenya Orphans Rural Development Programme
MDGs	Millennium Development Goals
MoU	Memorandum of Understanding
NACCA	National Action Committee for Children Affected by HIV and AIDS
NFSD	Novartis Foundation for Sustainable Development
NGO	Non-Governmental Organisation
NMCF	Nelson Mandela Children's Fund
NORAD	Norwegian Agency for Development Cooperation
OVC	Orphans and other vulnerable children
PASADA	Pastoral Activities and Services for AIDS and HIV People Dar-es-Salaam Archdiocese
PEPFAR	President's Emergency Plan for AIDS Relief
REPSSI	Regional Psychosocial Support Initiative
RIATT	Regional Inter-Agency Task Team
SAART	Salvation Army African Regional Team
SAT	Southern African AIDS Trust
SAD	Swiss Academy for Development
SADC	Southern African Development Community
SIDA	Swedish International Development Cooperation Agency
TdH	Terre des Hommes
TPO	Transcultural Psychosocial Organisation
UN	United Nations

Endnotes

- 1 Data on HIV and AIDS have been taken from different sources provided by UNAIDS.
- 2 <http://iresearch.worldbank.org/PovcalNet/index.htm?1>
- 3 <http://www.whatworksforwomen.org/chapters/23/sections/73/evidence>
- 4 <http://www.whatworksforwomen.org/chapters/23/sections/73>
- 5 <http://www.unitaid.eu>
- 6 http://databank.worldbank.org/Data/life_expectancy_changes_due_to_HIV_2/ID/347f9538
- 7 Data provided by the World Bank; ODI/StC/UNICEF 2012, 29.
- 8 Economic Commission for Africa, Economic Report on Africa 2012, Addis Ababa 2012.
- 9 WHO, The Abuja Declaration: Ten Years On.
- 10 <http://www.repssi.org>
- 11 African Response, REPSSI Mid-Term Review 2007–2011, p. 9.
- 12 Mead, Case Study, 2008, quote 24.
- 13 REPSSI, Taking Care of Child Rearing Practices, 2012, p. 16.
- 14 <http://www.unaids.org>
- 15 Richter et al., 2005, p. 43.
- 16 SIDA Evaluation, 2006, p. 11.
- 17 Richter et al., 2005.
- 18 REPSSI, Strategy 2011–2015.
- 19 See Richter et al., 2005, p. 35.
- 20 <http://www.whatworksforwomen.org/chapters/23/sections/73>
- 21 SIDA, 2006, p. 14.
- 22 Richter et al., 2005, pp. 37–39, 52.
- 23 <http://www.whatworksforwomen.org/chapters/23>
- 24 <http://www.whatworksforwomen.org/chapters/23/sections/73>
- 25 ODI/StC/UNICEF, 2012, p. 6.
- 26 An overview of countries in which REPSSI has provided programme development services can be found in the following document: SADC, 2010, Regional Conceptual Framework for PSS for Orphans and other Vulnerable Children and Youth, available at http://www.repssi.org/presentations/SADC_PSS_Framework.pdf, p. 23.
- 27 USAID, 2011, p. 2, with two notes.
- 28 Statement made during SAD presentation at Geneva Dialogue, 24 April 2012.
- 29 <http://www.whatworksforwomen.org/chapters/23/sections/71/gaps>
- 30 SIDA, 2006, pp. 39–40.
- 31 REPSSI, Mid-Term Review 2009, p. 37.
- 32 The ENPS Charta can be found at <http://www.rotekreuz.at/i18n/en/participate/enpsredcrossat/enps-home/>; use of “psychosocial” and “psychological” varies.
- 33 See African Response 2009, p. 35.
- 34 USAID 2011.
- 35 See African Response 2009, Annex 4.

36 12 April 2012, <http://www.polity.org.za/article/sa-motsoaledi-address-by-the-minister-of-health-at-the-national-mental-health-summit-johannesburg-12042012-2012-04-12>

37 Richter et al., 2005, p. 43.

38 <http://www.swissaidscare.ch>

39 Child Fund Australia, 2009, p. viii.

40 SIDA 2006, p. 20.

41 A key outcome of the Global Partners Forum 2011 (PEPFAR/UNICEF/UNAIDS); see http://www.iattcaba.org/c/document_library/get_file?uuid=a68d6ac0-dff9-4d91-a5fe-6a920a2587cf&groupId=220781

42 ODI/StC/UNICEF, 2012.

43 A publication by USAID (2011) contains numerous references to REPSSI.

44 USAID/PEPFAR, 2011, p. 63.

45 ODI/StC/UNICEF 2012, pp. 25–26.

46 USAID/PEPFAR, 2011, p. iii.

47 EUR 4.15 million Euro at an average exchange rate of CHF 1.234/EUR 1.00 in 2011.

48 The expenditures amounted to 8.4 million US dollars from 2002 through 2006, and to 14.4 million Euros from 2007 through 2011. The cumulative amounts are rough estimates, as the exact amounts depend strongly on the exchange rates.

49 Novartis 2011, pp. 4, 16.

50 Federal Council, Message on Switzerland's International Cooperation in 2013 – 2016, 15 February 2012, p. 2573/4, http://www.deza.admin.ch/en/Home/News/Close_up?itemID=208683

51 http://www.iattcaba.org/c/document_library/get_file?uuid=a68d6ac0-dff9-4d91-a5fe-6a920a2587cf&groupId=220781; see also UNICEF 2011, p. 4.

52 EUR 0.82 million.

53 Eastern and Southern African Region (ESARO).

54 EUR 0.246 million.

55 Mead 2008, p. 67, note 38.

56 <http://www.novartisstiftung.org/platform/apps/Publication/getfmfile.asp?id=&el=1756&se=250506910&doc=144&dse=4>

57 Paris Declaration on Aid Effectiveness, 2 March 2005.

58 Accra Agenda for Action, 4 September 2008.

59 Busan Partnership for Effective Development Cooperation, 1 December 2011.

60 IATT/RIATT-ESA & WCA, 2011, Supporting aid effective responses to children affected by AIDS: Lessons learnt on channelling resources to Community Based Organisations.

61 USAID/PEPFAR, 2011, p. vii.

62 ODI/StC/UNICEF 2012, p. 7.

63 ODI/StC/UNICEF 2012, p. 26.

64 USAID, 2011, p. 3.

65 <http://www.whatworksforwomen.org/chapters/23/sections/73/gaps>

66 Various definitions are in use; REPSSI, as a rule, refers to 15-/18- to 24-year-olds, whereas the African Union's definition draws the line at age 35 for political reasons, given that political parties' youth wings include adults up to 35 years of age.

67 <http://www.pasada.or.tz>

68 ODI/StC/UNICEF, 2012, p. viii.

69 ODI/StC/UNICEF, 2012, p. 32.

70 USAID/PEPFAR, 2011, p. vii.

71 See, for example, the overviews in

- <http://www.whatworksforwomen.org/chapters/23/sections/73/evidence;>
QAP/USAID/UNICEF, 2008, http://www.unicef.org/aids/files/OVC_final.pdf
72. This gap is also pointed out in a recent synthesis report: QAP/USAID/UNICEF, 2008, p. 70.
73. USAID/PEPFAR, 2011, p. 64.
74. Richter et al., 2004, pp 28–29, 47–49, 54.
75. “Children affected by HIV/AIDS in Southern Africa”,
<http://www.sad.ch/index.php/en/projects/107-children-affected-by-hiv-aids-in-southern-africa>
- 76 <http://www.whatworksforwomen.org/chapters/23>
- 77 http://www.repssi.org/?p=857&option=com_wordpress&Itemid=64
- 78 See e.g. Cluver, 2011.
- 79 <http://www.whatworksforwomen.org/chapters/23/sections/73/evidence>
- 80 <http://www.whatworksforwomen.org/chapters/23/sections/73/evidence>
- 81 Child Fund Australia, 2009, p. viii.
- 82 I wish to thank Walter Schmid, Director of the School of Social Work at the Lucerne University of Applied Sciences and Arts and President of the Swiss Conference on Social Welfare, for a discussion of REPSSI’s lessons learned as presented in the preceding chapter and of the situation in Switzerland.
- 83 2243 Swiss francs.
- 84 Das Magazin, 18/2012, p. 30. Fondue is a traditional Swiss dish of melted cheese and wine into which pieces of bread are dipped; normally everyone shares the same pot of cheese, which is placed on a small stove in the middle of the table.
- 85 Hafen, Martin (2012). Quartierentwicklung und Prävention von Armutsfolgen. In: Caritas, 2012 Sozialalmanach, Lucerne 2012, p. 188.

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Millions of children in Africa have lost one or both parents due to HIV and AIDS, or are confronted by the challenges of poverty and conflict. These vulnerable children face material hardship, socio-economic disadvantage, social stigma, emotional isolation and psychological trauma. Their individual burden poses also a threat to the collective development of the countries affected. For 10 years, the Regional Psychosocial Support Initiative (REPSSI) has developed psychosocial support tools to help children cope with their loss and regain confidence. REPSSI and its partners (governments, international and non-governmental organizations) in 13 countries of Southern and East Africa incorporate these tools into social protection, health care, poverty alleviation and education programs. REPSSI has notably been supported by the Novartis Foundation for Sustainable Development (NFSD), the Swiss Development Cooperation (SDC), the Swedish International Development Cooperation Agency (SIDA) and the Norwegian Agency for Development Cooperation (NORAD). This book provides insights into the situation of the affected families and children, and explores the contribution of REPSSI and its partners in building up state-of-the-art psychosocial support.