

# REGIONAL ANNUAL REPORT

JANUARY  
TO  
DECEMBER  
2023



## Acknowledgements

REPSSI conveys its appreciation to all stakeholders, national authorities, civil society organisations, regional partners and donors who contributed to REPSSI's programmes during the past year. We worked directly and indirectly in the following countries: Angola, Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, South Sudan, Somalia, Tanzania, Uganda, Zambia and Zimbabwe.

We are grateful to all our funding partners for their financial support, which enabled us implement our 2023 regional and country programmes. These funding partners, in no order of importance include: Aidsfonds, ARASA, Bulgaria Development AID, Christian Blind Mission, COMIC Relief, Conrad N. Hilton Foundation, DANIDA, Department of Social Protection - Botswana, Elton John AIDS Foundation, First for Women Foundation (South Africa), Frontline AIDS, GIZ, Global Fund, HIVOS, Irish Aid, Netherlands Embassy in Mozambique, Save the Children International, Sida Sweden, terre des hommes Germany, UNDP, UNESCO, UNFPA, UNICEF, UNOPS, USAID, Viv Healthcare, World Bank, World Vision Kenya.

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# A Message from our Board Chairperson



**O**n Behalf of the REPSSI Regional Board of Directors, and our Country Advisory Boards, it is my pleasure to share our 2023 Annual report and financial statements, with you. I commend my colleagues on the Regional Board, for executing their responsibilities judiciously, and ensuring that REPSSI remains an organization that is progressive, complaint and accountable to its constituents.

I am particularly grateful to our international cooperating partners, that have continued to believe in the value and relevance of our programs, and who fund our programs in the region.

REPSSI has had an amazing year. I was personally honored to host the Hon. Minister of Social Development, Ms Lindiwe Zulu, as the Chief Guest at our PSS Forum that was held from the 3 -5th October 2023. The minister reiterated the need to increase the depth and volume of psychosocial interventions, to communities affected by climate disaster as well as those targeting women and

children. She also emphasized the need for deeper collaboration, between REPSSI and various departments in the Ministry of Social Development in South Africa.

The non profit sector as a whole, continues to suffer funding shortfalls, due to competing needs and escalation in global humanitarian crisis. Our longterm goal is to devise strategies for financial sustainability, including innovative ways of service delivery, through private sector engagements. Over reliance on short term grants, which are often unpredictable, hinders long term impact and realization of holistic and integrated care for families and communities that depend on our services. In July 2023, REPSSI participated in the Social Impact Investment Summit, that was held in Cape Town. The seminar explored innovative approaches, and partnerships with private sector actors, with immense potential for social impact. The Board will continue to explore opportunities in the private sector, that align with REPSSI's work.

Lastly, I would like to extend my deepest appreciation to two of our Board members, Thomas Fenn and Margreit Blaauw, who will be completing their terms of office at the next AGM. Their contribution and dedication to serve, has been invaluable and I wish them well in their future endeavours. As I conclude, I am once again grateful to the REPSSI Regional Board of Directors as well as our Country Advisory Boards, our field staff and partners for the accomplishments we have attained over the past year.

**Gigi Gosnell**

AG.BOARD CHAIRPERSON  
REPSSI, REGIONAL BOARD

# A Message from our CEO



## Dear Reader,

On behalf of management and staff, I am pleased to share with you our 2023 Annual report. During this period, we increased our response to humanitarian emergencies. We scaled up our humanitarian response and interventions among communities affected by conflict and climatic disaster in Mozambique. We also commenced a new program funded by Tdh-BMZ targeting refugees and migrant populations with comprehensive mental health interventions.

During the year, we continued to document promising practices and impactful stories of our work, using endline data that we generate annually. Documentation was in the form of practice and policy briefs, which were disseminated through webinars. One such output, was the State of the Mental Health and Psychosocial Wellbeing of Adolescents in East and Southern Africa report which we produced in October 2023, and was launched at the PSS Forum.

The report outlines in detail the psychosocial difficulties faced by adolescents in school and out of school. In the same vein, and as part of our regional collaboration with Save the Children, we conducted a policy gap analysis of selected child protection policies in the region, to understand the extent to which these policies recognize and include mental health needs of children.

In November, REPSSI was awarded a USAID grant to implement programs that impart business skills and entrepreneurship opportunities for youth in Zimbabwe. REPSSI is the prime grant applicant, and this is the first time Zimbabwe has been awarded a USAID grant. We will finalise our 3 year Resource Mobilisation Strategy 2024-27 in the first quarter of next year, and reestablish a resource mobilization unit by the end of the year.

Lastly, I am pleased to inform our readers, that we have resumed the Community Based Certificate in MHPSS, after a five year gap, in partnership with the Masai Mara

University of Kenya.

The next cohort will be enrolled in the third quarter of 2024.

We are also in the final stages of securing accreditation within South Africa for several of our training modules. This will enable students to obtain CPD (continuous professional development) points.

Enjoy reading!

Patrick Onyango Mangan

CHIEF EXECUTIVE OFFICER

# Executive Summary

In 2023, REPSSI's programme interventions continued to focus on the following thematic areas:

1. Health and Sexual Reproductive Health Rights.
2. Protection and sustainable livelihoods.
3. Education and Early Childhood Development.
4. Disaster Risk Reduction and Humanitarian Response.

**D**uring this period, REPSSI reached a total of 125,374 primary beneficiaries with direct programme services. Of the 125,374 primary beneficiaries reached, 66% (82,680) were female, and 34% (42,694) were male. These demographic distributions are appropriate, given the heightened social, economic, and cultural vulnerabilities that girls and young women face. Furthermore, 80% (99,808) of these beneficiaries were adolescents and youth aged between 10-24 years, and 9% (11 783) were caregivers. These are good indicators of programme success, as REPSSI's interventions are focused largely on this age group.

We also reached a total of 113,556 secondary beneficiaries with various interventions that integrate mental health and psychosocial support into other social service sectors.

The beginning sections of this report contain detailed analysis of achievements against outcome indicators across all four thematic areas. We generally observed that our interventions targeting adolescents with SRHR and psychosocial support interventions, eclipsed the other program areas. We attribute this to the geographical coverage of the SRHR programme, which covers ten countries compared to the other result areas.

We are pleased to note the significant improvement in emotional well being of our target beneficiaries as seen from endline analysis reports. As you will see in the report, some of these psychosocial outcomes include; reduced levels of depression, anxiety, and increased resilience, which are all indicators of improved mental health.

The report also contains updates on the work of the Regional Inter-agency Task Team on Children and

AIDS in East and Southern Africa (RIATT-ESA), a network of organisations working together to influence global, regional and national policy formulation and implementation for children and their families.

REPSSI successfully held the 7th Regional Psychosocial Support (PSS) Forum in Johannesburg, from 02-05 October 2023, under the theme, "*Mental Health in Context*". The PSS Forum took into consideration the humanitarian-development-nexus, and interrogated the correlation between mental health outcomes, and wellbeing for African children and youth, in a world that has been impacted by "war, conflict, migration, natural disasters, and climate change. The forum was attended by 548 delegates from 23 different countries.

Finally, REPSSI has learnt a number of lessons that significantly impact programme delivery, success, and sustainability which we share below:

- Enhancing male involvement in programme activities, ensures male support in the mental health and psychosocial wellbeing of their families.
- Community dialogues and engagements are pivotal in programme implementation, as these contribute significantly to improving the psychosocial environment of the targeted communities.
- Prioritising programme delivery through existing community support structures, ensures cost-effectiveness, secures buy-in, fosters programme ownership, and allows for programme sustainability.
- Prioritising the mental health, psychosocial wellbeing, and trauma healing of staff of implementing partners, contributes to reduced burnout and staff turnover, leading to more stable and committed teams, capable of achieving programme goals with consistent compassion and empathy.

# Acronyms and Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AU</b>	African Union
<b>AYP</b>	Adolescent and young people
<b>CAB</b>	Country Advisory Board
<b>CATS</b>	Community Adolescent Treatment Supporters
<b>CBO</b>	Community-based Organization
<b>COVID-19</b>	Coronavirus Disease
<b>CSE</b>	Comprehensive Sexuality Education
<b>CSO</b>	Civil Society Organization
<b>DQA</b>	Data Quality Assurance
<b>DSP</b>	Department of Social Protection
<b>EAC</b>	East African Community
<b>ECD</b>	Early Childhood Development
<b>ESA</b>	East and Southern Africa
<b>EUP</b>	Early and Unintended Pregnancies
<b>FFW</b>	First for Women
<b>GBV</b>	Gender Based Violence
<b>HIV</b>	Human Immunodeficiency Virus
<b>IP</b>	Implementing Partner
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MERL</b>	Monitoring, Evaluation, Research, and Learning
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MoH</b>	Ministry of Health
<b>PSS</b>	Psychosocial Support
<b>PWD</b>	Person with Disability
<b>RDQA</b>	Routine Data Quality Assessment
<b>REPSSI</b>	Regional Psychosocial Support Initiative
<b>RIATT-ESA</b>	Regional Interagency Task Team - East and Southern Africa
<b>SADC</b>	Southern Africa Development Cooperation
<b>SIDA</b>	Swedish International Development Agency
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual Reproductive Health Rights
<b>TWG</b>	Technical Working Group
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>US/USA</b>	United States of America
<b>VAC</b>	Violence Against Children
<b>YWCA</b>	Young Women Christian Association of Malawi



# Programme Background

In 2023, REPSSI's programme interventions focused on four thematic areas, as outlined below in our 2021-25 Regional Strategy.

1. Health and Sexual Reproductive Health Rights.
2. Protection and sustainable livelihoods.
3. Education and Early Childhood Development.
4. Disaster Risk Reduction and Humanitarian Response.

**TABLE 1**

**REPSSI Strategic Thematic Areas – 2021-2025**

Thematic Area 1	Thematic Area 2
<b>Health and Sexual Reproductive Health Rights</b>	<b>Protection and sustainable livelihoods</b>
Focus on mental health; HIV prevention, testing, treatment and care;  Sexual and reproductive health, rights, and work to promote positive health facility psychosocial environments;  Improved health for children, youth, families and communities.	Promoting the role of psychosocial support in strengthening national and community systems for prevention and response to violence against children and women, sexual gender based violence and children in conflict with the law and improving livelihoods.
Thematic Area 3	Thematic Area 4
<b>Education and Early Childhood Development</b>	<b>Disaster Risk Reduction and humanitarian response</b>
Promoting positive psychosocial environments in schools and training institutions for education and development outcomes, and supporting early childhood development, with a focus on the role of parents in the early development of their young children.	Building resilience to protect the environment and reduce climate change, to respond to climate change in ways that do not further harm the environment; and to respond to disasters and humanitarian emergencies.



## 2 Operational Context

**T**he East and Southern Africa region remained predominantly stable in 2023, hence fostering an enabling environment for our programme implementation. However, the delivery of programme interventions was not without challenges, with some parts of the region facing setbacks, including disaster outbreaks, effects of climate change, political and economic instabilities.

In respect of disaster outbreaks, some countries in the region experienced the surge of cholera disease. For example, Malawi reported 59,000 cholera cases, the highest in the region, while Mozambique, Zambia and Zimbabwe reported between 10,000 and 50,000 cases. Tanzania and South Africa reported less than 2,000 cases each. The outbreak led to some changes in programme delivery, with large gatherings being monitored in an attempt to control the spread of the outbreak. REPSSI and its implementing partners adhered to all the cholera infection control measures that were put in place by the affected countries, and managed to provide mental health and psychosocial support to the survivors of the pandemic.

The effects of climate change in most countries in the region resulted into low agricultural productivity and drought. Some countries experienced floods, such as Tropical Cyclone Freddy in Malawi, which caused extensive damage to infrastructure and led

to displacement of communities. Nearly 120,000 households were displaced in Malawi, 700 fatalities and 600 missing persons were reported. With respect to economic instability, inflation skyrocketed in some parts of the region, with Zimbabwe having the highest inflation at 314.5%, Malawi at 27.7%, and Angola at 13.1%. As a result, prices of goods increased drastically, leading to a very high cost of living in the affected countries. Further to this, electricity loadshedding also hit some countries in the region, including South Africa and Zimbabwe, which affected some programme activities.

Inflation and electricity loadshedding impacted negatively on the economy in the region, which in turn eroded REPSSI's programme budgets, leading to the organisation finding alternative ways, including reducing the frequency of some programme activities, in order to mitigate any disruptions in targets. Differing socio-political views, hindered attainment of our comprehensive sexuality education agenda in the region. Progress in some countries was much slower than others, and several consultations had to be undertaken. Despite the foregoing challenges, REPSSI accomplished most of its strategic objectives for 2023, with programme results continuing to be achieved across all the four thematic areas of focus, including a delivery rate in excess of 100% overall against the core programme outputs.





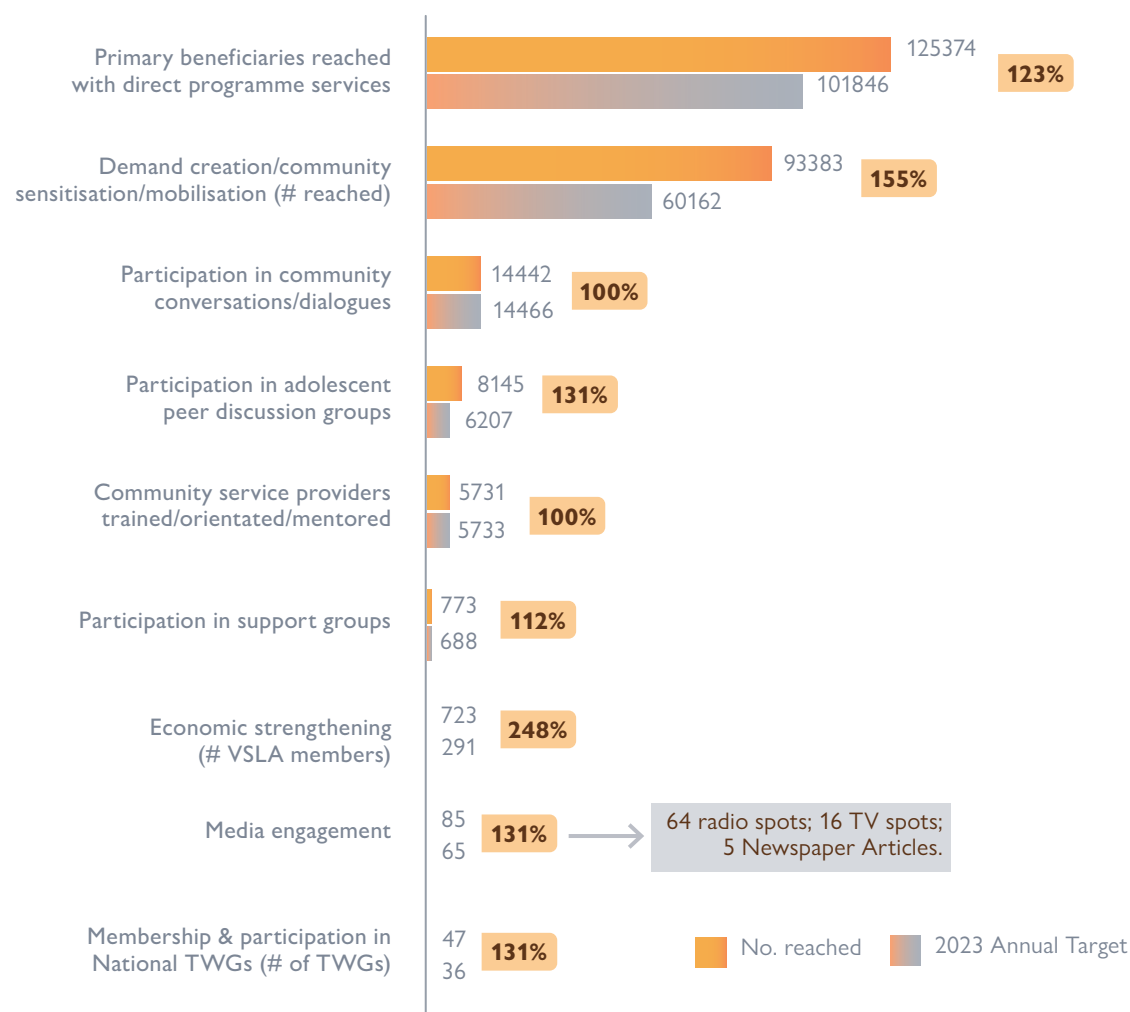
## 3 Programme Performance Against Indicator Targets

**R**EPSSI implemented a wide range of interventions targeting community members, policy makers and state and non-state actors. **Figure 1** presents the progress attained in 2023, with respect to REPSSI's achievements against targets.

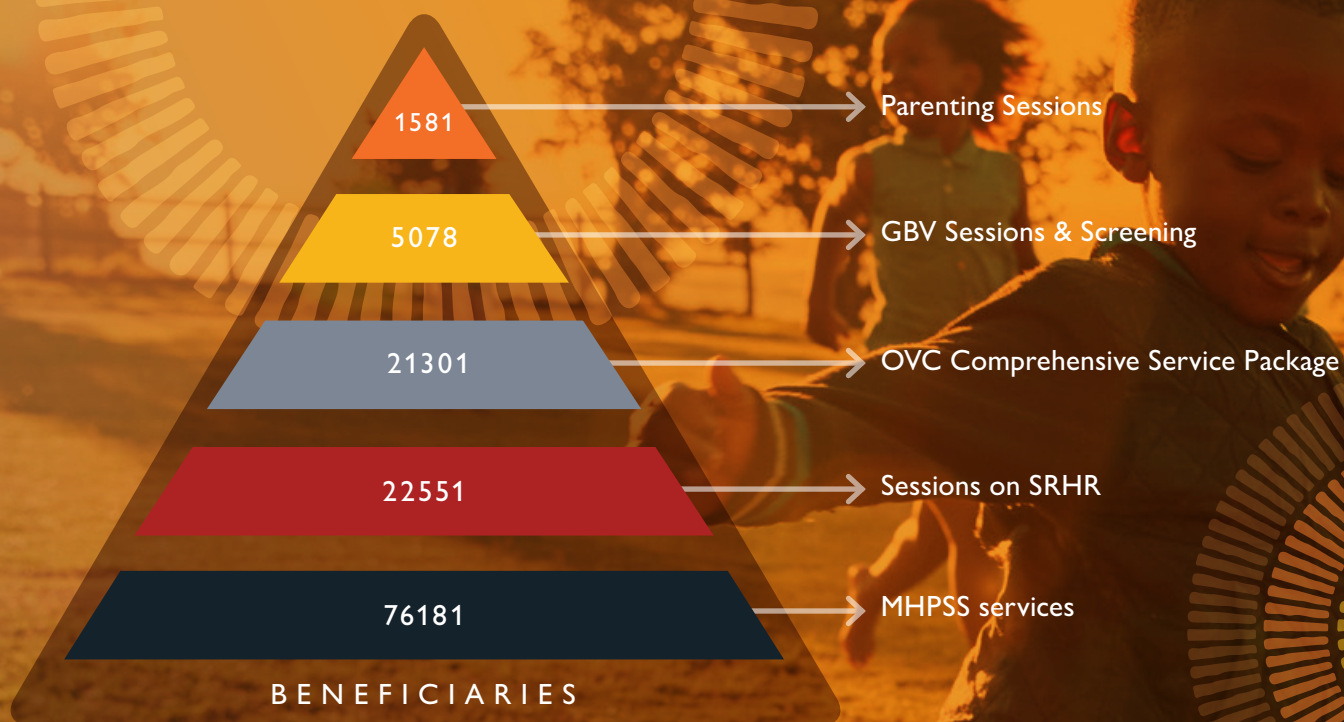
Overall, in 2023, as presented in **Figure 1**, REPSSI reached 125,374 primary beneficiaries with direct programme services, largely MHPSS- and SRHR-related interventions, as well as OVC comprehensive package of services, as reflected in **Figure 2**.

We exceeded targets for each indicator category, which demonstrates our commitment to reach more beneficiaries in hard to reach locations as well as communities experiencing disaster. Of the 125,374 primary beneficiaries reached with direct services, 66% were female and 34% were male. Of the 125,374 primary beneficiaries, 80% were adolescents and youth aged between 10-24 years, whereas 9% were caregivers.

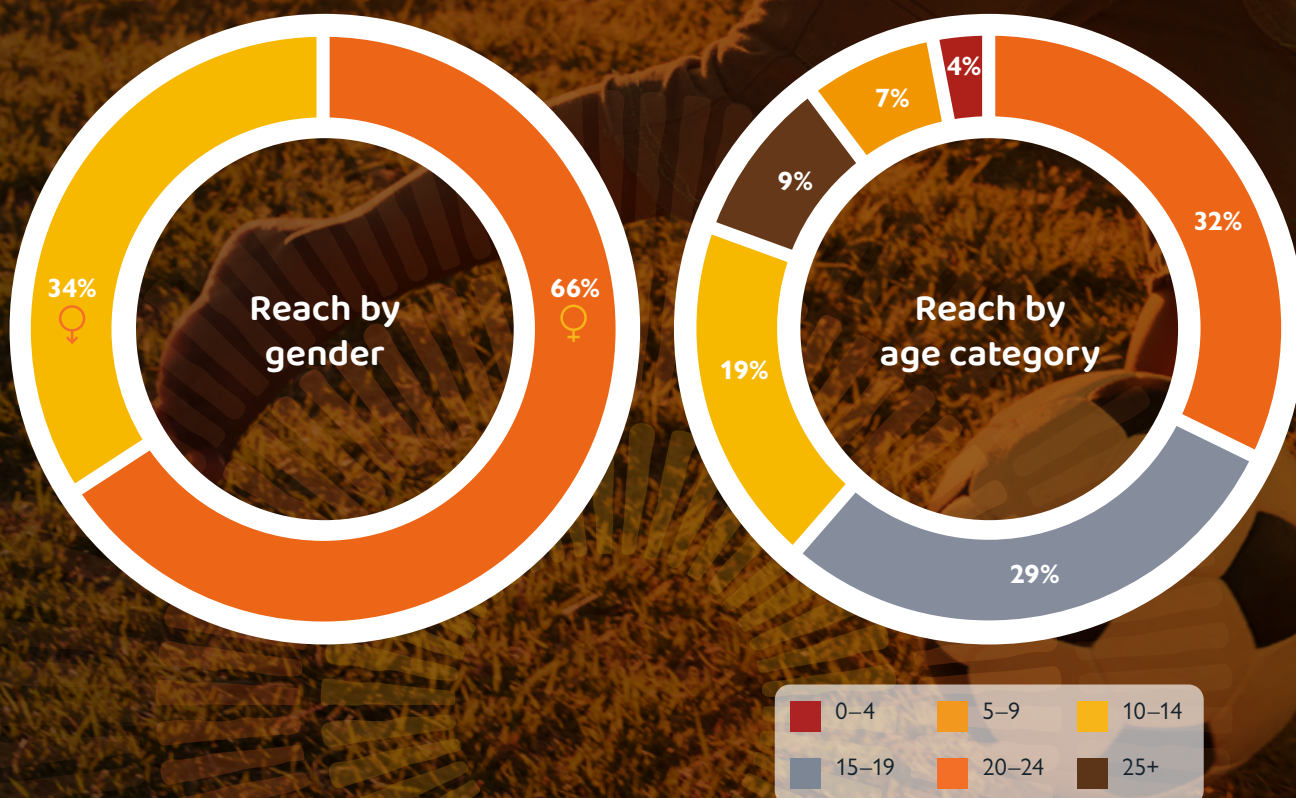
**FIGURE 1 Overall Performance in relation to Programme Outputs (January – December 2023)**

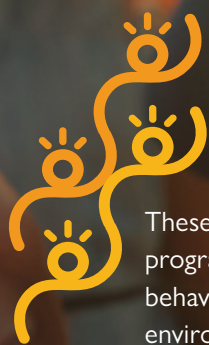


**FIGURE 2** Key direct services offered to primary beneficiaries



**FIGURE 3** Direct service delivery to primary beneficiaries by Gender and Age

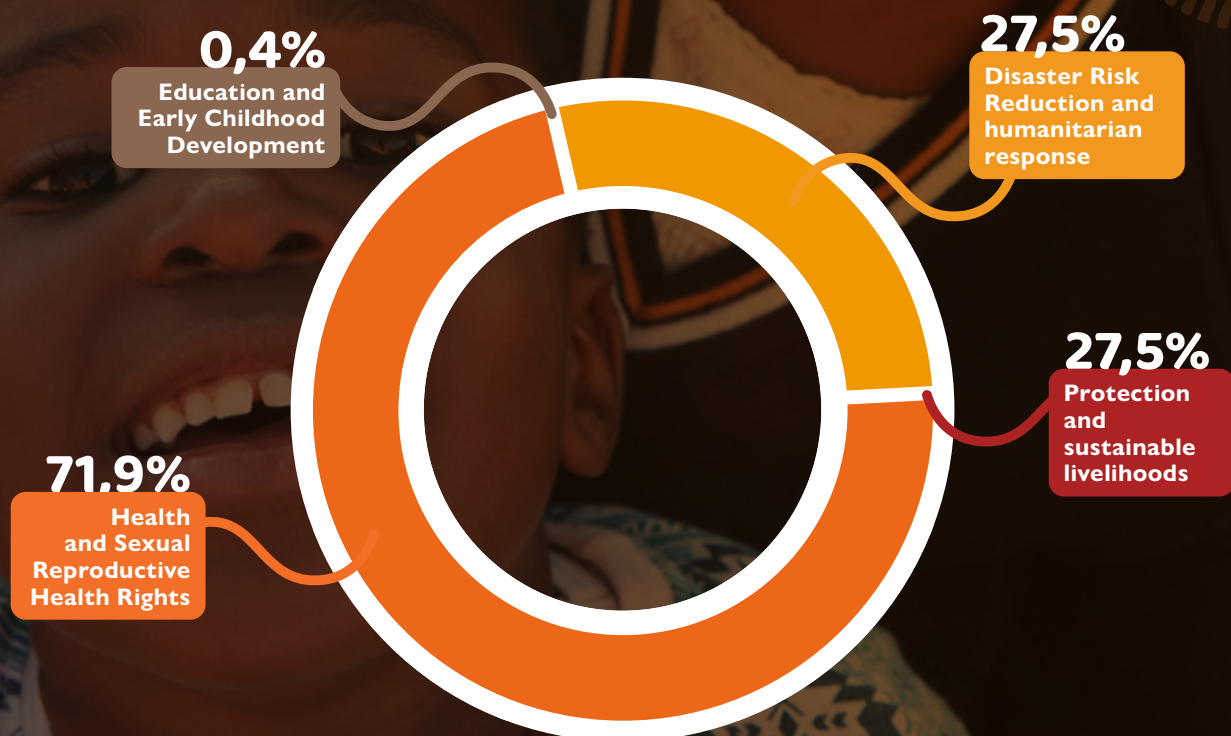




These results portray positive change amongst programme beneficiaries in relation to attitudes, behaviours, perceptions, living conditions, and living environments. As we shall see at the end of the report, beneficiaries have shared their perceptions of this impact and how it has improved their situation.

In the section below, we discuss progress attained in respect to each programme thematic area.

**FIGURE 4** Primary Beneficiaries served by Thematic Area

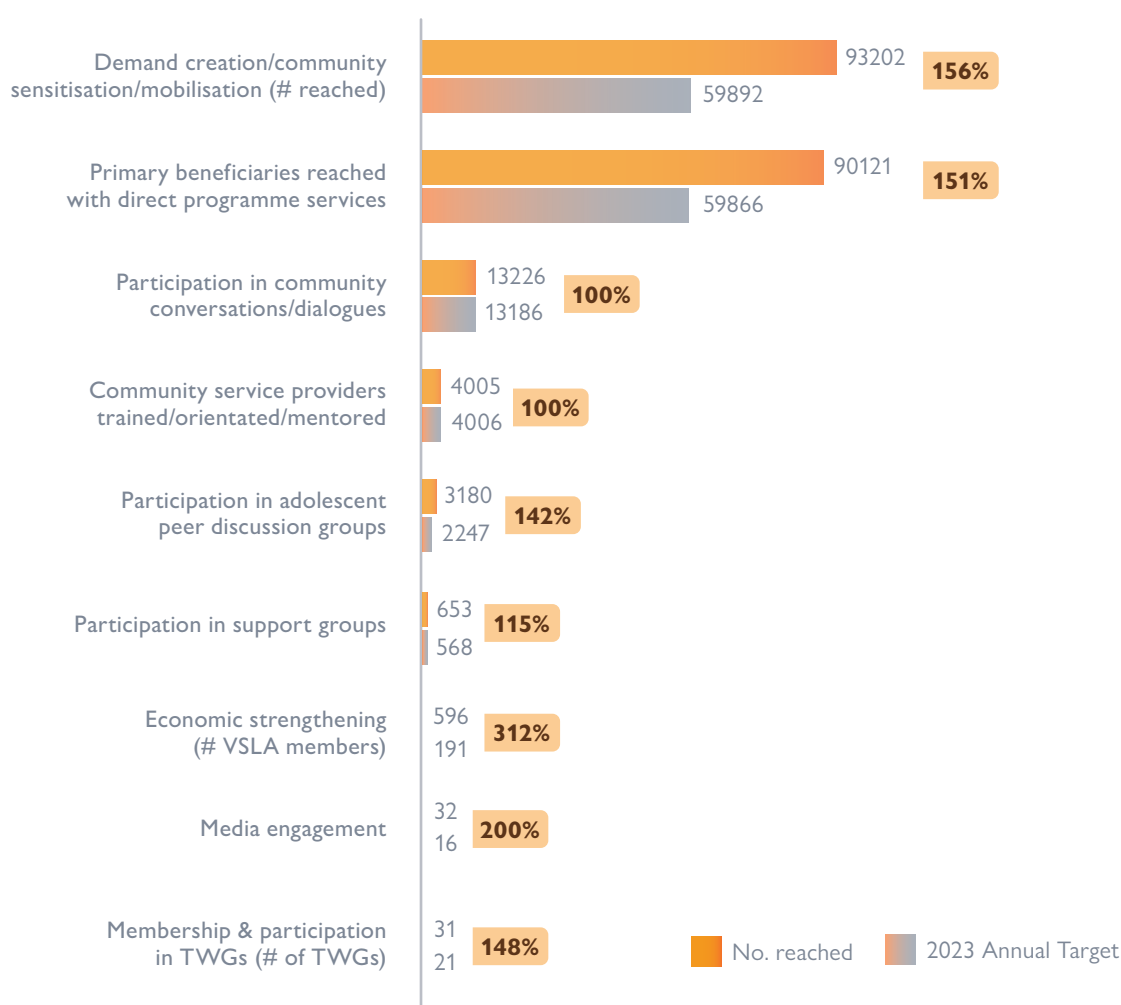


## Adolescent Health and Sexual Reproductive Health Rights

REPSSI's approach to SRHR programming, aims to improve the psychosocial and mental wellbeing of adolescents accessing SRHR services. Health and Sexual Reproductive Health Rights are central to adolescent health and well-being. They entail a state of physical, emotional, mental and social wellbeing in relation to all aspects of health, sexuality and reproduction, and is

not limited only to the absence of disease, dysfunction or infirmity. It includes working with children, youth and adolescents, empowering families to meet their socio-economic needs, and involving young people more pragmatically in designing interventions that work for them.

**FIGURE 5 Programme Performance - Health and Sexual Reproductive Health Rights**



Our performance under this thematic area was exemplary and we attained most of our planned targets. Below we share some qualitative examples from the field.

- In Mozambique, through the *Ready for An Aids Free Future (R4AFF) Project*, the implementation of mobile brigades in the surrounding communities and main hotspots managed to reduce the distance

between health services and the community, as well as reducing the barriers to accessibility of Sexual and Reproductive Health (SRH) and HIV services (including gender and disability barriers). It allowed the linkages to treatment of 993 beneficiaries who had dropped out of ART. The project increased access to counselling and HIV testing services, among hard-to-reach population groups, such as boys

(14,390; representing 34% of beneficiaries reached in the project), and Key Populations (2249; 5%), of which 1% (17) have some physical disabilities.

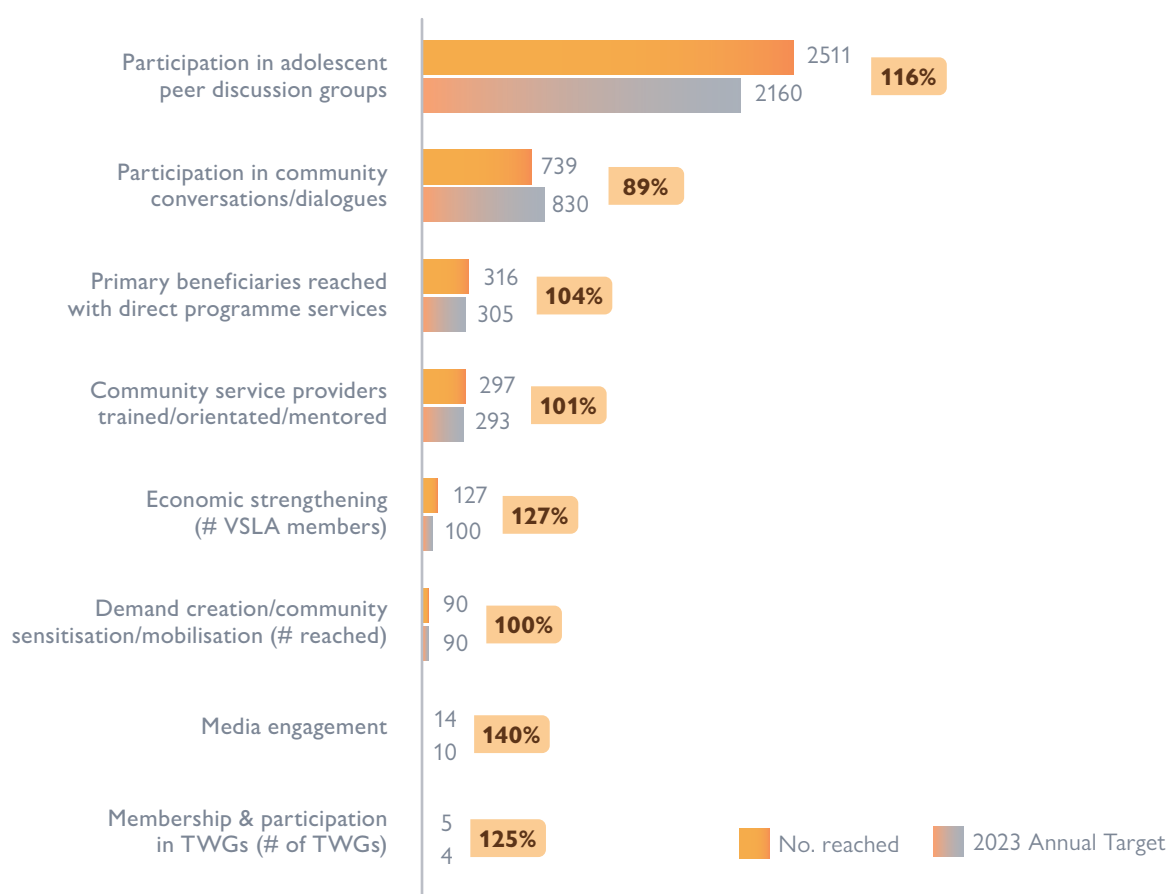
- In Uganda, through the *Keeping Children Healthy and Safe (KCHS) Project*, home visits and adherence counselling by para-social workers, linkages officers, and social workers, led to the re-initiation on ART of 45 adolescents and young people (25 female & 20 male) who had interrupted treatment. It also enhanced adherence counselling for 1,712 of 1,865 (92%) children and adolescents living with HIV (CALHIV) becoming virally suppressed.
- In Zambia, baseline and endline assessments of the *SIDA EUP Project* revealed the following key results:
  - **Contraceptive Use** increased by 23% of participants who indicated using some form of contraceptive from baseline (65%) to endline (88%).
  - **Gender equity regarding sex:** increased by 21% of participants holding high gender equity views regarding sex from baseline (15%) to endline (36%). Similarly, amongst parents and caregivers, there was a significant 12% increase in the proportion of respondents with high gender equity levels regarding sex from baseline (27%) to endline (39%).
  - **School Support regarding health** was reported to have improved in relation to access to health services from baseline to endline, with 33% more indicating that their school offered good levels of support from baseline (19%) to endline (52%).
  - **Resilience:** On this outcome, adolescents showed good levels of resilience at both baseline and endline with a significant improvement in relational and interpersonal capabilities. This indicates that adolescents, in general REPSSI's empowerment and resilience building interventions were impactful.
  - **Depression and Suicide:** The average depression scores (out of 100) decreased from baseline (20.1) to endline (17.2), indicating low levels of depression overall. Again, reduced levels of depression is a higher-level outcome and an indicator of improved mental health.
- **Anxiety:** The average overall anxiety score (out of 100) decreased significantly from baseline (20.2) to endline (15.0), indicating low levels of anxiety overall. There was an 11% significant decrease in the number of adolescents reporting moderate symptoms of anxiety. Additionally, there was a significant decrease in those reporting not being able to stop or control worrying more than half the days/nearly every day from baseline (17%) to endline (6%). This is another higher-level outcome and an indicator of improved mental health.
- REPSSI Zambia is part of a network of Civil Society Taskforce on SRHR that has since 2020 collaborated with other stakeholders to push the agenda for SRHR and Life Skills and Health Education (formerly Comprehensive Sexuality Education). Part of the Taskforce's activities involved engaging parliamentarians, an initiative that REPSSI has co-funded. Additionally, REPSSI co-facilitated capacity-building workshops for the parliamentarians. REPSSI was instrumental in the establishment of a Parliamentary Caucus on SRHR and Life Skills and Health Education, as well as the subsequent development of a Parliamentary Advocacy Strategy, which was launched by the Honourable Speaker of the National Assembly of Zambia.
- REPSSI Mozambique, implements the *Celebrating Life Project*, which integrates Psychosocial Support activities. This enabled more children to acquire life skills, contributing to their resilience and empowerment. As a result 98% of the children participating in the support groups achieved viral suppression. An Endline Study showed that at the community level, there was significant reduction in stigma and discrimination against people living with HIV.
- In Eswatini, REPSSI participated in PSS TWG, and managed to contribute to the mainstreaming of Psychosocial Support (PSS) into the "National Plan of Action for Children", as well as into the "Neighbourhood Care Strategy".
- In Zimbabwe, through the "*Hope and Restore: Building the Social Economic Resilience of Adolescent and Young Mothers*" Project, we recorded a significant reduction in suicidal ideation reports among adolescent and young mothers.

## Protection and sustainable livelihoods

Under this thematic area, we deliver prevention and response interventions that address violence against children and women, child protection systems strengthening and violence against children (VAC), as well as economic empowerment activities for livelihoods improvement. Eight countries (Botswana,

Eswatini, Kenya, Mozambique, South Africa, Tanzania, Uganda, and Zimbabwe) contributed to the results achieved in this thematic area, and **Figure 6** summarises the performance thereof per Output Indicator:

**FIGURE 6 Programme Performance - Protection and Sustainable Livelihoods**



- REPSSI South Africa, through the *Say No to GBV Project*, targeted children in Diepsloot living in very difficult circumstances and at risk of exploitation and abuse. An assessment conducted amongst target children showed significant improvement in application of life skills knowledge. Regular peer group discussions connected young people around issues of common interest. The number of children who engaged in GBV prevention activities in the second half of the year, had increased from 28% at the baseline assessment to 49% at the endline assessment in one community. In addition, children in Orange Farm increased reporting of their

experiences with violence from 52% to 58%, which is a significant increase when one considers that this was a pilot project in that community.

- The REPSSI South Africa Country Director participated in working group meetings that revised the *National Strategic Plan on the Prevention of GBV and Femicide TGW, Pillar 4 (on Healing, Care, Support, Response)*.
- REPSSI Zimbabwe, implemented the “*Hope and Restore: Building the Social Economic Resilience of Adolescent and Young Mothers*” Project, imparting young adolescents with skills on positive masculinity and parenting among adolescent

fathers. The project created supportive communities where the males support their wives in their small businesses. Under the *Inclusive Communities Project*, REPSSI renovated a health facility and a primary school, and made them accessible to persons with disabilities. Parents and caregivers of children with disabilities report that they are now motivated to take their children to school since these disability provisions were introduced.

- In Eswatini, through participation in the TWG that focused on Preventing and Responding to

Gender Based Violence, REPSSI contributed to the integration of MHPSS perspectives of Gender Based Violence into the *National Gender Prevention Strategy*.

- In Tanzania, through participation in Tanzania Child Right Forum (which focuses on the Protection of Children at all Levels), REPSSI contributed to the review of the National Plan of Action on violence against women and children under the leadership of the Ministry of Community Development, Gender, Women and Special Groups.

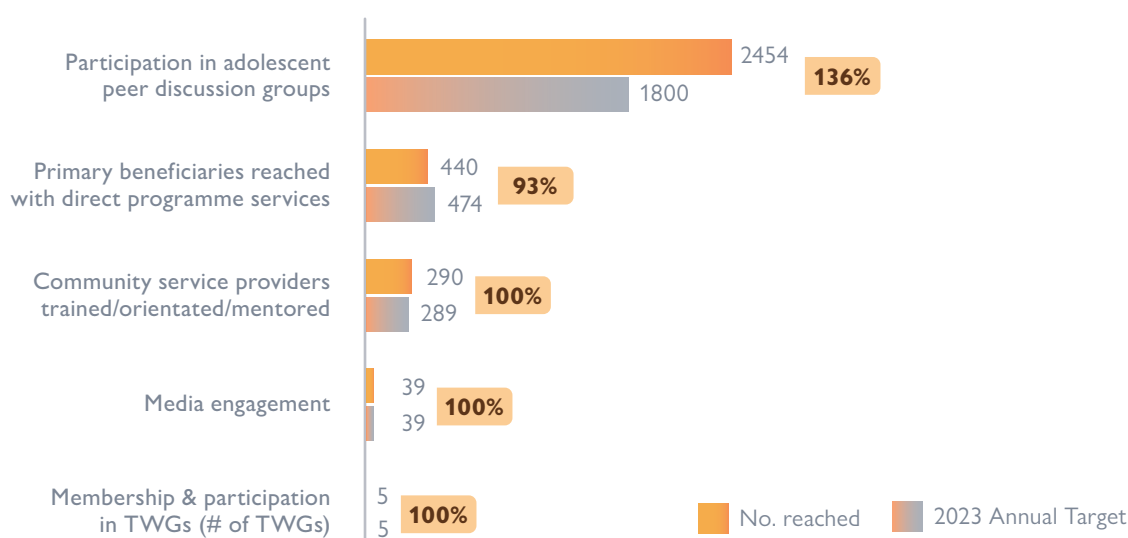


## Education and early childhood development

REPSSI engaged stakeholders in the education and child development sectors, to promote and create positive psychosocial environments in schools. Interventions also addressed teachers' MHPSS capacity to support children and young people. Additionally, parenting skills-building sessions to enhance the parents' ability to support children's development, mental health,

psychosocial wellbeing and resilience were provided. Six countries (Angola, Malawi, Mozambique, Namibia, Tanzania, and Zambia) contributed to the results achieved in this thematic area, and **Figure 7** summarises performance thereof per Output Indicator:

**FIGURE 7 Programme Performance – Education and Early Childhood Development**



The following results were attained under this result area:

- In Mozambique, through the *Hilton Project*, REPSSI participated in the development of the first Mozambican Early Child Development Strategy, alongside other CSO partner networks. REPSSI used this opportunity to support the inclusion of an MHPSS component that responds to needs of children and their caregivers. The strategy was finally validated and approved by Civil Society Organisations (CSOs). It is now awaiting the official launch by the Ministry of Gender, Children and Social Action.
- REPSSI Malawi, together with the *Malawi Early Childhood Initiative for children of Adolescent Mothers (MECIAM)*, collaborated to raise awareness of adolescents and young mothers in dealing with depression and psychosocial problems. Endline results showed a significant reduction in levels of

depression and parental stress, whilst self-esteem and resilience increased.

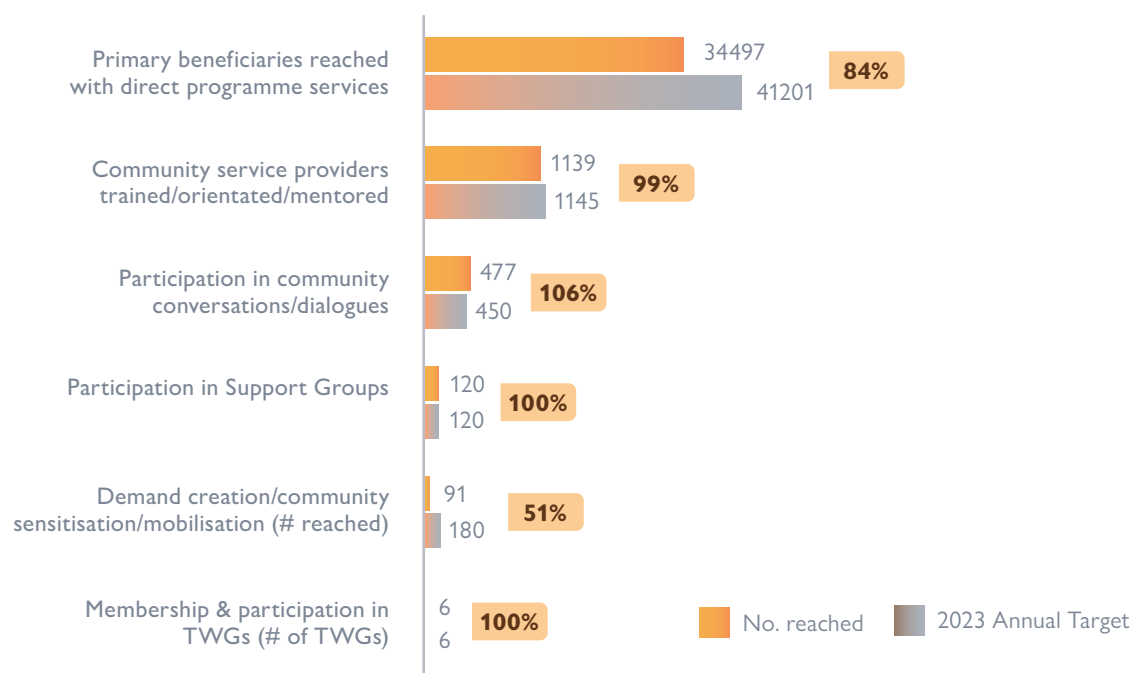
- In Namibia, REPSSI contributed towards the development of a *National Parenting Manual*, a *National Parenting Strategy*, and a Pocket friendly Parenting Booklet.
- In Tanzania, through participation in the TENMET TWG (which focuses on Protection and Safe Learning Environment), REPSSI contributed to the review of the Education Policy of Tanzania.

## Disaster risk reduction and humanitarian response

During the year, REPSSI was active in disaster affected communities in; Uganda, Zimbabwe, Zambia, Tanzania and South Africa. Many of these countries, suffered numerous disasters, the majority of which were climate related. Flooding and torrential rainfalls in Zambia

and Zimbabwe led to both nations declaring states of emergency to deal with the resultant drought. Psychosocial programmes are most needed by households that have been most affected by disaster.

**FIGURE 8 Programme Performance – Disaster Risk Reduction and Humanitarian Response**



- REPSSI Uganda implemented the “*Improved access to Sexual Reproductive Health and Rights and Social Connectedness for Adolescent Children in the Humanitarian Emergency Setting*” Project. Through peer-to-peer social connectedness clubs, adolescents were empowered to adopt and maintain safe, healthy and responsible sexual attitudes and behaviours. These interactions participation of learners in school activities, hence improving attendance and completion. Interactive learning sessions improved adolescent’s quality of life and enhanced their communication skills.
- REPSSI Tanzania, through the “*Enhance Mental Health, Psychosocial Support and Child Protection preparedness and response capacity for Marburg Virus Disease Outbreak*” Project, contributed to the development of the Marburg Viral Disease (MVD) Survival Program Guide, in which MHPSS is incorporated. Additionally, over 1,409 MVD-affected individuals received MHPSS services offered by REPSSI.



## 4 Advocacy and Policy Influencing Agenda

Our regional advocacy and policy influencing agenda, was mostly attained through the work of RIATT ESA (Regional Inter-agency Task Team on Children and

AIDS in East and Southern Africa). These activities are outlined in the section that follows below.

### Advocacy Initiatives by RIATT-ESA

RIATT-ESA has a membership of over 40 Civil Society Organizations (CSOs), academic institutions, UN agencies, and Regional Economic Communities. REPSSI, is a network member, but also the fiscal host for RIATT –ESA.

The following are some of the achievements attained during the year:

- **Supported the Global Alliance's Africa Launch: RIATT-ESA issued a press release in support of the *Global Alliance to end AIDS in Children by 2030 Launch*, held in Dar es Salaam on 01 February 2023.** On this day, Cabinet Ministers from 12 African countries endorsed Country Action Plans and made commitments to end AIDS in children in each of the partner countries by 2030.
- **Developed a Policy Brief on Childhood TB: This Policy Brief was developed from a RIATT-ESA 2021 commissioned study titled "A Situational Analysis of Childhood TB and Review of Policies on TB (Children and Adolescents)".** The study was conducted in four countries: DRC, Kenya, Uganda, and Zimbabwe. The Policy Brief summarises the key findings from the study, and recommends that more effort be done in all the four countries to keep the childhood and adolescents TB momentum on course and in line with the [10 WHO 2018 Roadmap Action Points](#).
- **Conducted a narrative review of the impact of stigma and discrimination on migrant adolescents living with HIV in fragile contexts in the ESA region:** RIATT-ESA commissioned this study in order to identify factors that lead to poor health outcomes among refugees and migrants, and proposed appropriate mitigation actions. The study recommended the use of the WHO Global Action Plan on Promoting the Health of Refugees and Migrants, 2019-2023, as a foundation for the development of a strategic plan to address the needs of migrant adolescents living with HIV (WHO, 2019).
- **Peer Reviewed Publication titled, "Moving from Commitments to action: teenage pregnancy remains the Achilles Heel of adolescent health policies in Eastern and Southern Africa": This Publication** resulted from a RIATT-ESA 2020 commissioned study on Early and Unintended Pregnancy in the ESA Region. The study offers a descriptive policy content analysis, assessing the prioritisation and integration of EUP since 2015 in national-level adolescent sexual and reproductive health and rights (ASRHR) policies in the ESA region.
- **Submitted an Abstract and presented a Poster at the 11<sup>th</sup> SA AIDS Conference:** The study entitled "An Assessment of National Paediatric Testing Guidelines and Advocacy in the EAC and SADC", which was commissioned by RIATT-ESA in 2021, formed the basis of this Abstract and the subsequent Poster presentation. The Poster provided a summary of the findings from the study, which revealed that the ESA region's performance improved in Early infant diagnosis (EID) coverage from 2015-2020 overall, and decreased in 2021 due to the COVID-19 pandemic. However, most countries in the ESA region are believed to be rebounding, due to measures instituted by developmental partners and host governments.
- **Manuscript on Review of Early Infant Diagnosis coverage in Eastern and Southern Africa through the COVID-19 pandemic:** The Manuscript was aimed at disseminating the findings of the 2021 study on Early Infant Diagnosis, which pertained to the impact of the COVID-19 pandemic on paediatric HIV management.

- **Participated in ICASA 2023:** RIATT-ESA joined forces with EANASSO in a community village at the *International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA 2023)*, held in Zimbabwe. RIATT-ESA utilised this opportunity to do an exhibition and engage different partners to discuss RIATT-ESA's mandate and the work that it has done so far, as well as getting to know the work that the different partners are doing in terms of their mandates. At this exhibition, RIATT-ESA managed to reach out to 201 delegates.
- **Collaborated with the Coalition on Children Affected by AIDS (CCABA) and African Union (AU):** In 2023, RIATT-ESA participated in eight CCABA and six AU meetings. The CCABA meetings were around the financing for children and adolescents affected by HIV, which was the topic of the planning sessions. On the other hand, the AU meetings were around issues of climate change in relation to child marriages, training on sensitive reporting on child marriages, AU country monitoring missions, and the Media Awards.
- **Supported UNICEF's Global Alliance Regional Hub:** RIATT-ESA signed a contract agreement with UNICEF to provide support for the Global Alliance Regional Hub for Eastern and Southern Africa by handling secretarial tasks, overseeing partner relationships, and managing knowledge to ensure the smooth and effective operation of the Hub, with the ultimate goal of ending AIDS in children by 2030. Thus far, REPSSI has managed to develop an inception report as part of executing their duties to the regional hub, developed a Website for the regional hub which is nested on the RIATT-ESA website, and organised and executed eight successful meetings with eight countries which are in the ESA regional hub. These countries were paired for enhanced learning, with the pairings as follows: Kenya and Uganda; South Africa and Zimbabwe; Angola and Mozambique; and Tanzania and Zambia.



## Advocacy Initiatives by REPSSI Regional Office

### The 7th Regional Psychosocial Support Forum

In collaboration with its key partners, REPSSI convened the 7<sup>th</sup> Regional Psychosocial Support (PSS) Forum in Johannesburg, South Africa, from 02-05 October 2023, with the theme, “*Mental Health in Context*”. The key objectives of the Forum were:

- To influence formulation, review and implementation of policies that promote mental health and psychosocial wellbeing.
- To share experiences and practices in MHPSS across the humanitarian development-peace nexus in the region.
- To provide a platform that creates a space for meaningful participation by stakeholders who are usually marginalised or excluded from MHPSS discussions, such as children, youth and persons living with disabilities.

The sessions provided at the Forum were centred around five key thematic issues, including: 1) Child Rights and Protection; 2) Sexual and Reproductive Health and Rights; 3) HIV Prevention and Management; 4) Education and Early Childhood Development; and 5) Disability Inclusion.

The Forum attracted a total of 548 delegates from 23 different countries. The delegates comprised representatives of regional economic blocs, civil society, national and international partners, the media, academia, national and local leadership, as well as caregivers, children and youth. 226 of these delegates participated physically, whilst 322 participated virtually. In recognition of the need to learn from and with children, REPSSI held a children’s pre-conference (i.e. Children’s Forum) at Maropeng Africa in Johannesburg, from 2-3 October 2023, which was attended by 27

children and youth (14 girls and 13 boys) from six countries. The Keynote Address was delivered by Dr Adelard Kakunze, Head of Non-communicable Diseases (NCDs), Injuries and Mental Health Disease Control and Prevention Division, Africa CDC and closed by the Minister of Social Development in South Africa, Ms Lindiwe Zulu.

### Built capacity of Civil Society Organisations on MHPSS Advocacy

REPSSI conducted a review and analysis of existing national and regional policies in Botswana, Ethiopia, Kenya, South Africa, Uganda, and Zimbabwe, with a specific focus on identifying gaps concerning the inclusion of MHPSS and special consideration of children and child protection. Thereafter, REPSSI organised an MHPSS training for 14 participants from nine Civil Society Organisations (CSOs) across the six countries, orienting them on the inclusion of MHPSS advocacy in their strategic plans. A MHPSS mainstreaming guide was later developed.

### Advocated for inclusion of MHPSS in Humanitarian Emergencies

Under a multiyear partnership with Save the Children, REPSSI conducted a scoping study of child protection policies, to analyse the extent to which these policies recognise the mental health needs of children living in contexts of humanitarian emergency in Somalia, South Sudan and Somalia. Policy and practice briefs were developed and disseminated through webinars, targeting government technocrats and practitioners.

## Country Level Advocacy Initiatives

The section below shows the advocacy initiatives across all countries where REPSSI is operating.

### Angola

- Participation in advocacy planning and orientation activities with ADPP under READY+ Project to develop intervention programs for best practices on HIV and SRHR.
- Participation in the review of national strategies for best practices on HIV. Through this forum, operational improvements are being practiced in the field.

### Eswatini

- REPSSI delivered a series of live talk shows on the national radio, tackling many aspects including the MHPSS perspectives on Gender Based Violence.
- Participated and influenced the MHPSS agenda in the work of the government led Technical Working Groups.

### Kenya

- REPSSI developed a poster on celebrating Day of the African Child 2023 with the message, "Protect Children's Mental Health and Psychosocial Wellbeing in the Digital Age."
- REPSSI organised 2023 World AIDS Day Campaign for 13 days, and this was shared with the REPSSI regional communication office to be uploaded on tweeter and Facebook.

### Lesotho

- Facilitation of young people to provide feedback on the Ministry of Health Adolescent Friendly Service Provision Package.
- Participated in the national assessments on the Ending Child Marriage Campaigns led by MoSD.

### Malawi

- REPSSI led the community consultative meetings in Blantyre, targeting community-based facilitators (CBFs). The meetings were focused on enlightening the beneficiaries to hold duty bearers to account.
- REPSSI engaged in the Adolescent and Young Mothers (AYM) model Advocacy Conference.

### Mozambique

- REPSSI participated in a program called Manhã Informativa Notícias at STV-Notícias to talk about REPSSI's good practices in working with children living with HIV.
- REPSSI participated in a program called 4 Estações at Radio Índico to talk about the challenges faced by adolescents living with HIV.
- REPSSI published a newspaper article in Jornal Zambeze, about REPSSI's interventions and the main challenges faced by children and adolescents living with HIV.

### Namibia

- The Namibian Economist conducted an interview with REPSSI Namibia to discuss the content of the study conducted on suicide ideation. The article appeared in the last week of April 2023. The Practice Brief on Suicide ideation is currently our strongest advocacy tool and was presented on several platforms during the month of May 2023.
- The same newspaper (i.e. the Namibian Economist) advertised the REPSSI PSS Forum and placed

several interviews for the PSS Forum and future programmes of REPSSI.

- The Namibia media holdings reached an arrangement with REPSSI for a children's Programme on Republikein TV.

### South Africa

- REPSSI shared the activities that were implemented in the different projects on social media to raise awareness on the work that REPSSI South Africa does.
- REPSSI commemorated the Child Protection Week, the Day of the African Child, the Mental Health Day, and the 16 Days of Activism against GBV where children were mentored to develop their own advocacy campaigns as well as a panel discussion on the theme 'Accelerating Actions to end GBVF: leaving no one behind'. The panel focused on asking if any children are being left behind, and which children those are. This work was shared on different social media platforms, including LinkedIn, Twitter, and Facebook.
- REPSSI was interviewed by Voice of the Cape Radio on the Mental Health Needs of Children.

### Tanzania

- REPSSI participated in several TV sessions on parenting and on how to empower boys so as not to leave them behind. Other sessions were on how parents could positively support their children in the learning processes, not leaving all the responsibilities to the teachers.
- REPSSI participated in a TV program on the effects of taking young children to boarding schools.

### Uganda

- REPSSI participated in the global day to honour Refugees with the theme, "Hope away from Home: A world where refugees are included." This was organised by UNHCR and other refugee response agencies in Kiryandongo District.
- REPSSI-Uganda team participated in organizing the international AIDS Day, which was commemorated in one of REPSSI's USAID KCHS Implementing district of Rakai in the south-western part of Uganda.

### Zambia

- REPSSI participated in the development of Mental Health and Psychosocial Skills content for National Life Skills and Health Education curriculum.
- REPSSI participated in the development and subsequent launch of the Life Skills and Health Education Strategy for members of parliament.

### Zimbabwe

- REPSSI published two articles on substance abuse.
- REPSSI facilitated training and mentorship of disability champions to become Community Champions on Disability inclusion.
- REPSSI commemorated breast cancer awareness in October 2023 and shared a video through social media.

## 5 What we are Learning

Some of the key lessons include the following:

- It is important to align field activities in consultation with beneficiaries, due to competing priorities. For example school activities are the most complex to schedule due to other school programmes. It is therefore best to break such activities down into shorter sessions, to allow learners continue school. The same can be said of activities undertaken during rainy or planting seasons, when families commit time to attend to their gardens.
- Male involvement in the program design and implementation must be emphasised. Social workers have to be intentional about reaching out to men and engaging them in project activities.
- In many cases, men were hesitant to participate in community activities, when women were enrolled before consulting community leadership structures which are often patriarchal.
- Community dialogues are integral to participation. Whereas they may seem common place, they still provide an opportunity for community members to learn about new approaches that have worked elsewhere.
- Linking communities to other service providers, can improve health seeking behaviour among community members. Referrals have to be managed well, by keeping track of all case closures and continuing cases.





# EMERGING STORIES OF CHANGE



Mr. Benson Ngandu, his wife and their child

## Male Involvement in Positive Parenting

Mr. Benson Ngandu, a 49-year-old father residing in Shacele village, reflects on the transformative journey he has undertaken in prioritizing his presence in his child's life and supporting his wife.

*"Before the introduction of the [REPSSI] program in our village, I was guilty of physically abusing my wife, oblivious to the repercussions it had on both her and our child's well-being. Despite the efforts of village elders to reconcile us, no positive change occurred. The turning point came when my wife discovered a REPSSI infographic poster at the Shacele community health clinic. Intrigued by its contents, I delved deeper into understanding the importance of a father's role in a child's life. My wife and I promptly enrolled in the REPSSI program focusing on early childhood development, aiming to address the mental health and psychosocial well-being of us as parents".*

## Embracing Family Support through REPSSI MHPSS Interventions

Tisauke Banda, a 17-year-old adolescent mother from Kasasule Primary School, Sinda District, Zambia, shares her story of how peer pressure led to an unexpected pregnancy, and how she is now back on the path to education. Tisauke admits, "I was naive and influenced by my friends to make careless decisions, leading to my pregnancy."

Despite her mother's initial disappointment, she found support and encouragement from her family to return to school. Tisauke's journey to resilience and education began when her grandfather, who also serves as the village headman, and a member of the village committee on ending teen pregnancy and child marriage, got her enrolled in the REPSSI MHPSS skills club. Tisauke shared how she and other young mothers learned crucial life skills, including the importance of returning to school after childbirth, and effective decision-making skills, which led to her decision to return to school and pick up from where she had left off before falling pregnant.

Tisauke's inspiring story demonstrates how determination and support can help teenage mothers overcome obstacles and pave the way for a brighter future.  
– REPSSI Zambia.



A person with a disability being supported in a wheelchair by community leaders

## Community Leaders Supporting the Inclusion Drive

Previously in most communities of Zimbabwe, persons with disabilities have generally been relegated to the periphery of development, due to the limited understanding of disability by community members, lack of political will by community leaders, as well as self-stigma by the population group themselves. Through the “Inclusive Communities Project”, however, a greater understanding of disability has been attained. For instance, Disability Champions working under the project highlighted that they are appreciative of the trainings they received from REPSSI, and have the capacity to stand in front of huge crowds and confidently talk about disability inclusion in different community development programmes.

They also highlighted that they receive support from community leadership, who are giving them platforms to raise community awareness on disability inclusion during community gatherings. One good example came from Chisuma (Ward 29) of Chipinge, where the Councillor has included Disability Champions in the Village Development Committees (VIDCO), and has plans to reserve positions for the same in the Ward Development Committees (WADCO). The community leaders from this ward are also involved in mobilising communities to actively participate in mobilising resources, such as river sand, for the health facility renovations.

– REPSSI Zimbabwe.

## Defying the Odds with Viral Load Suppression and Marriage

Revocatus\* (23), a young man living in Karagwe district, is a shining example of resilience and determination in the face of adversity. His journey is a testament to the life-changing impact of the READY+2 project, where he not only achieved viral load suppression, but also found love and built a promising future through marriage.

Revocatus' life took an unexpected turn when he was diagnosed with HIV as an adolescent. The news was initially overwhelming, and Revocatus, like many others in his situation, faced the daunting challenges of living with the virus. Stigma, discrimination, and the fear of an uncertain future were constant companions on his journey.

Everything changed when Revocatus became involved in the READY+2 project, a beacon of hope in his life. The project introduced him to Community Adolescent Treatment Supporters (CATS), a group of young advocates and mentors dedicated to support adolescents and young people living with HIV.

\* not real name

Participants making baggia at Bweyale



Mr Enock Mtine - Headmaster for Kaingo Primary School



## Together We Make a Living

“God is Able” women’s group is one among REPSSI community conversation groups that has yielded from project interventions. The group has acquired knowledge and skills in nurturing children and supporting their needs. The group acquired financial literacy that set up a savings group to enable participants meet their financial needs at home, and support their children go to school for a brighter future. The team has acquired knowledge in cottage industry, which equipped members with manufacturing skills in a

small-scale trade of their choice. In this regard, the team makes “baggia”, which has a locally available market, using local raw materials. This enterprise has enabled the participants increase on their savings and meet some basic needs at home.

Additionally, cottage industry relives participants of financial stress, which causes gender based violence in families, thus improving on mental wellbeing as well.  
– REPSSI Uganda

## School-wide Transformation

Mr. Enock Mtine, the esteemed head teacher at Kaingo Primary School in Sinda District, Eastern Province, Zambia, has lauded the intervention sessions by REPSSI at his school. Mr Mtine expressed gratitude for the programs that have addressed crucial issues beyond the scope of teachers’ capabilities, particularly in imparting psychosocial life skills and training educators on effectively disseminating awareness to combat the prevailing issue of teenage pregnancies in their community. “The REPSSI sessions have been invaluable,”

Mr Mtine remarked. “The facilitators’ lessons have been well-received by our students.” He noted a significant positive shift in both behaviour and academic performance, which has garnered parental appreciation. “I attribute this positive change to REPSSI interventions and only wish they had come sooner.” Looking ahead, Mr Mtine revealed plans to incorporate REPSSI intervention sessions into the school’s action plans, acknowledging its profound impact on the students and the community’s well-being.  
– REPSSI Zambia.

## The role of peer support in the process of serostatus acceptance

*“I am Tinora Tinora\*, I am 23 years old, and I live with my parents in the 14th Alto da Manga neighborhood. I learned about my HIV status in 2018 when I was 18, it was not easy to believe, I suffered a lot and felt like the world had ended! I had support from my family and providers for treatment but they never knew how to convince me as much as I am convinced today. I thought I was the only underage person living with HIV.”*

In 2021, Tinora met CATS Pedro at the Inhaconjo health centre; they became friends.

*“Pedro introduced himself to me, told me his story and made*

*me realise that the key to life is to accept my situation. He encouraged me to take my medication well, he called and visited me often, little by little I started to lead a normal life. I was very encouraged when Pedro invited me to join the support groups; there I saw many teenagers and young people like me, living with HIV, and I learnt a lot from my colleagues.”*

Thanks to the support that Tinora received from the READY+ programme; she is now one of the young people with an undetectable viral load and has also taken part in the technical vocational courses at Young Africa, and is trained as an electrical fitter. – REPSSI Mozambique.

\* not real name



Parents and Caregiver Session in Progress.

## Parents and Caregivers Sessions helping to promote community support for Adolescents and young people living with HIV in Masvingo District

Mary\*, an orphan from Masvingo born with HIV, lived with her parents until they passed away when she was in grade 4 and was later taken into custody by her father's brother and his wife.

During her stay with her extended family, she faced discrimination, stigmatization and sexual abuse. This discrimination took many forms, including isolation, verbal abuse, and even physical and violence because of her status. Her relatives were afraid of contracting the virus themselves, and held negative beliefs and stereotypes about people living with HIV. Her aunt did not allow Mary to use her cooking pots, plates, cups; rather, she was given her own cutlery different from anyone else at home. She had her own blanket from other children and all these were kept outside of the house in a 'dura' (small room where grain is stocked). When going to school she went on an empty stomach, no lunch box was packed for her. Her aunt used to beat Mary whenever she touched her cutlery, or clothes without her consent, she even burnt her clinical card booklet that she used to collect her medication. All this resulted in poor low self-esteem, poor mental wellbeing and poor adherence to medication as her physical appearance raised questions amongst neighbours who saw her in the community.

Mary was registered in the READY+ program in 2021 when she was 20 years of age. In June 2021, she had a high viral load test result, referrals for Enhanced Adherence Counselling (EAC) by Community Adolescent Treatment Supporter (CATS) were made, and psychosocial support was offered by CATS with support from healthcare providers. A home visit was done for her by CATS with support from village health care workers. When her results came, she had a high viral load as well and was referred for counselling by CATS.

\* not real name

## Overcoming the Odds

Ireen Daka, a 14-year-old pupil from Kaingo Primary school in Zambia, battled a toxic household environment, marred with violence and excessive alcohol drinking, resulting in her halting her education at the hands of her father. Enduring verbal abuse and book burnings, she struggled to study. "It hurts when someone tells you that you won't amount to anything," she lamented. Rescued by her grandmother, she found solace and restarted her education. "School is going well, and I aspire to become a teacher."

Embracing REPSSI life skills sessions, Ireen transformed her life. "Learning to handle my emotions and resist peer pressure has been invaluable." She dreams of pursuing her education and steering clear of detrimental sexual activities. "I want to thrive in school and postpone unsuitable adult endeavours," she expressed. Ireen's resilience in the face of adversity and her commitment to education serves as an inspiring tale of triumph over challenging circumstances.  
– REPSSI Zambia.



## Governance and Operations Management

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

REPSSI underwent several due diligence assessments that enhanced the organisation's governance and management systems. Frontline AIDS (FLA) and Save the Children International (SCI) conducted comprehensive assessments of REPSSI's financial,

policy and programme procedures. As a result of these assessments, REPSSI was able to enhance most of the organisation's policies, processes and protocols. All REPSSI country offices successfully held board meetings with the serving Country Advisory Boards. Board members actively supported country programmes by providing critical advisory guidance in financial, programmatic and human resources matters. The boards reviewed and approved the work plans and budgets. The boards received and discussed the management reports, which included an overview on human resources issues, funding, partnerships, and programming.

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

# 7 FINANCIAL PERFORMANCE

Statement of Financial Activities for the year ended 31st December 2023

Based on Audited Financial Statements



Statement of comprehensive Income	2023 (Euro)	2022 (Euro)
<b>Revenues</b>		
Grants from ICPs	5 608 525	5 453 386
Income from Services	200 459	283 728
P & L on Foreign Exchange	(28 093)	154 369
Investment Revenue	11 277	11 137
<b>Total Incoming Resources</b>	<b>5 792 169</b>	<b>5 902 620</b>
<b>Operating Expenses</b>		
Program Costs	5 345 487	-
Governance & Admin Costs	816 642	-
<b>Total Expended Resource</b>	<b>6 162 129</b>	<b>-</b>
<b>Net (outgoing) resources for the year</b>	<b>(369 960)</b>	<b>(354 700)</b>
Fund balance as at 1 Jan	2 891 734	2 964 326
Fund Balance as at 31 Dec	2 521 774	2 609 626
<b>Statement of financial Position</b>		
Property, Plant and Equipment	364 683	413 976
Current Assets (Trade & other receivable + Cash & Cash Equiv.)	4 032 250	3 570 769
Trade and other Payables	(238 189)	(142 181)
Deferred Income (Grants received in advance)	(1 636 971)	(1 232 938)
<b>Nets Assets</b>	<b>2 521 774</b>	<b>2 609 626</b>
Represented by:		
Retained Income	2 521 774	2 609 626





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