

# **End of Programme Support Evaluation of Regional Psychosocial Support Initiative (REPSSI)**

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**Sida Evaluation 06/20**

**Department for Africa**

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We hope we have adequately reflected the ideas and sentiments that were conveyed to us and that the information and recommendations contained in this report will contribute, in the shorter term, to a clear road map for REPSSI as it consolidates its systems from being an initiative to a fully fledged organisation and in the longer-term, to improve evidence based understanding concerning the psycho-social needs of orphans and other vulnerable children in the region.

The evaluation team takes responsibility for all opinions expressed in this report.

*Richard Matikanya, Victoria James and Nankali Maksud*

*21 July 2006*

# Acronyms

|        |                                                         |
|--------|---------------------------------------------------------|
| AIDS   | Acquired Immune Deficiency Syndrome                     |
| ARV    | Anti-retroviral                                         |
| DFID   | United Kingdom Department for International Development |
| FGD    | Focus Group Discussion                                  |
| HIV    | Human Immunodeficiency Virus                            |
| ICDP   | International Child Development Programme               |
| LRA    | Lords Resistance Army                                   |
| M&E    | Monitoring and Evaluation                               |
| MOU    | Memorandum of Understanding                             |
| MTR    | Mid Term Review                                         |
| NEDICO | New Dimensions Consultancy                              |
| NGO    | Non-Governmental Organisation                           |
| OD     | Organisational Development                              |
| OVC    | Orphans and Vulnerable Children                         |
| PSS    | Psychosocial Support                                    |
| REFA   | Regional Facilitators                                   |
| REPSSI | Regional Psychosocial Support Initiative                |
| SDC    | Swiss Agency for Development and Co-operation           |
| SGTP   | Structured Group Therapy Programme                      |
| Sida   | Swedish International Development Agency                |
| TPO    | Transcultural Psychosocial Organisation                 |
| UNAIDS | Joint United Nations Programme on HIV/AIDS              |
| UNICEF | United Nations Children's Fund                          |
| USAID  | United States Agency for International Development      |

## Executive Summary

Following a five-year agreement, REPSSI has been the recipient of a Sida grant of USD\$3,750,000<sup>1</sup> from 2002. The objectives of the grant are to: (1) Enhance existing psychosocial support programmes and service delivery to children affected by AIDS through strategic partnerships; (2) Scale up psychosocial support activities to children affected by AIDS by adapting current programmes and/or supporting new community models with additional partner organisations; and (3) Strengthen the enabling environment for organisations assisting children affected by AIDS through advocacy at regional, national and local levels. Since its inception, REPSSI has witnessed a number of developmental milestones, which necessitated a review of the contractual arrangements between REPSSI and its funding partners. Sida and REPSSI requested this end of programme of support evaluation in order to facilitate the development of a revised contractual agreement to define their future relationship. The aim of this evaluation is to review the first four years of implementation (May 2002–April 2006) and provide practical recommendations as to the steps that REPSSI needs to take in the coming years in order to achieve its goals and objectives. The specific objectives of the evaluation were to: Assess the relevance and appropriateness of the strategies and interventions applied by REPSSI to address the psychosocial needs of children; Verify the achievements of REPSSI activities to date; Assess the extent to which recommendations made in the Mid-term review have been implemented by the program; Measure the efficiency of the REPSSI program; and document possibilities of replicating the REPSSI approach to other areas, situations or circumstances.

The evaluation was conducted from the 24th April to the 16th of June 2006. A mixed methodology involving in-depth interviews, telephone interviews, focus group discussions, field visits and the administration of questionnaires was employed. REPSSI has made tremendous strides from being an initiative in 2002 when the grant agreement with Sida was signed to where it has transformed itself into a fully fledged regional organisation. During this period of transformation, a number of significant programmatic achievements have also taken place, the most notable ones as it relates to this grant have been;

1. Psychosocial support has been effectively and unequivocally been put on the agenda of civil society, development partners and governments in east and southern Africa;
2. Over 65 partners (working with approximately 1 million children) in 13 countries have received support from REPSSI to build their capacity to respond to the psychosocial needs of children affected by AIDS, conflict and poverty;
3. REPSSI has developed several PSS tools that are widely used to respond to the PSS needs of children

These are considerable achievements and the REPSSI programme is to be commended for having achieved this despite the organisational change and transformation it has undertaken over the past four years. However, much remains to be done to build a critical mass of capacity and skills in PSS within the region as the needs become greater and greater. REPSSI will need to position itself to respond appropriately and several recommendations have been outlined to enable it to do so.

---

<sup>1</sup> SEK 27,040.000 million at an exchange rate of US\$1 = SEK 7.2



# 1. Introduction

The triple crises of HIV/AIDS, poverty and in some states – conflict – are mutually reinforcing each other to create an unprecedented catastrophe in the region. The result of the crisis is a growing number of orphans and vulnerable children that have shaken traditional child protection mechanisms.

Whilst traditional responses have been easily identifiable such as the need to enhance access to education, health, nutrition, water and sanitation – the need to enhance the psychosocial well-being for orphans and vulnerable children has not been as clear to identify and address. Programs continue to neglect to respond to the psychosocial needs of children as they feel that the material, economic and nutritional needs are more critical and require immediate response. However, psychosocial wellbeing has a direct bearing on the development aspect of a growing child in any context. Psychosocial wellbeing is inextricably linked to their economic, material, physical, spiritual and other needs. The challenge is to develop rights-based, holistic responses that incorporate all elements.

It is within this setting that REPSSI (Regional Psychosocial Support Initiative) has emerged as a leading advocate in bringing issues related to psychosocial well being to the fore of the OVC agenda. Conceived by a think tank of OVC practitioners at Masiye Camp in 2001, REPSSI was to be an initiative that would work towards the promotion of systematic programming on psychosocial support needs for orphans and vulnerable children in Southern Africa. The leading partners of the project were Salvation Army Africa, *terres de hommes* (tdh), Southern Africa AIDS Training Programme (SAT) and the International HIV/AIDS Alliance. Funding was provided by the Swiss Agency for Development and Cooperation (SDC), the Swedish International Agency for Development (Sida) and the Novartis Foundation for Sustainable Development.

Today, REPSSI has rapidly evolved from an initiative to an independent regional body with its headquarters in South Africa, 3 regional sub-offices in Tanzania, Zambia, and Zimbabwe, 78 partners in 13 countries (Lesotho, Swaziland, South Africa, Tanzania, Uganda, Zambia, Zimbabwe, Kenya, Angola, Mozambique, Botswana, Malawi and Namibia).

REPSSI's vision is to ensure that children affected by HIV/AIDS, poverty and conflict benefit from stable, affectionate, family and community based care and support. Its intermediary goals are to ensure that:

- Governments and civil society are mobilised and have the capacity to enable families and communities to provide for the psychosocial well-being of children affected by HIV/AIDS, poverty, and conflict in East and Southern Africa; and
- Psychosocial care and support is enhanced in and mainstreamed into 8 key child care programming areas (paediatric anti-retroviral (ARV) programmes, schools and children's education systems, feeding programmes, emergency response programmes, home based care programmes, early childhood development, community development and poverty reduction strategies and children's empowerment programmes) directly or indirectly serving children affected by HIV/AIDS, poverty and conflict in East and Southern Africa.

These goals and objectives are in line with regional (Abuja and Maseru Declarations) as well as international (UNGASS, MDG) declarations and commitments. In order to achieve these goals, REPSSI has articulated 3 objectives:

1. REPSSI strategic partners and communities have the mechanism and technical capacity to effectively meet the demand for PSS;

2. Transfer of knowledge in psychosocial care and support: ensure that models and methodologies designed to reach children are relevant, comprehensive, broadly available, and effective in meeting emerging needs in psychosocial care and support; and
3. Advocacy strategies that are used promote both integration and access of PSS into wide reaching programs targeting children.

## 2. Purpose of the Evaluation

In May 2002, REPSSI entered into a five year (2002 – 2007) contractual agreement with Sida, to the tune of USD\$ 3,750,000. The programme objectives were to:

1. Enhance existing psychosocial support programmes and service delivery to children affected by AIDS through strategic partnerships;
2. Scale up psychosocial support activities to children affected by AIDS by adapting current programmes and/or supporting new community models with additional partner organisations; and
2. Strengthen the enabling environment for organisations assisting children affected by AIDS through advocacy at regional, national and local levels.

Since its inception, REPSSI has witnessed a number of developmental milestones (see figure 1 below) which have necessitated a review of the contractual arrangements between the two partners. Sida and REPSSI requested this evaluation in order to facilitate the development of a revised contractual agreement to define their future relationship. The overall objective of this evaluation was to review the first four years (May 2002–April 2006) of programme implementation and provide practical recommendations as to the steps that REPSSI needs to take in the coming years in order to achieve its goals and objectives. The specific objectives of the evaluation were to:

- Assess the relevance and appropriateness of the strategies and interventions applied by REPSSI to address the psychosocial needs of children;
- Verify the achievements of REPSSI activities to date;
- Assess the extent to which recommendations made in the Mid-term review have been implemented by the program
- Measure the efficiency of the REPSSI programme; and
- Document possibilities of replicating the REPSSI approach to other areas, situations or circumstances.

**Figure 1: REPSSI Developmental Milestones**

|                  |                                                                                                                   |
|------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>2005–2006</b> | June 2005 – Financial annual report (May 2005–April 2006)                                                         |
|                  | June–December 2005 – Staff Relocation to RSA                                                                      |
|                  | June 2005 – REPSSI Governing Board inauguration                                                                   |
|                  | Development of strategic plan                                                                                     |
|                  | June 2005 – Financial annual report (May 2004–April 2005)                                                         |
|                  | February 2005 – Registration of the initiative as a non-profit organisation in RSA, Zambia, Zimbabwe and Tanzania |
|                  | February 2005 – External Mid-Term Evaluation (HSRC)                                                               |
|                  |                                                                                                                   |

|                  |                                                                                                                                             |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2003–2004</b> | August 2004 – Organisational Development Assessment (Ernst & Young, Sweden)                                                                 |
|                  | June 2004 – Financial annual report (May 2003–April 2004)                                                                                   |
|                  | April 2004 – Development of Results Based Management Framework                                                                              |
|                  | June 2003 – Financial annual Report (May 2002–April 2003)                                                                                   |
| <b>2001–2002</b> | 2002 – Agreement Signed with Sida                                                                                                           |
|                  | 2001 – Development of Funding proposal by the four lead partners: Terre Des Hommes, Salvation Army, SAT and International HIV/AIDS Alliance |
|                  | 2001 – Think Tank Masiye Camp, Zimbabwe                                                                                                     |

### 3. Evaluation Methodology

The evaluation was conducted from the 24th April to the 16th of June 2006. A mixed methodology was employed for two major reasons: Firstly, the varied questions set by the terms of reference demanded the use of a wide variety of approaches and methods. Secondly, the consultants were mindful of the fact that no single method of evaluation would provide all of the answers to the questions set in the terms of reference. The evaluation team considered the benefits and shortcomings of the various methods and an integrated approach was chosen. A detailed description of the methodologies employed for the evaluation is provided below.

#### 3.1 Meeting with REPSSI and Sida to Clarify TOR and Agree on Technical Approach

The evaluation team met with senior management and staff from REPSSI as well as the cognisant technical officer for this evaluation at Sida Ms Anne Lindberg to clarify and agree on the terms of reference as well as the evaluation's team proposed technical approach on the 4th of May 2006.

#### 3.2 Desk Review of Documents Relating to REPSSI

The evaluation team reviewed relevant documentation relating to REPSSI. These documents included the strategic framework, results based management framework, performance measurement framework, existing monitoring tools, organisation policies, board policies, programme planning documents, progress reports, audit statements and reports, management letters from REPSSI auditors, samples of MOU used for partnerships, PSS tools, brochures, REPSSI organogram, articles and works on psychosocial support, partner proposals, training reports, pre-scoping studies, baseline reports and other relevant documentation provided by REPSSI programme staff and programme partners.

#### 3.3 Key Informant Interviews

The evaluation team conducted key informant interviews with various stakeholders including REPSSI staff members, Sida regional office staff, REPSSI board members, REPSSI partners as well as REPSSI stakeholders.

| <b>Stakeholder(s)</b>            | <b>Participants</b>                                                                           |
|----------------------------------|-----------------------------------------------------------------------------------------------|
| REPSSI HQ staff                  | Senior management and programme staff based with the REPSSI offices in Randburg, Johannesburg |
| REPSSI sub-regional office staff | Senior management and programme staff based in the Zimbabwe and Zambia sub-regional offices   |
| REPSSI board members             | A selection of REPSSI board members                                                           |
| REPSSI donors                    | Sida cognisant technical officer for REPSSI                                                   |
| REPSSI partners                  | TPO, ICDP                                                                                     |
| Other stakeholders               | UNICEF, Government departments, USAID etc                                                     |

### 3.4 Focus Group Discussion (FGD) with REPSSI Staff Members

The evaluation team facilitated a focus group discussion with REPSSI management and programme staff at the REPSSI offices in Randburg, Johannesburg. A variety of questions were asked ranging from REPSSI goals and objectives, REPSSI models of technical assistance, REPSSI staff understanding of mainstreaming, regional programming and human resource capacity. The FGD guide accompanies this report in the annex. A focus group discussion was employed for a variety of reasons:

- Firstly, the evaluation team wished to generate interactive data. Focus groups involve group discussions where participants focus collectively on a range of topics/issues. As such, participants talk mostly to each other rather than to the consultants so the focus group discussion was an ideal way to understand how REPSSI staff members collectively understood the organisation's goals and objectives, mainstreaming, regional programming and assessed the effectiveness of their models of technical assistance;
- Secondly, focus group discussions result in increased disclosure. Focus group research has shown that people are more likely to self-disclose and share personal experiences in a group rather than one-to-one settings, particularly when in the presence of others whom they perceive to be like themselves, because they can feel relatively empowered and supported in a group situation, surrounded by their peers; and
- Lastly, focus group discussions have been shown to be particularly useful for investigating issues that are perceived to be sensitive, such as those undertaken in this evaluation.

### 3.5 Field Visits

The evaluation also participated in several field visits and documented 3 case studies that accompany this report as annexes.

| <b>Country</b> | <b>Activity</b>                                                                                                             |
|----------------|-----------------------------------------------------------------------------------------------------------------------------|
| Mozambique     | Document a case study 'Mainstreaming PSS in the education sector in Mozambique'                                             |
| Uganda         | Document a case study 'Adaptation of Structured group therapy for providing PSS to children affected by conflict in Uganda' |
| Zambia         | Document a case study 'Utility of REPSSI sub-regional offices in providing effective support to REPSSI partners'            |

### 3.6 Organisational Climate Survey

Finally, the evaluation team conducted an organisational climate survey to assess and evaluate REPSSI employee perceptions of their work environment and to identify opportunities for work environment improvements. As this is a proprietary tool, it is not attached with this report.

## 4. Evaluation Findings

The key findings of this evaluation are presented in 3 sections. The first section considers the relevance and appropriateness of REPSSI strategies and interventions to address regional psychosocial needs of OVC. The second section assesses strategy implementation progress to date focusing on achievements. The final section considers the efficiency of REPSSI focusing on the organisational structure, planning, human resources, financial management, monitoring and evaluation, stakeholder consultation and participation as well as the sustainability of the institution and its interventions.

### 4.1 Relevance and Appropriateness of REPSSI Strategy and Interventions

#### 4.1.1 Relevance and appropriateness of REPSSI strategy

##### *Appropriateness of mission*

If the 1980s were the decade of HIV infections and 1990s are the decade of AIDS; the 2000s are without exception an era of orphanhood. Deaths from AIDS and conflict have left in their wake growing number of orphans and vulnerable children. The region has the world's highest proportion of orphaned and vulnerable region with the best available estimates suggesting that 17–18% of children under the age of 15 may be orphans and vulnerable children<sup>2</sup>. In response to the growing numbers of OVC, local community and NGO led responses have proliferated in the region since the early part of this decade. These responses are supporting large numbers of OVC but the level of support does not meet all of the children's needs. Care and support for orphans and vulnerable children has primarily focused on addressing their material needs. The secondary focus of programs has been to address the need for education, medical and social welfare for children. However, relatively few programs have been able to adequately address their psychosocial needs.

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'. It is evident that given the fact that fewer programs have adequately addressed the psychosocial needs of children in the region as well as the fact that there exists inadequate technical capacity and knowledge in psychosocial support that the mission of REPSSI is appropriate. All of REPSSI board and staff understand and are able to articulate this mission. There also exists considerable evidence of support and commitment to REPSSI's mission by REPSSI partners as well as stakeholders providing legitimacy and relevance. The mission statement is simple, focussed and meaningful. The mission statement clearly relates to the environment in which the institution works and its comparative strengths and capacity.

##### *Appropriateness of goals*

A goal has been defined as the 'long term effects of a program or intervention'. The REPSSI strategic framework articulates two 'goals':

---

<sup>2</sup> Quote UNAIDS 2006 Global Report

- ‘Governments and civil society are mobilised and have the capacity to enable families and communities to provide for the psychosocial well-being of 5 million children affected by HIV/AIDS, poverty and conflict in 13 countries in east and southern Africa by 2010; and
- Psychosocial care and support is enhanced and mainstreamed into 8 key child care programming areas<sup>3</sup> directly or indirectly serving children affected by HIV/AIDS, poverty and conflict in 13 countries in East and Southern Africa.’

Based on the above definition of a goal, it is evident that the ‘goals’ articulated in the strategic framework are not in fact goals (i.e. they do not focus on psychosocial wellbeing), but rather are objectives (focusing on what will be done e.g. mobilisation of governments etc and mainstreaming).

### Recommendation (s)

It is recommended that the strategic goal of REPSSI be rewritten to focus on the long term effect or intended impacts of REPSSI i.e. “To contribute to mitigating the psychosocial impact of AIDS, poverty and conflict among vulnerable children in east and southern Africa”.

### *Appropriateness of the REPSSI objectives/outcomes*

Objectives have been defined as the ‘practical, specific and measurable activities an organization carries out to bring about a change in its target group to achieve its goals’. It follows from this definition that objectives articulated by an organization should answer the question ‘how the organisation will bring about the long term effects/impacts of an intervention or programme’. The REPSSI strategic framework articulates 4 objectives/outcomes:

1. REPSSI, solid strategic partners and communities have the mechanisms and technical capacity to effectively meet demand for quality PSS;
2. Transfer knowledge in psychosocial care and support, models and methodologies for reach and relevance in care and support is comprehensive, broadly available and effective in meeting emerging needs in psychosocial care and support;
3. Refined advocacy strategies are conducted to promote both integration of PSS into wide-reaching programs targeting children and access to PSS services and resources within communities; and
4. Organisational management of staff and programmes is refined for effectiveness and efficiency

It is evident that the 4 ‘objectives’ as articulated above are not objectives or outcomes but outputs. As mentioned earlier, the achievement of objectives/outcomes should lead to the desired goal or long term effect or impact. It is difficult to understand how REPSSI will attain its goals through the ‘outcomes’ articulated in the strategic plan.

### Recommendations

It is strongly recommended that REPSSI revisit its outcomes/objectives and develop objectives/outcomes aligned to inputs, activities and outputs and overall revised goal.

<sup>3</sup> Paediatric ARV programmes, education systems, emergency response programmes, feeding programmes, home based care programmes, ECD, community development and poverty reduction strategies and children’s empowerment programmes.

## 4.1.2 Relevance and appropriateness of REPSSI interventions

### *REPSSI interventions*

The table below provides a summary of current REPSSI interventions.

| Intervention           | Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Capacity enhancement | <ul style="list-style-type: none"><li>– Direct training of organisations responded to the psychosocial needs of OVC in the region</li><li>– Training of pool of trainer or trainers, known as regional facilitators to increase regional knowledge around psychosocial support and meet the psychosocial demands of organisations across REPSSI's 13 countries of operation</li><li>– Provision of financial and technical assistance to key operating partners to enable them to scale up access and integrate psychosocial support into their existing programmes</li><li>– Partnerships with universities in the region to offer undergraduate/graduate education in Psychosocial support</li></ul> |
| 2 Knowledge generation | <ul style="list-style-type: none"><li>– Developing and piloting Psychosocial support tools</li><li>– Operations research</li><li>– Monitoring and evaluation</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3 Advocacy             | <ul style="list-style-type: none"><li>– Formation advocacy coalitions in its 13 operating countries</li><li>– Participation relevant forums and interventions</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### *Relevance and appropriateness of interventions*

In order to increase access to psychosocial support for children affected by AIDS, conflict and poverty in East and Southern Africa, it is imperative to:

1. Strengthen the technical capacity of governments and civil society to respond to their psychosocial needs;
2. Generate knowledge on the most robust and effective tools and models to meet their psychosocial needs; and
3. Conduct advocacy targeting relevant stakeholders in order to ensure that policies, strategies and programmes are developed and implemented to create an enabling environment.

The menu of interventions offered by REPSSI is thus relevant and appropriate. However, there are several issues that limit the effectiveness of this menu of interventions;

- Cookie cutter approach – the exact same menu of interventions is offered by REPSSI in each of the 13 countries in which it operates. No country needs assessment was conducted by REPSSI staff to understand and respond to the unique issues relating to psychosocial support that are relevant in each of the 13 countries. The utility of country needs assessments is illustrated by the example of Lesotho. The REPSSI programme in Lesotho has primarily focused on using the Masiye camp model to increase access to psychosocial support for OVC in the country, yet a detailed assessment would have revealed that over 30% of the country's OVC are in primary education and teachers in these institutions lack the skills to respond to the psychosocial needs of OVC. Such an assessment would have revealed that caregivers and guardians also lack the skills to address the psychosocial needs of children in their care. In addition, the government in its national plan of action (NPOA) for children identifies the need to generate knowledge in order to better understand how to respond to the psychosocial needs of OVC in the country as well as build the capacity of institutions that have programmes that focus on children to mainstream psychosocial support. Thus a more detailed assessment would have enabled REPSSI to develop a country strategy with an appropriate mix of interventions based on priorities identified in the NPOA. Such an approach would have ensured more effective and efficient use of resources.

### **Recommendation**

It is strongly recommended that REPSSI conduct country assessments in order to develop a set of country activities that respond to the unique psychosocial needs of children in each of the countries in which it operates.

- Secondly, the model of technical assistance to ensure capacity enhancement by REPSSI has been largely proscribed to conducting training on REPSSI tools and approaches. There has been no systematic or consistent follow up of trained participants to ensure that knowledge transfer has taken place or that training obtained is used consistently and correctly especially among its pool of regional facilitators (REFAs). There has also been limited use of other methods of building capacity (i.e. one-to-one field support, facilitation of experiential learning, mentoring, lesson sharing and structured internships) to consolidate the training given.

### **Recommendation**

It is strongly recommended that REPSSI provide a comprehensive model of technical assistance for program partners for whom training would be just one component of the model. In addition it recommended that quality assurance tools for REPSSI's programme of technical assistance be urgently developed.

- Partner selection criteria though reviewed during the strategic planning process remains haphazard and unclear. It is not known what criteria was used to select current partners.

### **Recommendation**

It is recommended that REPSSI develop an objective partner selection criteria in order to ensure that it works with partners that add clear value and who contribute to helping REPSSI achieve its program goals and objectives. Once this criteria has been developed, it is recommended that REPSSI review its current portfolio of partners based on this criteria and terminate partnerships that do not add value or contribute to the achievement of the organisation's goals and objectives and develop new partnerships with those that do.

- Implementation of the grant programme was not systematic enough to allow proper PSS integration by grant recipients. For instance a grant was provided to TPO to adapt the Structured group therapy approach to PSS from children affected by AIDS to those affected by conflict in Uganda. The grant did not provide adequate financial resources for TPO to adapt the materials and tools into the local language and to review the results of a pilot and tweak the approach appropriately.

### **Recommendation**

It is recommended that REPSSI comprehensively review its grants programme for model development to ensure that sufficient resources are provided to allow its approaches to be appropriately piloted revised based on the pilot and adopted by programme partners.

- Knowledge generation and lesson sharing has not occurred systematically, is poorly documented and the piloting of tools is not properly conducted. Indeed some tools i.e. 'The Journey of Life' are already in circulation and wide use in several countries, but the tool has not been piloted tested or appropriately evaluated to ensure its robustness and applicability to different contexts. In addition, operations research, which lies at the foundation of REPSSI's work to provide evidence, has not been conducted consistently. Indeed the last operational research study conducted by REPSSI was as far back as 2003 to evaluate the Masiye Camp model in partnership with the Population Council. This is largely due to the fact that REPSSI has no knowledge management strategy to guide its interventions.

### **Recommendation**

It is recommended that REPSSI urgently develop a costed, results focused knowledge management strategy and implementation plan to guide its interventions. The knowledge management strategy should focus on knowledge generation, management, lesson sharing, as well as monitoring and evaluation.

- Country advocacy coalitions have been set up in the absence of clear strategies, agendas and priority issues. No assessment has been conducted in countries to identify key advocacy issues around PSS to

ensure sound strategies are in place, leading to reactive rather than proactive advocacy approaches. In addition many of the coalitions lack the capacity, tools and understanding to implement advocacy agendas around psychosocial needs of children in each country;

#### **Recommendation**

It is recommended that REPSSI contract appropriate technical assistance to the country advocacy coalitions to build the skills of these coalitions in developing and implementing advocacy strategies.

- The role of REPSSI in its partnership with the academic institutions is not clear. There is no clear documentation of what REPSSI intends to get out of these partnerships apart from paying for students to attend the course.

#### **Recommendation**

It is recommended that REPSSI develop a clear partnership agenda with the academic institutions to determine its own learning agenda beyond putting the course on the map.

- Linkages to what is done at partner level to the community, the caregiver and the child are difficult to see. REPSSI's cascading PSS model of technical assistance is to eventually have impact at the child level. Several studies in Zimbabwe, Malawi and Uganda show that at least 90% of children are taken care of in their respective communities and largely by caregivers related to the children. In addition the studies show that family and community approaches encourage self-reliance, define a child's reality and context and build on the reality that most children get their support from families and communities. The evaluation team has faced immense difficulties in determining how the interventions are linked at the community and child level. It is understandable that REPSSI is not an implementing organisation, but mechanisms to ensure REPSSI products are utilised at the community level are imperative. Models of PSS from the community should also be cascading up to REPSSI to compare models of care developed at community and extended family levels.

#### **Recommendation**

It is recommended that REPSSI develop mechanisms to ensure products remain relevant at the child, family and community level.

#### *Extent to which REPSSI interventions are regional (regionalism)*

REPSSI currently implements its interventions in 13 countries in East and Southern Africa. However, just because the intervention focuses on multiple countries alone does not mean the interventions are regional. The term regionalism is relatively new and discussions of what makes a regional entity 'regional' are still being contested and debated. There is no doubt that all the countries in the regions of East and Southern Africa are under going increases in the number of children in need of support, however, it has been difficult to define which issues require a regional response. Whilst 'regionalism' remains amorphous and illusive to define, the added value of regional programmes have brought the contextual issues one level closer to what is happening at country level adding value to activities in other countries.

The evaluation team's basic understanding of regionality is:

- Tapping into new approaches from one country and sharing these with others;
- Experiential, cross-learning and cross fertilisation of research or intervention models across countries;
- Harmonisation and co-ordination of issues;
- Sharing of best practices, knowledge generation and transfer
- Influencing policy and dialogue at regional level.

If regionalization has to be put into its proper context and genuinely add value to country level efforts as indicated above, then REPSSI programmes and interventions are regional. REPSSI has made a concerted attempt to increase the utilisation and adaptation of its tools within regional countries. For instance structured group therapy, an approach developed and used in South Africa for children affected by AIDS has been successfully adapted for use with children affected by conflict in Uganda. Other approaches that have been adapted with success have been experiential learning camps, memory work, hero books, narrative therapy and the journey of life. REPSSI has trained a pool of REFAs on these approaches to meet PSS training needs and further spread knowledge on PSS. However, REPSSI needs to strengthen its programme of work to influence policy at a regional level. The proposed secondment of an advocacy officer within SADC is a step in the appropriate direction.

In comparison with other entities doing regional work, REPSSI's intervention due to the nature of its intervention has been a lot more successful in developing a truly regional programme of interventions. A significant majority of regional organisations that operate interventions in multiple countries are struggling to develop truly regional interventions and programmes of work.

#### *Replicability of REPSSI and REPSSI interventions*

##### Replicability of REPSSI

REPSSI is a very unique organisation and has evolved from being an initiative to an institution, from a virtual organisation to an established regional entity. However, in the absence of proper systematic and historical documentation, it is difficult to comment on the replication of REPSSI as an entity

##### Replicability of REPSSI interventions

HIV/AIDS has transformed orphaning into a long term, chronic challenge that will extend through the first three decades of this century and as such requires, thinking out of the box approach, systematic but ongoing programme innovations and evidence based models that can be adapted to transcend country and cultural barriers. As a regional entity, REPSSI's programmes are trying to meet the above, whilst recognising that addressing PSS needs does not necessarily require separate programmes but what is required is critical awareness and increased skills and knowledge capacities to integrate and mainstream PSS. REPSSI is to be commended for developing approaches and tools which have been utilised in different contexts and different countries with some success.

## **4.2 REPSSI's Response: Achievements to Date**

REPSSI has transformed from being an initiative in 2002 to being a fully-fledged regional organisation with offices in Zimbabwe, South Africa, Zambia and Tanzania in 2006. During this period, organisational change has been rapid, fast and continuous. Systems, policies and procedures have been developed, instituted and operationalized in the midst of the departure of the pioneers, activity implementation, staff growth and significant expansion in the portfolio of partners. In addition during this time amidst the transformation to an institution and implementation of program activities, REPSSI relocated its secretariat from Zimbabwe to South Africa. The organisation underwent a mid-term review in March 2005 followed by an organisational assessment to identify achievements and gaps for organisational improvement. It is within this context of transformation and change that REPSSI's achievements and challenges must be understood to date. Despite this transformation and change, significant progress has been made:

### **Achievements**

The REPSSI's programmatic achievements and challenges have been clearly outlined in the MTR and this evaluation updates this information. REPSSI has made considerable progress within the last four years including:

- *Development of strategy:* REPSSI has a results based strategic framework in place which has assisted the organisation to focus and prioritise its work;
- *Technical Assistance:* 78 partners have been supported with technical assistance and small grants to increase awareness of the importance of providing PSS to children, integrate PSS within partners core activities thus increasing PSS access;
- *Model development:* REPSSI in collaboration with its partners has developed several PSS tools and approaches including The Journey of Life; Experiential Learning Camps; Memory Work/Hero Books; Narrative Therapy and Structured Group Therapy. These tools and approaches have been adapted and utilised by over 78 partners organisations and other OVC programmes across and beyond REPSSI countries of operation;
- *Knowledge Transfer:* 40 Regional Facilitators (REFAs) have been trained in the introduction to PSS, PSS tools and approaches that have increased regional PSS skills capacities. REFAs have further trained 2584 individuals in diverse organisations across the regional countries to meet the PSS demands of organisations, these initiatives have further deepened OVC implementing organisations' understanding of PSS; in partnership with the IFRC, REPSSI has also trained over 500 trainers in memory and hero work. A follow up to one of these trainings found that a 4 day training of 24 trainers had resulted in a tertiary impact reaching 12000 individuals;
- *Knowledge Generation:* REPSSI evaluated together with Population Council its first model, Masiye Camp. The model has been found to be robust and appropriate;
- *Knowledge Management:* REPSSI is currently in the process of documenting and consolidating its tools and developing guidelines and quality control tools for documentation purposes. Information is being systematically shared through its interactive website and E-Forum;
- *Advocacy:* To date REPSSI along with other organisations has made enough noise about the importance of providing PSS for children. Whilst REPSSI alone cannot take credit to influencing governments to prioritise PSS in OVC programmes, their consistent efforts at strategic platforms must and ought to be commended;
- *Organisational Management:* Structures and systems have been developed and established and are in place to enable the organisation to expand its programme of work;
- *Strategic partnerships:* REPSSI is respected and active participant the field of psychosocial support. It participates in strategic alliances with academic institutions, regional organisations such as UNICEF, governments, regional political structures that have significantly advanced the mission of the organisation and expanded its influence;
- *Increased access to psychosocial support for orphans and vulnerable children:* REPSSI has poorly developed monitoring and evaluation systems to allow the evaluation team to objectively assess the number of OVC that have increased accessed psychosocial support to date as a result of REPSSI interventions. REPSSI needs to rapidly develop it and its partners monitoring tools to collect this data in the future.

Due to a lack of systematic collection of data it is difficult for the consultants ascertain the gender representation for the targeted interventions.

### 4.3 Extent to which Recommendations made in the MTR have been Implemented

The evaluation team was asked to assess the extent to which major recommendations made in the Mid term Review have been implemented. The table matrix below articulates the team's findings;

#### Progress Towards Achievements of The Mid Term Review Recommendations

| MTR Recommendations                                                                                                                                                                                                                                                                           | Progress to date                                                                                                                                                                                                                                                                                                  | Evaluation team comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REPSSI to clearly define its particular role and its goals in the expanding response to the needs of children and families affected by AIDS, and to remain focused on high impact activities in its areas of expertise                                                                        | REPSSI has developed a Results Based Strategy, but must further articulate and communicate its role and core business. There remains too much focus on reach, rather than knowledge generation to improve PSS well being.                                                                                         | REPSSI needs to simplify the RBM Strategy to focus on two models;<br>a) knowledge generation/ sharing to improve PSS well being and;<br>b) contribution to civil society and governmental capacity building to ensure increased PSS access and mainstreamed                                                                                                                                                                                                                                                                                                   |
| Give expression to these goals and the activities required to achieve impact in its results-based management framework, and to facilitate that other organizations or networks take up activities that are not core to REPSSI                                                                 | REPSSI is trying to rationalise its goals and activities                                                                                                                                                                                                                                                          | There is further need for REPSSI to articulate and clarify its core business to focus on PSS well being rather than reach, which is done at the partner level                                                                                                                                                                                                                                                                                                                                                                                                 |
| Take stock of current partnerships and scale up mechanisms, and plot a way forward that rests on the strength of mutually productive and supportive collaborations with organizations in the region                                                                                           | REPSSI recognises that its not an implementing organisation and as such its success depends on the strength of its partners. REPSSI is currently assessing its partnerships with the aim to cut back the numbers and concentrate on quality technical assistance and mentorship                                   | REPSSI needs to develop strategic relationships with other regional organisations to compliment its work and this should go beyond discussions but real concrete collaboration.<br><br>REPSSI must evaluate and reduce the current number of partners to focus on quality technical assistance and mentorship.<br><br>It is further recommended that REPSSI change its current model of technical assistance to focus on intense holistic technical assistance of a whole organisation rather than the training or one or two people within the organisation. |
| Focus especially on the scale up potential of assisting organizations to incorporate psychosocial support into existing programmes to ameliorate the impact of the HIV/AIDS epidemic on families and communities, as well as building alternative models of delivery for psychosocial support | REPSSI is revisiting its relationship with current partners to determine which partners have potential to scale out on which partners will be better placed for learning. The mainstreaming of PSS in partner core activities is an attempt at ameliorating the impact of HIV/AIDS at family and community level. | REPSSI needs to develop a strategy of how this will be done. REPSSI notes the importance of developing alternative models of delivering PSS, hence the identification of 8 key areas. However, these need to be backed by evidence and operations research.                                                                                                                                                                                                                                                                                                   |
| Increase advocacy for psychosocial support for children and families, including a clear articulation of PSS and the way in which government, funders, organizations and programmes can support children's care, education and development                                                     | A REPSSI advocacy strategy is in place and Country Advocacy coalitions have been established                                                                                                                                                                                                                      | REPSSI needs carry out impact assessments to ascertain country advocacy priority areas; build its partner's capacity to develop and implement the strategies;<br><br>REPSSI needs to develop a clear regional advocacy strategy which is not duplicating what is being done at country level, but adds value                                                                                                                                                                                                                                                  |

| <b>MTR Recommendations</b>                                                                                                                                                                                                      | <b>Progress to date</b>                                                                                                                                                                                                                                                                                                                                                    | <b>Evaluation team comments</b>                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Give leadership in efforts to monitor and evaluate psychosocial support programmes as a key strategy in the expansion of services to children and families                                                                      | REPSSI has outsourced M&E tools development to external experts to strengthen information gathering; data analysis leading to increased evidence based knowledge generation to inform programmatic understanding around PSS well being. The organisation is currently consolidating its tools to ensure they are complete, piloted, documented and shared across countries | Monitoring and evaluation remains a major weakness and needs to be significantly strengthened. |
| Expand the capacity and reach of REPSSI expertise through a Mobile Task Team and other mechanisms through which REPSSI can draw on the broad programmatic experience of efforts to improve the health and wellbeing of children | Work has begun in earnest this past quarter. Call for CVs have been put on a website and a workshop will be held shortly to move this work forward                                                                                                                                                                                                                         | This work needs to be accelerated.                                                             |

## 4.4 Efficiency of the REPSSI Programme

The evaluation team was asked to assess the efficiency of the REPSSI program with regard to its organisational structure, planning, human resources, financial management, monitoring and evaluation and stakeholder consultation and participation.

### 4.4.1 Organizational Structure

*Extent to which regional structure is aiding efficient implementation*

REPSSI current regional structure is a result of two things: Firstly, deliberate decisions made by REPSSI advisors and REPSSI management and staff for the organisation to establish sub-regional offices in Tanzania and Zambia. Secondly, it is also a structure developed based on the recommendations of a organizational assessment conducted in 2006 by Ernst & Young Sweden. The evaluation team was asked to assess the extent to which this current regional organizational structure is aiding efficient implementation of programmes. It is the considered view of the evaluation team that the current REPSSI structure with a secretariat office and 3 sub-regional offices in Tanzania, Zimbabwe and Zambia does not aid efficient implementation of the organisation's strategy. In particular, it is the considered view of the evaluation team that:

- The East Africa sub-regional office is inappropriately located in Dar-Es-Salaam. It is strongly recommended that this office relocate to Nairobi, the natural base for a programme of support to East African partners as well as providing easy access to the horn, should the organisation expand its work with children affected by conflict in the future. Secondly, UNICEF as well as several major donors and foundations from which REPSSI can mobilise financial and technical resources and conduct advocacy have their offices in Nairobi and it is imperative that REPSSI is physically close to them. Thirdly, there exists a large number of consultants in Nairobi from which REPSSI can recruit for its soon to be launched Mobile Task Team.
- There exists no logical, administrative or programmatic reason for the Zimbabwe sub-office. The tasks of this office can be successfully absorbed by either the Zambian sub-office or the secretariat in South Africa. It is strongly recommended that REPSSI develop an exit strategy for this office and shut it down.

- REPSSI can efficiently support its existing portfolio with 3 appropriately staffed (with the relevant skills) offices: South Africa, Zambia and Kenya.
- The Deputy Director of REPSSI is presently based in Lusaka Zambia. Given his responsibilities (he is also head of programmes) as well as his skills and experience, it does not make efficient use of his skills, experience and ability for him to be based in Lusaka. It is strongly recommended that the Deputy Director relocate to the secretariat office as soon as is practicable. This relocation will allow him to get a better handle of the institution as well as effectively carry out his tasks and responsibilities as articulated in his job description.
- REPSSI's knowledge manager is based in Cape Town yet this is a critical position as it has responsibilities for coordinating knowledge management and monitoring & evaluation within REPSSI. The REPSSI's knowledge manager location in Cape Town does not aid implementation of the key REPSSI outcome of knowledge development, knowledge management and monitoring and evaluation. It is strongly recommended that the knowledge manager also be relocated to the secretariat office in Johannesburg to take charge of the Knowledge Management Unit that needs to be urgently strengthened there.

#### **4.4.2 Planning**

REPSSI has an extremely ambitious annual programme implementation plan based on the strategic framework. It is ambitious in the sense that both the consolidation and expansion phases of the strategic framework (and the resultant translation into annual programme implementation plans) do not take into account the level of organisational transformation and change that REPSSI has undergone over the last 18 months and still has to do so over the next six months. Indeed a major recommendation of the Ernst & Young report was for REPSSI to slow down its programme implementation and consolidate its organisational transformation before then scaling up implementation. The evaluation team agrees with this assessment. In order to do this, it is strongly recommended that REPSSI dedicate the rest of 2006 to consolidating its transformation and that it develop a new 5 year, results focused strategic plan (with appropriate goal, objectives, activities and indicators) to guide its operations from 2007.

#### **4.4.3 Human Resources**

It is evident that REPSSI does not have the appropriate mix of skills and capacity to significantly scale up its programme of work, to transition to a fully regional technical support organisation and to effectively meet the rapidly increasing demand for its services. In order to consolidate its transformation;

- Firstly, it is strongly recommended that a senior human resource specialist with regional experience in managing a diverse workforce within South Africa labour context and labour laws needs to be urgently appointed to support the current human resource officer. The current human resources officer does not have the qualifications nor the level of experience required to manage the human resource function of an emerging regional organization as large as REPSSI;
- Secondly, it is strongly recommended that an HR consultant with experience in working with development organisations is engaged to comprehensively review and align the job descriptions to the goals and objectives of the strategic framework (many of which we understand were written by staff in the current posts themselves), develop a training and development plan as well as develop a performance appraisal system.
- Thirdly, the organisational climate for employees at REPSSI needs to be significantly improved as a significant majority of the employees feel that not enough has been done to deal with 'soft issues' particularly in light of the fact that REPSSI has transitioned from an entity with a predominantly Zimbabwean staff to a diverse organisation with staff from all over the region, reflecting its regional nature. As a result, it is recommended that REPSSI conduct a diversity awareness workshop for all of its staff as the first step in improving the organisational climate.

- In order to meet growing demand for its services without putting an undue strain on its existing complement of staff it is imperative that the Mobile Task Team (MTT) of experts in OVC programming recommended in the MTR is urgently established and that a MTT manager is recruited to manage this team and its operations. The MTT manager would have similar functions to the technical support facility (TSF) manager within the consortium that manages the TSF on behalf of UNAIDS. By building the capacity of REPSSI staff to identify and manage consultants (from the MTT), the organisation will be better placed to expand in future as it will not be limited by the number of staff it employs, or their range of skills.

The evaluation team was also required to assess the extent to which the gender balance of REPSSI staff. It is the evaluation teams assessment that there is equitable employment of both sexes within the organisation and women are more than adequately represented.

#### **4.4.4 Financial Management**

Financial management capacity is a cornerstone of organisational excellence. Without it, operational inefficiencies emerge, donor and stakeholder confidence wanes, and organisational sustainability is jeopardised. REPSSI has good properly documented financial management systems that ensures proper use of program funds and effectively safeguards them. To build upon this it is recommended that the REPSSI Board develop a risk management and conflict of interest policies.

REPSSI currently receives financial support from three donors, Sida, SDC and Novartis. However while the funding is generous, it is evident that the program budget is woefully inadequate to enable the organisation to effectively meet its stated goals as articulated in its strategic framework. In particular more financial resources are required to support model development, knowledge generation (particularly as it relates to operational research and monitoring and evaluation) and advocacy and policy work.

In addition, it is the evaluation team's assessment that the current remuneration packages of REPSSI staff are not on par with other regional organisations. This makes it difficult for the organisation to recruit the talent that it requires to support its programme of work.

It is strongly recommended (subject to availability of resources) that Sida scale up its financial support to REPSSI and secondly that REPSSI's current consortium of donors and funders assist REPSSI to diversify its funding base by assisting the institution with resource mobilisation

#### **4.4.5 Monitoring and Evaluation**

Monitoring and evaluation remains a key area of concern for REPSSI, as there is no robust monitoring and evaluation system in place. HSRC were contracted early in the year to assist the organisation to develop a monitoring and evaluation framework, appropriate monitoring tools as well as quality assurance tools. However, it is clear that HSRC has limited capacity and will be unable to deliver these outputs and that REPSSI needs to terminate this contract as soon as practicable and appoint an institution or agency with relevant experience and qualifications to do so. Monitoring is essential in order to:

- establish performance indicators for REPSSI in addressing its mission
- detect and address problems in implementation so that program redesign and improvement became standard operating procedures;
- provide early evidence of programme effectiveness; and
- Communicate to relevant stakeholders in transparent and objective ways, the effort that was being made by REPSSI to mitigate the psychosocial impact of AIDS, conflict and poverty among orphans and vulnerable children in East and Southern Africa.

For the reasons mentioned above, it is strongly recommended that REPSSI urgently develop an overall monitoring and evaluation framework as well its accompanying M & E co-ordination plan, defining each data source and specifying how and how often data will flow from each component, level and source to a central repository at REPSSI. In addition it is strongly recommended that all REPSSI programme staff undergo training on program monitoring and evaluation.

Operational research to build an evidence base of the effectiveness of REPSSI PSS tools and approaches has been limited. It is imperative that operational research is significantly scaled up and that appropriate resources are allocated for this important function. As mentioned previously, several of the Institution's tools and approaches have been widely disseminated yet, no research has been undertaken to examine their utility and effectiveness.

#### **4.4.6 Stakeholder Consultation and Participation**

REPSSI is a respected and active participant and leader in the field of PSS for children affected by AIDS, conflict and poverty. REPSSI maintains strong connections through its partnerships with its constituents within East and Southern Africa. It participates in strategic alliances with UNICEF, SADC, International HIV/AIDS Alliance, terre des hommes and the Salvation Army. It is the evaluation teams belief that partnerships have significantly advanced REPSSI's mission and objectives and expanded its influence. However, REPSSI needs to take a more proactive approach in strengthening its strategic relationships with governments in the region to expand its influence with this key stakeholder. In addition there exists tremendous scope for REPSSI to work with the Global Fund and World Bank to ensure that resources are made available to governments, civil society and the private sector to address issues relating to the psychosocial wellbeing of children affected by AIDS.

There is limited participation of children affected by AIDS conflict and poverty in the design, implementation and monitoring of REPSSI's interventions and current programmes of work. However, given the scope of REPSSI's program of work and interventions, this limited participation is not unexpected. There exists strong potential for children to participate in REPSSI's knowledge generation activities, especially as their relate to impact of interventions, approaches and tools.

### **4.5 Sustainability of REPSSI and its Interventions**

Sustainability has been defined as 'an organisation's capacity to continue its institutional structure and production of benefits for its intended client population after the cessation of donor technical, managerial and financial support'. If this definition is used, it is clear that REPSSI lacks the capacity to be a sustainable organisation once support from Sida and its other two funders stop. There are several factors that threaten the sustainability of REPSSI and its interventions:

- REPSSI does not have a fund raising and resource mobilisation strategy;
- There exists limited resource mobilisation capacity among existing staff within the organisation (skills in proposal writing, partnership development, fundraising etc);
- REPSSI's current portfolio of donors and funders including Sida, have done little to advocate for their peers (i.e. other funders/donors) to support the work of REPSSI financially;
- REPSSI does not have an exit strategy for current partners with no clear milestones of weaning for partners;
- REPSSI board members as well as senior management have yet to take on the responsibility for ensuring the financial sustainability of the organisation; and
- PSS has not been sufficiently mainstreamed nor has a critical mass of capacity and skills in PSS been built at the level and scale required to continue to produce sustainable benefits to children affected by AIDS, conflict and poverty in East and Southern Africa.

In order to address this, the following is strongly recommended;

1. REPSSI urgently develops a fundraising strategy and execute it;
2. REPSSI either appoint an individual to lead fund raising and partnerships or build the capacity of Board members and senior management in resource mobilisation;
3. An exit strategy for weaning partners is developed;
4. REPSSI significantly scale up its mainstreaming and training interventions over the next three years;
5. REPSSI's donors/funders support REPSSI to do 1–4 above.

## 5. Lessons Learnt

Several important lessons have been learnt by REPSSI during its transformation from an initiative to a regional organization. These lessons are distilled below;

- In order to effectively implement a programme of work during transformation, it is crucial to consolidate the administrative and managements systems first;
- A management and operations strategy is essential in order to assist REPSSI to organize, mobilize and utilize its internal capacities to respond to its strategic framework. Operational benchmarks and standards must be set for on-going and more responsive performance monitoring and management. This strategy would also assist in the clarification of the role of the Secretariat and improvement in the execution of their support and oversight functions;
- It is crucial to develop strategic partnerships aimed at supporting interventions with proven potential for high impact psychosocial support and facilitate psychosocial well being among children in order to achieve its ambitious target of 5 million children;
- Differentiated strategic responses to national priorities and country conditions. While the Strategic Framework sets out the core of REPSSI's work and strategic intent, it does not and should not describe all areas of operation in which REPSSI may be involved during the next few years. Nor is it expected that REPSSI co-operation will encompass all Focus Areas in all countries. The lesson-learnt to-date is that this should be determined through country-based, nationally led programming processes. Consequently, while REPSSI will channel the bulk of its human and financial resources, advocacy and management efforts toward achieving the organisational outcomes, it should retain the flexibility required to ensure appropriately differentiated strategic responses to national priorities and country conditions – in response to emerging country- or region-specific priorities. Regional or inter-country initiatives should continue to be pursued when feasible, to achieve cross-country synergies and enhance achievement of key results.
- REPSSI should continue to aggressively develop knowledge and evidence to support informed regional, national and local decision-making in children's best interests, and to influence partners in deploying resources for investing in children in psychosocial issues. REPSSI's models and methodologies, research and other knowledge-generating functions must be further deployed to generate and disseminate data and analysis to assist national and local planning for children. Hand in hand with the need to further enhance their evidence base, REPSSI with her partners should improve internal knowledge management systems through the establishment of knowledge banks facilitating access to data on psychosocial support.

- Protection of knowledge assets: Collaboration with a broad range of national and international partners has helped REPSSI to collect and share information, build knowledge and strengthen capacity at all levels of society, including communities. The use of evidence-based research gathered in conjunction with academic institutions and others has served as the basis for advocacy with national-level decision-makers and opinion-leaders. However, in order to sustain REPSSI's legacy her internal knowledge management system should be further developed to enable efficient access to and retrieval of the results of research, studies, evaluations and lessons learned, by REPSSI and, in an appropriate manner, from other organisations including academic and research institutions. Practices of other organisations in knowledge generation, management and networking could be assessed in order to strengthen REPSSI approaches to storage, retrieval and archiving of knowledge assets.
- Monitoring and evaluation is essential to assess progress: While welcoming progress to date (engagement of a Monitoring and Evaluation Officer and the process of developing a Monitoring and Evaluation framework), much more work remains in this area. Primary examples for this include strengthening sub-regional and partner M&E capacities, identifying good practices for achieving the Strategic Frameworks goals and objectives and securing organisational learning.

## 6. Evaluation Recommendations

Recommendations have been made throughout this report. They are consolidated in this for ease of reference;

### **Recommendations regarding technical assistance (TA) and capacity building**

- REPSSI develops a comprehensive model of technical assistance for program partners for which training is but one component of the model. In addition it is strongly recommended that quality assurance tools for REPSSI's programme of technical assistance be urgently developed.
- REPSSI contract appropriate technical assistance to the country advocacy coalitions to build the skills of these coalitions in developing and implementing advocacy strategies.
- REPSSI develops a clear partnership agenda with the academic institutions to determine its own learning agenda beyond putting the course on the map
- REPSSI develops mechanisms to ensure products remain relevant at the child, family and community level.
- REPSSI conduct a diversity awareness workshop for all of its staff as the first step in improving the organisational climate;
- The establishment of a Mobile Task Team and the appointment of a manager to manage this team is accelerated and given priority;

### **Recommendations regarding Strategies and approaches**

- The strategic goal of REPSSI be rewritten to focus on the long term effect or intended impacts of REPSSI i.e. "To contribute to mitigating the psychosocial impact of AIDS, poverty and conflict among vulnerable children in East and Southern Africa";
- REPSSI (with appropriate technical assistance) revisits outcomes/objectives and develop objectives/outcomes aligned to inputs, activities and outputs and overall goal;
- REPSSI develop an objective partner selection criteria in order to ensure that it works with partners that add clear value and who contribute to assisting REPSSI achieve its program goals and objectives. Once this criteria has been developed, it is recommended that REPSSI review its current portfolio of partners based on this criteria and terminate partnerships that do not add value or contribute to the achievement of the organisation's goals and objectives and develop new partnerships with those that do;

- REPSSI urgently develop a costed, results focused knowledge management strategy and implementation plan to guide its interventions. The knowledge management strategy should focus on knowledge generation, management, lesson sharing, as well as monitoring and evaluation;
  - An exit strategy for the sub-regional office in Zimbabwe is developed and implemented to shut down this office;
  - REPSSI develops a new 53 year, results focused strategic plan (with appropriate goal, objectives, activities and indicators) to guide its operations from 2007–2009;
  - REPSSI board develops a risk management policy;
  - REPSSI board develops a fundraising and resource mobilisation strategy; and
  - An exit strategy for weaning partners is developed.
- 

#### **Recommendations regarding research and M&E**

- REPSSI comprehensively review its grants programme for model development to ensure that sufficient resources are provided to allow the approach to be appropriately piloted and revised based on the pilot and adopted by programme partners,
  - REPSSI urgently develop an overall monitoring and evaluation framework as well its accompanying M & E co-ordination plan;
  - REPSSI develops a fully costed operational research plan and that its significantly scales up its research output; and
  - REPSSI conduct country assessments in order to develop a set of country activities that respond to the unique psychosocial needs in each of the 13 countries in East and Southern Africa in which it operates.
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#### **Recommendations regarding human resources (HR)**

- The East Africa sub-regional office in Dar Es Salaam is relocated to Nairobi
  - The Deputy Director relocate from Zambia to the secretariat office in South Africa as soon as is practicable.
  - The knowledge manager relocated from Cape Town to the secretariat office in Johannesburg
  - A senior human resource specialist with regional experience in managing a diverse workforce within the South Africa labour context and labour laws needs to be urgently appointed to support the current human resource officer;
  - An HR consultant is engaged to comprehensively review job descriptions, develop a training and development plan and a performance appraisal system; and
  - REPSSI board develops a conflict of interest policies for board members themselves as well as REPSSI staff.
- 

## **7. Evaluation Conclusions**

REPSSI has made tremendous strides from been an initiative in 2002 when the grant agreement with Sida was signed to where it has transformed itself into a fully fledged regional organisation. During this period of transformation, a number of significant programmatic achievements have also taken place, the most notable ones as their relate to this grant been;

- Psychosocial support has been effectively and unequivocally been put on the agenda of civil society, development partners and governments in east and southern Africa;
- Over 78 partners (working with approximately 1 million children) in 13 countries have received support from REPSSI to build their capacity to respond to the psychosocial needs of children affected by AIDS, conflict and poverty;
- REPSSI has developed several PSS tools that are widely used to respond to the PSS needs of children

These are considerable achievements and REPSSI is to be commended for having achieved this despite the organisational change and transformation it has undertaken over the past four years.

However, much remains to be done to build a critical mass of capacity and skills in PSS within the region as the needs become ever greater. REPSSI will need to position itself to respond appropriately and several recommendations have been outlined to enable it to do so.

# Annex 1 Terms of Reference

## Organizational Background

HIV and AIDS is the biggest threat to human development in sub Saharan Africa, having claimed more than 16 million lives and leaving over 35 million people living with HIV and AIDS. Coupled with poverty and conflict, the HIV and AIDS pandemic is causing unimaginable damage to the social and economic fabric of the continent. Family, community and government resources are being depleted and traditional governmental coping mechanisms and support systems are becoming eroded. The psychosocial care and support needs are often overlooked by caregivers, including families, communities, civil society and governments who come into regular contact with the children. The potential impact of failing to address the need for psychosocial support among orphans and vulnerable children can be devastating, to both children and society as a whole.

It is based on the above scenario that REPSSI was born to be a leading organization in the provision of PSS.

## Why Psycho Social Support

Children affected by HIV and AIDS, poverty conflict often endure the loss of caregivers, livelihoods, social networks and health. Many suffer deprivation, overwhelming loss and grief, upheaval, discrimination, and social exclusion, which could affect their minds, emotions, feelings and behaviours (psychological components) as well as their interpersonal relations with family, community and friends. Care in general becomes more precarious. Action in relation to psychosocial issues enhances the capacity of children, families and communities to achieve an adequate level of well-being and care, which is essential for children's survival and development.

## REPSSI Program

The purpose of REPSSI is to improve and scale up psychosocial support for children affected by AIDS. REPSSI supports local, national and regional initiatives through a network of strategic partner organizations that are actively working with children affected by AIDS.

## REPSSI Vision and Goals

REPSSI vision is to ensure that children affected by HIV and AIDS, poverty and conflict benefit from stable, affectionate, family and community based care and support.

Its intermediary goals are to ensure that:

- Governments and civil society are mobilized and have the capacity to enable families and communities to provide for the psychosocial well-being of 5 million children affected by HIV/AIDS, poverty, and conflict in 13 countries in East and Southern Africa by 2010

Psychosocial care and support is enhanced in and mainstreamed into 8 key child care programming areas directly or indirectly serving children affected by HIV/AIDS, poverty and conflict in 13 countries in East and Southern Africa, which are namely, pediatric anti-retroviral (ARV) programmes, schools and children's education systems, feeding programmes, emergency response programmes, home based care programmes, early childhood development, community development and poverty reduction strategies and children's empowerment programmes.

These goals and objectives are in line with the Millennium Development Goals and contribute to national poverty reduction strategies. Furthermore, REPSSI contributes in a leading role to achieving the UNGASS AIDS commitments from June 2001, particularly Article 65, relating to children orphaned and made vulnerable by HIV/AIDS.

## **REPSSI Objectives**

- REPSSI strategic partners and communities have the mechanism and technical capacity to effectively meet the demand for PSS.
- Transfer of knowledge in psychosocial care and support: ensure that models and methodologies designed to reach children are relevant, comprehensive, broadly available, and effective in meeting emerging needs in psychosocial care and support
- Advocacy strategies that are used promote both integration and access of PSS into wide reaching programs targeting children.

## **REPSSI Developmental Milestones**

The Regional Psychosocial Support Initiative, now REPSSI (independent regional non-profit making organization registered in South Africa), was born out of a regional “Psychosocial Support Think Tank” (2001) to scale up psychosocial care and support for children affected by HIV and AIDS in East and Southern Africa (Angola, Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe). With joint funding from Swedish International Development Co-operation Agency (Sida), Swiss Agency for Development and Cooperation and Novartis Foundation for Sustainable Development, REPSSI launched its technical psychosocial care and support capacity building programs in May 2002. Represented by The Salvation Army Africa Regional Team, through to Salvation Army International HQ, REPSSI entered into a five year (2002–2007) contractual agreement with Sida, to the tune of 7. 600. 000 USD. The programme objectives were to:

1. Enhance existing psychosocial support programmes and service delivery to children affected by AIDS through strategic partnerships.
2. Scale up psychosocial support activities to children affected by AIDS by adapting current programmes and/or supporting new community models with additional partner organizations.
3. Strengthen the enabling environment for organizations assisting children affected by AIDS through advocacy at regional, national and local levels.

Since its inception, REPSSI has witnessed a number of developmental milestones which included the following:

1. June 2003: Financial Year 1 Annual Report (May 2002–April 2003)
2. April 2004: Results Based Management Framework adopted
3. June 2004: Financial Year 2 Annual Report (May 2003–April 2004)
4. Aug–Dec 2004: Organizational Development Assessment; funded by Sida and conducted by Ernst & Young, Stockholm. Findings recommended registration for REPSSI as an independent regional non-profit making organization to be based in RSA.
5. Sep 2004–Feb 2005: External Mid-Term Review by Human Science Research Council under the leadership of Prof Linda Richter.

6. December 2004: Financial Year 3 (May–October 2004) Special Mid Annual Review Meeting
7. Feb 2005 Registration: 2005/004648/08 as an independent non-profit making company under Section 21 in the Republic of South Africa, with sub-regional offices in Zimbabwe, Tanzania and Zambia.
8. April 2005: Contractual arrangements with Salvation Army lapsed.
9. Strategic Planning Process for 2006–10
10. June 2005: REPSSI Board Governing Inauguration
11. June 2005–Dec 2005: Staff relocation and setting up of offices in Johannesburg, RSA, and recruitment of additional staff.
12. June 2005:
  - i. REPSSI Board Orientation and 1st Board Meeting
  - ii. Financial Year 3 Annual Review Meeting (May 2004–April 2005)
13. Sept 2005: 2nd Board meeting in Johannesburg
14. January 2006:
  - i. 3rd REPSSI Board Meeting
  - ii. Financial Year 4 – Mid Annual Review Meeting (May 2005–Nov 2005)

## **Why this Review?**

The developments cited above have necessitated a review of the contractual arrangements between REPSSI and the funding partners. It is from this background that REPSSI and Sida are engaging in a pre-mature end of phase evaluation to facilitate the revised contractual agreement and to define the future relationship.

## **Objectives of the Consultancy**

The overall objective of this consultancy is to review the four years (May 2002–April 2006) of the REPSSI program and inform the coming years' orientation and operations to ensure successful implementation of interventions.

The Specific Objectives in this Review Process are to:

- Assess the relevance and appropriateness of the strategies and interventions applied by REPSSI to address the regional psychosocial needs of children.
- Verify the achievements of REPSSI activities to date
- Measure the efficiency of REPSSI program
- Assess the current status of REPSSI consolidation phase activities
- Assess the sustainability of REPSSI interventions
- Review the results from the mid term evaluation and develop a consolidated progress based on the midterm review.
- Document possibilities of replicating the REPSSI approach to other areas, situation or circumstances

## Key Areas of Responsibilities and Tasks for the Consultant

The consultant will meet twice (entrance to highlight model of operation and for organisation overview and exit to brief on findings) with a review-working group (selected members from REPSSI i.e. directors, advocacy, Sub region coordinators M&E etc) in the sub region offices as well as the regional office.

The review-working group will have the following responsibilities to assist the consultants in their operations

- Ensure the purpose and other key information about the review process is communicated in advance of the consultant arrival
- Ensure consultant has timely access to information
- Ensure that logistical arrangements for accommodation, provision of workspace if required and travel are made.

## Some Proposed Evaluation Questions Formulated from the Above Objectives will include

### 1. Assess the relevance and appropriateness of the strategies and interventions applied by REPSSI to address the regional PSS needs

- To what extent are the program goals and objectives worthwhile in addressing the PSS needs in the region?
- Does REPSSI main area of activity reflect the REPSSI regional mandate(regionalism)
- Compare and contrast the REPSSI programme strategy and approaches with other regional approaches.
- Are the objectives, resources, capacities and selected strategies appropriate and sufficient to achieve intended results?
- What is the balance of funds and human resources between country level and regional value?

### 2. Verify the achievements of REPSSI activities

- To what extent are program activities being accomplished as planned
- What is the gender representation for the targeted REPSSI interventions?

### 3. Measure the efficiency of REPSSI program

#### *Overview*

- Is the organization structure aiding in efficient implementation?
- Is the secretariat providing sufficient, effective and timely support for program implementation with partners (provision of trainings etc)
- What are the intended and unintended effects, positive and negative of the regional structure?
- How is the regional structure functioning in already existing and functioning NGOs in the region
- How efficiently is managing systems operating in terms of

#### *Planning*

- Assess the work plan and schedule for sufficiency and feasibility
- Is there a regular review of program work plans?
- What strategies have been put in place to manage risk or minimize exposure to risk
- Any challenges or constraints in the programs operating context
- Does the organisation have a corruption strategy?

- How is the corruption being avoided at both REPSSI, sub region offices and the country level (grants receiving organisations)

#### *Human resources*

- Were competent human resources involved and used well?
- Is the number of staff matching the planned programme for REPSSI?
- Is the growth rate of staffing matching with the programming requirements of the organisation? (Organizational capacity to respond to growing demands for REPSSI expertise)
- What is the gender balance of REPSSI staff in line with the various positions in the organisation?

#### *Financial*

- Is the program being run in cost effective manner
- Is the program budget sufficient
- Is there flexibility for budgetary change based on changing environment

#### *Monitoring and evaluation*

- Is the proposed monitoring system adequate to capture program activities and provide timely information to stakeholders
- Is the M&E data/information being used for program management
- Is the M&E data being shared with field staff, beneficiaries and other organization
- Did program managers, field coordinators, partner organization have input into the design of the monitoring and evaluation tools and system

#### *Stakeholder consultation and participation*

- What level of coordination and collaboration occurred with donors, country governments, and NGO partners? Is this sufficient?
- Assess the balance between needs based interventions and rights based (human rights) interventions for REPSSI? What type of rights interventions have they been exposed to?
- How are target groups involved in the planning, implementation and monitoring of REPSSI interventions?

### **4. Assess the current status of REPSSI consolidation phase activities**

- To what extent are the program activities being accomplished as planned for the consolidation phase

### **5. Assess the sustainability of REPSSI interventions**

- To what extent will the program effects continue after the end of the program?
- Does the organization have phase 2 strategy (with clear milestones of weaning for the partners)
- What steps have been made to ensure programs and communities continue without REPSSI support
- Has REPSSI interventions assisted in provision of more skilled staff to implement PSS activities?

### **6. Review the results from the mid term evaluation and develop a consolidated progress based on the midterm review.**

- What achievements and progress has been made based on the midterm evaluation?

### **7. Document possibilities of replicating the REPSSI approach to other areas, situation or circumstances. What are the recommendations?**

- Can this type of intervention be used in other settings at a regional level, why/why not/how, proposed recommendations?

## Methodologies and Responsibilities

### Literature review

Review relevant regional documents related to program design (proposals), implementation (detailed implementation plans, monitoring reports (monthly reports, annual reports) outreach information, midterm review report, strategic documents, performance measurement framework etc)

- Initial 2001 project proposal.
- 7th March 2002: Contractual agreement with Sida.
- June 2003: Financial Year 1 Annual Report (May 2002–April 2003).
- 2004 Project planning document.
- June 2004: Financial Year 2 Annual Report (May 2003–April 2004)
- Aug–Dec 2004: Organizational Development Assessment.
- Sep 2004–Feb 2005: External Mid-Term Review by Human Science Research Council.
- December 2004: Financial Year 3 (May–October 2004) Special Mid Annual Review Meeting.
- Feb 2005 Registration: 2005/004648/08 as an independent non-profit making company under Section 21 in the Republic of South Africa, with sub-regional offices in Zimbabwe, Tanzania and Zambia.
- 2005–2010 Strategic Planning Framework.
- Human resources policies and procedures.
- June 2005: REPSSI Board Governing Inauguration.
- Minutes (Funding partners, Board, Regional management, sub regional management meetings).
- June 2005: Financial Year 3 Annual Review Meeting (May 2004–April 2005).
- January 2006: Financial Year 4 – Mid Annual Review Meeting (May 2005–Nov 2005).

### Data collection (consultant own needs)

- Determine the need for additional data collection from key stakeholders, in order to address the evaluation questions
- Develop and document a framework for additional data collection
- Implement and oversee collection of additional data
- Incorporate findings into the final evaluation report, along with an appendix that documents the framework, sampling and process.

### Final report

- Circulate a written draft of the evaluation reports two weeks before the formal feedback meeting
- Present first draft of the main findings (PowerPoint) at the REPSSI/Donor proposed meeting
- Incorporate findings/comments into the evaluation report, along with an appendix that documents the framework, sampling and process

## Time frames and deliverables

| Activity                        | Dates           |
|---------------------------------|-----------------|
| Submission of proposed approach | 10th March 2006 |
| Evaluation start date           | 15th March 2006 |
| Detailed plan                   | Let us discuss  |
| Draft written reports           | Let us discuss  |
| Presentation of first drafts    | Let us discuss  |
| Final written report            | 31st April 2006 |

## Duration of the evaluation

31 working days from 15th March 2006 to 31st April 2006 with time in the sub region offices and partner organisations.

## Qualification

### Candidates for this consultancy position will have the following attributes

- Education background in social sciences, public health, development and other related field
- Familiarity of issues with children within the region
- Proven minimum 5 years of working in evaluation programs
- Strong understanding of regional organization and HIV and AIDS programming with a strong focus on psycho social interventions
- Understanding of the effect that HIV and AIDS has on programming in the region
- Demonstrated ability in the use of qualitative methods
- Strong analytical skills and research skills
- Demonstrated excellence in writing and communication
- Experience in editing, documentation and creative report presentation
- Superior oral communication and interpersonal skills for phone and in person interviews/ information gathering.

# Annex 2a Case Study:

## Mainstreaming PSS in the education sector in Mozambique

### Background

Mozambique is facing a severe, generalized HIV/AIDS epidemic with an HIV prevalence rate of 16.2%. The epidemic has left a generation of orphans and heightened children's vulnerability to proportions never seen before. Although there is limited data available on the number of orphans and vulnerable children in Mozambique, conservative estimates suggest that there may be as many as 1.6 million of which approximately 467,000 are AIDS orphans. This number of AIDS orphans will continue to increase dramatically and will reach approximately 626,000 by the year 2010. Current estimates suggest that even if HIV prevalence in Mozambique does not rise any further and the number of orphans and vulnerable children peaks at that time, it would not decline to current levels for another decade.

An analysis by Associacao Reconstruindo a Esperanca (ARE) a local Maputo based NGO and Ministry of Education (MINED) revealed that responses to orphans and vulnerable children are currently proliferating in Mozambique. However the analysis also revealed that:

- Approximately 10% of the total primary school population in the Southern provinces were orphans and vulnerable children;
- The psychosocial needs of these and other children were often overlooked; and
- Specific knowledge and skills in psychosocial support are a significant need by primary school teachers with many of them lacking the skills to respond to the psychosocial needs of OVC in this area with limited mainstreaming of psychosocial support having been done, especially in education.

Cognisant of the fact that the foundation of an effective response to the psychosocial needs of orphans and vulnerable children in Southern Mozambique must be to strengthen the capacity of primary school teachers to provide psychosocial support to orphans and vulnerable children in school, ARE and MINED with technical support from REPSSI developed an intervention to train primary school teachers in basic PSS in Manjacaze, Ilha Josina Machel, Zimpeto, Xinavane, Maguiguana, 3 de Fevereiro, Magul, Palmeiras, Chihaquelane, Magoanine, Hókwe, Lionde e cidade de Maputo.

### Components of the Intervention

*Identification of schools to benefit from the programme:* An assessment was conducted by ARE and MINED to identify schools with the largest numbers of OVC in the Southern districts of Mozambique. Given limited resources, the schools with the largest number of OVC were prioritised for the programme;

*Training of Trainers in PSS:* REPSSI training staff conducted a training of trainers workshop to train ARE and MINED staff in PSS;

*Training of primary school teachers in PSS:* Teachers in the identified primary schools were provided with training in psychosocial support by the trained ARE and MINED staff.

## Results to Date

To date 150 primary school teachers in 75 schools in Southern Mozambique have benefitted from the training, increasing access to PSS for over 25000 orphans and vulnerable children. Many of the teachers interviewed who have benefited from the training indicated that the provision of skills and knowledge in PSS has allowed them to play a decisive role in responding to the psychosocial needs of OVC in their schools because of their capacity for social mobilization, their awareness of local social and cultural contexts and their daily influence on the lives of the children whom they teach. They note that they had been unable to do so earlier as they had inadequate access to the knowledge and skills required to effectively respond to the PSS needs of OVC until they received this training.

## Annex 2b Case Study: Utility of REPSSI Sub-regional Offices in Providing Effective Support to its Partners'

REPSSI identifies itself as a regional capacity-building organization working in 13 Countries in East and Southern Africa to enhance the provision of psychosocial care and support to children affected by HIV/AIDS poverty and conflict. Nearly 15 million children are estimated to be orphaned in the 13 African countries in which REPSSI is operational, primarily through HIV/AIDS, war and conflict.<sup>1</sup> The following operational countries Mozambique, Angola, Botswana, Namibia, Malawi, Zimbabwe, Zambia, South Africa, Lesotho, Swaziland, Uganda, Kenya and Tanzania are where REPSSI supports its Key Operational Partners (KOPs) and Scale Up Partners (SUPs) to integrate and mainstream pss in existing programmes, model development and advocating for specific pss issues within those countries. REPSSI provides technical assistance to its partners through sub-regional offices which are based in Zimbabwe, (southern central), Zambia (northern) South Africa (southern), Mozambique (central) and Tanzania (eastern). This case study focuses on the partner technical assistance support by the Northern Sub-regional office, based in Zambia through the following REPSSI regional strategies;

*Strategy 1:* Use advocacy to promote the integration and mainstreaming of psychosocial care and support in all aspects of child development; REPSSI assisted its 22 partners to form Country Advocacy Teams (CATs) to raise pss awareness issues and advocate against harmful child practices detrimental to children's pss well being. In Zambia, the leading CAT (ZINGO) partner used radio as an advocacy tool to raise awareness on the plight of children and their pss needs. In Malawi and Namibia, discussions with partners have started and CATs teams have yet to gel and develop advocacy strategies.

*Strategy 2:* Develop, share, and disseminate knowledge, skills, and expertise in the application of psychosocial care and support with partners at all levels; The Sub-regional office shares and distributes pss information to partners. The sub-regional office documents partner information which in turn is shared across partners to allow for adaptation of models across countries, for example child participation in Malawi is being utilized in Zambia and with the regional office to allow wide dissemination to other partners and beyond. 2 case models have been documented and shared widely; integrating pss in feeding programmes (Namibia) and Child participation (Malawi).

*Strategy 3:* Work in partnership with existing organizations that interface with children, youth and families to enhance and promote the provision of psychosocial care and support; The Sub-regional office is providing technical assistance through pss training and mentorship to 22 very diverse partners (ranging from CBOs to International NGOs) to integrate and scale out pss in existing programmes. In addition, model development in mainstreaming pss in education (Zambia and Malawi) and feeding programmes are being piloted to generate information on pss needs in these sectors.

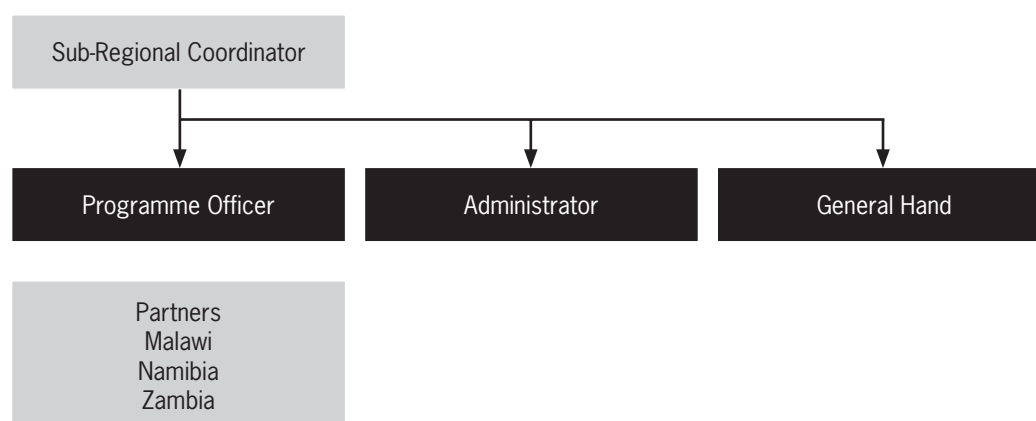
*Strategy 4:* Ensure quality psychosocial care and support service delivery while meeting the very urgent psychosocial support demands of the region; The sub-regional office has trained 8 (3-Zambia, 2 – Malawi and 3 – Namibia) Regional Facilitators (REFAs) and 23 National Coordinators (in Zambia) with pss skills to increase the pss skills base in the region and meet the pss training demand needs of partners and other stakeholders.

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<sup>1</sup> Estimates from Children on the Brink (2002)

## Overview of the Sub-Region

The sub-regional office comprising of four staff members, The Sub-Regional Coordinator, Programme Officer, Administration Officer and a Driver/General hand support 22 partners in 3 countries (Malawi-8, Zambia-10 and Namibia-4) to integrate and mainstream pss in existing programmes and to advocate for pss issues in the various countries through the country advocacy teams. The roles of the staff members; are partner monitoring support visits (coordinator), documentation and knowledge sharing (programme officer), administration and finance (admin officer) and driver general hand (logistical support). Systematic support to 22 partners require the requisite skills, clear M&E tools for data collection, operations research, capacity enhancement at partner level for evidence and clear systematic ongoing documentation and platforms for sharing generated information. The sub-regional office endeavors to support the partners in the aforementioned areas, but with limited financial resources and human resources capacity coupled with, limited knowledge around M&E for appropriate data collection, limited logistics for monitoring diverse partners requiring different technical assistance at various stages during pss implementation.



## Components of Support

### Partner Selection

REPSSI has developed simple tools for partner selection. It supports partners' whose core business is children and have the potential for scale out and reach to at least 2000 children in any given intervention.

### Model of Technical Assistance

The fundamental aim of REPSSI's psychosocial programming can be summarized as being able to improve children's well-being by:

- Protecting children from the accumulation of distressful and harmful events through country specific advocacy activities;
- Enhancing the capacity of families to care for their children through operations research and knowledge generation; and
- Enabling children to be active agents in rebuilding communities and in actualizing positive futures through child participation and inclusion models.

REPSSI's model of technical assistance to ensure the above is realized in the capacity enhancement of partner's pss skills using training in pss through the REFA approach. Individuals from partners are trained in various pss approaches and tools, and the REFAs are supposed to transfer the knowledge

gained within organizations and to interested stakeholders. The knowledge gained at REFA level is supposed to cascade from the organizational, community and family levels and eventually impacting the child at the center (insert diagram).

*Results:* To-date the sub-regional office provides technical assistance to 22 partners who have reached more than 200 000 children directly or indirectly. In turn it is estimated that REFAs have trained more than 300 people in pss approaches, which have cascaded down to the family and child levels.

Discussions with children in Kitwe (15) on hearing the voice of the child in child participation being implemented by CCF Zambia, indicates children are being equipped with skills and knowledge around HIV/AIDS, bereavement, peer to peer support and other life skills.

*Key Observations of Technical Support:* Supporting 22 diverse partners requires that systems for mentorship, data collection and expertise in operations research are present. Financial resources and human resources capacities are key to ensure on going quality technical assistance to partners is met.

Evidence based information forms the foundation to informing programme planning, direction and re-direction of models and tools being piloted at partner level. Partners require specific capacities and skills in documentation, data collection and interpretation to develop evidence based strategies in pss mainstreaming, integration and advocacy. Impact assessments to guide model development backed by robust operations research for knowledge generation are key if results from the field are to encourage learning and sharing agenda and deepen pss understanding at the child level. These capacities need to be enhanced at the sub-regional office for quality technical assistance support at the partner level.

The current model of partner technical assistance provided by the sub-regional office is to be commended. However, if sub-regional offices are to remain relevant to partners and contribute to further pss understanding to meet the REPSSI regional vision, then further investment in the aforementioned is a must.

## Annex 2c Case Study:

# Adaptation of the Structured Group Therapy Programme for Providing PSS to Children Affected by Conflict in Uganda

56% of Uganda's 26.8 million are children. An estimated 7.6 million are categorized as vulnerable<sup>1</sup>. Child vulnerability in Uganda stems out of HIV/AIDS, conflict and poverty and the way that these factors interplay and reinforce each other. Teso sub-region is a prime example of a region that has been burdened by this triple threat. Since the 1980s, this sub-region has faced continuous conflict in the form of Karamajong cattle rustlers to the Lords Resistance Army (LRA) incursion in 2003<sup>2</sup>. Prolonged insecurity in this part of the country has led to extensive displacement and a disruption in the provision of basic social services. The result is a breakdown of cultural, traditional and moral values and support structures as well as a dramatic increase in the number of women and child headed households.

The LRA abducted thousands children (many of whom have not returned until today) who were forced to kill members of their own families and other children, young girls were raped and/or forced to carry firewood and cook for the soldiers. During this period of unrest, violence meted against individuals and communities – and most unfortunately children – have left them with psychosocial problems that predispose them to extreme behavior changes such as aggression, paranoia, trauma, disobedience, withdrawal and depression and or renders them vulnerable to HIV infection through alcoholism and drug abuse. For children that were formerly abducted the future is bleak with limited access to basic social services (health, nutrition and education) and no opportunities for vocational training<sup>3</sup>.

Pioneered by REPSSI in 2004, the Structured Group Therapy Programme (SGTP) is an approach that is being implemented in the Teso sub-region in four districts (Kaberamaido, Katakwi, Soroti and Amuria) in Eastern Uganda through Transcultural Psychosocial Organization (TPO). SGTP is a holistic and community-based programme that aims to meet the psychosocial needs of vulnerable children by integrating them into their communities and developing community motivation, skills and capacity to take responsibility for their children. Following a training session by REPSSI, TPO established the SGTP in 12 of the worst affected sub-counties of Teso sub-region through 12 psychosocial workers, 3 field workers, and 3 managers. Field staff were further empowered through an extensive operational manual produced by REPSSI. In addition, a US\$30,000 grant was issued by REPSSI to TPO in crystallizing the partnership.

### Components of Structured Group Therapy Programme:

- *Identification and targeting the most vulnerable children:* Targeting of the most vulnerable is difficult in situations where help for all is scarce. As such, through SGTP local community leaders (traditional and religious) and/or teachers in schools assisted in identifying vulnerable children that is suffering from trauma, depression. A huge proportion of the identified children are those that were formerly abducted that are identified from centers for children that were formerly abducted. TPO staff would then assess the children for the need to go through the programme and if it was deemed necessary for the child to go through the programme, parents would be sort for their consent. Consent forms are signed only when the parents or guardians have a full and clear understanding of the programme.
- *The programme:* SGTP consists of 15 sessions for an hour every week. Children are divided into two age groups, 6 to 13 and 13 to 18 years of age. Each group has 15–20 children supported by a

<sup>1</sup> Ministry of Gender, Labour and Social Development, Uganda. February 2006.

<sup>2</sup> The incursion consisted of abductions, looting, burning of property and killing of innocent civilians

<sup>3</sup> Baseline Survey, TPO, November 2004.

community development worker and 3 to 4 co-facilitators. During the one-hour session, children are stimulated through singing, playing games, carrying out role plays and puppetry – all in their local dialect. The first eight sessions focus on enabling children to review their past experiences and address the emotional turmoil arising out of their grieving and other adverse circumstances. The programme then goes on to helping children to accept the circumstances of their lives, to enhance self-esteem and boost resilience and to teach them problem solving skills.

- *Knowledge transfer:* Since the initial training by REPSSI, TPO staff and co-facilitators have been able to transfer that knowledge amongst themselves through monthly meetings. There are now 12 psychosocial workers, 51 peer educators, and 20 co-facilitators. All have been trained in the provision of structured group therapy. Co-facilitators are community volunteers (young boys and girls selected by community leaders) who are rewarded with lunch every day that they work. In addition, TPO have a programme where they encourage students (particularly those studying social work) from the local Universities to take part in the implementation of the programme.

#### *Results:*

To-date 1200 children have directly and 4000 indirectly (use of recreational facilities) benefited from this programme. In discussions with parents of children that have benefited from the programme, all reported of children, who had formerly suffered from nightmares, depression and aggression were no longer aggressive or disobedient. Instead they were engaging in household activities, have formed support peer groups, are practicing greater hygienic behavior, are more inclined towards school and participate positively in family, school and community activities.

#### *Meeting the Challenges:*

- *Parent Participation:* TPO have introduced parents associations, where parents of children that have been abducted have a forum to meet periodically to discuss their challenges with the children. The objectives for the groups are to have a voice for the children that have been abducted, provide a support services for children and parents whose children have returned (lobbying for support for education and health materials) and to parents whose children have not returned.
- *Addressing Poverty:* At 66%, Teso sub-region has one of the highest poverty levels in Uganda. Whilst SGTP has been successful in improving the psychosocial well being of the children, it has not addressed the wider context in which the child and his/her family live. Displaced families are being encouraged to return to their homes but with little to no support towards their livelihoods. The families return to poor living conditions and limited access to basic social services. Coping mechanisms adapted by parents associations to address poverty include starting up revolving funds that can assist in meeting school-related costs for the children. Starting mid-2006, TPO have formalized this process by introducing a livelihood component to the SGTP which will not only target the parents of formerly abducted children but people living with HIV/AIDS and youth.
- *Ensuring Sustainability:* TPO staff work on both personal and organizational levels to link resources in the immediate and wider community to the SGTP to maximize use of available resources and help create long-term sustainability. Examples include linkages with local government, where the Head and Technical Officer of the Sub-county have had their awareness raised in the need for PSS. As a result, not only do they play a role in identifying children in need of PSS but they have integrated PSS into the Government's three-year plan. In addition, TPO staff are also members a network within the sub-county of organizations that provide care and support for children. At their monthly meetings TPO raise PSS issues within the sub-county and discuss possible referrals amongst members of the network.

## Annex 3a Stakeholders Questionnaire

1. Do you think the current REPPSI governance structure and systems allow it to be able to effectively meet its goals and objectives?

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2. Do you think the current REPPSI programme management and administrative systems allow it to effectively meet its goals and objectives?

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3. Do you think the current REPPSI interventions address the psychosocial needs of children affected by HIV/AIDS?

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4. Do you think the current REPPSI interventions address the psychosocial needs of children affected by Conflict?

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5. Do you think the current REPPSI interventions address the psychosocial needs of children affected by Poverty?

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6. Do you think the current models of psychosocial support that REPSSI has developed or advocates for are appropriate to address the psychosocial needs of children in Africa?

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7. Do you think the current models of technical support that REPSSI uses to provide support to its partners are appropriate to address the technical needs of its partners?

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8. Can the type of interventions promoted by REPSSI be used in other settings at a regional level?  
E.g. West Africa

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9. Do you think the interventions and models promoted by REPSSI are sustainable?

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10. Do you think REPSSI collaborates and interfaces with regional and country level partners effectively?

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11. Do you think potential clients know, or can find out about, programs and services that REPSSI provides easily?

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12. Do you consider that REPSSI has the right people in the right jobs? Do you think that REPSSI is professionally and adequately staffed?

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13. Is REPSSI effectively electronically linked to the external world of colleagues and clients in such a way that these relationships are active and beneficial?

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14. Do you think REPSSI has fruitful and ongoing partnerships with external organizations that bring new ideas and resources to the organization?

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15. Do you think REPSSI is effectively communicating information about its work to external stakeholders, including the general public?

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16. Do you think REPSSI has leadership in provision of psychosocial support? (E.g. through capacity building and/or model development?) If not, why not?

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17. Do you think REPSSI plays an effective role in facilitating collaborative processes in the provision of psychosocial support (at regional, national and local levels)?

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## Annex 3b

### Executive Director and Deputy Director Questionnaire

| #                                                                                                                                                                 | Tick Appropriately |    | Detailed comments |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----|-------------------|
|                                                                                                                                                                   | Yes                | No |                   |
| 1 Do you think the current REPPSI governance structure and systems allow it to be able to effectively meet its goals and objectives?                              |                    |    |                   |
| 2 Do you think the current REPPSI administrative and programme management structure and systems allow it to be able to effectively meet its goals and objectives? |                    |    |                   |
| 3 Do you think the strategic framework is generally accepted and supported among board members?                                                                   |                    |    |                   |
| 4 Do you think the strategic framework is generally accepted and supported among REPSSI's staff?                                                                  |                    |    |                   |
| 5 Do you think the strategic framework helped clarify priorities and set indicators, thus giving REPSSI a way to assess its performance?                          |                    |    |                   |
| 6 Is the strategy an impediment or a facilitator to capacity building or improved performance?                                                                    |                    |    |                   |
| 7 Is there a routine and formal process for reviewing and clarifying REPSSI's strategic framework?                                                                |                    |    |                   |
| 8 Are roles within the REPSSI (groupings as well as individual) clearly defined, yet flexible enough to adapt to changing needs?                                  |                    |    |                   |
| 9 Are departmental lines or divisions between groups coordinated to improve performance?                                                                          |                    |    |                   |
| 10 Are the current coordinating units formed to facilitate performance?                                                                                           |                    |    |                   |
| 11 Are there clear lines of authority and accountability (individual, group and organizational)?                                                                  |                    |    |                   |
| 12 Do people have the authority to set agendas that support improved performance?                                                                                 |                    |    |                   |
| 13 How centralized (versus decentralized) is decision-making?                                                                                                     |                    |    |                   |
| 14 Is it clear who bears responsibility for performance? Does the structure of responsibility and authority make organizational sense and facilitate the work?    |                    |    |                   |
| 15 Are work processes clear and adequately structured?                                                                                                            |                    |    |                   |
| 16 Is there someone in REPSSI who is responsible for fundraising and resource mobilization?                                                                       |                    |    |                   |
| 17 Is the financing of grants properly managed?                                                                                                                   |                    |    |                   |
| 18 Is regular and periodic financial planning undertaken to support performance?                                                                                  |                    |    |                   |
| 19 Does the REPSSI have a fundraising strategy?                                                                                                                   |                    |    |                   |
| 20 Are the auditors satisfied with the REPSSI's controls on cash and assets?                                                                                      |                    |    |                   |
| 21 Are there competent staff and board members who understand the role of financial procedures and information?                                                   |                    |    |                   |
| 22 Is there a board committee to oversee financial issues? A management committee?                                                                                |                    |    |                   |

| #  | Tick Appropriately                                                                                                                              |    | Detailed comments |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------|
|    | Yes                                                                                                                                             | No |                   |
| 23 | To what extent has REPSSI fulfilled it's regional mandate?                                                                                      |    |                   |
| 24 | Are the right people with the appropriate experience and qualifications in the right jobs in REPSSI?                                            |    |                   |
| 25 | Does REPSSI know how and where to identify people with the skills needed to fill its needs?                                                     |    |                   |
| 26 | Can REPSSI link its mission and goals to its human resources planning?                                                                          |    |                   |
| 27 | To what extent does REPSSI have adequate staffing procedures to ensure that it knows the type of staff required for high performance?           |    |                   |
| 28 | Does REPSSI have appropriate job descriptions, competency reviews or equivalents to determine what staffing is needed?                          |    |                   |
| 29 | Is there someone familiar with both the day-to day functions of REPSSI as well as its longer-term vision available to orient new staff members? |    |                   |
| 30 | Has REPSSI developed a personnel policy manual?                                                                                                 |    |                   |
| 31 | Does REPSSI have a training and development policy?                                                                                             |    |                   |
| 32 | Does it have a budget for training and development and a way to track these costs?                                                              |    |                   |
| 33 | Does REPSSI encourage staff to continue to learn and develop (by providing incentives for learning, by supporting training costs)?              |    |                   |
| 34 | Does REPSSI have a way to deal with succession?                                                                                                 |    |                   |
| 35 | To what extent does REPSSI appropriately plan its programs?                                                                                     |    |                   |
| 36 | Is there a written plan for each program area and each major project?                                                                           |    |                   |
| 37 | Are programs and projects consistent with the mission, needs, strategies and priorities of REPSSI?                                              |    |                   |
| 38 | Is there a procedure outlined to monitor results?                                                                                               |    |                   |
| 39 | To what extent does REPSSI appropriately implement its programs?                                                                                |    |                   |
| 40 | Are resources efficiently used to provide the product or service?                                                                               |    |                   |
| 41 | To what extent does REPSSI monitor its programs appropriately?                                                                                  |    |                   |
| 42 | Are monitoring and evaluation systems in place?                                                                                                 |    |                   |
| 43 | Is program staff given feedback on program performance?                                                                                         |    |                   |
| 44 | Are there adequate opportunities to review program indicators to measure progress against plans?                                                |    |                   |
| 45 | Are programs reviewed on a regular basis with respect to how they contribute to the overall organizational strategy?                            |    |                   |
| 46 | Are monitoring and evaluation seen as ongoing and normal processes?                                                                             |    |                   |
| 47 | Is there adequate and ongoing communication about REPSSI's activities between the HQ and the sub-regional offices?                              |    |                   |
| 48 | Is there adequate and ongoing communication about REPSSI's activities between the sub-regional offices and partners?                            |    |                   |
| 49 | Are resources assigned to monitoring and evaluation?                                                                                            |    |                   |
| 50 | Are data obtained and used to monitor and evaluate REPSSI's activities?                                                                         |    |                   |
| 51 | Do people have skills to monitor and evaluate?                                                                                                  |    |                   |

| #                                                                                                                                                       | Tick<br>Appropriately |    | Detailed comments |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----|-------------------|
|                                                                                                                                                         | Yes                   | No |                   |
| 52 Are lessons learned from monitoring and evaluation, and do changes occur as a result?                                                                |                       |    |                   |
| 53 Are partnerships adequately established or pursued to meet the organisations goals and objectives?                                                   |                       |    |                   |
| 54 Is REPSSI communicating information about its work to external stakeholders, including the general public?                                           |                       |    |                   |
| 55 Do electronic networks effectively respond to the needs, shared interests and capabilities of REPSSI?                                                |                       |    |                   |
| 56 Is REPSSI electronically linked to the external world of colleagues and partners in such a way that these relationships are active and beneficial?   |                       |    |                   |
| 57 How effective is REPSSI in meeting those goals as expressed in its mission statement or other documents that provide the “raison d’être” for REPSSI? |                       |    |                   |
| 58 Is there a system for assessing effectiveness, that is, the extent to which goals and objectives are realized?                                       |                       |    |                   |
| 59 What is the update on the Consolidation Phase (2005–2007) of REPSSI? (Please provide status as of June 2006)                                         |                       |    |                   |
| A Support model development and innovations in psychosocial care and support for children?                                                              |                       |    |                   |
| B Support documentation of existing good practice and models of psychosocial care and support?                                                          |                       |    |                   |
| C Improve and refine advocacy strategies and efforts for _ increasing awareness and mainstreaming of psychosocial                                       |                       |    |                   |
| C Strengthen the efficiency and effectiveness of the organisation                                                                                       |                       |    |                   |

## Annex 3c Focus Group Discussions (regional office)

1. What is the core business of REPSSI?
2. What are the REPSSI goals?
  - a. What is required to meet these goals?
3. What are the REPSSI objectives?
  - b. What is required to meet these objectives?
4. Does your current structure allow you to meet your goals? Yes, why? No, why?
5. Does your current structure allow you to meet your objectives/ Yes, why? No, why?
6. Will your current strategies and systems allow you to meet 5 million children?
7. Are the current models of technical support appropriate enough to meet your partners?  
(Government, community, family and children)
8. Do you have the right people in the right jobs? Do you have the right skills set that are required to meet the strategic framework? If not, what would be required?
9. Within the current structure (13 countries) are you able to provide quality, effective and robust technical support?
10. Will your models of assistance and intervention allow you to reach 5 million children?
11. Do you think REPSSI collaborates and interfaces with regional and country stakeholders effectively?
12. What makes you a regional body?
13. Can you define mainstreaming?

## Annex 3d Funding Partner Questionnaire

| #                                                                                                                                                                 | Tick appropriately |    | Detailed comments |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----|-------------------|
|                                                                                                                                                                   | Yes                | No |                   |
| 1 Were you as a funding partner involved in the development of REPSSI's Strategic Framework?                                                                      |                    |    |                   |
| 2 Do you think the current REPSSI governance structure and systems allow it to be able to effectively meet its goals and objectives?                              |                    |    |                   |
| 3 Do you think the current REPSSI administrative and programme management structure and systems allow it to be able to effectively meet its goals and objectives? |                    |    |                   |
| 4 Is the financing of grants that you provide to REPSSI properly managed?                                                                                         |                    |    |                   |
| 5 To what extent has REPSSI fulfilled it's regional mandate?                                                                                                      |                    |    |                   |
| 6 Do you think that the right people with the appropriate experience and qualifications are in the right jobs in REPSSI?                                          |                    |    |                   |
| 7 What do you think are REPSSI's strengths?                                                                                                                       |                    |    |                   |
| 8 What do you think are REPSSI's weaknesses?                                                                                                                      |                    |    |                   |
| 9 Do you feel that REPSSI appropriately plans and implements its programs?                                                                                        |                    |    |                   |
| 10 Are resources efficiently used to provide the product or service?                                                                                              |                    |    |                   |
| 11 To what extent does REPSSI monitor its programs appropriately?                                                                                                 |                    |    |                   |
| 12 Do you think that REPSSI is effectively communicating information about its work to external stakeholders, including the general public?                       |                    |    |                   |

# Annex 3e Board Member Questionnaire

## REPSSI Strategic Framework

1. Were you as a board member involved in the development of the REPSSI's strategic framework?
2. Do you think the strategic framework is generally accepted and supported among board members?
3. Do you think the strategic framework is generally accepted and supported among the organization's staff?
4. Do you think the strategic framework helped clarify priorities and set indicators, thus giving REPSSI a way to assess its performance?
5. Is there a routine and formal process for reviewing and clarifying REPSSI's strategic framework?
6. What was the criteria for selection of countries for the sub-regional offices?
7. What was the criteria for selection of REPSSI partners?

## Governance Structures

1. Do you think the current REPSSI governance structures allow it to be able to effectively meet its goals and objectives as articulated in the strategic framework?
2. Do you think the current REPSSI programme management and administrative structure allow it to effectively meet its goals and objectives as articulated in the strategic framework?
3. Do you as a REPSSI board have a clearly defined way to review and set organizational direction?
4. Do you as a board have a committee that meets and is responsible for scanning the external and internal environment to understand the forces affecting REPSSI and its performance?
5. Do you as a board have a committee that meets and is responsible for reviewing safeguards and incentives to ensure that board members, REPSSI staff and consultants do not compromise organizational goals in the interest of their personal goals?
6. Do you as a board have a fundraising committee that is responsible for resource mobilization?
7. Does the REPSSI governing structure have the various committees necessary to ensure legal and organizational accountability?
8. Do you think REPSSI's governing structure has the mechanisms to review and assess organizational performance and, if appropriate, create conditions to support change?
9. Did the Board receive sufficient orientation and training ahead of carrying out this function for REPSSI?

## Programme Management

1. Do you consider that REPSSI has the right people in the right jobs to operationalise the strategic framework? I.e. do you think that REPSSI staff members are professionally and adequately skilled to fulfill its mandate?
2. Do you think the current models of technical support that REPSSI uses to provide support to its partners are appropriate to address the technical needs of its partners?
3. Do you think the current models of psychosocial support that REPSSI has developed or advocates for are culturally appropriate to address the psychosocial needs of children in Africa?

4. Why does REPSSI work in 13 countries? What led to that choice?
5. Do you think the current REPPSI interventions effectively and comprehensively address the psycho-social needs of children affected by HIV/AIDS in the 13 countries in which REPSSI operates?
6. Do you think the current REPPSI interventions effectively and comprehensively address the psycho-social needs of children affected by Conflict?
7. Do you think the current REPPSI interventions effectively and comprehensively address the psycho-social needs of children affected by Poverty in the 13 countries in which REPSSI operates?
8. Do you think the interventions and models promoted by REPSSI are sustainable?
9. Do REPSSI's main areas of activity reflect the REPSSI regional mandate (regionalism?)
10. To what extent is REPSSI's regional structure aiding PSS service delivery at country level?
11. What motivated the REPSSI board to develop the current REPSSI structure? Is this structure still the most efficient way for REPSSI to execute its strategic goal and objectives effectively?
12. How sustainable are REPSSI interventions and models of PSS that it promotes?

## **Communication and Partnerships**

1. Do you think REPSSI collaborates and interfaces with regional and country level partners effectively?
2. Do you think potential clients know, or can find out about, programs and services that REPSSI provides easily?
3. Is REPSSI effectively electronically linked to the external world of colleagues and clients in such a way that these relationships are active and beneficial?
4. Do you think REPSSI has fruitful and ongoing partnerships with external organizations that bring new ideas and resources to the organization?
5. Do you think REPSSI is effectively communicating information about its work to external stakeholders, including the general public?
6. Do you think REPSSI has leadership in provision of psychosocial support? (E.g. through capacity building and/or model development?) If not, why not?

## **Financial Planning and Management**

1. Does the board of directors review financial policies and procedures on a regular basis to assess whether they are adequate, inadequate or excessive?
2. Is there a board committee to oversee financial issues?
3. Are members of the governing body involved in financial planning and monitoring?
4. Does REPSSI have a fundraising strategy?

## Annex 4 List of Documents Reviewed

| Name of Document                                                                                                                                                                                                                                                                   |                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| REPSSI Technical Proposal To Sida 2002                                                                                                                                                                                                                                             | Results Based Management Strategic Framework 2005–2010                                       |
| Annual and Semi Annual Reports                                                                                                                                                                                                                                                     | Annual Review Board Book                                                                     |
| PSS Manuals                                                                                                                                                                                                                                                                        | REPSSI Organogram                                                                            |
| Mainstreaming Pss Training Documents                                                                                                                                                                                                                                               | Country and Regional Boards TORs and Minutes                                                 |
| REPSSI Partner Agreements                                                                                                                                                                                                                                                          | Evaluation of the 10 Million Memory Project                                                  |
| REPSSI KOP and SUP partners List                                                                                                                                                                                                                                                   | REPSSI Planning Documents                                                                    |
| REPSSI Advocacy Strategy – 2006–2010                                                                                                                                                                                                                                               | PSS For Children Affected by HIV/AIDS (UNAIDS Best Practice Case Study: Masiye Camp)         |
| REPSSI Communication Strategy                                                                                                                                                                                                                                                      |                                                                                              |
| Mid Term Review                                                                                                                                                                                                                                                                    | Evaluation of Masiye Camp                                                                    |
| Ernst & Young Organizational Assessment                                                                                                                                                                                                                                            | The psychological effect of orphanhood: a study of orphans in Rakai district                 |
| REPSSI PSS Tools (Journey of Life, Structured Group Therapy Approach, Memory/Hero Books                                                                                                                                                                                            | Horizons and REPSSI Operations Research; Orphans and Vulnerable Youth in Bulawayo, Zimbabwe: |
| The Web Approach to mainstreaming psychosocial care and support into existing child care and support services in East and Southern Africa                                                                                                                                          | An Exploratory Study of Psychosocial Well-being and Psychosocial Support Programs            |
| PSS Training Manuals                                                                                                                                                                                                                                                               |                                                                                              |
| Case Studies (Uganda, Botswana, Malawi, Namibia and Zimbabwe) on Child Participation, Mainstreaming PSS in Feeding Programmes and Mainstreaming PSS in Education                                                                                                                   | Providing Psychosocial Support to AIDS-affected Children                                     |
| Board Minutes, Board Orientation Power Point Presentations                                                                                                                                                                                                                         | Building Blocks Africa Wide Briefing Notes: The Alliance: Psychosocial Support               |
| Defining Orphanhood; HSRC                                                                                                                                                                                                                                                          | MOU between REPSSI and ICDP                                                                  |
| Financial and Audit Reports                                                                                                                                                                                                                                                        | Academic Materials                                                                           |
| Human Resources Policy Document                                                                                                                                                                                                                                                    | Seminar and Conference Documents                                                             |
| Finance Policies Manual                                                                                                                                                                                                                                                            |                                                                                              |
| REPSSI Staff Job Descriptions                                                                                                                                                                                                                                                      |                                                                                              |
| Monitoring and Evaluation Tools and Documents (Performance Measurement Framework, Monthly Narrative Reports Templates, Monitoring TOOL of On going Advocacy interventions, Monitoring results of Training program Tool, Information and Action Tool, Training Data Collection form |                                                                                              |

## Annex 5 REPSSI Contacts

|                           | Contact              | Location     | Responsibility (VJ,NM, RM) | Contact methodology |
|---------------------------|----------------------|--------------|----------------------------|---------------------|
| <b>REPSSI Donors</b>      | Karin M. Schmitt     | Switzerland  | RM                         | Telephone           |
|                           | Nomfundo Mbuli       | South Africa | VJ                         | Field Interview     |
|                           | Annamarie Minder     | South Africa |                            | Field Interview     |
|                           | Anne Lindeberg       | Zambia       | VJ                         | Field Interview     |
|                           | Anita Sandstrom      | Zambia       |                            | Field Interview     |
|                           | Hester Musandu       | South Africa | RM                         | Field Interview     |
| <b>Board of Directors</b> | Stefan E Germann     | Singapore    | VJ                         | Telephone           |
|                           | Kurt Madoerin        | Tanzania     | NM                         | Telephone           |
|                           | Euna Makamure        | Zimbabwe     | VJ                         | Field Interview     |
|                           | Jennifer M Marinelli | Botswana     | NM                         | Questionnaire       |
|                           | Vincent Monene       | South Africa | RM                         | Field Interview     |
|                           | Lynette A Mudekanye  | South Africa | NM                         | Telephone           |
|                           | Lewis Ndhlovu        | South Africa | VJ                         | Field Interview     |
|                           | Pelucy Ntambirweki   | Swaziland    | NM                         | Telephone           |
|                           | Nyambura Rugoiyo     | Netherlands  | VJ                         | Telephone           |
|                           | Mimie P Sesoko       | South Africa | RM                         | Field Interview     |
| <b>Country Boards</b>     |                      |              |                            |                     |
| <b>Staff</b>              | Noreen Huni          | South Africa | NM and VJ                  | Field Interview     |
|                           | Daphetone Siame      | Zambia       | NM and VJ                  | Field Interview     |
|                           | Miso Dhiliwayo       | South Africa | VJ                         | Field Interview     |
|                           | Faith Mmola          | South Africa | NM                         | Field Interview     |
|                           | Ncazelo Ncube        | South Africa | VJ                         | Field Interview     |
|                           | Lynn Dube            | South Africa | NM                         | Field Interview     |
|                           | Jonathan Morgan      | South Africa | VJ                         | Field Interview     |
|                           | Marumbo Ngwira       | South Africa | RM                         | Field Interview     |
|                           | Simon Ntakuseni      | South Africa | VJ                         | Field Interview     |
|                           | Fortune Tembo        | South Africa | NM                         | Field Interview     |
|                           | Eric Motau           | South Africa | NM                         | Field Interview     |
|                           | Dakalo Mudzielwana   | South Africa | VJ                         | Field Interview     |
|                           | Carmel Gailard       | South Africa | VJ                         | Field Interview     |
|                           | Alex Tigere          | Zimbabwe     | VJ                         | Field Interview     |
|                           | Doreen Musa          | Zimbabwe     | VJ                         | Field Interview     |
|                           | Brighton Gwezera     | Zimbabwe     | VJ                         | Field Interview     |
|                           | Linda Dube           | Zimbabwe     | VJ                         | Field Interview     |
|                           | Kelvin Ngoma         | Zambia       | VJ                         | Field Interview     |
|                           | Sebastian Chikuta    | Zambia       | VJ                         | Field Interview     |
|                           | Peter Massesa        | Tanzania     | NM                         | Field Interview     |
|                           | Edwick Mapalala      | Tanzania     | NM                         | Field Interview     |

|                          | Contact               | Location       | Responsibility<br>(VJ,NM, RM) | Contact methodology |
|--------------------------|-----------------------|----------------|-------------------------------|---------------------|
| <b>REPSSI Partners</b>   |                       |                |                               |                     |
| <b>Zambia</b>            |                       |                |                               |                     |
| <b>CCF</b>               | Chola Chifukushi      | Zambia         | VJ                            | Field Interview     |
| <b>ZINGO</b>             | Robert Zulu           | Zambia         | VJ                            | Field Interview     |
| <b>FHT</b>               | John Munsanje         | Zambia         | VJ                            | Field Interview     |
| <b>Zimbabwe</b>          |                       |                |                               |                     |
| <b>MASIYE CAMP</b>       | Programmes            | Zimbabwe       | VJ                            | Field Interview     |
| <b>HOCIC</b>             | Elphas Mpofu          | Zimbabwe       | VJ                            | Field Interview     |
| <b>FOST</b>              | Moiria Ngaru          | Zimbabwe       | VJ                            | Field Interview     |
| <b>FST</b>               | Teresa Pearl Mugadza  | Zimbabwe       | VJ                            | Field Interview     |
| <b>TPO</b>               | Patrick Onyango       | Uganda         | NM                            | Field Interview     |
|                          | Emmanuel Ngabirano    | Uganda         |                               | Field Interview     |
| <b>Mozambique</b>        |                       |                |                               |                     |
| <b>ICPD</b>              |                       | Mozambique     | RM                            | Field Interview     |
| <b>UNICEF</b>            | Stanley Ngalazu Phiri | South Africa   | NM                            | Field Interview     |
| <b>HIV/AIDS Alliance</b> | Kate Harrison         | United Kingdom | NM                            | Questionnaire       |
| <b>UNAIDS</b>            | Mark Stirling         | South Africa   | VJ                            | Field Interview     |
| <b>USAID</b>             | Karen Turner          | South Africa   | RM                            | Field Interview     |

## Recent Sida Evaluations

- 06/09 Pangani Falls Re-development Project in Tanzania**  
Roger Andersson, Fritz Wänseth, Melinda Cuellar, Ulrike von Mitzlaff  
Department for Infrastructure and Economic Cooperation
- 06/10 African Books Collective  
Mid-Term Review 2006**  
Nigel Billany, Jane Katjavivi, Ruth Makotsi  
Department for Democracy and Social Development
- 06/11 Apoyo Sueco a los Esfuerzos Guatemaltecos de Establecer  
un Sistema Nacional Catastral, 1997–2005**  
Thomas Alveteg, Benito Morales  
Department for Latin America
- 06/12 Building Research Capacity in Bolivian Universities**  
Erik W. Thulstrup, Manuel Muñoz, Jean-Jacques Decoster  
Department for Research Cooperation
- 06/13 Evaluation of Sida Information &  
Communications Technologies Support to Universities**  
Alan Greenberg  
Department for Evaluation and Internal Audit
- 06/14 Impacts, Outputs and Effects from Sida-funded Air Quality Management Projects  
in Thailand and the Philippines**  
Jon Bower, Steinar Larssen, Bjarne Sivertsen  
Department for Infrastructure and Economic Cooperation
- 06/15 Sida's StartEast and StartSouth Programmes**  
Bo Anderson, Niklas Angestav, Helena La Corte, Anders Grettve  
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- 06/16 HIV/AIDS Outreach Programme in Southern Africa  
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International Video Fair (IVF) Programmes**  
Neddy Matshalanga, Edem Djokotoe  
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Ad Boeren, Tom Alberts, Thomas Alveteg, Erik W. Thulstrup, Lena Trojer  
Department for Evaluation and Internal Audit
- 06/18 Women's Empowerment Projects: "Kvinna till Kvinna"**  
Annette Lyth, Lennar Peck  
Department for Europe
- 06/19 Swedish Support to a Regional Environmental Journalism and  
Communication Programme in Eastern Africa for the Period 2002–2006**  
Birgitte Jallo, Charles Lwange-Ntale  
Department for Democracy and Social Development

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Fax: +46 (0)8 779 96 10  
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