A Summary of Abstracts
Regional Psychosocial Support Forum 2015
1-3 September, Victoria Falls, Zimbabwe

Love, Care and Protection, From Infancy to Adolescence Linking Evidence and Practice
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Love, Care and Protection, From Infancy to Adolescence
Linking Evidence and Practice
REPSSI PSS Forum
Summary of Abstracts

REPSSI has compiled this summary of the abstracts. To see the full original abstracts, please visit http://events.repssi.org/
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Infancy and Young Childhood

This track encompasses all aspects that are fundamental to the development of infants and young children. The past few years have enhanced what is known about the needs of infants, toddlers and young children, underscoring the fact that experiences and relationships in the earliest years of life play a critical role in a child’s ability to grow up healthy and ready to learn. Areas of focus in this track include any interventions that could be used to address the PSS needs of children in infancy and young childhood. This could include among others how education, health, social protection are being provided to improve the Psychosocial Support (PSS) wellbeing of infants and/or their caregivers. Other areas of interest are how the sexual and reproductive health rights of caregivers are being addressed. Submissions could also look at how PSS is being addressed in the light of disability, HIV, Ebola. Abstracts focusing on research that looked at factors which could enhance or impinge on the PSS wellbeing of infants and young children were also included.

Childhood

This track particularly looks at how the PSS needs of children could be addressed. Some of the areas that are highlighted in this track could include how the education, health and social services sector is addressing the PSS needs of children. For caregivers who are HIV positive how they are addressing the need for PSS in children, how are the gender needs for boys and girls being addressed? Other important themes for this track include how the needs of children heading households are being addressed. Research papers looking at factors which could enhance or impinge on the PSS wellbeing of children were also included.

Adolescence and Youth

This component will highlight the latest evidence that is available on developing and implementing psychosocial support interventions for adolescents (10-17years) and youth (18-24yrs). This track looks at among others interventions that are being implemented to address the needs of adolescents and youth within the health, education and social sector. Submissions in this track look at how interventions are addressing the gender needs of adolescents and youth, how disability, HIV and Ebola is affecting the PSS wellbeing of this age group. In addition submissions look at how the sexual and reproductive health rights of adolescents are being provided to safeguard their wellbeing.
Skills Building Workshop

These skills building workshops specifically seek to showcase some of the cutting edge interventions and tools that are being used in the provision of Psychosocial Support (PSS) for the above mentioned age groups. The workshops look at how to provide for PSS in emergency situations, tools/materials being used to discuss/provide PSS, disclosure and capacity building initiatives for the social service workforce e.g. PSS short courses, PSS e-learning modules and staff wellness initiatives.
Day 1:
Monday 1 September
Break away Session: 10:45 -12:30hrs

Early Childhood Development : Kalala Room

Topic 1: Psychosocial care and support from the womb through adolescence: lessons learned from Kakinga Child Development Centre (KCDC), North Kigezi Diocese-Rukungiri, Uganda

Author: Mugabe, M.A.N. (alexnathanmugabe@gmail.com)
Affiliation: Kakinga Child Development Centre, Uganda

Children in Uganda have had devastating effects from poverty, armed conflict, HIV and AIDS. Kakinga Church of Uganda started Kakinga Child Development Centre (KCDC) to address the problem. Lessons learned from previous projects revealed a need to enrol children into the project right from the womb as opposed to previous ages (5-9 years) of enrolment. As such, a child survival program targeting children right from the womb to 3 years was launched in 2010. This Child Survival Program (CSP) currently supports 45 mother-child units holistically. CSP is a maternal, new-born child health program including integrated management of childhood illnesses and Prevention of Mother to Child Transmission (PMTCT). CSP supports vulnerable pregnant women, through nutritional support, antenatal care attendance, delivery in a health facility and postnatal care attendance. CSP supports fully immunization of babies, breastfeeding for two years, appropriate and timely supplementary feeding; early socialization of infants, with childhood games organized at KCDC once a week. At the age of three, these children will be enrolled into Child Development through the Sponsorship Program, which supports 1430 children aged three years up to when they become self-sufficient, usually during adolescence or up to age 22 years. The activities under these programs are outlined, discussing the outcomes for child and maternal health.

Topic 1: Stimulating growth and development through integrated ECD approach

Author: Okoth, E.O. (esther.okoth@parentinginafrica.org)
Affiliation: Parenting in Africa Network (PAN), Kenya

Children in their early stages of development need love, sensory stimulation, healthcare, and social inclusion. Without this they can miss out on important developmental milestones that unfairly limit their potential. Over 80% of brain develops before age 3, and it is important to tailor developmental education to the child’s needs. Research conducted in 2013 by PAN outlines the first 8 years as critical in moulding the behavior of a child. Within this period children may be in early childhood development (ECD) centers. Combining ECD, health, nutrition, education, and protection interventions increase the likelihood that the child will reach her full potential. The parents, community and primary caregivers play a critical role in providing effective and responsive care. The 9 modules of PAN’s 2014 parenting guidelines, alongside an integrated ECDE model are used to ensure parental involvement in the learning and development of the children in ECD centres. In using this model, parents volunteer, on a rota basis and are involved in various activities at school. The institutions are also linked with community health workers who conduct regular checkups and administer vaccines to children. The activities and results of this program will be described in this presentation.
**Topic 3: The influence of an early childhood development program on child cognitive development**

Author: Jeronimo, A.F.B. (email: felix.jeronimo@repssi.org)
Affiliation: REPSSI, Angola

The motivation for this research is the launch by the Angolan government and its partners of an Education and Childhood Development (ECD) program for families with low income and in rural areas. This program, Children Community Program- Community Education Program (PIC-PEC), is part of a strategy to facilitate access to education and child protection. Official reports indicate that children under 5 years represented 23 per cent of the population, with 79,929 children attending ECD programs. 42,912 were from PIC-PEC and covered 54 percent of this population. However, all reports are limited to the assessment and evaluation of coverage and no evaluation has been carried to ascertain the program’s impact on child development. This study targeted a population of 263 children in the community of Graça in the Benguela province of Angola. This empirical study adopted the causal comparison method of two independent randomized samples. A total of 54 children were included in the study, aged 4.8 to 5.8 years, to find out influence of the announced ECD program into child cognitive development. The methodology also considered the program curricula and indicators measurement against international standards. Family and community profiles and assessment of children using the Raven Progressive Matrix were conducted. The statistical findings are discussed with recommendations for early stimulation and its impact on development.

**Topic 4: Exploring the link between values and the curriculum content from birth to 9 years and the role of adults in supporting and developing young children**

Author: Reddy, D. (daisred@gmail.com)
Affiliation: Department of Education, South Africa

The presentation will explore the link between mental health, moral and spiritual values and the curriculum content from birth to 9 years. The National Curriculum Framework (Birth to four years) as well as the NCS (CAPS) curriculum for Grades R to 3 focuses on these crucial aspects. In this presentation, the salient aspects in the curriculum will be highlighted to demonstrate how the building blocks or foundational values and skills are embedded in the curriculum for both the age groups and how the role-players can provide the necessary support to children. Relevant case studies will further substantiate the importance of inculcating the appropriate values and attitudes that are essential for the children’s development. Presentation handouts will be provided to all the delegates. Opportunities will be discussed for parents/practitioners to play a significant role in linking the curriculum content in their interaction with the young learners so that the intended outcome is realised - to develop confident, respectful, honest, responsible, empathic, positive, spiritual and accountable young individuals.
**Clubs: Matetsi Room**

**Topic 1: Children’s Clubs provide a valuable vehicle for reaching orphans and vulnerable children (OVC) with non-material support that benefits their mental health, build their self-esteem and develop ability to make healthy choices**

Authors: Gobba, P.M.G. & Kikoyo, L.A.K. (Lkikoyo@fhi360.org)
Affiliation: FHI 360, Tanzania

Children’s clubs (Kids’ clubs) is one of the powerful tools FHI 360 uses in Tanzania under the Pamoja Tuwalee (let’s bring them up together) Program to address the psychological wellbeing of OVC. While the program supports the OVC caretakers to care for their children, it also understands the importance of giving space to children, especially adolescents, to participate on issues concerning them. We use a combination of age-appropriate and gender-sensitive life-skills education and psychosocial support activities that build on youth’s strengths to increase self-esteem, reduce self-stigma and improve social and coping skills to enable them to handle everyday life stress and challenges. In partnership with its sister project (UJANA) and REPSSI, FHI360 under Pamoja Tuwalee program revised its children’s clubs training manual to integrate the components of youth/adolescence reproductive health and HIV/AIDS prevention in 2012. With the revised version, we trained about 315 children clubs attendants/volunteers who in turn established 170 children clubs reaching 5,417 children between 10-18 years. In 2013 we trained 412 new club attendants who in turn established 223 clubs cumulatively reaching 12,319 children. The topics in the guidelines are discussed along with the results of this intervention, with recommendations for active child participation in issues affecting their lives.

**Topic 2: Adolescent Youth Helped By Other Children to Build Their Resilience**

Author: A Mazuze
Utomi Project, Mozambique

**Topic 3: (Re)building resilience through the model of child-led organizations**

Author: Madoerin, K. (kurt.madoerin@repssi.org)
Affiliation: REPSSI, South Africa

Fifteen years of experience in two NGO’s with an organizational model based on children’s participation as an intervention strategy has shown evidence of the improvement of the psycho-social wellbeing of the participants. An evaluation has confirmed the intended impact of reducing stressors, strengthening and supporting the use of existing protective factors, broadening the coping alternatives and strengthening/opening future perspectives (Julia Bala). 1500 children and youth (age 6-18 years) have formed 220 groups based on the neighbourhood” principle. Once per month representatives of the groups meet in the “cluster meeting” and report about their activities and their plans for the coming months. They deposit a small amount of money in their group saving account. Kwa Wazee supports the groups with training in agriculture and animal keeping, self-defence (girls), “Peace is a Decision” (boys), leadership, and payment of school fees. Youth facilitators are selected from the groups and trained. An impact evaluation by Glynis Clatcherty and Prof. David Donald using project and control groups (quantitative sample: 276 children, qualitative sample: 120 children) defined seven indicators: social support network, emotional stress, self-confidence, future orientation, survival knowledge (HIV/
AIDS), income generation, and coping skills. Additionally two non-comparative data were considered: life changes and community perception. The evidence-based findings are discussed in relation to two theoretical approaches, with implications for programming.

Topic 4: Kids And Youth Clubs are effective platforms for meeting the psychosocial care and support needs for the most vulnerable children in Tanzania: Africare’s experience in Central Zone of Tanzania

Authors: Ng’wanangwa, D. (dngwanangwa@africare.org); Mdemu, A.; Shao, C. & Mugumya, H.
Affiliation: Africare, Tanzania

Africare is implementing the USAID five-year Pamoja Tuwalee Orphans and Vulnerable Children (OVC) program in the Central Zone of Tanzania. The overall goal of Pamoja Tuwalee OVC is to improve the wellbeing of Most Vulnerable Children (MVC) and their caretakers using sustainable approaches. With technical support from REPSSI and UMATI Tanzania, Africare strengthens Kids/Youth club members as vital platform for children (MVC and non MVC) for peer led psychosocial support, access to sexual, reproductive health services and rights, and increasing awareness on gender based violence (GBV) and violence against children (VAC). Africare and REPSSI train the selected school teachers as Matrons and Patrons, sub grantees’ Social Welfare Officers and Community Volunteers. These roleplayers are trained in the formation of clubs and roles of Matrons and Patrons and monitoring. Africare and REPSSI, through supportive supervision, conduct onsite training and refresher training based on identified gaps and emerged training needs. Africare and UMATI provides referral to youth to access youth-friendly sexual and reproductive health services at health facilities. The trained Matrons and Patrons use a participatory approach such as the Zinduka Model, along with songs and sports to enable kids/youth to identify and prevent risks for HIV/STIs infection and seek reproductive health services. The results of training with 436 school teachers on formation of Kids/Youth clubs, peer to peer support, child protection, monitoring and reporting and the formation of 602 active Kids/ Youth Clubs are discussed, with recommendations for this approach.

Break away Session: 10:45-12:30hrs

Adolescents Living with HIV: Kazuma Room

Topic 1: The Hero Book: responding to the adolescents living with HIV need for a platform to express themselves

Author: Chirimambowa, T. (tchirimambowa@mmpztrust.org)
Affiliation: Million Memory Project Zimbabwe Trust

Adolescents living with HIV, more often than not, face multiple challenges, including loss of parents, illness of parents, being moved from their place of residence, losing their social network and being thrust into a new and unfamiliar environment. Their situation is further compounded by the dearth of information on why they find themselves in that medical condition. As a result, many adolescents living with HIV are seething with bottled up anger which may manifest as non adherence to medication and suicidal tendencies. Most health facilities, families and other interfaces with adolescents are not
equipped with knowledge and skills to assist the adolescents to express themselves and thus struggle to get the cooperation of the adolescents in their programs. Hero Book writing activities at the health care facility, schools and at homes assist the adolescents find the much needed physical and psychological space to express themselves emotionally, while assisting the service providers/supporters to gain insight into what could impede the taking of medication and ultimately the psychosocial wellbeing of the adolescent. This presentation describes the Million Memory Project Zimbabwe Trust (MMPZT) which promotes the use of the Hero Book to reach out to adolescents living with HIV in Bulawayo, Zimbabwe, through facilitating a platform for the adolescents to narrate their lived experiences in a comfortable, safe and supportive environment.

**Topic 2: Using a randomized control trial to test the effectiveness of memory work therapy for HIV-positive orphaned children**

Authors: Miti, E.J. (mitjosjim@yahoo.com) & Harding, R.
Affiliation: Uzima Project, Tanzania & Kings College, London

The trial was aimed at determining whether a one week Memory Work Therapy (MWT) intervention improved the outcome for fully orphaned children (complex population) on ART treatment, in terms of their self esteem, coping and psychosocial wellbeing compared to standard care. REPSSI’s Memory Work, Tree of Life, and Hero Book resources were used.

All the children found the group very helpful citing a variety of reasons. As much as MWT is meant to be beneficial to the participants, the children, however, give some personal and specific benefits because of taking part in MWT. This included the realization of the importance of their caregivers, how living with AIDS is not so much a problem as a challenge, and the important role that MWT plays as a support group with a focus on improving their self esteem.

This presentation will discuss the outcomes of a randomized control trial of 24 young people on Strengths and Difficulties Questionnaire and a their self efficacy.

**Topic 3: The Youth Link, a service delivery model in addressing adolescent HIV/AIDS services**: TASO Mbale Experience

Authors: Aanyu, C. (caanyu@yahoo.com); Logose, B.; Babirye, J. & Tebigwa, B.
Affiliation: The AIDS Support Organization (TASO) Uganda, Uganda

The highest proportion of new HIV cases occurs between the ages of 14-31 years (Uganda AIDS Commission Report, 2011). Adolescents are becoming sexually active at a young age thus increasing the risk of HIV amongst this group. This does not depict the real magnitude of the infection as most of the adolescents are unwilling to seek medical care and HIV Counselling Testing (HCT). Although the global commitment to control and prevent the HIV/AIDS epidemic increased significantly, the models of service delivery to the adolescents are still a challenge. This study aimed to explore the impact of the Youth Link as a model on the uptake of HIV/AIDS services by the adolescents. TASO Mbale started a Youth Link in 2013 operating it alongside the pediatric and adult clinics. The Youth Link is a special designated space containing IEC materials, television and registers. Both HIV positive and negative adolescents, (10-24) access the Youth Link where they are able to receive counseling, HCT,
referral services, peer education, adherence counseling for those on ART, testimony sharing, playing both indoor and outside games. The Youth Link is supervised by trained personnel, attended to by their fellow adolescent and a representative at the Client Council. The lessons learned in implementing this program with 680 young people are shared, with suggestions for appropriate models that are friendly in enabling adolescents to access HIV/AIDS services.

**Topic 4: Barriers to engagement in HIV care among young women participating in an HIV intervention**

Authors: Ritchwood, T.D. (ritchwoo@email.unc.edu); Cholera, R.; & Pettifor, A.
Affiliation: CHER, USA

The HIV epidemic in South Africa is driven by high incidence among young people, with young women being at significantly greater risk for infection than their male counterparts. Though a proportion of young women undergo HIV testing and are aware of their infection status, many do not engage in care until their CD4 counts are well below the eligibility threshold for anti-retroviral therapy (ART). The purpose of the current study is to identify barriers to engagement in HIV care among young South African women recruited to participate in a HIV prevention program. HIV treatment and prevention programs aim to ensure prompt enrollment in comprehensive care prior to ART, and initiation of ART immediately upon eligibility. Loss to care can occur at any stage along this engagement in care continuum. Considering that adolescents undergo unique psychosocial changes that often conflict with the demands of managing a chronic illness such as HIV, it is critical that we understand barriers to care engagement to facilitate the development of socio-structural interventions during this critical developmental time period. This cohort study is embedded in an ongoing randomized controlled trial among nearly 3,000 young women that examines the use of cash transfers conditional on school attendance to reduce a young woman’s risk of acquiring HIV. The current study describes barriers identified by approximately 60 HIV-positive young women in rural South Africa. Implications and future directions are discussed.

**Skills Building Workshop 1: Pagota Room**

**Supporting the integration of early childhood development (ECD) within HIV/health platforms for children under five years**

Author: Senefeld, S. (Shannon.Senefeld@4-children.org)
Affiliation: 4Children / CRS, USA

A growing evidence base has demonstrated the positive impact of early childhood development (ECD) on the health, wellbeing and educational attainment of children throughout their life cycle. Recent research has illustrated that ECD programs also serve as a critical entry point for reaching children affected by or living with HIV and building linkages with caregivers and health clinics.

The 1.5 hour session will have three main learning objectives, including:

1. A better understanding of the current evidence base illustrating the benefits of ECD interventions on child wellbeing especially in HIV impacted contexts.
2. Increased knowledge about existing promising practices of ECD interventions integrated within HIV/health platforms for children from case studies that will be presented.
3. Exposure to the first draft of guidance on integration of ECD interventions into HIV and health platforms developed by 4Children. This will also provide the session organizers with the opportunity to collect information on new and emerging promising practices of ECD integration provided by session participants.

Shannon Senefeld, 4Children Project Director, will engage as lead organizer and facilitator and identify panelists for the session.

The session will include the following:

- A brief overview (15 minutes) of the key findings related to the existing evidence base around ECD in general and the impact on child wellbeing when ECD is integrated into HIV and health platforms, specifically.
- Presentation of the findings from the draft guidance on ECD and health/HIV programming including examples of case studies where ECD is integrated into HIV and health programming as well as important successes, lessons learned and outcomes for children and caregivers (30 minutes).
- Discussion either in plenary or in small group work (topics and activities TBD once participation by other organizations is confirmed) (30 minutes)
- Q & A (15 minutes)

**Skills Building Workshop 2: Kalundu room**

**Enhancing community capacity to care for children and adolescents**

Authors: Hlela, Z., Thabethe, N. & Mitchell, C.J (mitchellc@ukzn.ac.za)
Affiliations: University of KwaZulu-Natal, South Africa

The workshop will begin by contextualising how we have come to have vulnerable children in Africa. Drawing on a post-colonial approach, participants will be asked to consider how child rearing in Africa has changed. They will examine what practices existed previously, what has been lost or retained and how healthy and positive practices can be revived. It will then move on to considering the importance of a community-based approach, i.e. developing bridges between development and local imperatives. Bronfenbrenner’s Systemic Theory will be utilised to introduce the notion of the child existing in a number of interacting contexts. The impacts of poverty and disease on these contexts will be considered at different levels. The importance and value of local knowledge will be emphasised. Approaches to community development and capacity building will be introduced. The needs based, assets based, and radical approach will be debated for their various merits in different contexts. Participatory tools for working with communities will be demonstrated, and participants will have an opportunity to experience some of these tools including: social mapping, ranking, Venn diagrams, street drama and pictures. Case examples will be used to demonstrate the principles that the workshop is trying to promote.

**Skills Building Workshop 3: Gwayi Room**

**EMS and Indicators of change in Schools MIET**
Break Away Session: 13:30-15:00hrs

Caregivers: Kalala Room

Topic 1: Caregiver perspectives on psychosocial support programming for orphans and vulnerable children in South Africa: a non-governmental organization case study

Authors: Cherie Martin, C.L.M. (cheirelmartin@gmail.com) & Dr. Lauchlan Munro
Affiliation: University of Ottawa, Canada

In 2011 there were an estimated 3.9 million orphaned children in South Africa, many of them orphaned by HIV/AIDS. These children are at high risk for developing psychosocial and mental health problems. The National Strategy for the care of orphans and other vulnerable children (OVCs) recognizes the importance of psychosocial support but there are few specific guidelines on best practice and little research on the effectiveness of different forms of psychosocial support programs. There is even less research capturing the perspectives of front-line staff and caregivers. This master’s thesis project conducted a case study of an NGO that provides foster care for OVCs in the Western Cape of South Africa. Semi-structured interviews were carried out with 14 foster mothers, four social workers and one administrator. Interviews explored the experiences, opinions and concerns of participants regarding psychosocial support and the respondents’ views on the (1) main challenges they face in providing psychosocial support (2) what they see as the most effective forms of support and (3) their recommendations for policy changes. Responses highlighted the psychosocial challenges faced by OVCs, those caring for children, and program staff. The research findings are compared with existing literature on psychosocial support for orphaned, and vulnerable children. An analysis of the participant responses identified several areas that warrant further investigation for future policy and program development.

Topic 2: An exploratory descriptive study of the health needs of older people as carers in urban communities of Kafue District in Zambia

Author: Chikuta, S.M. (sebchikuta@yahoo.co.uk)
Affiliation: Social Workers’ Association of Zambia (SWAZ), Zambia

This was a qualitative study to answer the question, ‘What are the health needs of older people who are carers of orphaned children, sick sons and daughters, and other family members in urban communities of Kafue District in Zambia?’ The wellbeing of carers for children and youth is very critical as it has greater impact on their wellbeing. To answer this question, in-depth interviews with 16 older carers aged 60–70 were conducted, recorded and transcribed. The researcher applied thematic analysis of data to draw and connect themes. The results from the study brought out useful insights into the health needs of older carers and their coping as well as support mechanisms. Older carers interpret their health needs in terms of physical, socio-economic and mental health problems. Ways of coping include livelihood activities, developing health seeking behaviour, spiritual support and accessing pensions, while support was more from informal sources than formal. However, formal support is inadequate and government needs to increase this type of support for older carers. Further recommendations are made to begin addressing some of the issues raised by older carers.
Topic 3: Improving social connectedness in community systems through circles of support for caregivers: programming lessons

Author: Jayakody, M.S. (menaka@nacosa.org.za)
Affiliation: Networking HIV/AIDs Community of South Africa, South Africa (NACOSA)

South African HIV/AIDS networking organisation, NACOSA runs a community systems strengthening program for orphans and vulnerable children and their families. The program provides direct support to children and their families and facilitation of community dialogues and circles of care and support with caregivers to create awareness, action and change for children, their caregivers and the community. Social isolation is a contributor and consequence of poverty and through social connectedness the program aims to alleviate social isolation in vulnerable children and their caregivers in the communities identified. NACOSA and Synergos, conducted a training of trainers and developed a monitoring and evaluation plan. Five trainings were conducted with care workers and community leaders in five provinces in South Africa and the trained participants conducted specific circle of support session focused on social connectedness and integrated social connectedness in the existing circles of support sessions. Reflection sessions and an evaluation process with partners, trainers, program participants and staff were also conducted. The results of this evaluation are presented with recommendations for improving social connectedness in caregivers and children.

Topic 4: Improving the PSS wellbeing of caregivers through HIV sensitive social protection

Author: Lackey D
Affiliation: HelpAge International Kenya

Disability: Kalundu Room

Topic 1: A systematic review of early onset Bipolar Disorder in children aged six to eighteen years

Authors: Jones, C.1 (caitlyn@earlyinspiration.co.za) & Geyer, T.2
Affiliation: 1Early Inspiration, South Africa; 2NMMU, South Africa

The increased number in children diagnosed with bipolar disorder has multiplied exponentially since the mid 1900’s. A lack of understanding and clarification of this disorder in children has resulted in major controversy. Symptom presentation is notably harder to recognise, and therefore the disorder much more complicated to diagnose in cases that have an atypical onset in childhood. Early Onset Bipolar Disorder can cause major distress in a child’s life, which in turn can impact the child’s overall development if undiagnosed. Research into this area of focus in South Africa is extremely limited, and to date there have been no systematic reviews on this topic, thereby motivating a need for this study. This presentation summarizes findings from a systematic review of childhood bipolar disorder in children between the ages of six and 18 years, using international and national literature published between 2002 and 2012. Both quantitative and qualitative data were used to ensure validity and credibility of the review. Data collection included the following sources: internet, electronic databases, journal articles, research theses and books. Findings are discussed with further recommendations for research on this topic in South Africa.
Topic 2: Care, love and support for a child with multiple disabilities: a mother’s story

Authors: Ndebele, R. (ndebele64@gmail.com); Ndebele, R.; Bobo, N.; Bobo, N. & Nyati, C.
Affiliation: Zimbabwe Open University Mat. South Region, Zimbabwe

My child, Kiitumetsi has multiple disabilities. He was diagnosed to be presenting with Down’s syndrome at four months of age, including a congenital heart defect. This caused a delay in his milestones. Though this was a traumatic experience, it gave me and his siblings resilience and made me love my son even more. The psychosocial support and counselling I got from Doctors; hospital staff; friends and family members prepared me for my child’s illness and made me stronger. This was different though when it came to my in-laws, as culturally, disabilities are not easily acceptable. My son, now seventeen, hears well; is mute; cannot sign, write his name or read. He is at a very expensive special school. He had started schooling at three with this having been recommended by psychologists. Visits to witchdoctors and faith-based healers were not spared in my child’s life.

Little has been done in terms of research in the area of multiple disabilities. In this study a qualitative narrative was carried out with the parent giving her story, with narrative analysis. Results relating to support and resilience are shared, with consideration to multi-disciplinary efforts to care holistically for a family living with a disabled child.

Topic 4: An assessment of psychosocial services offered to children with physical disability in African Inland Church, child care centre, Kajiado County, Kenya

Author: Kimemia, B. (brendawaithira@gmail.com)

Physically handicapped children are likely to have more psychosocial needs and challenges due to their physical needs and challenges from other children (Aslam 2013, Franzen, 1990 & Gitonga 2011). However, there is limited information about the psychosocial services offered to meet psychosocial needs of children with physical disability. The researcher aimed to assess the psychosocial services offered within African Inland Church, Child Care Centre within Kajiado County in Kenya. The psychosocial services were classified according to the four levels of IASC psychosocial interventions (WHO, 2012). These are basic services and security, community and family supports, focused, non specialized services and specialized services. A census of all the children was done while 9 purposively selected caregivers partipated in the study. The tools used included focus group discussions, service observation checklist, questionnaire and semi-structured interviews. Ethical approval was obtained from Daystar University and the government. Informed consent was given by the director and assent was given by the children participating in the study. Qualitative data was analzed using emerging themes while quantitative data was obtained from the questionnaire was analyzed using SPSS 17.0 and presented in tables and figures. The results are presented with discussion on the adequacy of psychosocial services in assuring the psychosocial competence of children with disabilities, with recommendations for community programming.
Adolescent and Youth: Kazuma Room

Topic 1: Infusing 'Ubuntu' principles to develop well-functioning adolescents and youth: a plausible solution for African communities

Authors: Buthelezi, N.P.A.1( buthelezin@ukzn.ac.za) & Makhonza, L.O.2
Affiliation: 1University of KwaZulu-Natal, South Africa; 2University of Zululand, South Africa

Human existence that is embedded in humane and meaningful values enhance endurance and psychological wellbeing for people faced with adversities. Africa has a deep heritage of philosophies and values that promote a sense of purpose. It seems that some of the traditional African cultural values have been lost and distorted, yet these values can provide solutions for the challenges faced by the adolescents and youth in Africa. This paper seeks to explore how the principles of Ubuntu can be used to promote democracy, collaboration, decision making and active participation in social environments in order to nurture and protect the adolescents and youth. It is argued that the adolescents and youth who are brought up in communal environments that prioritise Ubuntu as a philosophy and a way of life, provide a fertile ground to model care and love. Although there are diverse views on the core principles of Ubuntu, there is sufficient consensus in literature that when these principles are fostered or evoked in different environments, they enhance better human relations, create a sense of belonging and can even improve the productivity amongst other factors. The benefits of Ubuntu principles for adolescents and youth are discussed, with recommendations to re-engineer the Ubuntu principles in families and communities where values of Ubuntu have been lost.

Topic 2: Psychosocial support model in addressing the needs of adolescents working in the informal sector in Kampala, Uganda

Author: Tracy, J.A. (jalum@africarenewaluniversity.org)
Affiliation: Africa Renewal University, Uganda

One hundred and twenty nine child vendors from Kampala took part in this cross sectional study. The majority were from child-headed households; some were children affected by HIV/AIDS. This study used both qualitative and quantitative methods that assessed the challenges encountered by child vendors in the informal sector. Data collected here showed that while working in the market places, adolescents are exposed to challenges of the market vendors’ lifestyle that includes sexual exploitation that might lead to HIV/AIDS, early pregnancies, unpaid work, inaccessibility to medical care, and high school drop-out (Kajubi, et al, 2010). In response to the overwhelming needs of adolescents in the informal sector, the Market Vendors AIDS project (MAVAP) piloted the Orphans and Vulnerable Children (OVC) program in four markets of St Balikuddembe, Parkyard, Nakasero, and Nakawa. The OVC program focused on the psychosocial support model to address the psychosocial challenges faced by adolescents working in the markets. There were different approaches adopted toward achieving psychosocial support. This presentation will highlight factors that encouraged adolescents to work in the informal sector, psychosocial challenges they encountered, the psychosocial support model used in the case study of the MAVAP, and the role of social workers in providing effective psychosocial services.
Topic 3: Enhancing psychosocial support through positive youth development: narratives from orphans in Zimbabwe.

Author: Mutambara, J. (juliamutambara@gmail.com)
Affiliation: Midlands State University, Zimbabwe

As a result of the AIDS pandemic, a significant number of youth have lost their parents. They are usually left with caregivers, and in Zimbabwe, these are usually people from the extended family. Many studies have focused on orphanhood challenges in line with the deficit model. Research in the past years has however, challenged a dominant stereotype of youth as carriers of risk and focused instead on their strengths and potential. This phenomenological study which explores positive youth development among orphans in the late adolescent period in Zimbabwe. Data were collected from a purposive sample of 22 adolescents (16-19 years). In-depth interviews focusing on positive aspects of the youth’s development were carried out at the premises of an NGO that provided them with food, school fees and other material needs. Data were thematically analysed. Results suggested that the participants experienced positive development in the following areas: i) relationship with caregivers; ii) interaction with peers in spiritual issues; iii) resilience as a result of their experiences. Recommendations are discussed for psychosocial support programs focusing on positive youth development to enhance the wellbeing of orphans in Zimbabwe.

Skills Building Workshop 1: Pagota Room

How to use Trigger Videos (with examples)

Author: Steinitz, L. (Lucy.Steinitz@crs.org); Odoy, S.
Affiliation: Catholic Relief Services (CRS), USA

With ever-easier access to YouTube and other short videos that can be shown on screens or mobile phones, community-based staff and volunteers have a new set of tools to use for training, prevention-education, in-home and small group discussions. But how do you choose which types of videos to use and how do you maximize their potential benefit? How do you avoid possible negative effects and lead a fruitful discussion after the video? The co-facilitators of this workshop will address these factors and then show four excellent but very different films of 4-7 minutes each, after which participants will apply their newly acquired screening tools and also discuss the content of these films in relation to the psychosocial support of children. The first video is called “Brain Builders” and is by the Alberta Family Wellness Initiative, produced in Canada. It summarizes brain science and early childhood development. The second video is called “Signs of Hope for a Forgotten Community in Afghanistan” and describes CRS work in Afghanistan with a school for children with hearing impairment. Video 3, “Ebola: A Poem for the Living” is by United Methodist Communications. Video 4 is called “Connect the Dots: A Child Protection Model from Malawi”, produced by Catholic Relief Services. In this workshop participants will be encouraged to share their own experience of using short films to trigger discussions, including lessons learned and recommendations to others.
**Skills Building Workshop 2: Matetsi Room**

**Schools as unique and powerful enabling environments for childhood social and emotional learning**

Author: Kluckow, M. (markkluckow@gmail.com)
Affiliation: Consultant, Zimbabwe

The workshop aims to define and explore what social and emotional learning (SEL) is and why schools are uniquely and powerfully positioned to implement life changing SEL programs. It will expose participants to cutting-edge research and evidence-based tools for integrating SEL into and across the expanded school setting, engaging with creative experiential learning techniques for delivering SEL to children and youth in a school setting. SEL is the process through which children and youth acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions [1]. SEL focuses on five core competencies that all children need: self-awareness, self-management, relationship skills and responsible decision making. Experiential learning is used to encourage the learner to play an active role in their learning. When children’s core social and emotional competencies are addressed in the school setting, and this learning is facilitated and reinforced through creative experiential opportunities, they have their best chance for growth and change. This workshop will introduce participants to simple reproducible techniques and tools for doing this.


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**Break Away Session: 15:30 to 1700hrs**

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**Child Protection: Kazuma Room**

**Topic 1: Exposure to violence and psychological well-being in children affected by HIV/AIDS in South Africa and Malawi**

Authors: Skeen, S.1 (skeen@sun.ac.za); Macedo, A.2; Tomlinson, M.1 & Sherr, L.2
Affiliation: 1Stellenbosch University, South Africa; 2UCL, South Africa

Freedom from experiencing and witnessing violence is fundamental to the human rights of children. Many risk factors for violence against children are particularly prevalent in HIV-affected families and communities. However, there is little research available investigating the relationship between violence exposure and mental health outcomes of these children in Southern Africa. Furthermore all most all the research that currently exists focuses almost exclusively on adolescents. This study assessed the relationship between different forms of violence and mental health status among children aged 4-13 years affected by HIV/AIDS, attending community-based organisations (CBOs) in South Africa and Malawi. From a list of 524 CBOs supported by project partners in the two countries, 28 were randomly selected for participation in the study. At each organisation, a consecutive sample of 30-40 children attending the program was recruited and interviewed along with their primary carer. The results revealed that interpersonal violence in the home predicted depression, trauma symptoms, lower
self-esteem and internalizing and externalizing behavioural problems, while exposure to community violence predicted trauma symptoms and behavioural problems. Harsh physical discipline predicted lower self-esteem and behavioural problems. Exposure to home and community violence predicted risk behaviour. Conclusions are drawn on integrating violence prevention work into community-based programs in order to improve psychosocial well-being in HIV-affected children.

**Topic 2: Domestic violence and the boy child in Botswana: an unanswered cry for psychosocial support**

Authors: Sinkamba, R.P. (refilwe.sinkamba@mopipi.ub.bw) & Jacques, G.
Affiliations: Social Work Department, University of Botswana

Domestic violence is a serious social problem that has the propensity to affect every segment of the population. It robs children of their sense of personal safety, since it is perpetrated by someone they know and to whom they may feel close. While systemic responses are primarily targeted at adult survivors/victims of abuse, increased attention is now being focused on children who witness and/or are involved in domestic violence. Interventions have been concentrating on women and girls while neglecting, to some extent, the situational needs of boys. There is, particularly, a paucity of information on domestic violence and its effect on boys in Botswana. The paper explores experiences of domestic violence from the viewpoint of the boy child in the town of Selibe Phikwe and is based on a review of both primary and secondary data. Self-administered questionnaires were used to collect data in two schools. Existing literature is compared with the findings in this study, utilizing social learning theory to discuss whether the boys may themselves become abusive as a result of the abuse sustained by them. The implications of these findings for social work practice, research, and policy regarding domestic violence and the boy child in Botswana are highlighted.

**Topic 3: Running a government led child helpline; a case for Uganda**

Authors: Kaboggoza, J.S. (kaboggozass@gmail.com) & Rubarema, A.
Affiliation: Ministry of Gender, Labour and Social Development, Uganda

The Government of Uganda has established a government-led child helpline now covering the whole country and being supported by government, private sector and civil society organizations. It is not easy to create such an important and sensitive child protection tool led by Government and supported by different partners both civil and private. This presentation documents the various steps that have been taken since inception to establish the government-led child helpline. It outlines the various methodologies used to make the helpline work with other partners, especially the private sector and the other government ministries involved in the protection of children from all forms of abuse and neglect. The presentation explores the successes and challenges which are being found in building a stronger, more efficient and effective child helpline. Emerging issues relating to child protection and technical challenges implementing this system are also discussed.

**Topic 4: An E-Solution to case management and referrals in child protection: a case study of the Child Helpline 116 in Kenya**

Author: Sunda, M.K. (martha.sunda@childlinekenya.co.ke)
Affiliation: Childline Kenya, Kenya
Child Helplines are a medium of reporting child related concerns and a key entry point into the child protection system. Because of the dynamic nature of technological media it is critical for helplines to have an effective and efficient process from the time a case involving a child is reported to its logical conclusion. This is the case management process and should take into account the best interest of the child at all stages, with the ultimate goal of nurturing and encouraging the child’s happiness, security, mental health, and emotional development in the process of supporting and engaging with them (FindLaw, 2013). Childline Kenya has set up a digital case management and referral system that aims at virtually managing and referring cases to all the 47 Counties in Kenya in a more efficient and cost effective way. This system makes it possible for the County Coordinator of Children Services to receive cases from their areas of jurisdiction and be able to respond to the cases immediately. The most important aspect of the e-devolution is for the helpline to refer cases from a particular county to the relevant contact person for follow up and action without a physical meeting. This paper will share Childline Kenya's experiences in digitalizing psychosocial support as part of Kenya’s systems strengthening efforts, with recommendations for effective coordination of child protection efforts.

**Parenting : Kalala Room**

**Topic 1: Positive Parenting and Psychosocial Support to caregivers of young children in Tanzania: the THRIVE programme**
Authors: Ferla J.P.F Catholic Relief Commission

**Topic 2: Impact evaluation of sustainable comprehensive responses for vulnerable children and their families (SCORE’s) parenting skills training on caregiver knowledge, caregiver behavior, and child wellbeing**
Authors: Larok, R.; Agaba, A. (alfred.agaba@avsi.org); Lowicki- Zucca, M. & Schneider, O. Affiliation: AVSI Foundation, Uganda

SCORE is a large multi-year USAID-funded project that reaches over 25,000 vulnerable children households throughout Uganda with the goal of reducing their vulnerability. The Parenting Skills Training is an initiative under SCORE which teaches parent-child communication, parent responsibilities, and positive discipline. Based on the parenting styles established by Diana Baumrind (1967), the training promotes authoritative parenting, which involves warm nurturance, firm discipline, and respect for child autonomy. The study hypothesized that by teaching positive, authoritative parenting practices to SCORE’s beneficiary caregivers, the training would increase their parenting knowledge, and result in positive behavior changes, which would subsequently lead to improved child wellbeing. The research was designed as a controlled pre and post training study, in which baseline and endline surveys were administered to treatment and control groups. The study sample is 654 SCORE beneficiaries (341 treatment, 313 control). The results are discussed in terms of improvements in parent knowledge, increase in authoritative behaviour, decrease in authoritarian and permissive behaviour and corporal punishment. The impacts on children’s school attendance, child labor, substance abuse or health seeking behavior, social, emotional and behavioural problems, and child psychosocial wellbeing are presented. Conclusions are drawn regarding the impact of the training on caregiver knowledge, caregiver behavior, and children’s psychosocial wellbeing and evidence for the ability of parenting education programs to strengthen households, improve child wellbeing, and support their psychosocial welfare.
**Topic 2: Skilful parenting as a means of strengthening child protection and psychosocial well-being**

Author: Banda, T. (tomaida2002@yahoo.co.uk)
Affiliation: Firelight, USA

Violence against children by parents/caregivers is a serious problem in Tanzania and Kenya. This can be attributed to tolerant attitudes towards corporal punishment, stresses experienced by parents due to illness, poverty and urbanization. Parents feel overwhelmed raising their children. ICS has developed the Skilful Parenting Program to support parents/caregivers to be aware and positive about their role to meet their children’s developmental, growth, and safety needs. The program reinforces positive parenting practices and empowers parents to address the challenges they face in bringing up their children. It is embedded in an agribusiness program that works with farmer groups on increased food production and household income to mitigate poverty as a cause of stress and conflict. The implementation of the program involves weekly sessions with farmer’s groups, establishment of parent support groups, and awareness raising amongst authorities and communities. Facilitators train parents using modules that cover family relations, communication, child protection, roles and responsibilities, values, discipline, self esteem and budgeting. ICS sensitizes parents/caregivers through community debates, dialogues, radio talk shows, road shows and theatre edutainment. ICS works closely with key stakeholders through linking and learning activities. The results of ICS that worked with 26,272 parents/caregivers and 71 community educators are discussed, with suggestions for quality parent support programming to build an enabling environment where parents respect, protect, and fulfil children’s rights and psychosocial well-being.

**Topic 4: Parenting skills training at family and community levels supports children's PSS needs**

Authors: Lovick, L.B. (llovick@fhi360.org); Ndapassoa, A.P.; Mondle, A.R.; João, G.G. & Oliveras, E.
Affiliation: FHI 360, Mozambique

FHI 360 implements the USAID Community Care Program (CCP) in 7 provinces in Mozambique, through a variety of community based organizations who supervise trained community activistas to provide holistic care and support for OVC, PLHIV, pre- and post-partum women, and their families. CCP is a highly integrated and whole-family-approach project, providing psychosocial support directly during home visits and in Children’s Clubs, and a myriad of referrals to needed social and clinical services, determined by intake assessment and ensuing care plans. CCP reviewed several parenting skills curricula and developed a basic flip chart calibrated to the educational level of the majority semi-rural project target population. CCP partnered with the Ministry of Gender, Children and Social Action to select and distill key parenting skills messages including child rights and protection, managing one’s emotions and helping children with problems, basic hygiene and nutrition, HIV prevention, and accessing services. The primary platform for parenting skills delivery is the project’s Village Savings & Loan groups, followed by homes, other community entities such as Mother to Mother groups, HIV treatment groups, child protection committees, and customary gatherings. Activistas and local social services staff are trained on parenting skills delivery, assuring sustainability. The results are discussed from work with more than 38,000 persons received parenting skills training. Conclusions are drawn about the potential of this approach to empower parents to best understand, support, protect, and advocate for the children in their care.
**Children’s Programs: Kalundu Room**

**Topic 1: Creating meaningful social connectedness and building resilience through child and youth care workers for children**

Author: Ogawa, M. (mogawa@synergos.org)
Affiliation: Synergos Institute, South Africa

Synergos - South Africa, in collaboration with Kim Samuel, the Samuel Family Foundation and several other organisations, have developed and advanced the Social Connectedness Program to examine and address chronic isolation as it relates to children and youth in the context of poverty. The Social Connectedness Program rests on the premise that the well-being of children and adults alike depends on fulfilling relationships and secure bonds with others. Adverse circumstances can all break these vital connections and lead to social isolation. The presentation will also focus on collaborations for impactful results through working with Oxford University’s Poverty and Human Development Initiative, Nelson Mandela Children’s Fund (NMCF) and the Foundation for Community Development (FDC) in Mozambique on research and to influence practice, program and policy through working with Regional Psychosocial Support Initiative (REPSSI), Networking HIV/AIDS Community of South Africa (NACOSA), City Year and Joburg Child Welfare. We will also use the opportunity to present on the REPSSI partnership in the form of the Social Connectedness Journey of Life Toolkit at the pre-forum Skills Building Workshop. The presenter will share how social isolation is especially harmful when it is chronic; that is, when it endures over a long time. The role of practitioners in building social connectedness is explored. The presentation will also focus on the key aspects and outcomes of the Social Connectedness Program, highlighting practices to identify, mitigate, prevent and address isolation, informing and influencing public policy impacting this problem.

**Topic 2: What’s out there? How can children needing alternative care best receive love and care?**

Author: Steinitz, L. (Lucy.Steinitz@crs.org)
Affiliation: Catholic Relief Services (CRS), USA

We often think of a continuum of care ranging from family-of-origin (usually the best) to institutionalized care (usually the worst). But even as we accept this as a basic truth, the reality is far more complex - with many overlapping in-between options that should also be considered. We are all familiar with horrific stories about the experience of children in alternate care, despite the standards, safeguards and support-systems that should be in place to ensure that these children are protected from harm, can access quality-based services, and are actively assisted to reach their full potential. What can be done to help these children succeed? This presentation is not likely to provide new information per se; rather it is intended to provoke forum participants into thinking a little differently - more broadly and more holistically - about the different care options that currently exist for children, from infancy to adolescence. Special attention will be paid to the role of faith-based organizations, inter-country adoption, and various ways to strengthen families so that alternative care isn’t needed in the first place.

**Topic 3: The Journey of Life as PSS Tool for OVC Support**

Kanje D
Project Concern international, Botswana
Topic 4: Effectiveness of using multi-sectoral and holistic approach in improving psychosocial support case study in Hai district in the Kilimanjaro region

Author: Shao, V. (kinshai@gmail.com)
Affiliation: KINSHAI, Tanzania

KINSHAI has more than 13 years experience providing psychosocial support services to orphans and elderly affected and infected by HIV/AIDS. They promote multi-sector collaboration in working with marginalized groups in the region. The biggest project implemented by KINSHAI was the Global Fund Most Vulnerable Children project, 2008-2011. This project targeted most vulnerable children from i) HIV/AIDS affected or infected families ii) children from poor families and, iii) other underprivileged children like those exposed to exploitation, abuse, separation, single parent children and other issues that put children at risk. Starting with a project introduction, reflections and feedback meetings from village to district levels were conducted by involving different actors supporting children. Verification of most vulnerable children and provision of services involved KINSHAI members, village children's committees, health and social welfare departments. House to house visits involved asking questions to parents, guardians and children to see whether services allocated by village general meetings were in the interest of the child. Psychosocial support services rendered included: training of care takers, community leaders and other stakeholders on child support; provision of sports equipment; educational support; nutrition and food supplements for under five year olds; shelter; health services; PSS trainings; introduction of a self-worth program; advocating for children's legal rights; and making of referrals. The results of the program with 5,500 most vunerable children are discussed.

Skills Builing Workshop 1: Pogota

Promoting intentional linkages between HIV programming for children and child protection system strengthening

Author: Bunkers, K. (Kelley.Bunkers@crs.org)
Affiliation: 4Children, USA

The session will be a follow up to the 2013 PSS Forum where the 2013 UNICEF, IATT, World Vision document Building Protection and Resilience was presented. This session will use the recently launched follow-up report Prevent and Protect as a framework for the session. Within this framework, the session will incorporate initial findings related to the 4Children supported work of developing guidance on case management and referral mechanisms including case examples of promising practices of OVC implementing partners from the field.

The session will have three main learning objectives, including:

1. A better understanding of what the evidence says in terms of the way that HIV impacts child protection risks in children and how child protection issues can increase vulnerability towards and risk of HIV in children.
2. Understanding of the unique issues faced by girls and boys of different age groups.
3. Increased knowledge about existing promising practices that promote or foster linkages within programming utilizing concrete examples from organizations that have integrated linkages into programming around case management, referral mechanisms and the workforce.
4. Identifying a set of tools, scope of practise, programming ideas and contacts that will facilitate their own ability to develop linkages within existing programming interventions.
5. Session organizers will also be able to collect new and emerging promising practices that will contribute to the ongoing collection of case studies, as well as additional information that will help inform the development of guidance, by 4Children, on case management, referral mechanisms and the workforce.

Kelley Bunkers, 4Children, will engage as lead organizer and facilitator. It is hoped that other session presenters will include representation from identified promising practices in Zimbabwe (WEI and GoZ), Zambia (UReport) and Uganda (WEI).

The 2 – 2.5 hour session will include the following:
- A brief overview (15 minutes) of the key findings related to the evidence base and need for linkages between HIV programming and CPS
- Presentation of case studies of how HIV and CP have been intentionally linked within programming interventions (45 minutes)
- Small group work (45 minutes)
- Q&A discussion time (30 minutes)

**Skills Building Workshop 2: Matetsi Room**

**Adolescent-led treatment literacy and counselling for children and young people living with HIV: a skills building workshop**

Authors: Willis, N.; Mawodzeke, M.; Gwenzi, F.; Ngubo, F. & Maruva, C. (nicola@zvandiri.org)
Affiliation: Africaid, Zvandiri, Zimbabwe

Since 2009, Africaid has been implementing its Community Adolescent Treatment Supporters (CATS) intervention. A team of 100 HIV positive adolescents have been trained and mentored to provide home and facility based treatment literacy and counselling for their HIV positive peers living with HIV, attached to 48 clinics of Zimbabwe across 4 provinces of Zimbabwe. The CATS have developed a variety of their own information and counselling tools to support adherence amongst their HIV positive peers. A team of 4 will facilitate a skills training workshop for conference delegates during which they will provide a background to the work that they are doing to promote adherence amongst their peers. They will demonstrate the “Our Story” book, “Our story” counselling game and a short film on adherence. Delegates will be trained how to utilise these tools within their own practice. A monitoring and evaluation framework will also be presented so that delegates utilising these tools in the future may provide data to inform evaluation of the tools across countries and to guide further development. This adolescent-led, interactive two-three hour skills building workshop will be a valuable contribution to the psychosocial forum, equipping delegates with skills to integrate treatment literacy and counselling within their psychosocial support programs for young people living with HIV.
Day 2:
Wednesday 2 September
**Health: Kalala Room**

**Topic 1: Who lives? Who dies? The challenges of psychosocial support on a pediatric cancer ward in Harare, Zimbabwe**

Author: Brakarsh, J. (jonathanbrakarsh@gmail.com)
Affiliation: Consulting Clinical Psychologist, Zimbabwe

There is only one pediatric oncology ward in Zimbabwe which is located in Harare, the capital. In 2013, Kidzcan, a Zimbabwean NGO providing services to children living with cancer, conducted an assessment and found that children in hospital-based care lacked sufficient psychological and emotional support. They also observed that medical staff faced challenges in pain assessment and counseling of both children and parents on issues of death and dying. In response to this situation, Kidzcan initiated several interventions, one of which was a bi-weekly parent support group led by staff from REPSSI and Kidzcan. Any parent whose child was on the ward at the time was eligible to join the group. The purpose of the group was to highlight the psychosocial needs of the parents and their children as well as to assist the parents in advocating for their needs. This presentation will focus on the learning phase which was recently completed, detailing the psychosocial needs of children living with cancer and their parents, in the context of life on the ward, the pediatric oncology unit. Key emerging issues are discussed to explore the psychosocial needs of children and their parents in the life of a pediatric oncology ward. In doing so, the presentation focuses upon the psychological, familial, and hospital factors that promote the healing process within the child, or that allow for a dignified dying process.

**Topic 2: Palliative Care For children**

Authors: Bosha M,N (boshandam2@gmail.com)
Affiliation: Island Hospice and Care, Zimbabwe

Children’s palliative care aims to improve the quality of life of children with a life-threatening illness, through a holistic approach including the control of pain and other symptoms. Following the death of a parent, children face many problems such as dealing with the illness and death of parents or carers. Feelings of grief, loneliness, guilt, fear, anxiety and the stigma attached to terminal illness and death may overwhelm the child. Therefore, illness and death have negative effects on children’s development and general well being. Meeting the palliative care needs of children thus requires a comprehensive and integrative approach from a skilled multi-disciplinary team at the different levels of care provision. Sub-Saharan Africa continues to experience an increase in the number of children who have been made vulnerable, mainly due to HIV and AIDS. Apart from orphanhood and being exposed to different forms of abuse, it has emerged that there is a significant rise in the number of children who have to care for ill family members. These children need care and support which is age appropriate and culturally appropriate. The results will show that Children are not little adults, their needs and interests are different from the needs and interests of adults and how Psychosocial support in palliative care helps children to deal with pain, loss and grief. There is need to continue with advocacy for children with palliative care needs.
Topic 3: Mbereko Groups: a model for improving access to health services for mothers and babies in the first 2 years of life

Authors: Webb, K.; Patel, D.; Engelsmann, B. & Matyanga, P. (pmatyanga@ophid.co.zw)
Affiliation: Organisation for Public Health Interventions and Development, Zimbabwe

In 2013, with USAID funding, OPHID in Zimbabwe established community-based peer to peer ‘Mbereko’ psychosocial support groups for pregnant and lactating women. The primary objective was to increase knowledge and empower women to access health services leading to improved health care practices in the first 1000 days of the infant’s life. Initially the groups were established in three clinic catchment areas and then rolled out to a further 14 areas in three provinces. The Ministry of Health and Child Care (MOHCC) Community Cadre and the Village Health Worker (VHW) are trained in participatory action methods, equipping them with skills to better facilitate groups to overcome barriers to accessing health services for various health issues using the MOHCC/OPHID developed VHW flip chart. With regular support from MOHCC and OPHID officers, the VHWs are responsible for recruitment and continuation of the groups. A handheld prompt tool and discussion material are given to each woman for reference in her home on health services she needs to access during the pregnancy and breastfeeding period. Mbereko Groups provide VHWs with a forum to do their work, supplementing the one-on-one counselling they provide in the home. Through this approach, a total of 2,760 women have consistently attended meetings. Key factors such as community engagement, targeting the family, men and elderly women and economic strengthening activities are discussed, with results in assisting the community in changing their health care behaviours.

[1] Mbereko = Shona, the wrap that holds the baby close to its mother during the first two years of life

**Education and Training: Kalundu Room**

**Topic 1: Multidisciplinary Child and Youth Care Work Training in Africa: Lessons Learned**

Authors: Mayaba, P. L. (MayabaP@ukzn.ac.za); Magojo, T., S.; Mkhize, N, J.
Affiliation: University of KwaZulu-Natal, South Africa

This presentation is a reflection on the lessons learnt in the implementation of the Certificate Programme in Community Based Work with Children and Youth, offered by REPSSI in partnership with the University of KwaZulu-Natal. This Certificate Programme is offered in 11 Sub-Saharan African countries. The presentation argues that the training of child and youth care workers in one paradigm is insufficient as they work in very diverse contexts, adding that for child and youth care workers to adhere proficiently to the ethical codes of working with children and youth, they require contextually relevant training drawing form multiple perspectives, including the African-centred paradigm. Doing so will not only enrich the practitioners’ understanding of child and youth care work in Africa, it could also lead to theoretical and methodological refinements in the field. Also, the paper poses questions for future research in relation to adopting multidisciplinary training models within Institutions of Higher Education in Africa. Finally, we asks whether the training that combines expertise of a range of disciplines would equip the child and youth care professionals with competencies in providing relevant and comprehensive care to children and youth.
**Topic 2: Exploring lecturers’ understanding of integrating psychosocial support into the college curriculum**

Author: Nxumalo-Mabuza, P. (phindimalo@gmail.com)
Affiliation: William Pitcher Collage, Swaziland

The purpose of this study was to explore the understanding of integrating psychosocial support (PSS) into the various courses taught at William Pitcher College by the college lecturers. In 2010, the Ministry of Education and Training in support of the Inqaba Schools as Centres of Care and Support (SCCS) Policy held a 3 day training workshop that sensitized lecturers on integrating the seven pillars of the SCCS, which included psychosocial support. As policy, it was expected that the different subject areas would then be integrated into these SCCS pillars, inclusive of psychosocial support (PSS). However, current data presented here suggests a disconnect between this policy and practice, with the integration of PSS proving to be a challenge. Hence the question arises as to how lecturers understand the meaning of integrating PSS. The study examined how some lectureres successfully integrated PSS in to their subject areas. A qualitative approach with an interpretive tradition was used as the lecturers were studied in natural settings (Cilliers, Davis and Benzuidenthout 2014). The study is underpinned by Shulman’s (1987) Theory of Teachers Knowledge. Sense was made on how lecturers’ knowledge impacts on practice. A case study methodology was used to elicit insight on lecturers’ understanding of the integration of PSS in the context of their work. Six purposively selected lecturers were interviewed from the six different departments teaching the Secondary Teachers Diploma. The findings of that study are presented here.

**Topic 3: Mainstreaming psychosocial care and support into the Nigeria primary school education curriculum**

Author: Inyang, J. (joseph.inyang@crs.org)
Affiliation: Catholic Relief Services (CRS) Nigeria, Nigeria

Addressing the psychosocial needs of a child is paramount to complete child development and wellbeing as it covers important social, emotional and psychological aspects. The increase in insurgency in Nigeria, coupled with the triple factors of poverty, HIV and conflicts in families and communities, has caused an overwhelming burden on the average Nigeria family, especially on children who bear much of these challenges. Children face several problems ranging from sociocultural and economic problems to increasing emotional and psychological challenges. Over 1.4 million persons have been displaced in the North East part of the country and this has created and promoted the spread of internally displaces persons across the country, especially in the North central, North East and North Western part. International donor agencies, through providing grants to indigenous civil society organizations (CSOs) in the different parts of the country, have tremendously worked to ameliorate the challenges, but this is only a drop in the ocean when comparing the number of CSOs to the number of children involved. Sustainable solutions to these challenges are proposed by mainstreaming psychosocial care and support into the Nigerian primary school education curriculum. The suggested focus and key factors of this strategy are discussed.
Topic 4: Enhancing teachers capacity in providing PSS in school Tutunzane Project and Africare Pamoja Tuwalee Program Tanzania

Authors: Massesa, P. (peter.massesa@repssi.org); Mapalala, E. & Mushi, K.
Affiliation: REPSSI, Tanzania

REPSSI promotes an enabling environment for communities and families in East and Southern Africa to preserve and nurture the psychosocial wellbeing of children and youth. Children’s education has been devastated by HIV and there will be lasting consequences for the futures of all children, but especially for those from households affected by HIV. The effects are being felt in the following ways: poor school attendance and performance, poor quality education and crisis in the education system and psychological stress. Schools can promote life-skills to protect children and help create positive attitudes. Teachers can provide valuable holistic, psychosocial support (PSS) to vulnerable children. REPSSI facilitated PSS capacity building projects in schools that are supported by Save the Children and Africare in Shinyanga, Njombe and Iringa Districts, so that teachers can provide psychosocial support to children in schools. REPSSI conducted trainings that introduced PSS, how to facilitate children’s clubs and offer guidance and counselling. Two teachers from each school responsible for guidance and counselling participated in a five day training. The results of a rapid assessment that was conducted with a sample of 22 teachers are shared, with emerging recommendations for schools-based PSS to improve performance and retention of children in schools.

Break Away Session: 10:45-12:30hrs

Grief: Pagota Room

Topic 1: Grief among parentally bereaved adolescent girls in South Africa: adversity and resilience

Authors: Thurman, T. (tthurma@tulane.edu); Luckett, B. & Spyrelis, A.
Affiliation: Tulane University, USA & Tulane University Tulane International South Africa, Highly Vulnerable Children Research Center

Approximately four million children in South Africa are orphans. While a wealth of literature suggests that depression, anxiety and post-traumatic stress disorder are prevalent among orphans, less is known about their experience with grief. The present study engaged 183 female adolescent orphans and their caregivers from Free State Province, South Africa in a survey designed to identify factors associated with both adverse and resilient bereavement. Caregivers’ grief and depression levels were associated with adolescents’ severe grief, as measured by an intrusive grief thoughts scale. Higher levels of severe grief were also evident among adolescents who experienced verbal abuse from their caregiver, scored higher on a negative caregiver-adolescent connection scale, and/or whose caregivers reported high levels of burden in caring for them. Adolescents who had changed households, lost contact with friends, or experienced more discord at home since the loss of their parent also reported higher levels of grief. Resilience, measured by interpersonal growth due to the loss, was associated with a positive caregiver-adolescent relationship and availability of social support. Recommendations are provided on the basis of these findings.
Khululeka Grief Support is a Cape Town based NPO that focuses specifically on creating spaces for grieving children and adolescents to heal. Khululeka builds empathic spaces through the delivery of two programs, grief and loss support groups for children and adolescents aged 6-18, and workshops with professionals (including teachers and social workers), para professionals (including child and youth care workers) and community volunteers in the South African child sector. Khululeka’s theory of change highlights a three part process to creating healing spaces: the ability to notice one’s feelings and name them, the ability to turn towards these feelings and be with them, and the ability to do this in kindness and positive regard. This theory of change is informed by the work of psychiatrist Daniel Siegel and his work on integration (2001) and neuro scientist Gaëlle Desbordes and her work on the effects of positive regard on the brain (2012). In this presentation, some of the tools and materials being used to provide psychosocial support for grieving children and adolescents, as well as capacity building initiatives for the social service workforce, will be shared. Participants will be introduced to tools that facilitate the expression of child, adolescent and adult stories in age appropriate ways, and how to use positive regard as a tool for powerful systemic change.

This presentation describes a response-based approach to resilience building when working with children affected by trauma. Children are not passive recipients to trauma. They respond to it to reduce its effects on their lives, to protect what is valuable and precious to them and even to stop it from happening. Children may not be able to stop the traumatic situation but we know that they carry out a lot of initiatives or actions to cope and survive. These responses are usually dismissed, neglected or diminished and greater attention is given to accounts of trauma on them i.e. what they have lost, their worries and concerns, the struggles they face, what they lack, their fears etc. Psychosocial approaches that focus on trauma stories and their impact on children are potentially retraumatising. However approaches that look into the skills and knowledge about survival, values, hopes, and significant relationships that children have that help them to keep going even in very tough times are an antidote to the sense of helplessness and futility that often trap children into mental health problems. This presentation looks into how response-based approaches evoke or cultivate personal agency, hope, improved knowledge and appreciation of self, knowledge of one’s values and close connections with others. All these are important pillars to resilience building. The presentation sites work that illustrates the mental health benefits of response-based approaches in armed conflict. Tools and methodologies that focus on responses and contribute to resilience in children who have experienced trauma are also highlighted.
**Topic 4: Answering the call: developing an intervention to support bereavement in young people living with HIV**

Authors: Wogrin, C.1; Willis, N.2; Ncube, G.3; Langhaug, L.4 (lisa.langhaug@repssi.org)
Affiliations: 1Grief Consultant, Regional, 2Africaid, Harare Zimbabwe, 3 HIV & TB Unit, Ministry of Health and Child Care, Harare, Zimbabwe, 4REPSSI

Current research emphasizes lasting PSS implications when young people are not properly supported to process their grief following family deaths. Current interventions to support processing grief use Western models geared towards a single primary loss (one parent or a sibling). However, in sub-Saharan Africa (SSA), HIV+ adolescents experience multiple losses including deaths and other serious losses (household mobility, separation from siblings, loss of belongings, disrupted school attendance). HIV+ adolescents in Zimbabwe attest that even in supportive groups, grief is not discussed. Formative research was conducted in Zimbabwe with 10 HIV+ adolescents to better contextualize their grief. Aged 18–20, they had all experienced multiple deaths. Over eight sessions, we explored their grief and provided coping strategies. Emerging key themes included: i) limited experience recognizing their losses; ii) recurrent feelings of hopelessness, depression, fear, sadness, and guilt; iii) feeling isolated, believing their feelings were unusual. Upon conclusion, members reported relief. Information garnered here facilitated adaption of existing materials into a 6-session intervention on bereavement for HIV+ adolescents in SSA. This will be implemented in existing community-based adolescent HIV+ support groups and evaluated among ~300 HIV+ adolescents using a wait-listed study design. This research highlights the importance of contextualizing existing high quality grief interventions to respond to the complex realities of many HIV+ adolescents in SSA prioritizing their multiple deaths and ongoing losses. It includes a number of key practical adaptations for resource constrained settings.

**Skills Building Workshop 1: Pagota Room**

Using An Improvement Approach to address Gender issues ins Psychosocial Support Services For Vulnerable Girls and Boys

Authors: Faramund T. H, Moyo TT
Affiliation: WI-HER LLC/USAID ASSIST Project, USA

**Skills Building Workshop 2: Kazuma Room**

Better parenting skills

Authors: Steinitz, L.1( Lucy.Steinitz@crs.org); Okoth, E.2 & Odoy, S.1
Affiliation: 1Catholic Relief Services (CRS), USA; 2Parenting In Africa, Kenya

This skills-building workshop will have two parts, roughly one hour each. Part One of this workshop will highlight a growing body of evidence suggesting that the improvement of parenting skills, coupled with economic strengthening, can enhance child well-being and reduce childhood vulnerability, including the placement of children in institutional care. Selected features of good parenting programs will be highlighted, with a special focus on “love, care and adolescents.” This overview will also cite new parenting programs that are under development. In Part Two, participants will be taught how to use the Better Parenting training manual and visual aid that were adapted last year for an Africa-wide audience by Ethiopia’s “Yekokeb Berhan Program for Highly Vulnerable Children[1]” and endorsed by REPSSI. Both the Better Parenting manual and accompanying visual aid should be used to teach local
Community Service Organization staff, volunteers and community members on how to strengthen the parenting capacity of parents and caregivers in their community. This skills-building workshop will show participants how they can best share the information learned with the households they visit and/or in conjunction with other community-based activities. The workshop will entail both cognitive and active-learning, with short role-plays that focus on adolescent themes. Note: Parenting is understood to be the supportive, caregiving and guiding role by adults of children in their care, no matter if those children are their biological offspring or not.

**Skills Building Workshop 3: Gwayi Room**

New Resources at REPSSI endorsed by REPSSI J. Morgan & C. Smith

**Break Away Session: 13:30-15:00 hrs**

**Early Childhood Development: Matetsi Room**

**Topic 1: The role of play therapy in HIV care and treatment - TASO Mbale experience**

Authors: Aanyu, C. (caanyu@yahoo.com); Hamid, L.; Tebigwa, B. & Logose, B.
Affiliation: The AIDS Support Organization (TASO), Uganda

TASO Mbale Centre set up a Child Play Centre in 2004 to create a child friendly environment. For children newly diagnosed with HIV, unique difficulties may arise that interfere with their ability to cope with the situation despite the medical care and treatment offered to them. This study therefore aimed to explore the impact of play therapy in children living with HIV/AIDS under care at TASO Mbale Centre. As children come to seek services including counseling, medical treatment, social support, both the HIV infected/ or affected are taken to the Child Play Centre where they are registered. While waiting to be attended to, they are involved in different games and play according to their interests. The items used for play therapy include toys of different types, paints, model clay, colors, bicycles, ropes, snakes and ladder kit, chess board, merry go round, swings, television, among others. They are guided by a trained counselor with the help of a Nanny. The results of this intervention are discussed, with recommendations for the integration of play therapy in HIV care and treatment.

**Topic 2: Assessing the effectiveness of practitioner training in underprivileged early childhood settings**

Author: Stretch, L.K. (lauren@earlyinspiration.co.za)
Affiliation: Early Inspiration, South Africa

A stimulating environment directly affects the growth of the young child’s brain in a significant way. It is important that parents, educators and care-givers should be equipped and educated regarding children’s cognitive development. A comparative study was conducted to assess the effects of cognitive stimulation in early childhood. These findings were used to develop a training program for unskilled practitioners in underprivileged Early Childhood Development settings. The quantitative study set out to test a group of 1000 children, ranging from 4 ½ to 6 years. Children underwent an age-appropriate assessment focusing on physical-motor, language and speech, cognitive, social and emotional, and
play development. The practitioners of 500 children attended an 8-month training and mentorship program, which empowers practitioners with knowledge, assessment strategies, planning programs and an in-depth understanding of early childhood intervention. Post-testing and statistical analysis of the results took place to reveal a significant difference in the developmental difference between children that received early intervention and those that did not. The statistical analytical procedures and the resulting test scores are discussed, with recommendations for the initiation of intervention programs for cognitive development from an early age.

**Topic 3: The UTH-PCOE Developmental Intervention Clinic: multidisciplinary assessment and intervention strategies and case report**

Authors: Kabwe Grollnek, A. (atkabwe@gmail.com); Ciccone, O.; Shanungu, S.; Kabaghe, S.; Mumbi, P.; Banda, K. & Mwaanga, E.
Affiliation: University Teaching Hospital Paediatric Centre of Excellence, Zambia

In Zambia, there are a multitude of factors that can affect the physical and emotional needs of young children, such as early death of parents, physical and mental health of caregivers and children, nutrition and poverty. Where young children are HIV positive and disabled, families face challenges that affect the growth, development and psychosocial wellbeing of these children, such as stigma and discrimination and developmental delays/disabilities across a number of domains. As a result, supportive interventions require a multifaceted approach. The Developmental Intervention Clinic (DIC) is a centre-based facility that supports the holistic development of young children with disabilities and their families. Through a multidisciplinary model, the DIC provides assessment and therapeutic support to young children with neurological complications, communication, behavioural and/or learning disorders. The DIC is comprised of a team of specialists in paediatric neurology, behaviour, psychosocial support, occupational therapy, early learning, communication, and physiotherapy. The DIC equips parents/caregivers with the skills to manage their child’s needs and carry out therapeutic activities at home. A case example of an HIV positive six-year-old female referred to the DIC is discussed to exemplify the importance of a multidisciplinary approach in supporting the psychosocial wellbeing of children with special needs.

**REPSSI’s Community Based Work with Children & Youth Certificate (CBWCY): Kalundu Room**

**Topic 1: The impact of the CBWCY Certificate in psychosocial support on the child care of students: a case study of Manzini Region, Swaziland**

Author: S. Chakanyuka (schakanyuka@uniswa.sz)
Affiliation: Institute of Distance Education University of Swaziland

The University of Swaziland, in conjunction with REPSSI, is offering the Certificate in Community Based Work with Children and Youth to people working with children and youth in Swaziland. This certificate course, which focuses on psychosocial support, is offered through supported open and distance learning to people who have had little training in psychosocial support. This presentation aims to assess how CBWCY Certificate Course has benefited children in the care of Year 2 students in Manzini region, Swaziland. The five mentor groups in Manzini form more than half of the year 2 students in the Cycle 4 group. Qualitative data was collected through direct observation and semi-structured interviews
with adult course learners and their supervisors in the organisations in which they work. Focus group discussions were facilitated with some of the children in their care. Quantitative data was collected through a questionnaire administered to all Year 2 Manzini region students who work directly with children. Five students who have been working directly with children for more than two years were selected through purposive sampling for in-depth data collection. Preliminary findings of the study are shared in relation to the students’ understanding of themselves as caregivers and the manner in which they handle children.

**Topic 2: The Importance of psychosocial care and support to most vulnerable children and youth in Tanzania**

Author: Kanduru, H. (kanduru007@gmail.com)
Affiliation: Institute of Social Work, Tanzania

Tanzania is heavily affected by HIV/AIDS, poverty, gender based violence, conflicts, family disintegration, disaster displacement as well as killings of people with albinism. Provision of psychosocial care and support (PSS) to most vulnerable children and youth is of great importance. PSS is a continuum of care and support that addresses the social, emotional, spiritual, and psychological wellbeing of a person which are influenced by both individual and the social environment in which people live, is considered to be a very effective method that helps people to cope and build resilience on the problem they face. A documentary review was undertaken of different materials including articles, manuals, research papers and other web sources, helped to understand how PSS is important to most vulnerable children and youth in Tanzania. It has been revealed that PSS is very important in restoring psychosocial wellbeing of most children and youth to help them cope with their situation and help them build resilience, although there is inadequate provision of PSS comparing with the available demand. Conclusions are drawn with regard to mainstreaming PSS in services/activities carried out by different organizations dealing with most vulnerable children and youth in Tanzania.

**Topic 3: The power of the REPSSI CBWCY Certificate Course in my life**

Author: Maziku, P.J. (mazikupascal@gmail.com)
Affiliation: Songea Centre, Tanzania

The REPSSI Certificate Course in Community Based Work with Children and Youth (CBWCY) is a standardized, accredited certificate course offered in East and Southern Africa. It responds to a critical regional demand for quality training in child care, specifically social and emotional (psychosocial) support, child protection and promotion of children’s rights. It is designed for people working directly with children and youth. Since 2009, in Tanzania, the program is run in collaboration with the Institute of Social Work (ISW). In 2003, the author of this presentation, Mr. Maziku, was appointed as coordinator of Youth and Parents Crisis Counselling Centre (YOPAC). Mr Maziku had never attended any formal training in children’s work, until 2009, when he joined the certificate course. The new job was very demanding because it required additional skills and knowledge that could only be acquired through formal training. There were children and youth cases to be dealt with that needed specialized skills and discipline and Mr Maziku realized he was about to lose his job if he could not resolve his lack of knowledge in psychosocial care and support. In 2009 Mr Maziku enrolled in the CBWCY Certificate Course; the changes in his knowledge and skills and the subject of this presentation. In particular, he will focus on how the CBWCY Certificate
Course can be a tool for not only providing a continuum of child care, support, protection and promotion of children’s rights, but can also raise the standard of life for service providers.

**Topic 4: An assessment of causative and risk factors leading to youth recidivism: a case study of the Matsapha Correctional Services**

Author: Mahlalela, S.M. (mahlalelasibusiso1@gmail.com)  
Affiliation: SACRO, Swaziland

Recidivism, in a criminal justice context, can be defined as the reversion of an individual to criminal behaviour after he or she has been convicted of a prior offense, sentenced, and (presumably) corrected. The inconsistent reduction in number of recidivists in Swaziland is one of the most serious socioeconomic problems. The main purpose of the study was to assess the causative and risk factors of recidivism among young ex-offenders in Swaziland. A questionnaire, interviews and documents were used as means of collecting data, from the subjects of the study who were the recidivists, correctional officers and instructors. The results postulated that, due to parental unemployment, some of the young offenders’ parents were not able to provide for all their basic needs. As a result, they drop out of school early to assume adult responsibility in order to be able to provide for themselves and resorted to crime. Other contributing factors like peer pressure, poor anger management, poor decision making skills and poor parental guidance are explored. Conclusions are drawn in relation to the difficulties young people face during reintegration into society, and the ineffectiveness of support mechanisms that are available to them.

**PSS in Education: Kalala Room**

**Topic 1: Addressing high school dropout rates among adolescent boys in Kenya**

Author: Owande, J. (jowande@urc-chs.com)  
Affiliation: URC/USAID ASSIST Project, Kenya

Among the Kalejin Community in Kenya, the transition from a boy child to an adult is only one initiation (tumdo) away. This initiation process (traditionally taking place in December) pushes young boys into taking up societal roles and responsibilities attributed to adult men. During the initiation process, boys who are to be circumcised are secluded for many days while they are instructed by older community men in the skills deemed culturally necessary for adulthood. The community elders impart masculine values, tradition and cultural norms to the boys. Following initiation, the majority of boys drop out of school. A Quality Improvement (QI) team, established in Tulwet, Kenya, conducted further gap analysis which revealed that these boys often engage in income-generating activities to fend for their families or to get extra cash for personal needs. The QI team tested some change ideas to ensure retention of boys in school even after circumcision, including talking to village elders and community gatekeepers and mobilizing parents to construct a room in the school where these boys could be accommodated over the healing period and to ensure they resumed learning in January. In December 2013, over 100 boys were circumcised and only 50 returned to school in January 2014. In December 2014, after the intervention described above, 144 boys were circumcised and all 144 returned to school. As of May 2015, all 144 boys who were circumcised in 2014 have remained in school. Recommendations are provided to roll out this type of program.
**Topic 2: Perceptions of teachers on psychosocial life skills in the secondary school SiSwati curriculum**

**Author:** Oloyede, O. (funmiioleye@gmail.com)

**Affiliation:** University of Swaziland

The study investigated the perceptions of teachers on psychosocial life skills in the secondary school SiSwati curriculum. A mixed-method study which combined qualitative and quantitative research was used. Questionnaires and semi structured discursively-oriented interviews were used to collect data from 20 isiSwati teachers from four schools in the Shiselweni region in Swaziland. The study established that most teachers were aware of life skills found in the SiSwati curriculum but their level of perception was low. The research findings indicated that SiSwati teachers were less involved in the promotion of life skills mostly as a result of poor knowledge on how to integrate life skills into the SiSwati lessons. Factors related to this poor knowledge included lack of time for additional learning, lack of life skills materials, and poor teacher training on life skills teaching. Recommendations are made for future strengthening of teachers in psychosocial life skills.

**Topic 3: Using quality improvement to improve educational performance of children in Malawi**

**Authors:** Moyo, T.T. (tmoyo@urc-chs.com) & Hauya, L.

**Affiliation:** URC / USAID ASSIST Project, Malawi

Schools can provide valuable opportunities to address psychosocial needs of children affected by HIV/AIDS in rural communities. Reducing gender gaps is also possible through identifying and addressing factors that affect boys and girls. After being trained in quality improvement methods, Nkata CBO identified school attendance and performance as priority needs among vulnerable children in the community. Underlying causes for poor educational performance in the primary school setting included i) lack of interest in education by guardians, children and teachers; ii) poor role models for children; iii) cultural practices or beliefs; iv) inadequate infrastructure, and v) poor psychosocial support in school. School A introduced mathematics clubs to increase pupils’ interest and capability in mathematics. School B provided sports equipment to entice the children to return to school in the afternoon and established a children’s corner centre facilitated by a teacher. The two schools have observed improved performance of children in end-of-term examinations in the five academic terms. School A saw an improvement from a 49% passing rate in term one to 77% in term five (209 boys and 203 girls). School B recorded an improvement of a pass rate from 31% in term 1 to 55% in term five. School B has a total enrolment of 1,093 children (532 boys and 561 girls). It was also observed that providing the children’s corner activities particularly improved the performance of girls.

**Skills Building Workshop 1: Kazuma Room**

**Discussion on indicators and M&E for psychosocial wellbeing**

**Facilitator:** Mhuriyengwe, L.

**Affiliation:** REPSSI, Regional
Skills Building Workshop 2: Gwayi Room

The State of the Evidence of Para Professional Social Service Workers--What We Know, What We Don't Know and What We Would Like To Know to Support Advocacy and Strengthen the Social Service Workforce

Moderator(s): Kelley Bunkers, Child Protection and Welfare Systems Technical Director, 4Children, and Patrick Onyango Mangen, Country Director, TPO Uganda
Authors: Mayanja G, Chief of Party, SUNRISE OVC Project, International HIV/AIDS Alliance, Uganda
Mwanamwolho K.A, Para Social Worker, Bwesumbu Sub County, Uganda
Kitanywa S, Senior Probation and Social Welfare Officer, Kasese District Local Government, Uganda
Ashenafi Tesfaye A, Capacity Development Manager, Yekokeb Berhan Project, Ethiopia

Affiliations: Global Social Service Workforce Alliance

The session will have three main learning objectives, including:
1. A better understanding of the current status of data and evidence on para professional social service workers and the potential impact of data on increased recognition and support to this category of the workforce that provides critical psychosocial support to children and families
2. An opportunity to contribute to idea generation and identification of methods to gather and highlight more evidence of the importance of the work of para professionals
3. New recommendations for improved rationale and methods of documenting the critical work of this category of the workforce

The 2 – 2.5 hour session will be facilitated by Patrick Onyango Mangen, Country Director of TPO Uganda and Kelley Bunkers from 4 Children.

The session will include the following:
- A moderator to give a brief overview (15 minutes) of the Alliance State of the Social Service Workforce Report and data on the para professional social service workforce
- A facilitated discussion amongst those who have been engaged in mapping exercises and documentation of evidence – challenges and successes (up to 3 people)
- Small group work will focus on brainstorming next steps
- Time for questions and answers.

Break Away Session: 15:15-17:00hrs

The Funders: Kalundu Room

Topic 1 The psychosocial perspective – love, care and protection in infancy & young childhood in the National Plan of Action for children in Kenya 2015-2022

Author: Njunguna, R.K.W. (enter email address)
Affiliation: National Council for Children’s Services, Kenya
In the last three decades childhood has been under great pressure, with the majority of children in Africa not enjoying their childhood because of risk factors including poverty, HIV/AIDS and war. The more recent effects of climate change, terrorism, modernity, and negative use of technology has resulted in more pressure on children, regardless of their socio-economic status. A holistic, multi-faceted approach is needed to cushion children from these risks. This approach should be coordinated, cooperative, and collaborative among the different duty bearers in a child’s life, including the church, which has a significant place in the community and as a child protection system. A descriptive study was conducted in Nairobi among 3 evangelical churches. Study findings include: i) high level of awareness around child protection and children’s rights; ii) the church perceived by some as a safe place for children; and, iii) a strong leadership commitment to child protection. However, findings also indicated that over 50 % of the respondents rated the church as having a weak child protection system, with poor child participation in planning and decision-making, weak partnerships with child protection services and a lack of a child protection legal framework and monitoring system. Recommendations will include promoting the pulpit as an advocacy platform and strengthening the church child protection system, opening further discussions on how the church can be used to create a protective environment for children.

The dominant discourse on African families and their response to vulnerable children widely reports on how the role and the responsibility of care and support for children are often ascribed to women. Moreover, child-rearing practices are often depicted to reflect an individual rather than collection of family systems and differential roles and status of men and women in African culture. Influenced by the mixed methods research design, this presentation offers an analysis of the gendered dimension of care work in nine African countries participating in the implementation of the REPSSI Certificate Course on Community Based Work with Children and Youth. The study targeted the child and youth care workers who are enrolled as students in this program and their academic mentors. Data was collected through desktop review and focus groups. Findings highlight two critical issues: the demographic structures within the development and care sector in Africa and in an African family. We discuss the need to reframe discourses to focus on research into indigenous cultural practices into family and community-based work with children and youth. In this way, we may be able to construct intervention programs that are context specific and serve diverse African communities in more culturally sensitive and meaningful ways.

Isibindi: a family strengthening model

Author: Thumbadoo, Z. (Jay.Makkan@naccw.org.za)
Affiliation: National Association of Child Care Workers, South Africa
The National Association of Child Care Workers (NACCW) in South Africa has developed the Isibindi Model as a care response to the needs of vulnerable families, that promotes family preservation. This five-way partnership involves i) communities, ii) provincial Departments of Social Development, iii) donor bodies, iv) implementing organizations, and v) the NACCW. The Isibindi Model has been successfully replicated in 320 sites in all 11 provinces of South Africa, serving over 190,000 children. The model is a cost-effective template for providing social services to children in the context of lifespase work with families through the efficient deployment of community-based child and youth care workers. The Ministry of Social Development has adopted the Isibindi Model as a flagship program of the National Department of Social Development and current roll out is in its third year. The roll out is providing training for more than 5,000 child and youth care workers.

**Socio–Cultural & Witchcraft: Kalala Room**

**Topic 1: Socio-cultural practices and their effect on the psychosocial development of children in 2 counties in Kenya.**

Authors: Olumbe, R. (rolumbe@daystar.ac.ke) & Nderitu, B.N.
Affiliation: Daystar University, Kenya

Social and cultural practices within communities may positively or negatively affect the psychosocial development of children. This presentation examines research findings conducted in two counties in Kenya, among primary school children aged 8-15 years. Using a descriptive research design, we sought to establish how socio-cultural practices in the Luo community affects the psychosocial development of children. Data was collected using focus group discussions (n=31), interviews with teachers (n=28), interviews with head teachers (n=15), two key informant interviews (n=2), and interviews with NGOs (n=2). The research found the following practices caused distress in children: dances; sexual practices to fulfill rites; Tero Buru; wrestling; wife inheritance; rituals to appease the dead; conflicts in the community; shaving of the hair after death and sexual activities. Head teachers reported that these practices exposed children to poor academic performance, child labor, risky sexual behavior, disruptions in learning, shame and guilt, and denial of food. The findings further identified practices such as games and sports, seasonal ceremonies, food harvesting, parental nurturance, peer relationships, good relationship with teachers, presence of a high self-esteem, belonging to a family and good health as protective factors for children. The safeguarding measures put in place by the community are outlined. On the basis of these findings, recommendations are made for strengthening psychosocial wellbeing of children in the schools and communities in the region.

**Topic 2: Children as victims of witchcraft accusations**

Author: Madoerin, K. (kurt.madoerin@repssi.org)
Affiliation: Kwa Wazee/REPSSI, Tanzania

Witchcraft is defined as “actions carried out by persons presumed to have access to supernatural powers” that negatively affects psychosocial wellbeing (harming social cohesion and affecting physical and psychological health) and positively through resoration of social order and healing individuals and greater units. Although it was expected that these beliefs and practices would disappear, they have been adapted to contemporary contexts (Cimpric). Some of the drivers are socioeconomic factors, HIV, mass media and the practises promoted by some churches. Many people “live in a world of
 witches” (Ashforth) where the invisible, magic world is gaining the upper hand over the visible world (De Bock). There is a frightening increase in the number of children labelled “witches”. Children accused of witchcraft are subjected to psychological and physical violence by family members, pastors and traditional healers. They are often abandoned by their families and live on the street. In a study from Malawi, 74% of respondents “believed that children can be witches and they must be cleansed, exorcised, arrested, imprisoned, beaten or even executed” (Van der Meer). Cimpric provides categories for children who are labelled as witches, with recommendations for programming on the basis of an in-depth understanding of the causes of witchcraft accusations against children.

Addressing accusations of witchcraft against children in Angola
Author: M. E Gourgel INAC, Angola

Refugees and Emergencies: Matetsi Room

Topic 1: Bridging the gap between adolescence and adulthood: fostering the development of unaccompanied refugee youth in Cairo through holistic psychosocial and educational programming
Author: Goldie, E.G. (egoldie@stars-egypt.org)
Affiliation: St Andrews Refugee Services, Egypt

The urban refugee environment of Cairo lacks adequate support systems for unaccompanied youth, a group that UNHCR reports has doubled since 2014. Treated like adults by service providers and local communities, they are left to navigate the complex legal and social maze of Cairo by themselves, whilst at the same time facing harassment, linguistic barriers, and the psychological impacts of recent trauma. Unable to access education due to linguistic barriers, many youth are compelled to enter informal employment, where in the absence of family, they are at heightened risk of exploitation and abuse. St Andrew’s Refugee Services has created targeted psychosocial and educational programs for unaccompanied youth. These services are tailored holistically, and combine the expertise of trained community-based psychosocial workers, teachers, lawyers, community volunteers and peers who deliver intensive individual psychosocial support paired with language classes and psycho-educational workshops. This approach educates young people on legal rights, services, stress management, nutrition and sexual health. The programs create opportunities for education, safe employment and community relations whilst encouraging unaccompanied youth to survive and thrive as young adults in Cairo. The results of the program are discussed, with reference to the challenges of ensuring adolescents’ wellbeing in urban settings, catering to their specific needs and vulnerabilities, and strengthening the support of young people as they make the difficult transition into adulthood.

Topic 2: How to provide for PSS in emergency situations for refugees and torture survivors
Author: Kariuki, M.K.K. (mutavih@gmail.com)
Affiliation: The Center for Victims of Torture, Kenya

The Center for Victims of Torture (CVT) provides care to torture survivors in several low and middle-income countries around the world, in contexts where mental health services are either non-effective or very limited. Qualified psychotherapists train and supervise refugees and local people as paraprofessional psychosocial counsellors (PSCs). In this way CVT builds sustainable mental health services within refugee communities, and provides services which support refugees while they are
away from their countries. Carefully selected PSCs receive an intensive introductory training which is followed by a program of monthly training workshops to continually enhance their knowledge and skills. All clinical activities are closely supervised by qualified psychotherapists. This paper examines the way CVT uses evidence from our monitoring and evaluation system to make decisions at three distinct levels: (1) the readiness of PSCs to competently deliver mental health services; (2) the efficacy of treatment with individual clients; and (3) the overall efficacy of our programs. In this presentation, we will present data relating to these various levels and illustrate ways in which they are used to inform decision making.

**Topic 3: Psychosocial support for children and adults affected by xenophobic violence in a South African refugee camp**

Author: Morgan, J. (jonathan.morgan@repssi.org), Gaillard, C.
Affiliation: REPSSI, Regional

In April 2015 there was an outbreak of xenophobic violence directed by South Africans towards foreign nationals in which several foreign nationals were killed. In response to this, three camps were set up in Durban, 2 of which had been closed at the time of the REPSSI led interventions (19-22 May 2015). At the outset of the violence, REPSSI deployed a team who worked in all three camps and where they successfully created child friendly spaces. The focus of the REPSSI intervention was on child protection through psychosocial support. During the most recent visit (19 -22 May 2015) REPSSI worked directly with children and some adult women in the only remaining camp in Chatsworth, in which there were reported to be 800-1000 people including children. A number of other organizations were also working with children in these camps). The interventions offered by REPSSI are presented, along with recommendations for future responses to emergencies of this nature.

**Skills Building Workshop1: Kazuma Room**

**Design for quality improvement: aims, indicators, and evidence**

Authors: Chamrad, D. (dchamrad@urc-chs.com); Nyagawa, F. & Owande, J.
Affiliation: URC/ USA Affiliation: ID ASSIST Project, USA

Since 2009, University Research Co. has provided technical assistance to government and implementing partners in numerous countries in East and Southern Africa to improve the quality of services provided to children and their families under the Health Care Improvement project (HCI) and its follow on, the USAID Applying Science to Strengthen and Improve Systems (ASSIST). Quality improvement is a formal approach to identifying and analyzing gaps in processes and systems and continuously and systematically testing changes in an effort to improve the processes and systems. To improve child and family social services, we use quantitative and qualitative methods to increase effectiveness, efficiency, equity, safety, timeliness, and client-centeredness of care and protection mechanisms. This workshop will promote the development of skills on the design of improvement interventions used in providing services to vulnerable children and families. The workshop will be participatory and will focus on the basics of quality improvement for child protection and welfare programs. The workshop will include a focus on the rationale for quality improvement, the science of improvement, developing an improvement aim and improvement design. Group discussion will be facilitated on the results from groups and how the skills learned in this workshop can be used on improvement interventions. Trainers
will use presentations based on work in Kenya, Tanzania, Malawi and Uganda, including case studies, knowledge cafés and group discussions to build capacity for improvement.

**Skills Building Workshop 2: Pagota Room**

**What are the core competencies of para professional social service workers who work with children and families?**

Author: 1Thumbadoo, Z. 2Bess, A(abess@intrahealth.org)

Affiliation: 14Children, UK, 2Global Social Service Workforce Alliance

The session will have three main learning objectives:

1. A better understanding of the competencies identified for para professional social service workers who work with children and families
2. Increased knowledge about the importance of identifying core competencies for para professionals and how they can be applied to various types of programs (such as refugee camp settings) to ultimately strengthen services to children and families
3. Identifying new recommendations for improving and rolling out the competency framework.

The 2 – 2.5 hour session will be led by Ms. Zeni Thumbadoo, Deputy Director of NACCW South Africa; Mr. Patrick Onyano Mangen, from TPO Uganda and others engaged in validation process.

The session will include the following:

- A brief overview (15 minutes) of the Alliance Interest Group on Para Professionals, the process used to develop the competency framework, overview of the framework itself (1 moderator)
- Presentation of key findings and results from validation processes carried out in multiple countries from those engaged in the validation process (2 speakers) as well as discussion of how the competencies are being applied in different types of settings and across different age groups
- Small group work will focus on brainstorming next steps and application of competencies
- Time for questions and answers.
Day 3:
Thursday 3 September
Kalundu Room

**Topic 1: The Torch Bearer Project: Our home is where the heart is: a young homemakers’ guide.**

Authors: Liyambula, A. (liyambulaaune@gmail.com) & Hoaeb, A. (anuugwanga@gmail.com)
Affiliation: Ministry of Education, Namibia

The Omusati Education Directorate, through Special Education Sub-Division in Namibia, facilitated the Torch Bearer Project. With the assistance of Dr. Lucy Steinitz they co-authored a training manual ‘Our home is where the heart is: a young homemaker’s guide.’ The project offered training and psychosocial support to child-headed households while encouraging them and their siblings to attend and complete school. The manual also provided guidance to community caregivers, volunteers and relatives who assist these children and oversee these households. The structure and outcomes of a training with 160 learner households are discussed with recommendations for future support of child-headed households.

**Topic 2: Maternal mental health and early childhood development: a pilot from CRS Kenya**

Authors: T. Opiyo
Affiliation: CRS, Kenya

**Topic 3: Mainstreaming PSS in economic strengthening activities for caregivers in Benue State North Central Nigeria**

Authors: Ugba, E.A.1; Orkar, L.S.2 & Adi, V.H.3 (adivera8@gmail.com, emmater1912@gmail.com)
Affiliation: 1Pro-Health International, Nigeria; 2Action Aid Nigeria, Nigeria; 3Emmanuel Teryila Memorial Liberty Foundation, Nigeria

Many socio-economic, cultural and even religious factors limit the access of care givers, mostly women, in Benue State in North Central Nigeria to social services, including loans to boost their economic wellbeing. It is culturally required that women obtain permission from their husbands before they undertake any endeavour, including seeking loans and engaging with social economic groups, hence their inability to benefit from economic strengthening services. Emmanuel Teryila Memorial Liberty Foundation (EMTF), through the USAID-funded SMILE Project, has been promoting economic strengthening activities in Benue State since 2014, through strategically-focused interventions mainstreaming psychosocial support in economic strengthening for caregivers. Advocacy activities were conducted with key stakeholders and several meetings held with different groups. Simultaneously, a community-sensitization campaign, focused on male involvement, was initiated to encourage men to participate as well as allow their wives to access and engaged in economic strengthening activities. The multi-level outcomes of this innovative process are discussed with recommendations for programming.

Matetsi Room

**Topic 1: Campaign to end early marriage in Mozambique**

CECAP, Mozambique
Topic 2: From victims to survivors: transforming the lives of girls rescued from early marriages and teenage mothers in Shinyanga, Tanzania.

Author: Banda, T. (tomaida2002@yahoo.co.uk)
Affiliation: Firelight, USA

Child marriage is very common in Tanzania. Shinyanga has the highest prevalence at 59%. Underlying causes of this problem include the prevalence of harmful cultural norms that view girls as sources of income. The Sukuma culture that is dominant in the region prefers child marriage over the risk of a girl conceiving while at her family’s home, thus damaging the family’s honour and reducing the bride’s wealth. Other reasons include poverty, insufficient sensitization of the community on child protection, lack of sexual reproductive health services to girls in and out of schools, gender roles, and inadequate availability of child-friendly institutions like schools and health facilities that accommodate the needs of girls.

The AGAPE Aids Control Program is working on the issue of child marriage in Shinyanga. Community awareness campaigns to change harmful attitudes are carried out using cinemas and radio talk shows. Child protection teams are established and trained to identify and respond to cases of child marriages. School clubs targeting school children have been formed. Families are supported with training in skillful parenting as well as economic strengthening. Advocacy is being done with other organizations to change the Marriage Act. Girls rescued from child marriage are re-enrolled in secondary schools and vocational training centers. Others are helped to start businesses. Evidence-based results of AGAPE’s work are shared, with recommendations to effectively address the problem of child marriages.

Topic 3: Adolescents - healthy, social & advocating for child rights : the experience of Tikondane care for children on/off the streets

Author: Mwamba, M.M.F. (maluflomwamba@gmail.com)
Affiliation: Missionary Sisters of our Lady of Africa, Kenya

Tikondane Care for Children on/off the Streets was started by the Missionary Sisters of Our Lady of Africa in 1997, in response to children living and begging in the streets of Lilongwe. Tikondane invests in social protection through street outreach, transit shelter, re-socialization and re-integration of girls and boys. Since 2013 Tikondane has developed biannual educational events for boys and girls aged 9-17 years. Adolescents learn mostly through their peers, who may influence them negatively or positively. Therefore peers who have been in similar situations and have learnt positive social norms can be highly influential in motivating them for better goals in life. The activities include “train the trainer” sessions for peer motivators, who act as role models. Children trained in social protection learn to advocate for children’s rights. Children/adolescents perform dramas and dances to raise community awareness around the importance of child care and protection. Round table discussions are facilitated with children, parents and community members. Training in leadership and community living is provided, whereby small peer groups choose their own leaders and goals. The outcomes of this program are discussed for children living on/off the stress with a focus on changing community attitudes and the role of social workers towards these children.
Skills Building Workshop 1: Pagota Room

MISA Children and the Media

Author: Carmel Gaillard
Affiliation: REPSSI Regional

The media can play a powerful role in raising awareness about the rights of children and the promotion of children’s rights. The challenge for the media is to report accurately, honestly and fairly on issues involving children, and to make sure that this is done respecting the rights of the child, and in a way that enables journalists to listen to and understand the views of children. Media should also provide the space and the opportunities for the diverse and unique opinions of the children themselves and contribute to realise the rights of the child to be listened to and taken seriously and their right to freedom of expression. This session will focus on the following:

- **Presentation of 2014 and 2015 Media monitoring results; (20 minutes)**
  Elected Child Ambassadors from Namibia and Lesotho will present on “How children should be covered in the media”.

- **Capacity Development – how to get the Issue on the Media’s Agenda (25 minutes)**
  This module focuses on different approaches adopted by children’s, gender and media activists to get issues on the media’s agenda.

- **Group work – Get News Coverage – What you can do! (45 minutes)**
  Participants will be divided into small groups to create news coverage of their organisation, advocacy issue or national sanitation campaign.

**Facilitators:**
Henry Kabwe – Media Network on Child Rights and Development (MNCRD) – Zambia
Lizette Feris  Media Institute of Southern Africa (MISA) – Children and the Media project coordinator,
Precious Children’s Foundation
**Child Ambassadors:** Selma Amwele (Namibia), Natasha Mwansa (Zambia)

Skills Building Workshop 3: Gwayi Room,

Creating meaningful social connectedness and building resilience through child and youth care workers for children

Author: Ogawa, M. (mogawa@synergos.org)
Affiliation: Synergos Institute, South Africa

Synergos - South Africa, in collaboration with Kim Samuel, the Samuel Family Foundation and several other organisations, have developed and advanced the Social Connectedness Program to examine and address chronic isolation as it relates to children and youth in the context of poverty. The Social Connectedness Program rests on the premise that the well-being of children and adults alike depends on fulfilling relationships and secure bonds with others. Adverse circumstances can all break these vital
connections and lead to social isolation. The presentation will also focus on collaborations for impactful results through working with Oxford University’s Poverty and Human Development Initiative, Nelson Mandela Children’s Fund (NMCF) and the Foundation for Community Development (FDC) in Mozambique on research and to influence practice, program and policy through working with Regional Psychosocial Support Initiative (REPSSI), Networking HIV/AIDS Community of South Africa (NACOSA), City Year and Joburg Child Welfare. We will also use the opportunity to present on the REPSSI partnership in the form of the Social Connectedness Journey of Life Toolkit at the pre-forum Skills Building Workshop. The presenter will share how social isolation is especially harmful when it is chronic; that is, when it endures over a long time. The role of practitioners in building social connectedness is explored. The presentation will also focus on the key aspects and outcomes of the Social Connectedness Program, highlighting practices to identify, mitigate, prevent and address isolation, informing and influencing public policy impacting this problem.

Break Away Session: 13:30-15:00hrs

Private Sector Engagement: Gwayi Room

Topic 1: Journey to sustainability: how to ensure your value proposition
Authors: MacDevette M.1, Ndwandwe S.2
Affiliations: 1Dalberg Consulting, 2Catalyst for Growth

Topic 2: Private sector collaboration: lessons from the World Bank Group’s Health in Africa initiative
Author: Rhogo, K.
Affiliation: World Bank & IMF’s Health in Africa Initiative

Topic 3: The role of private sector engagement in boosting psycho-social support and other services for children
Author: Namunane, M.S. (anamunane@gmail.com)
Affiliation: USAID/Uganda Private Health Support Program

In Uganda, private companies were well known for boosting employment and economic status of the population that surround them. However this has not been the case as in the majority of the areas where these companies operate, there has been increasing poverty levels, HIV prevalence, child labour and abuse, stigmatization and discrimination. There has been an increased number of children without parental guidance and those suffering from a high level of malnutrition. The private company engagement efforts by the USAID/Uganda Private Health Support Program, through their corporate social responsibility efforts are explored in this study, including the provision of services provided to 2 130 children living in the private company catchment areas. Recommendations are made for the importance of engaging private companies in boosting psychosocial support and other services for children.
**Kalundu Room**

**Topic 1: Improving access of service and psychosocial support to most vulnerable children in Mkuranga District, Tanzania**

Author: Nyagawa, F. (fnyagawa@urc-chs.com)
Affiliation: URC/ USAID ASSIST Project, Tanzania

The care and protection of vulnerable children is a community affair. National protection policies can exist but unless communities are sensitized and equipped to protect children, the potential of those policies goes unrealized. Mkuranga District Council, supported by the Tanzania Department of Social Work, USAID ASSIST, and implementing partners, supports community child protection teams to rekindle community shared responsibility for child protection in preventing and responding to child abuse, violence, neglect, and exploitation, and in provision of quality services to vulnerable children. The Mkuranga District Council created a Child Protection (CP) week from February 9-16, 2015. The CP team members conducted a number of awareness-creation activities and held district-level meetings to discuss planning and allocation of resources to support CP activities. Through a local partner, community members were also oriented on how to form and run children's clubs to build children's confidence in reporting cases related to abuse, violence, neglect and exploitation which might happen in their locality. At the community level, awareness-raising activities were carried out in selected primary schools and villages. A total of 1,686 pupils and 722 adults (teachers, ward, village and hamlet leaders) participated in CP activities. This presentation will describe the activities carried out by communities following the sensitization meetings on child protection, which covered a broad range of services from providing children with basic health care to responding to child abuse and exploitation.

**Topic 2: Intervention strategies used to provide support to children living in difficult circumstances and at risk of contracting HIV/AIDS and their families**

Author: Oletile, J.O. (joyolet@yahoo.com)
Affiliation: Independent participant, Botswana

Psychosocial Support continues to be a fundamental tool in the upbringing of children and realising their fundamental rights and responsibilities. Interventions should reflect that children have rights and that the government and civil society, including families, have obligations to respect and facilitate their realisation. Children’s competencies to participate actively in realising their rights is recognised but varies with age and stages of development. This presentation aims to discuss intervention strategies used in the Botswana National AIDS Prevention and Support (BNAPS) project aimed at providing psychosocial care and support to children living in difficult circumstances and their families in Maun, Botswana. The target population for the project is children aged 6 to 18 years and their families. The project conducted a baseline study, followed by engaging community leaders, beneficiaries and council authorities in the project. The project took into consideration that children, families and communities have strengths and capacities that should inform and orient interventions, and that understanding of the social context and positive traditional practices may provide effective, sustainable options and opportunities for protecting children. Recommendations are made for integration this work with other sectors and ensuring that interventions are context specific. REPSSI’s Journey of Life and Tree of Life, were used during life skills camps. An integrated model called Hope for Kids was also used, which contains games, drawings and colouring activities.
**Topic 3: Community HIV testing - taking the clinic to the community**

Authors: Matyanga, P. (pmatyanga@ophid.co.zw); Patel, D.; Webb, K.; Sigobodhla, K.; Charashika, P. & Engelsmann, B.
Affiliation: Organisation for Public Health Interventions and Development, Zimbabwe

Mbereko groups, which are peer to peer psychosocial support groups, encourage pregnant and lactating women to make healthy choices for themselves and their children. Through funding from USAID, OPHID started Mbereko groups in 2013 and have been facilitating discussions at community level in topics such as HIV testing, care and treatment, adherence counselling with a family focused approach. In the era of HIV, families are encouraged to know their HIV status for them to be able to live a healthy life. To augment the model, HIV community testing was approved by the office of the Ministry of Health and Child Care (MOHCC) in Mutasa and Bindura Districts. Using a multidisciplinary team that included Village Health Workers and an MOHCC community cadre, mobilised at community level to drum up support for testing. An Environmental Health Technician approved the acceptability of sites for testing in the community. Other logistics were organised by the MOHCC team, while the testers were trained clinic nurses and or Primary Counsellors at selected clinics. The District Supervisors were present to oversee that the process adhered to the standard operating procedures. The results of this work in 6 clinics in Mutasa and Bindura, reaching a total of 704 people with testing, are discussed, with recommendations for such community health initiatives.

**Topic 4: Safe Disclosure to Children**

Author: Paunde, E. (maura.paunde@gmail.com)
Affiliation: Mozambique Ministry of Health, Mozambique

Mozambique faces a severe epidemic of HIV and AIDS, and is currently ranked among the top 10 countries with the highest burden of HIV worldwide and population prevalence above 10%. It is estimated that of the approximately 1.5 million people living with HIV in Mozambique, 200,000 are children under 15 years. The management of their disease, in most cases, is done by an adult, usually the mother or grandparents, taking into account that some parents have died of HIV/AIDS. Many of these children and adolescents are not properly informed of their positive HIV status of HIV and this influences their adherence and retention in treatment. Their caregivers admit to health professionals their apprehension of this disclosure. In response, the Ministry of Health (MOH) decided to implement the diagnostic disclosure in a standardized way so that all health facilities with antiretroviral treatment services implement this activity, such that caregivers of children and adolescents, along with health care providers, create means to inform their child or young person of their HIV status.

**Kazuma Room**

**Topic 1: Support for adolescents through a school health program in Zimbabwe**

Authors: Ray, S.1; Mataure, P.2; Manangazira, P.3 & Acaye, G.4 (sunanda28@hotmail.com)
Affiliation: 1University of Zimbabwe College of Health Sciences, Zimbabwe; 2Consultant, Zimbabwe; 3Ministry of Health and Child Care, Zimbabwe; 4UNICEF, Zimbabwe

Although only 4% of girls in Zimbabwe have their sexual debut before age 15 years, high risk behaviours tend to be clustered in this group who are more likely to go on to have multiple partners, engage in
transactional sex, to become HIV and/or HPV infected or pregnant. The challenge is how to intervene with these girls at primary school to give them skills to avoid these risks and to prevent dropping out of school as teenagers. With more than 95% pupil attendance at primary school, schools provide good opportunities for psycho-social support for adolescents, but need resources to provide interventions that are feasible and acceptable for this age-group. A recent assessment appraised adolescent health interventions that could be delivered alongside HPV vaccination for girls aged 10-12 years at primary schools. Significant knowledge gaps in health matters were displayed by pupils in focus group discussions. Key informants recommended that gender, disability, personal hygiene, nutrition and age-appropriate information on sexual health be included as taught topics in the primary school curriculum. Another recommendation was to set up pupil-led health clubs to achieve health literacy and peer-support for children living in families with HIV and/or disability, on avoiding substance misuse, prevention of injuries, and how to respond in cases of physical/sexual violence or harassment. Recommended interventions are discussed, stressing the concept of creating “agency” among adolescents in a context of resource constraints.

**Topic 2: The impact of life skills training on resilience of orphaned and vulnerable adolescents and youths in Uganda - the experience of the SCORE Project.**

Authors: Larok Otim R. (rita.larok@avsi.org), Biribonwa Agaba, A. And (Alfred.agaba@avsi.org)

Authors: Agaba, A. & Larok, R. (rita.larok@avsi.org)

Affiliation: AVSI Foundation, Uganda

This presentation focuses on the the impact of SCORE life skills trainings on the resilience of orphaned and vulnerable adolescents and youths in 35 districts of Uganda. SCORE is a USAID-funded project (2011-2016) that reaches over 25,000 vulnerable children households throughout Uganda with the goal of reducing their vulnerability. The project is implemented by a consortium of four agencies; AVSI, CARE, FHI 360 and TPO. Pre and post training questionnaires of 251 in- and out-of-school youth (42% male and 52% female) examind i) relationship building, ii) conflict management, iii) stress management, iv) communication, and v) psychosocial well-being . Results are discussed in relation to a decrease of these variables in youth with broken relationships, and increase of these variables in youth with stronger relationships. Findings on mood, happiness and handling of conflicts are presented. A comparison of psychosocial wellbeing further revealed the positive contribution that the life skills training makes towards psychosocial wellbeing. Conclusions are made for the provision of resilience and overall psychosocial wellbeing.

**Topic 3: PSS In action in an educational setting**

Author: Ncholu, M.J.M. (mmamoncholu@yahoo.com)

Affiliation: Lesotho High School, Lesotho

Every child has the right to love, care and protection. Clearly it is difficult to separate these aspects when it comes to children’s wellbeing. As a teacher in Lesotho, I work with adolescents and young adults and most of them are at risk because they are orphaned and vulnerable. The challenges they face include HIV and AIDS, poverty, family conflicts, negligence and abuse. In 2010, I enrolled in REPSSI’s Situated Supported Distance Learning (SSDL) 18-month Certificate Course in Community Based Work with Children and Youth supported by University of Kwazulu Natal. Since then I have taken it upon myself to see that my leaners’ wellbeing is guaranteed, by implementing psychosocial support programs at my
institution to address the ongoing emotional, social, and spiritual concerns and needs that the learners-who are living in adversity, together with their parents and or guardians. I raise awareness amongst learners on the policies that advocate a zero tolerance approach to child abuse, linked to the Children Protection Policy, the UN Convention on the Rights of the Child, the Lesotho National Policy on Orphans and Vulnerable Children, and the Life Skills Education for Secondary Schools in Lesotho. I teach learners about exploitation and violence, amongst others, and how they should voice their concerns regarding these. The positive outcomes of this school program are discussed with recommendations for urging our governments to make psychosocial support a compulsory requirement in our schools.

**Skills Building Workshop: Matetsi Room**

**What are guiding principles for working with para professional social service workers?**

Authors: Thumbadoo, Z.1 & Bess, A.2 (abess@intrahealth.org)
Affiliation: 1NACCW, South Africa; 2GSSWA, USA

The session will have three main learning objectives, including:

1. A better understanding of guiding principles for para professional social service workers and why they are important to the provision of quality services to children and families
2. Increased knowledge about promising practices that exemplify the principles and will gain ideas on how they can be actualized
3. New recommendations for programming shifts to better integrate the principles into programming

The 2 – 2.5 hour session will be led by Ms. Zeni Thumbadoo, Deputy Director of NACCW; Ms. Leah Omari from the Tanzania Institute of Social Work, Zambia Association of Child and Youth Care Workers and PACT Ethiopia; Lynette Mudekunye from REPSSI and representatives from programs that train and support para professionals.

The session will include the following:

- A brief overview (15 minutes) of the Alliance Interest Group on Para Professionals, the process used to develop the guiding principles, overview of the principles (1 moderator)
- Presentation from leaders of programs that train and support para professionals on how they are actualizing the principles – challenges and successes (2 speakers)
- Small group work which will focus on brainstorming next steps
- Time for questions and answers.

**Closing Ceremony 15:15-17:00hrs**

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