



ECONOMIC STRENGTHENING AND KEEPING CHILDREN IN FAMILY CARE

UGANDA LEARNING EVENT

**COMPILED NOTES AND
PRESENTATIONS**

Economic Strengthening and Keeping Children in Family Care

Uganda Learning Event Compiled Notes and Presentations

*May 29-30, 2018
Speke Resort Munyonyo, Kampala*

ASPIRES Family Care

This learning event documentation was produced under United States Agency for International Development (USAID) Cooperative Agreement No. AID-OAA-LA-13-00001 and was made possible by the generous support of the American people through USAID. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.

TABLE OF CONTENTS

Introduction	1
Notes from USAID Opening Remarks: Why We Support Learning about ES to Prevent Family-Child Separation and Assist Children’s Return to Family Care	2
Overview of the Economic Strengthening to Keep and Reintegrate Children into Family Care (ESFAM) Project	4
Overview of the Family Resilience (FARE) Project	15
Limited-Term Cash Transfers in Reintegration and Prevention of Separation Programming: Rational, Targeting, Outcomes and Learning.....	28
Lessons Learned: Savings Groups for Keeping Children in Families	1
Strengthening Economic Knowledge and Capacity of Children and Adolescents.....	82
What Do We Know about Supporting Reintegrating Families with Economic Strengthening?	115
Notes from Roundtable Discussion on Financial Literacy.....	121
Notes from Roundtable Discussion on Business skills Training and Coaching.....	122
Notes from Roundtable Discussion on Income Generating Activity Development	123
Notes from Roundtable Discussion on Matched Savings Accounts.....	124
Notes from Roundtable Discussion on Case Management	125
Notes from Roundtable Discussion on Family Dialogues	126
Notes from Roundtable Discussion on Parenting/Parenting Skills Capacity Building .	127
Notes from Roundtable Discussion on Life Skills Training and Interactive Learning Sessions for Adolescents.....	129
Notes from Roundtable Discussion on Child Protection	131
Notes from Roundtable Discussion on Assessment.....	133
Notes from Roundtable Discussion on Case Management and Economic Strengthening in Reintegration Programming	135
Notes from Roundtable Discussion on Case Management and Family Strengthening in Reintegration Programming	137
Notes from Roundtable Discussion on Economic Strengthening and Family Strengthening in Reintegration Programming.....	139
Notes from Roundtable Discussion on Case Management and Economic Strengthening in Prevention of Separation Programming.....	140
Notes from Roundtable Discussion on Economic Strengthening and Family Strengthening in Prevention of Separation Programming.....	142
Compiled Notes from Discussions on Envisioning Guidance on ES in Reintegration and Prevention of Separation Programming	144

Wrapping up	148
Annex 1 -- Agenda	150
Annex 2 – Questions about Things We Want to Understand Better	155
Annex 3 – Summary of Evaluation Forms	157
Annex 4 – Speaker and Facilitator Bios	159
Annex 5 – List of Event Participants.....	164
Annex 6 – Links to ASPIRES Family Care Documents	167

INTRODUCTION

This report compiles presentations and notes from the Accelerating Strategies for Practical Innovation & Research in Economic Strengthening (ASPIRES) Family Care Uganda Learning Event, Economic Strengthening and Keeping Children in Family Care, held May 29-30, 2018. This learning event was planned as an opportunity for ASPIRES partners ChildFund and AVSI Foundation to share learning from the Economic Strengthening to Keep and Reintegrate Children in Families (ESFAM) and Family Resilience (FARE) projects. The event also aimed to offer practitioners and other stakeholders an opportunity to learn from each other about programming related to reintegration, prevention of family-child separation and highly vulnerable families, especially in relation economic strengthening (ES), and to assist ASPIRES to consolidate and record learning from practitioners to inform its understanding and the guidance it will develop on ES in reintegration and prevention of separation programming. More than 95 individuals from practitioner organizations, government, research bodies and coordination entities attended the learning event. The notes included here were taken by ASPIRES staff members, other volunteer notetakers and participants in discussion groups; they have been formatted and lightly edited for space and clarity. We hope they capture the flow and the richness of the discussions at the event. ASPIRES appreciates the support of participants in preparing presentations and facilitating and documenting discussions.

About ASPIRES

ASPIRES, supported by PEPFAR and USAID and managed by FHI 360, supports gender-sensitive programming, research and learning to improve the economic security of highly vulnerable individuals, families and children. ASPIRES provides technical assistance to US Government agencies and their implementing partners to advance and scale up high-quality interventions in the areas of consumption support, money management, and income promotion. It also designs and implements rigorous research to evaluate programs and inform a new understanding of best practices in ES for vulnerable populations.

With funding from USAID's Displaced Children and Orphans Fund (DCOF), ASPIRES' Family Care project is tackling the topics of how ES interventions can help separated children—such as children in residential care facilities, children living on the street, or children migrating for work—return to and remain in their families. It is also exploring how ES can help highly vulnerable families stay together. It will draw on evidence from two projects it funded and is conducting evaluation research on in Uganda, as well as learning from other projects addressing family preservation and reintegration, to develop programming guidance that will help projects match specific families with ES interventions that improve their economic circumstances and support family stability.

NOTES FROM USAID OPENING REMARKS: WHY WE SUPPORT LEARNING ABOUT ES TO PREVENT FAMILY-CHILD SEPARATION AND ASSIST CHILDREN'S RETURN TO FAMILY CARE

Kay Leherr, Director, Office of Education, Youth and Child Development, USAID Uganda

Kay Leherr's welcoming comments observed that the Economic Strengthening and Keeping Children in Family Care learning event was an opportunity for all participants to focus their attention on lessons learned from projects working on child protection issues. She reminded the group that economic empowerment is a critical piece of USAID's programming and that supporting vulnerable populations, especially vulnerable children and youth, is at the core of USAID's strategy in Uganda. Statistically, she said, the average Ugandan is a 14-year-old girl, and USAID structures its programming to address the diverse needs of these girls, their families, and their communities.

USAID supports the Ministry of Labor Gender and Social Development, District government and local civil society to ensure the well-being and protection of children, and preservation of the family. The is now in the process of finalizing a Child Policy and a Strategic Plan that will include strong actions to address violence against children. A new framework for alternative child care is also under development. Ms Leherr noted that research platforms like ASPIRES strengthen the partnership between the U.S. government and Government of Uganda to continuously improve support services and linkages with the social services sector and help to inform priorities and investments going forward. Learning from AVSI Foundation's FARE project and Childfund International's ESFAM project, both supported by ASPIRES, is helping Uganda to better understand and provide programming around how family economic strengthening interventions can help separated children (such as children in residential care facilities, children living on the street, or children migrating for work) return to and remain in their families; and how family economic strengthening can help highly vulnerable families stay together, reducing children's risk of neglect, abuse, and exploitation and increasing the likelihood that they will experience positive physical, social, and mental development. She looked forward to fruitful discussions at the learning event.

John Williamson, Senior Technical Advisor for USAID's Displaced Children and Orphans Fund (DCOF)

In his remarks, John Williamson reflected on his first visit to Uganda in 1991, when he served on a USAID team sent at the request of the Ugandan government to make recommendations concerning the situation of children being orphaned by AIDS. The team visited Masaka and Rakai and saw what families and communities were doing in response to children's needs. They also spoke and listened to smart people, starting with staff members of what was then the Ministry of Labour and Social Affairs. These smart people told the visiting team that Uganda had a history of family care and that the government's policy was that it should be supported. The

team agreed, recognizing that family and community are the first line of response to children in need and that what governments, agencies, or other stakeholders do must strengthen the capacities of families and communities to provide care for their children.

The team recognized that every child needs family care. It is essential for brain development through face-to-face interaction with the parents. It is also how we learn to be human beings and citizens. Families are not only important to children because a family is a support and safety net throughout life.

Mr. Williamson noted that economic strengthening was centrally important to improving the abilities of families to provide care for their children. Studies all around the world have found that family poverty is the primary reason for children being outside of family care in residential institutions. Access to education tends to be the second most significant reason, and fundamentally that is also a result of poverty. But how can we strengthen families economically in sustainable ways? Mr. Williamson observed that we need to be able to match interventions to the capacities, limitations, and opportunities of each family and that the ASPIRES Family Care Project seeks to develop globally relevant guidance on how to do that.

OVERVIEW OF THE ECONOMIC STRENGTHENING TO KEEP AND REINTEGRATE CHILDREN INTO FAMILY CARE (ESFAM) PROJECT

Evas Kansiime, ChildFund



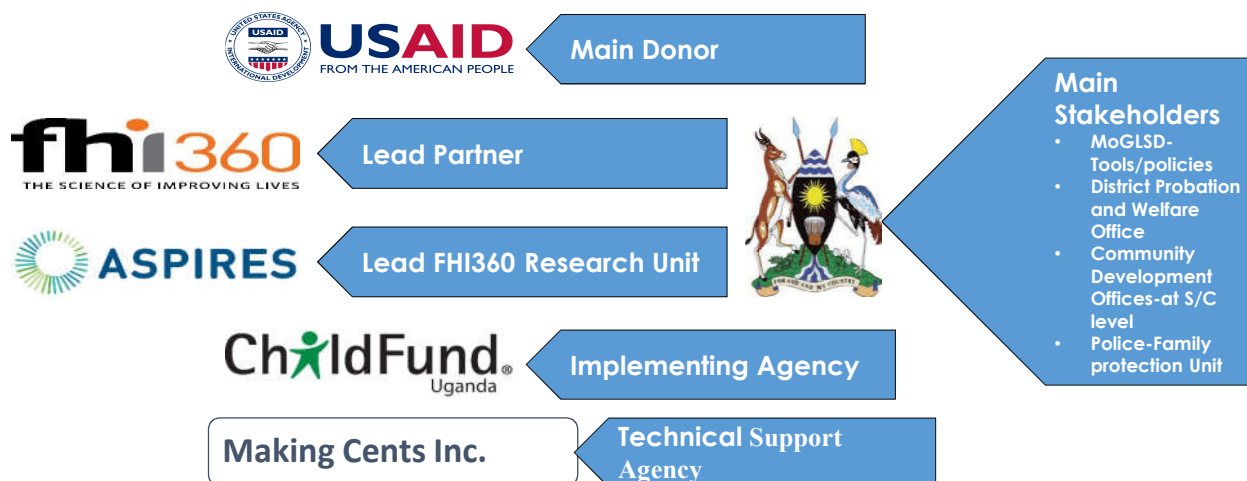
ESFAM PROJECT

E - Economic

S - Strengthening to Keep and Reintegrate Children

FAM- into Families

Partners:



Project Description:

- ❑ **Funding Source:** USAID's Displaced Children and Orphans Fund (DCOF) & ChildFund International
- ❑ **Start date:** November 2015
- ❑ **Project Completion date:** March 2018
- ❑ **Project Location:** Gulu (Laroo Div. and Bungatira S/C), Luwero (Kalagala and Luwero S/C) & Kamuli (Balawoli and Mbulamuti S/C).
- ❑ **Implementing Partner:** Making Cents Inc.

Project Overall Goal:

To **test the effectiveness** and **cost-efficiency** of four sequenced and overlapping ES packages, that are integrated with non-economic social services into a full spectrum approach to reduce the effects of the primary drivers of unnecessary child separation, thereby **reducing risk of unnecessary separation**, increasing the chances of **permanent reintegration**, and supporting children's resilience and improving their status in the HH and community.

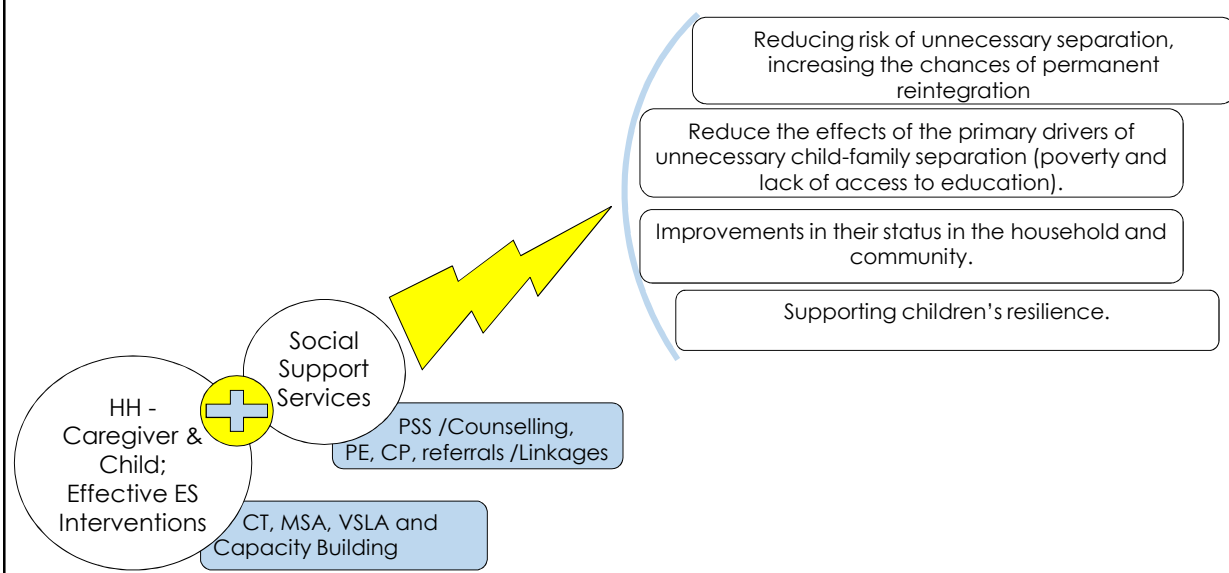
Specific objectives

Objective 1: To support reintegration of children in family care and prevention of family-child separation/re-separation with targeted household-level packages of case management social support services and sequenced ES interventions.

Objective 2: To support targeted children's resilience through financial skills, business training, coaching, and children's saving groups, integrated with other group activities aimed at promoting coping skills, self-esteem and resilience.

Objective 3: To contribute to the small but growing evidence base linking ES interventions to positive child outcomes.

Project Theory of Change



Identification of Project participants-FSVI

FSVI - Risk Analysis

Low	0 – 49	Analysis of risk levels based on a summation of total score obtained from CPA1, CPA2, CPA3, CPA5 & CPA6
Medium	50 – 99	
High	100 +	

FSVI – HH Economic Vulnerability Analysis

Growing	0 - 34	Analysis of risk levels based on a summation of total score obtained from CPA1 and CPA2
Struggling 2	35 - 59	
Struggling 1	60-69	
Destitute	70 +	

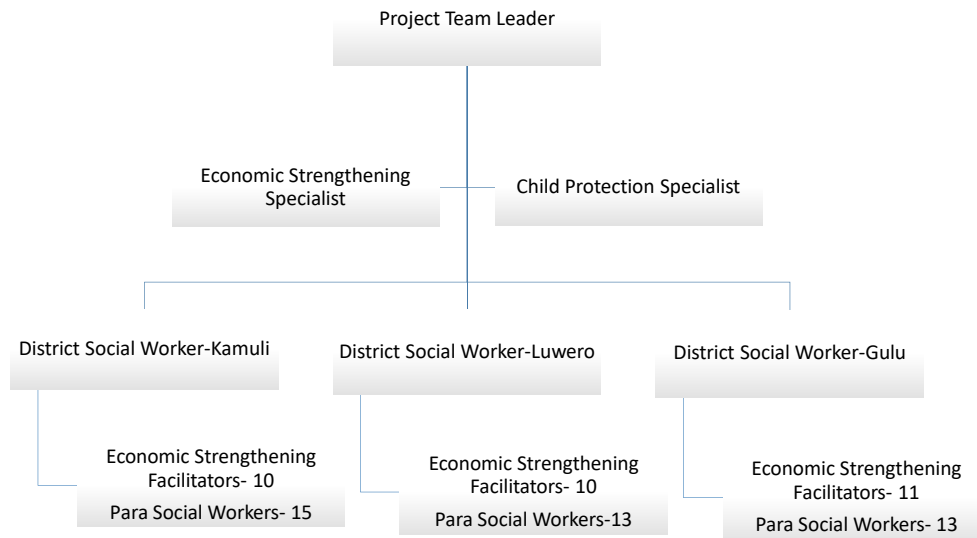
CPA1:	Household economic livelihood security
CPA2:	Access to basic needs
CPA3:	Health and care
CPA5:	Psychosocial support and basic care
CPA6:	Child protection and legal support



Project Targets:

Participant category	Economic Package-	Reunified Households; Children from CCI	Households at Risk; High, Medium Risk of Family-Child Separation	Total Targeted Households
Destitute HHs	Cash Transfers	41	367	408
Struggling 1 HHs	Matched Savings Accounts	30	125	155
Struggling 2 HHs	VSLA	18	119	137
Total		89	611	700
Package 4 (Children/Adolescents)		45	180	225

Implementers (“Hands”)



ESFAM ES Interventions:

Package	Description
Package 1	Financial Literacy to <u>destitute households</u> + Cash Transfer + Organize them into VSLAs + Business Skills Training (BST)+ Individualized home-based Business Skill Coaching (BSC) in a sequenced and overlapping manner.
Package 2	Financial Literacy to <u>Struggling 1</u> target households + Matched Savings Account with PBU+ Individualized home-based Business Skills Training and Coaching (BST &C)
Package 3	Organize <u>struggling 2</u> target household Caregivers into VSLAs + BST & BSC in a group setting + Individualized home-based BSC
Package 4	<u>Children 10 – 17 years form</u> a Child or Adolescent Saving Group + group-based BST&C.
	Social Services integration- Psychosocial Support +Parenting Education +Child protection +Social services linkages + referrals.

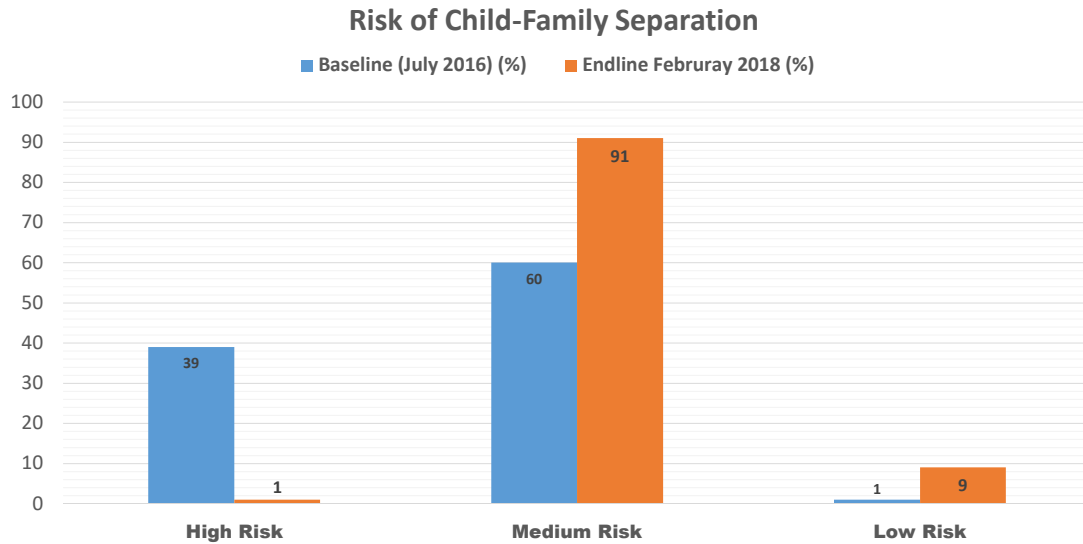
Capacity Building Strategy

- Capacity Needs Assessment (CPA)
- Curriculum development for (Catalyzing Business Skills (CBS) for Caregivers, Youth and Children)-Focus-Enterprising the households
- Trainings for Master Trainers at national and District Level
- Training of community levels “hands”-ESFs and PSWs
- Training and coaching for project participants across the project locations

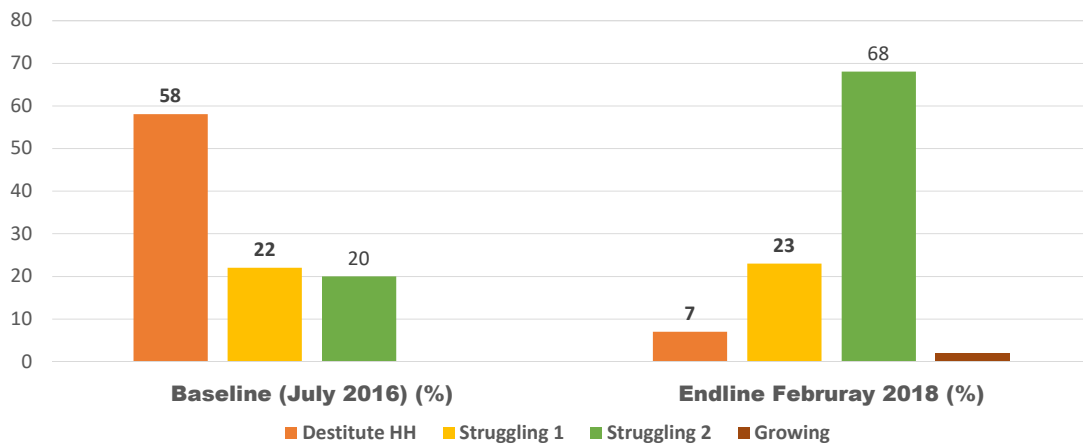
Project Research Component

- Baseline July - September 2016,
- Midline in June 2017, and
- End line in January 2018.
- ASPIRES Qualitative research
- Case Management
- Capacity Building Assessment Outcome assessment
- Learning briefs documentation

Project Successes Risk levels



Project Successes-HH economic vulnerability



Project successes (cont'd)

Indicator	Baseline (%)	Endline (%)
HHs reporting a good social, family, child care environment	26	65
HHs with a positive educational status	50	80
Positive child protection status	48	84
Children and youth reporting positive adaptive capacity and resilience	50	80
Permanency of care (children who remained in family for at least 10+ months)	-	94
HH with ability to pay for sudden expenses/shocks without eroding their asset base	38	53

Key lessons learned

- Financial support is a catalyst to positive family and child outcomes
- Social Support Services are a great catalyst for successful Economic Strengthening interventions.
- Children/Adolescent Savings Groups-are a promising learning point
- Mentorship plays an important role in ensuring effective case management and overall implementation of project interventions.
- ES sequencing (esp. financial literacy) is an important strategy for successful implementation of ES packages.
- Reintegrating children from CCIs requires ample planning if targets are to be achieved.

Challenges

- More time required for implementation time and solid learning
- Reunification/Reintegration-delay in project implementation
- Volunteer capacity vs complex programming
- Operational challenges related to household classification

Questions for other Implementers

- How best can the capacity of community volunteers be strengthened to match project implementation expectations?
- What alternative implementation models can be adopted in place of community volunteers?
- How best can economic classification be for effective benefit of all project participants?

Questions on ESFAM's Overview Presentation Related to:

How to objectively classify households (and avoid bias)

ESFAM benefitted from a community-level PRA process in which community members identified risks and households at risk. LC1 chairs were involved to help people understand. ESFAM educated participants about what was planned for different groups, so participants understood why households were classified the way they were.

Capacity of the very poor to save

ESFAM found that even very poor people had some money and benefitted from financial literacy skills. Financial literacy training helped them understand how to use the little they had in better ways/for better outcomes. The project found that destitute households responded better to program activities than other households.

Reduction in risk levels

Movement in risk level was across categories. The proportion of “struggling 1” households increased, but that reflects movement of destitute households into the struggling 1 group.

How data were collected

ESFAM contracted research assistants to collect data. The project was able to use information in its comprehensive case management toolkit to help triangulate quantitative data.

Use of village agents for VSLA instead of volunteers

The project did not do this (and could not change implementation strategy too much mid-stream, since it was also a research project), but ESFAM team members think village agents are a good strategy.

Note from another session: Some households were already involved in VSLA that were not a part of the project. This affected FARE's ability to engage them in the full planned package of support.

OVERVIEW OF THE FAMILY RESILIENCE (FARE) PROJECT

Magdalene Ndagire, AVSI Foundation

Family Resilience (FARE) Project overview

Magdalene Ndagire
Program Manager

ASPIRES Learning Event
29/30 May 2018



FARE Brief: USAID Displaced Children's Orphans Fund

- **Goal:** Prevent child – family separation and re-separation.
- **AVSI Foundation - Lead**
 - Retrak Uganda: Consortium partner- lead reintegration
 - Fruits of Charity Foundation (FCF): Implementing partner
 - Companionship of Workers Association (COWA): Implementing partner
- **Duration:** 2 year and 9 months
- **Coverage:** 2 districts – Kampala and Wakiso

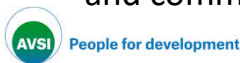
Project purpose/Objectives

Overall project objective: Targeted families/households are less vulnerable and more resilient to shocks that lead to family- child separation

Objective 1: Quality, appropriate case management helps reintegrating children and families and families at high risk of separation identify needs and access support and services

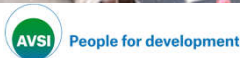
Objective 2: Targeted families have increased economic resources and capacities

Objective 3: Children are nurtured and protected in targeted families and communities



Program participants

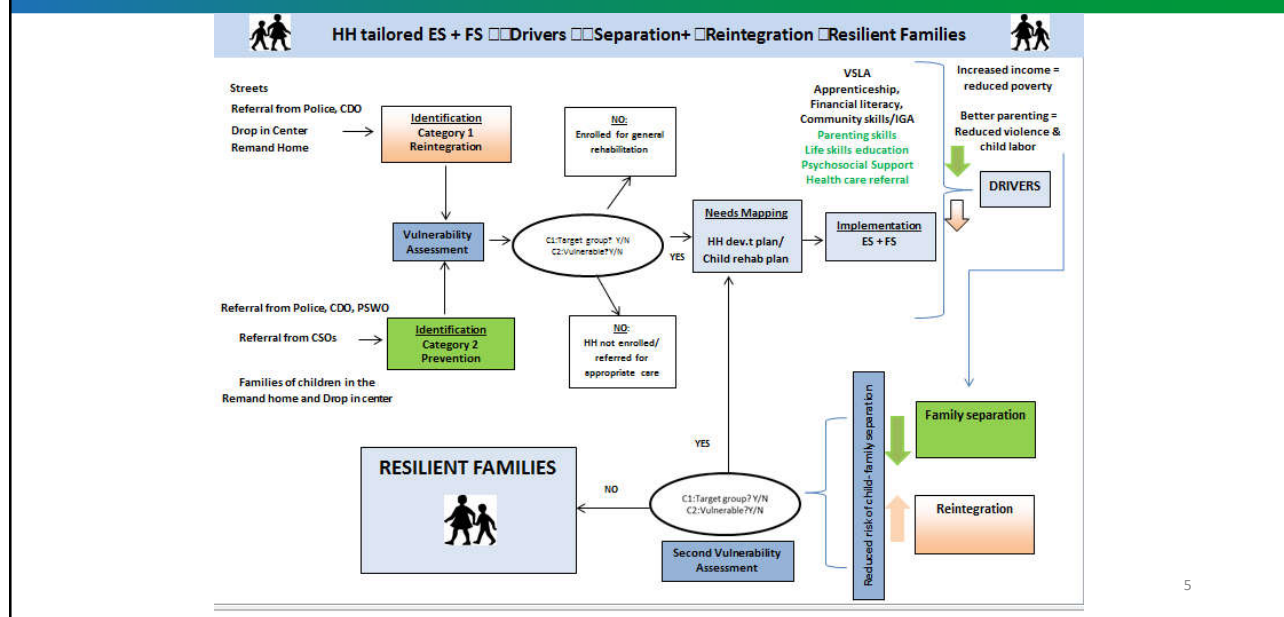
Reintegration families: target of 300 children, reached 281 (93.6%)



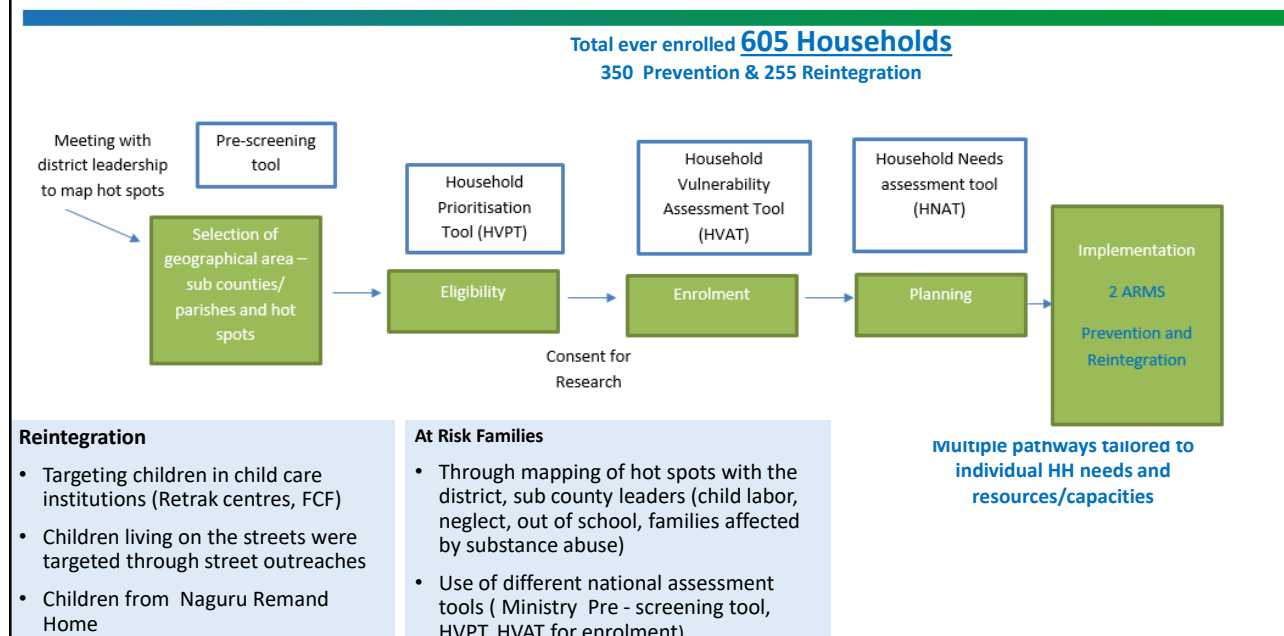
Prevention families/at risk of separation families- 350 families, achieved.



FARE theory of change and intervention approach



FARE Beneficiary Flow Chart – Case management model



Beneficiary Characteristics at baseline

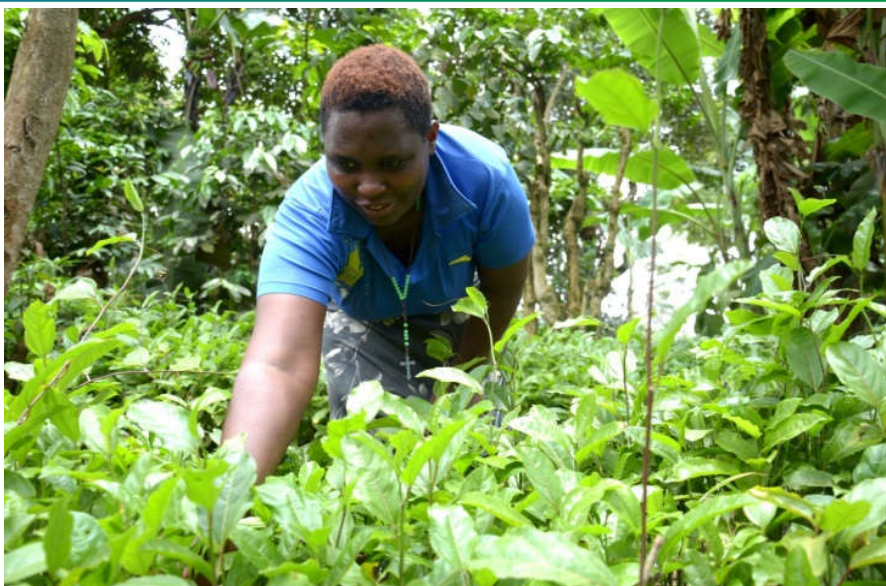
- 44% male, 56% female headed for reintegration HHs
- 17% male, 83% female headed HHs for at risk HHs
- 30% and 25% for reintegration and at risk families respectively with individuals of 25 years and above, followed by 10-14 age bracket at 21% and 18% respectively.

☐ Children

- 16% and 28 % orphaned for reintegration and prevention respectively
- 19% and 28% not enrolled in school, 26% and 21% for reintegration and prevention respectively were out of school



Project Interventions



Key Interventions- Combination interventions

Quality, appropriate case management

- Street outreaches, child care plans at centres, provision of basic needs to children at centres, catch up education, life skills education, psycho social support, family tracing and assessments, reconciliation dialogues, follow up visits, and use of the household development plans

Targeted families have increased economic resources and capacities

- Cash transfer, Village Savings and Loans Associations(VSLA), Selection planning and Management of enterprises training(SPM), Apprenticeships for youth, Community skilling.

Children are nurtured and protected in targeted families and communities

- Parenting skills training, Life skills training, Community dialogues/Outreaches
- Referrals, Interactive learning sessions for children/youth, psycho social support, family and individual counselling, Home visits

Key project achievements

- 81% of Children who were reunified with their families stayed at home for 10- 12 months.
- 321 individuals from families classified as destitute were supported to join savings groups (VSLA)
- Target households saved UGX 78,184,500 (21,717 USD) in 1.5 years
- Staff capacity built in systematic case management to be able to respond to children's needs right from the streets to families maintaining close support to the child reintegrating and the family members

Project outcomes- Economic strengthening



Economic strengthening outcomes

- 76% at risk families and 31% reintegration had a reduction in overall vulnerability score by 25%
- 82% at risk and 58% reintegration families with reduced economic vulnerability
- 63% reintegration families with consistent ability to pay for recurrent needs in the past 3 months from 36% at baseline
- 79% at risk families with consistent ability to pay for recurrent needs in the past 3 months compared to 52% at baseline
- 49% reintegration and 82 % at risk families increased their savings between assessment periods (10 - 12 months)

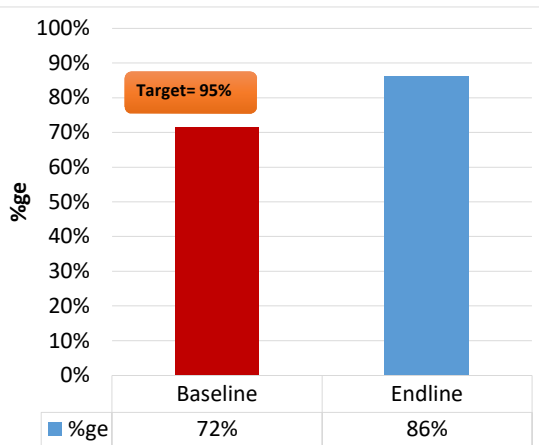


Project outcomes- Family strengthening

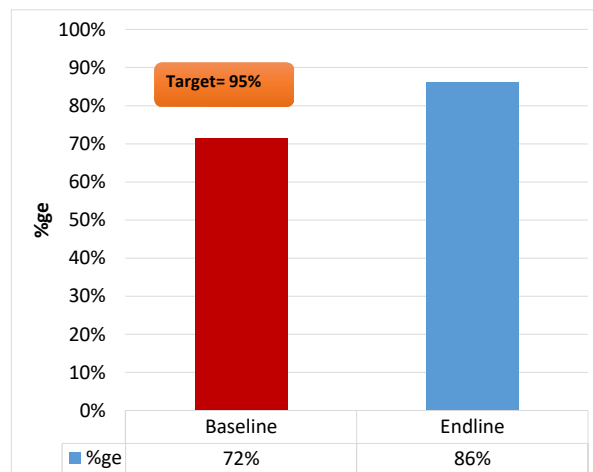


Children with positive social well being

Reintegration children

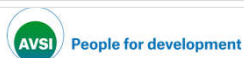
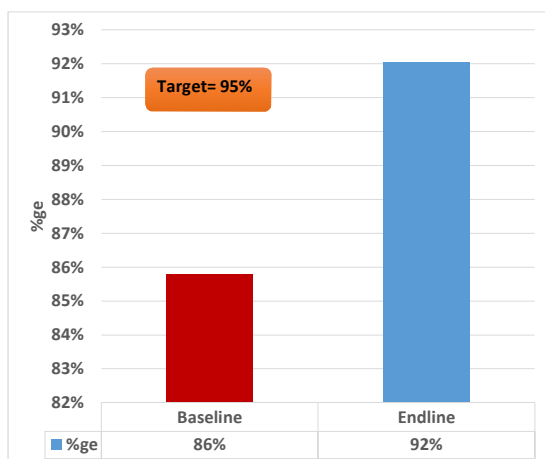


At Risk children

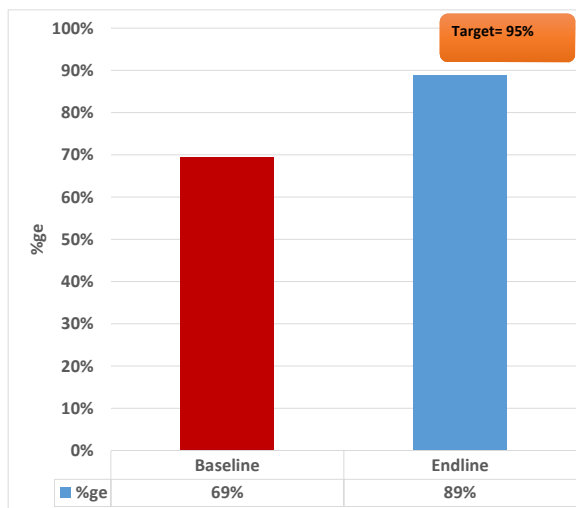


Positive social wellbeing for caregivers

Reintegration



At-Risk caregivers



Child caregiver relationships



Additional Family strengthening outcomes

- Children who feel safe and supported in their home, school and neighborhood improved from 55% to 73% for reintegration and 71% to 94% for at risk families
- Adults with positive care and protection of children increased from 74% to 86% for reintegration and 75% to 97% for at risk families
- Reintegration: Children who feel a sense of attachment with their parents increased from 70% to 82% and parent to child attachment increased from 74% to 84%
- At risk: Children who feel a sense of attachment with their parents increased from 74% to 94% and parent to child attachment increased from 82% to 94%



Challenges

- High levels of mobility for beneficiary families (some families chose to send back reunified children immediately upon return to villages far away)
- Stigma associated to having a street connected children, refusal to enrol after reunification of a child and others never wanted frequent visits from social workers (particularly if the family was not destitute)- such families had limited participation/exposure to project interventions
- Worked with destitute families requiring consumption – even though the project had minimal hand outs (reached only 20% of the 95% who required it)
- Project time frame was short – less outcomes especially for re-intergration housheolds



Lessons learnt/observations

- Group activities for reintegration families bore a higher cost than planned – This needs to be factored in at the point of planning
- A systematic case management approach supports reintegration and lays a strong foundation for future work with the families
- Families reintegrating children need to be immediately started /enrolled for activities to reduce drop out incidences.
- Considerations for early linkage of VSLA groups operating in urban slums to banks due to the high risk associated with keeping money in a box especially towards share out.



Lessons...

- Protection as a key component of interventions when working with the destitute particularly the reintegration to ensure proper and systematic child protection cases.
- Cash transfer as a form of economic support is very key in stabilizing destitute families before introducing them to other project activities
- It is important to include a short term education component for children reintegrating in order to respond to the essential need of education for children that may not fit well in apprenticeship program due to age.
- Adequate staffing levels is key to ensuring systematic case management





People for development

AVSI Foundation

P.O. Box 6785, Kampala, Uganda

Plot 1119 Ggaba Road

Tel. +256 312 501 604/5 | +256 393 501 605

communication.uganda@avsi.org

website: <http://uganda.avsi.org>

www.avsi.org



Questions on FARE's Overview Presentation Related to:

Length of time it takes to prepare children and families for reunification

From the time a child enters a center, preparation for reunification takes two to three months, on average.

What happened to children who re-separated

FARE was able to track some of them. Some went to other relatives and some ran away.

LIMITED-TERM CASH TRANSFERS IN REINTEGRATION AND PREVENTION OF SEPARATION PROGRAMMING: RATIONAL, TARGETING, OUTCOMES AND LEARNING

Thematic Presentations and Panel Discussion

Cash Transfers in Reintegration Programming: Experience from the Keeping Children in Healthy and Protective Families Project

Michelle Ell, CRS/4Children Keeping Children in Healthy and Protective Families Project

Cash Transfer Rationale, Targeting, Outcomes and Learning from the ESFAM and DOVCU Projects

Wilson Wamatsembe, ChildFund ESFAM Project

Cash Transfer Utilization and Coping Capacities for Beneficiaries

Magdalene Ndagire, AVSI Foundation FARE Project

Moderator: David Myhre, FHI 360 ASPIRES Project



USAID
FROM THE AMERICAN PEOPLE



4Children
Coordinating Comprehensive Care for Children



Cash Transfers in Reintegration Programming: Experience from the Keeping Children in Healthy & Protective Families (KCHPF) Project

Presented by Michelle Ell, Uganda Project Director, 4Children, Catholic Relief Services.
ASPIRES Economic Strengthening & Keeping Children in Family Care Learning Event:
May 29-30, 2018, Kampala.



child's **i** foundation



Maestral

MAKERERE



UNIVERSITY

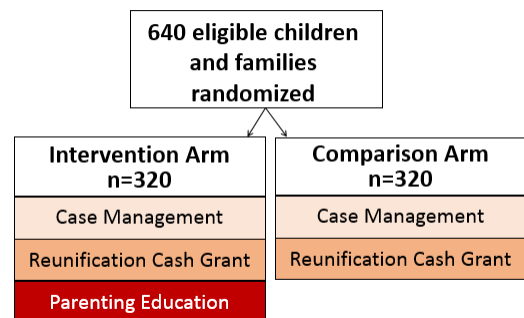
TPOUGANDA

Westat

Randomized Control Trial

KCHPF aims to build the evidence surrounding the reintegration* of separated children into family care:

Does the inclusion of a parenting education program in a package of interventions that includes individualized case management and a cash grant enhance the quality of reintegration in Uganda?



* Reintegration: the process of a separated child making a permanent transition back to his/her immediate or extended family and the community in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life

Key Progress to Date

Working in partnership with PSWOs, CDOs and Staff/Leadership in Residential Care Facilities in nine districts:

- **Completed biodata for 710 children.**
- **Traced 372 family members.**
- **Completed 241 family assessments.**
- **Reunified 101 children with 87 families.**
- **Provided cash transfers to 87 households.**
- **43 households enrolled in 6-month parenting program.**

Case Management

Reunification Cash Grant

Parenting Education

Key CT Planning Considerations in KCHPF

- Amount?
- Schedule of payment?
- Method(s) of disbursement?

How did the research influence CT choices in KCHPF?

- Adopted a standardized amount for CTs which included a fixed amount/child enrolled in study; later modified to include reintegrated siblings.
- Unable to provide training/support in preparation for CT; referrals only.

Roadmap for CTs in KCHPF



Identification of risks & learning from others

- Avoid creating a cash 'incentive' for reintegration.
- De-link notion of assigning a cash value per child reintegrated.
- Possibility of theft.
- Potential conflict within the household.
- Potential negative outcomes on Case Manager/Client relationship.
- Learned from ESFAM and FARE on their approach, experience and methods (including tools) for cash transfers.

Development of the System for CTs

- Drafted guidelines for CTs, which defined the process for validating beneficiaries, processing, delivering, and confirming receipt of CTs.
- Reviewed transaction costs for mobile money transfers.
- Identified mobile money agents in the communities.
- Reviewed travel costs to/from mobile money agents.
- Made a provision to cover transactional and transport costs for mobile money transfers.
- Established a payment platform for mobile money to enable CTs across a variety of mobile phone networks.

Preparation of Primary Caregivers for CTs

- Assisted Primary Caregivers to develop a 'Spending Plan' focused on family well-being.
- Consulted caregivers on preferred methods for CTs, mobile phone access, and obtained consent for CT.
- Provided low-cost mobile phones to 45 (of 87) primary caregivers.
- Provided basic orientation on 'how' to receive mobile money.
- Assisted primary caregiver to identify nearby Mobile Money Agents.
- Continue to monitor progress on Spending Plan goals.

Overview of CT Intervention in KCHPF

Recipient:

Primary caregiver of child/children.

Amount:

UGX 450,000 (\$125)/child + 184,500 (\$50)/sibling

Frequency:

Disbursement #1: 60% of total CT/HH delivered 30 Days Pre-reunification
UGX 26,866,890 (\$ 7,281) to 87 households

Disbursement #2: 40% total CT/HH delivered 30 Days Post-reunification
UGX 6,774,840 (\$ 1,836) to 33 households

Methods of Disbursement:

Mobile Money (95%) and Cash (5%).

Provision of Mobile Phones to facilitate CTs

- Low-cost mobile phones provided to 45 primary caregivers

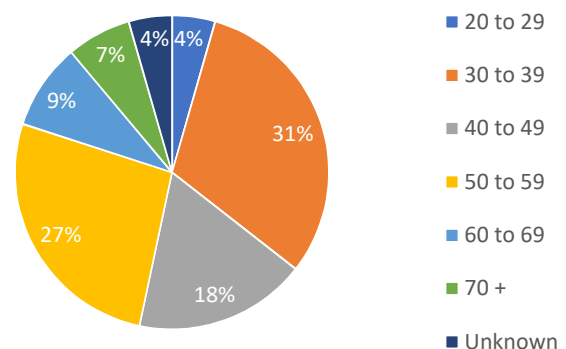
Table 1: Rationale for providing mobile phones

	F	M	Total
Has line but no phone	9	1	10
No phone	15	3	18
Damaged phone	11	6	17
Total	35	10	45

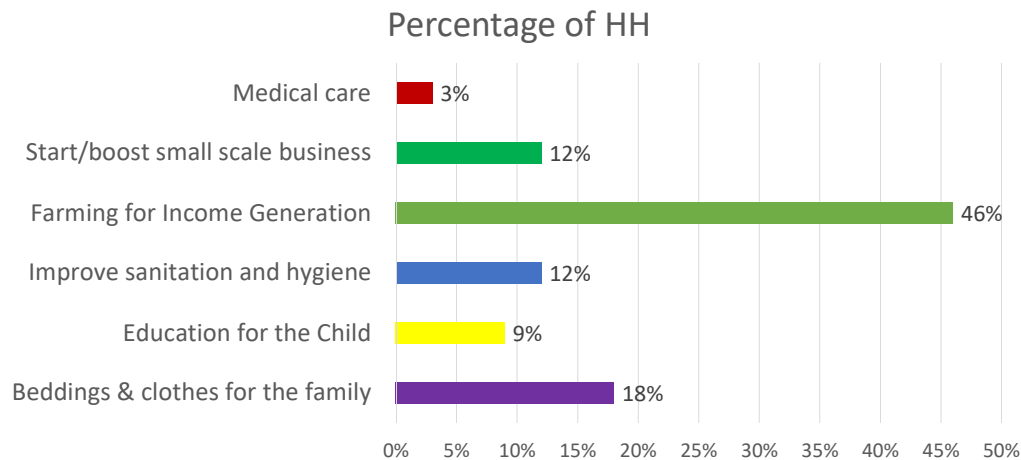
"the phone was provided to the woman because the lady feared that the husband would mismanage the money since they were sharing the phone".

Child's I Foundation Case Manager

Table 2: Age distribution of mobile phone recipients



Caregiver Spending Plan Priorities (33 HHs)



Preliminary feedback on CT Approach

Perspectives from Case Managers:

- Disbursement prior to reunification enabled families to plan/prepare.
- Payment by installments was helpful:
 - Minimizes risks of 'misuse'
 - Enables families to cope with sudden influx of cash.
- Expenditures are not aligning precisely with spending plan, but funds have been overwhelmingly used to address family well-being.
- Ongoing dialogue with families is needed to prepare for and cope with emergencies.



Thank you!

For more information:
Michelle Ell, 4Children Uganda, Email: michelle.ell@crs.org

This presentation is made possible by the generous support of the American people through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-14-00061. The contents are the responsibility of the Coordinating Comprehensive Care for Children (4Children) project and do not necessarily reflect the views of USAID or the United States Government.



PEPFAR



Cash Transfer Rationale, Targeting, Outcomes and Learning

ESFAM
&
DOVCU
Project

Wilson Wamatsembe & Monica Asekenye
ChildFund International
May 29, 2018

Cash Transfer (CT)

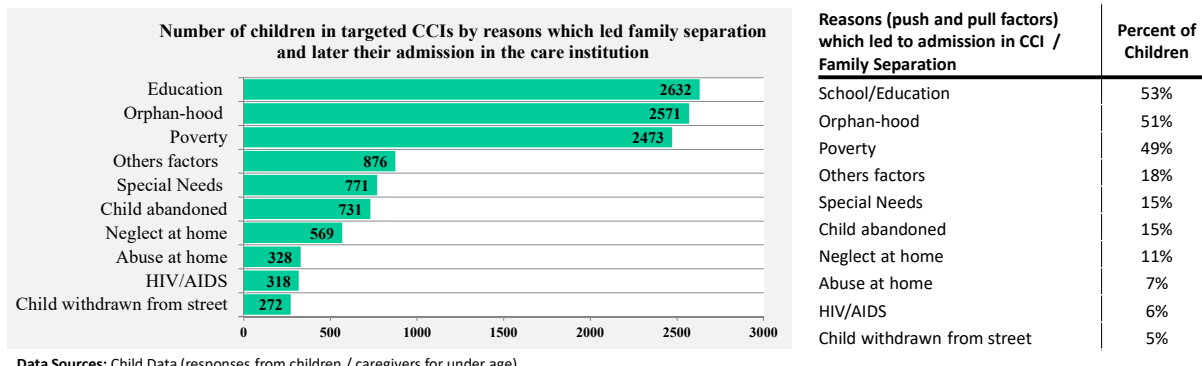
Context Definition;

Cash Transfer refers to the direct provision of cash by any means “cash or mobile delivery” unconditionally to households categorized as highly economically vulnerable “destitute” in order to reduce poverty, **addressing economic vulnerability related drivers of family-child separations** and improve access to basic needs “education, health, shelter and food”all to ensure that children are nurtured in family based care and are provided all possible opportunities to achieve their full potential.



Understanding push and pull factors to family-child separation necessitating CT

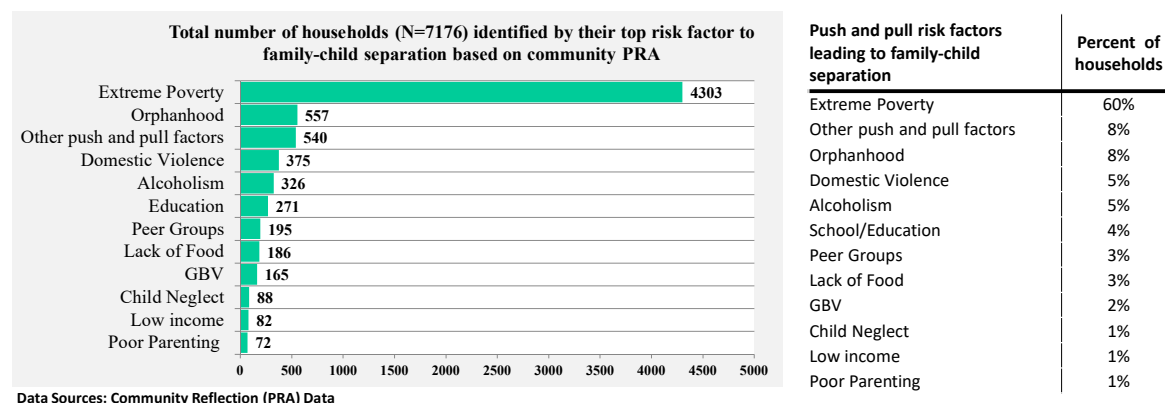
2. Child Assessment Results: All children (N=5014) placed in the 147 CCI in the 12 supported districts.



ChildFund
International

Understanding push and pull factors to family-child separation necessitating CT

3. Community Reflection Results: number of household identified with priority risk drivers (Push and Pull Factors) leading Family-Child Separation



ChildFund
International

Rationale for Cash Transfer (CT)

Education, Orphanhood and poverty were the most prominent and lead drivers of separation,

Cash Transfer-first step response to address economic vulnerability related drivers of family-child separations –

Later integrated with other services packages to ensure both economic and social resilience.



4. Assessment of at risk (PRA list) and reunified households on FSVI Ass. Tool
5. Classification of households based on FSVI Assessment Tool
6. Targeting for CT

CPA1: Household economic livelihood security
 CPA2: Access to basic needs
 CPA3: Health and care
 CPA5: Psychosocial support and basic care
 CPA6: Child protection and legal support

Analysis and categorization of risk levels are based on a summation of total score obtained from CPA1,2,3,5 & 6

Risk levels	DOVCU Household score ranges	ESFAM Household score ranges
High	70+	100+
Medium	35-69	50-99
Low	0-34	0-49

Analysis and categorization of economic vulnerability levels based total scores obtained from CPA1&2

Risk levels	DOVCU Household score ranges	ESFAM Household score ranges
Destitute (DES)	50+	70+
Struggling (STR)	25-49	NA
Struggling 1 (STR1)	NA	60-69
Struggling 2 (STR2)	NA	35-59
Growing (GRO)	0-24	0-34

DES provided CT
STR1 provided Matched Savings Accounts (MSA)
STR2 Grouped in VSLA & Support

Rationale for score ranges; Donor target of top highly economically vulnerable, budget, considering households falling above the 3rd quartile of the score distribution at baseline



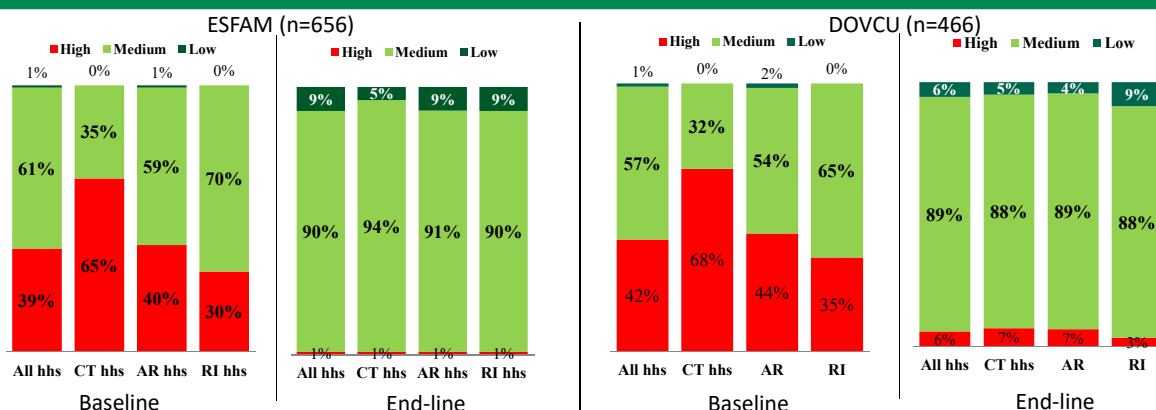
Comparison of DOVCU & ESFAM Approaches Similarities & the mild Differences

Criteria	DOVCU	ESFAM
Intervention model Targeting Destitute Households	F-LIT, Biz Skills, CT, VSLA*, integrated home visits (+SSS)	F-LIT, Biz Skills, CT, VSLA, Biz Skills Coach Sequenced , integrated SSS
Targeted Households	----- household overall, Destitute N _{CT} =272	700 households overall, Destitute N _{CT} =408
Amounts	100 USD	120 USD
Frequency Cash Release	3	5
Interval release	6 Monthly (18 Months)	6 Monthly (18 Months)
Unconditional	Unconditional	Unconditional
Duration of support (LOP)	3	2.5
Coverage	4 Parishes in 2 S/C within 12 districts including 3 of ESFAM districts	4 Parishes in 2 S/C within 3 districts (Kamuli, Gulu and Luwero) Same S/C and Parishes as DOVCU

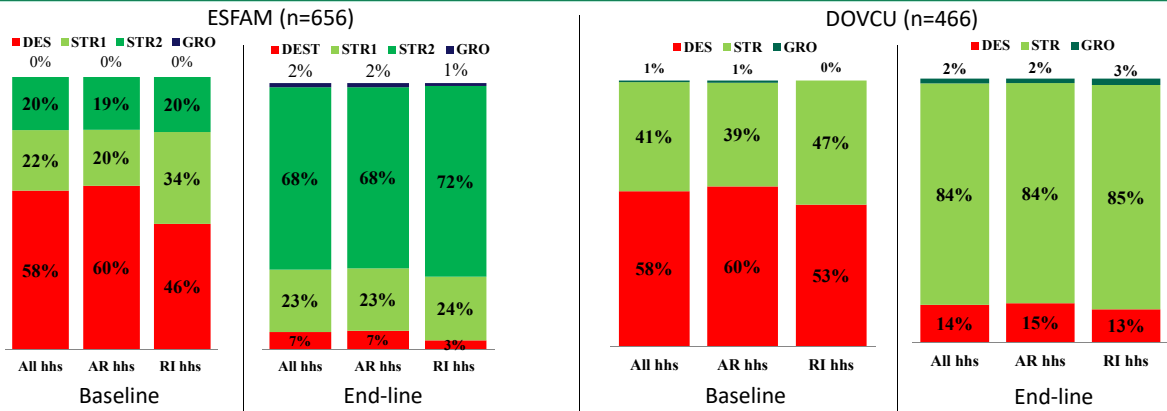
VSLA* - Only destitute households that have graduated from destitution to lower vulnerability classification are placed in VSLA.



Outcome 1: Effectiveness of CT vs combine effect of all intervention packages on reducing risk of family-child separation; Differences for At Risk (AR)& Reintegrated (RI) households

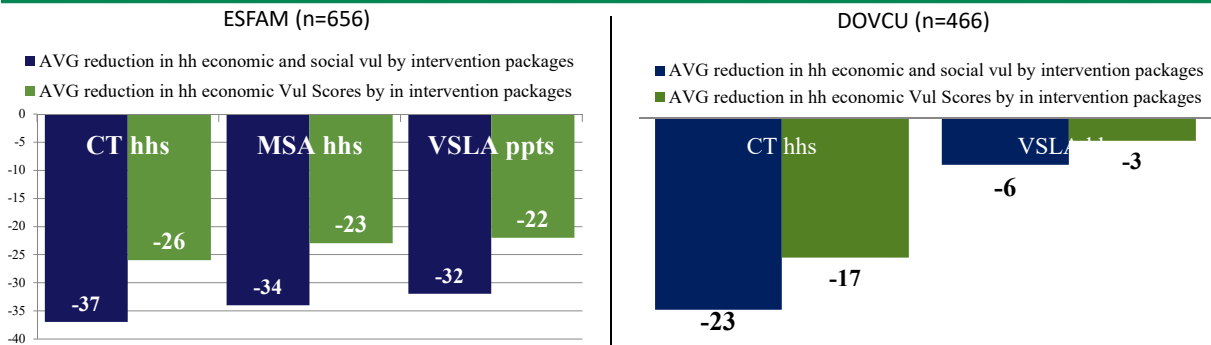


Outcome 2: Effectiveness of CT vs combine effect of all intervention packages on reducing economic vulnerability (household livelihood and access to basic needs): Differences for At Risk (AR)& Reintegrated (RI) households



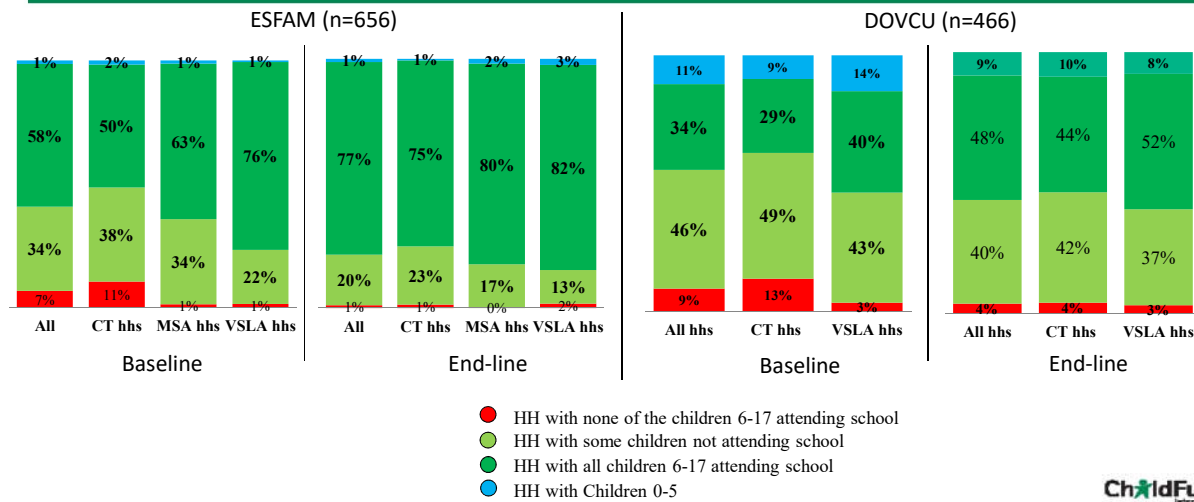
ChildFund International

Outcome 3: Magnitude of Vulnerability Reduction as a result of CT in comparison with other intervention packages



ChildFund International

Outcome 4: Intervention effect on access to education among children 6-17 in the supported households at end line compared to baseline



Key Learning

- Combination of services packages produces better outcomes (reduction in vulnerability) at household and child level;
- Sequenced provision of cash transfers was the most effective approach to reduce (both social & economic) vulnerability across all category of households.
- It is key to conduct financial literacy before disbursement of cash
- Multiple modality of transfers is paramount in successful delivery of cash grants; Mobile and hand delivery
- Cash Transfer affects participation of other households classified as moderately economically vulnerable
- Graduation model of family strengthening requires adequate time; first year of bench marking / targeting, second year for intervention initiations, third, fourth and Five year monitoring and Evaluation
- Compared to other packages, cash Transfer significantly contributed to permanency of reunified children in family care

Key Learning

- 8) Social support interventions provide greater benefit to reintegrating households as compared to at-risk households, most profoundly due to their unique needs during the transition.
- 9) Both project had a long preparatory phase (Devt /review/ harmonization and adoption of training materials, tools, systematic mapping processes/baseline, training & sequencing of different thematic activities, reintegration processes and shorter implementation period to cause impact e.g transitioning from destitute to growing
- 10) In Summary- thoughtful targeting, relevant integrated intervention packages, followed by robust / properly sequence longitudinal track of household graduation along the vulnerability continuum and re-strategizing accordingly suiting households needs yields better results and learning.



Key Recommendation

- 1) Follow-up assessments to ensure that the vulnerability reductions that resulted from DOVCU & ESFAM interventions can be sustained.
- 2) Access to case files/documentation for all children (reintegrated and children at risk) transported to National office for proper storage and reviewed since this documentation could substantiate the follow up provided to children who have been reintegrated.
- 3) Further research is needed to see if social and economic interventions can prove effective at reducing child placement in CCIs.
- 4) Where feasible, it is recommended that assessment tools and implementation guidance be standardized by relevant government ministries in order to continue the work that was initiated through the DOVCU project, specifically, an assessment-informed delivery of targeted interventions to reduce vulnerabilities.
- 5) Implement sustainability plans to continue supporting and strengthening alternative care for children.



Acknowledgment



ChildFund Uganda Implementing Partners
DLGs
All Project Participants.



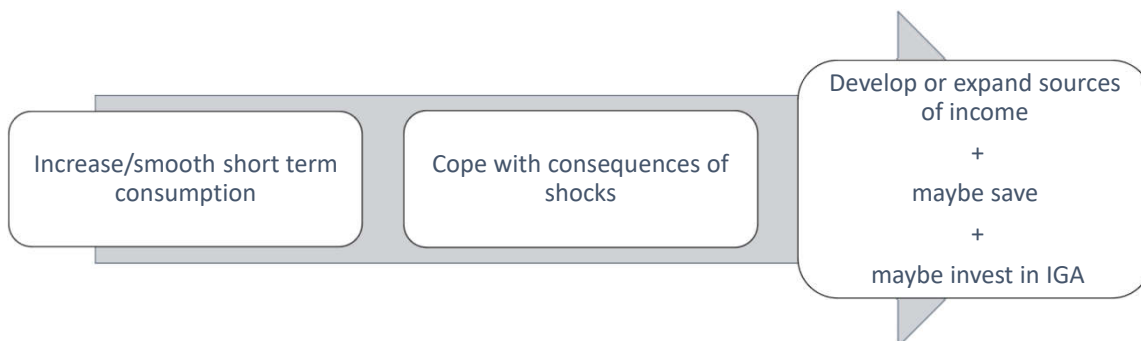


CASH TRANSFER UTILIZATION AND COPING CAPACITIES FOR BENEFICIARIES

Ndagire Magdalene
FARE Program Manager

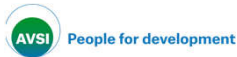
29th May, 2018
Munyonyo

Why the Intervention?



Targeting Households Eligible to Receive UCT through a Three - Step Process:

- Household selection followed multi – stage process
- Household vulnerability Assessment Tool (HVAT) was applied; HHs ranked according to the level of income and ability to cover basic needs of the household
- Poverty Progress Index (PPI) scoring tool applied to identify the 80 most destitute households
- Coverage of Participants
 - ❖ 15% reintegration households with lowest PPI index targeted for CT
 - ❖ 10% of prevention households
 - ❖ Verification of actual household situation later conducted by social workers



Main Characteristics of CT Recipients at Baseline

- 81% female
- Average household size 7; dependency ratio 118.7
- Majority (61%) primary school education, 24% secondary school education
- Main sources of income petty trading (37%), casual labor (29%), peasant agriculture (19%)
- Average monthly income at baseline: 195,385(\$ 53.5)



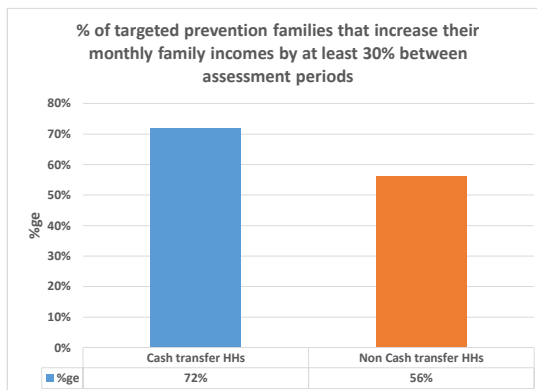
Cash Transfers Intervention

- Recipients trained in Enterprise Selection Planning and Management (SPM)
- 80 recipients received cash transfer (both prevention and reintegration families)
- Transfer amount UGX 70,000 (approx. USD 20) per month for 6 months (February to July 2017)
- Monitored quarterly/monthly through visits to recipients to monitor the use of cash and support small scale investment
- No requirements attached to the use of cash (Un conditional)

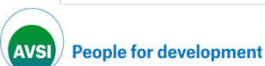
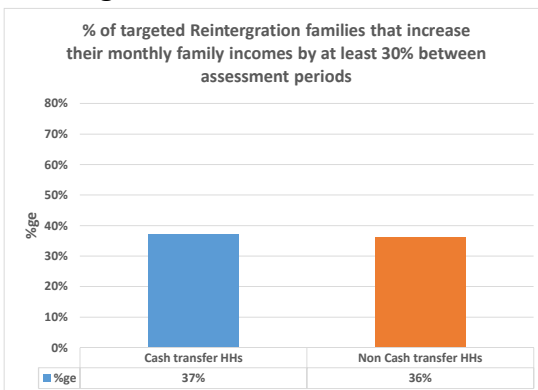


Changes in economic vulnerability for CT VS non CT beneficiaries

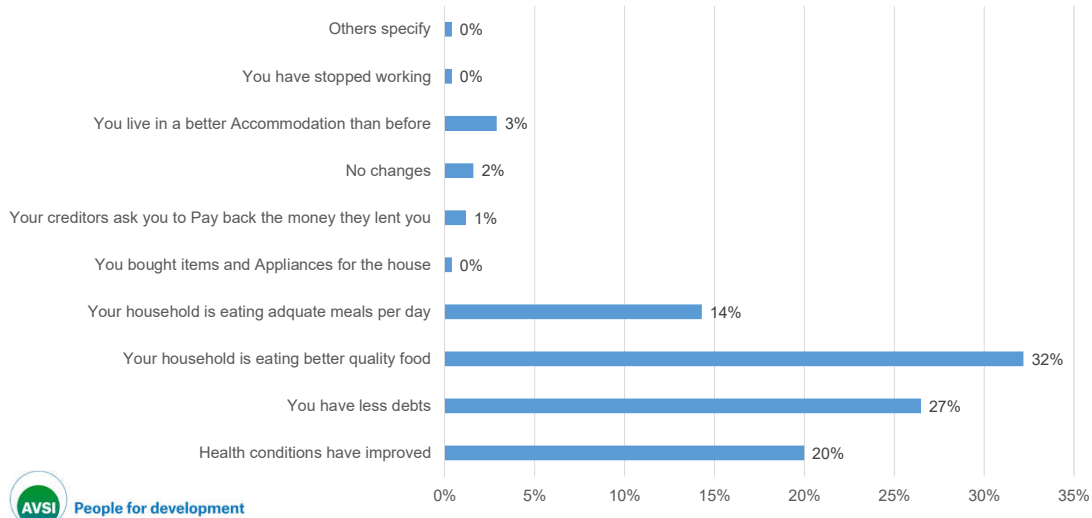
At Risk families



Reintegration families



Observed Changes among CT recipients



Use of Cash Transfers:

- For all household sizes majority of CT recipients used up their funds in the first week 1-2 weeks.
- What they spent on (most frequently mentioned top 5)
 - Food 26%
 - Education 21%
 - Health 16%
 - Business/IGA 13%
 - Rent/Accommodation 9%

Coping mechanisms

- 28.6% limit portion of food size at meal times
- 22.1% reduce number of meals eaten a day
- 22.1% purchase food on credit



Observations/findings

- Size of the household had an effect on the duration of use of the CT (7-9 HH members used 85% in 2 weeks VS 1-3 HH members who used 60% in the same 2 weeks)
- Education level did not have any effect on how the CT was utilized.
- Heavy utilization of the cash transfer for education, food and health indicates that the CT was spent on the most critical needs of the family
- The element of sustainability was top priority for a number of households who used part of the CT to initiate IGAs



Recommendations

- Important to provide business skills training alongside cash transfer
- Inform beneficiaries in advance about the duration of the cash transfer
- Conduct frequent monitoring, support and coaching to the recipients
- Introduce complementary economic interventions like savings
- Provide a cash transfer that corresponds to the household size
- Consider longer duration for CT



Thank you

AVSI Foundation
P.O. Box 6785, Kampala, Uganda
Plot 1119 Ggaba Road
Tel. +256 312 501 604/5 | +256 393 501 605

communication.uganda@avsi.org
website: <http://uganda.avsi.org>
www.avsi.org

Notes from the Panel Discussion on Limited Term Cash Transfers

What is the right amount of money to give for cash transfers? Do we set the amount to a figure that is enough to bring them over the poverty line, or to get 2 meals /day ... how do we decide? With limited resources for CT schemes, how do we decide on the duration of this approach – what is enough? 6 months ... 2 years?

Childfund ESFAM/DOVCU ... Enough is never enough! - DOVCU provided a total of \$100 in 1-3 tranches and ESFAM provided a total of \$120 in an average of 5 tranches. The aim was to smooth critical consumption needs. We applied a cash flow analysis tool and estimated their income and expenditure... and then calculated what was the gap? We averaged this out. Every household is different – it is difficult to standardize these amounts and providing the same amount to each HH may not be the best option. What we provided was also dictated by the resources we had available.

We did the CT over an 18-month period. Expenditure was not uniform for all HH. By the time we exited, there were still some vulnerable HH who could have used ongoing support. We think a CT process could take about 24 months with an exit strategy with IGA ... then most HH should be able to meet basic needs.

CRS KCHPF ... we used the same rate as the government of Uganda uses in their CTs for the elderly caregiver allowance – we mirrored the government rate – in this way we hoped to not create divisions in the 2 systems. We don't think enough time has passed to tell us if the amount is appropriate.

In line with beneficiary expressed need, we frontloaded the first amount to 60% so this gave opportunity to meet basic needs as well as to invest in IGA – needed sufficient capital to set up – this was given. This was part of our case management model, with the funds supporting movement toward some case management goals.

We can see that even by close out of the project it will probably be necessary to hand over some of the most critical HH who will still need support back to the government for follow up; therefore, good links with government are critical for us.

AVSI FARE ... working with slum dwellers in urban setting is very challenging. Maybe people have no means at all, so how to work out how much the CT should be? Needs should be assessed case by case. Duration should also be on case by case basis but at least a minimum of one year.

What about sequencing of CTs and is it necessary to combine with skills training?

Answer: Yes – it's necessary to combine CT with good assessments and skills training before doing the actual CT but you must also consider other things. For example, in rural areas, you need to understand the seasonal variations, and then you adjust locally to these needs. It is

important to consider also adding more interventions will require additional staff and budget; for example, if you add on increased assessments to ensure that CT is followed up well, then you need to add on more staff and resources to accommodate this.

What digital platforms did you use to transfer cash? What is ideal/best? What about cost efficiency/effectiveness?

CRS KCHPF ... Initially, we thought we'd have to use all mobile phone carrier networks. But we selected a platform called Vionics which handles all mobile networks and seems to work pretty well for us.

ChildFund ESFAM/DOVCU ... ChildFund is moving to use a digital platform for nearly all transactions. In ESFAM, we initially used the Airtel platform but we encountered the problem that if money went to a HH and they did not withdraw it within 3 days then it bounced. This was caused sometimes by people not having power on their phones so they didn't get the text to inform them of the transfer and by the time they powered up their phone, it was then too late to pick the money.

We are now testing a system where we send the cash on the phone directly. This is less risk as cash is on phone and doesn't risk bouncing.

How do you assess protection risks? Do you see any unintended harm caused by CTs? Is there a difference in risks between cash handover versus mobile money?

CRS KCHPF ... To mitigate risk, we do case management and prepare the family well. We alert the Case Manager when the CT is about to happen so that they can follow up closely and prepare the family and ensure this is tracked with good follow up afterwards to ensure expenditure is aligned. Most CTs are done by phone.

AVSI FARE ... We did mostly mobile transactions. We had challenges with this if families were illiterate, but, in reality, the issues we had were few. We supported the families and taught them how to use the phone and understand the transactions. A social worker visited them at home and taught them how to manage the process at the time of transfer. We actually had a low rate of serious challenges.

ChildFund ESFAM/DOVCU ... Nearly all CT were done by phone (around 95%) [ESFAM 60% mobile/40% physical cash] and this was much lower risk. We did a lot of home visits and follow ups. We made sure we involved caregivers, head of HH and even children on how they should use the resources and it was important to involve all the HH in this.

Some HH heads thought they should also be the main caregiver as well as HH head. We had to train and coach the HH heads to understand the difference between HH head and caregiver as they were unhappy that money went to caregiver, not to HH head!

We did have some issues where caregiver did not have access to a phone and money was transferred to the child's phone or another person's phone and the person who picked up the money misused it before it reached the beneficiary, but these were actually few.

Did the money coming in promote family cohesion? Were there any domestic violence issues or other issues?

CRS KCHPF ... did not have any issues around DV as far as they are aware.

AVSI FARE ... we combined CT with parenting skills and other family work and HH level support so we noted a lot of participation within the families. 81% were female HH and we observed a low level of issues around violence.

What about synergies between CT and VSLA?

ChildFund ESFAM ... ESFAM found that CTs helped to incentivize recipients to form VSLA. Those who were trained in financial literacy in groups before receiving CTs both embraced a "saving culture" and formed bonds that also facilitated VSLA formation. CTs directly enabled savings by some VSLA recipients and/or contributed to income generating activities that created for people to save. VSLA provided a platform for developing and reinforcing financial literacy and business skills and peer learning enabled effective and efficient use of CTs.

ESFAM did face challenges in dealing with project participants who were not classified as destitute or struggling 1 and who were disappointed that they did not receive any form of monetary support.

End of session summary:

CT is a bit "flavor of the day" but it is shown to be very positive.

Not rocket science – it is more complex than this!¹

Families are complex and there are always some issues and challenges, but, in general, CT shows a lot of strong signs of being a positive model to strengthen families in reintegration programmes and to prevent separation.

As an individualized/HH intervention, CTs may be more appropriate in supporting scattered/dispersed people than group-based interventions.

¹ We believe this phrase can be attributed to British scholar of risk John Adams. He has internet posts and articles titled Risk Management: It's Not Rocket Science—It's Much More Complicated. Here's a link: <http://www.eirm.dk/en/Who%20We%20Are/~media/Business%20Card/Articles%20-%20EIRM/Publications%20by%20EIRM/PRF%20May%202007.ashx>.

LESSONS LEARNED: SAVINGS GROUPS FOR KEEPING CHILDREN IN FAMILIES

Thematic Presentations and Panel Discussion

Targeting and Enrolling Different Sub-Populations and Implications for Economic Strengthening Activities: Lessons from AVSI's FARE and SCORE Projects

Rita Larok, AVSI Foundation

ESFAM Cash Transfer and VSLA Programming

Wilson Wamatsembe, ChildFund

Keeping Children Off the Streets in Ethiopia: A Community-Based Prevention Program

Maggie Crewes, Retrak

Hope and Homes for Children's Experience Building Savings Groups Around Reintegrating Children in Rwanda

Innocent Habimfura, Hope and Homes for Children

Moderator: Michael Ferguson, FHI 360 ASPIRES Project



People for development

Targeting and enrolling different sub populations Implications for Economic strengthening activities

Lessons from SCORE and FARE

Rita LAROK

ASPIRES Learning Event
29/30 May 2018



SCORE Brief: USAID/PEPFAR Funding

Goal	Reduce vulnerability of critically and moderately vulnerable children and their households
Lead	AVSI Foundation – CARE, FHI360 and TPO Uganda
Partners	66 Local Implementers
Duration	7 Years (Apr 2011 – Apr 2018)
Target	25,000 HHs, 125,000 people
Reach	<i>*34,779 HHs and 208,674 people</i>
Coverage	35 districts
Budget	\$40,041,414 (\$36,045,184 USAID and \$3,996,230 cost share)



People for development



FARE Brief: USAID Displaced Children's Orphans Fund

- **Goal:** Prevent child – family separation and re-separation.
- **AVSI Foundation - Lead**
 - Retrak Uganda: Consortium partner- lead reintegration
 - Fruits of Charity Foundation (FCF): Implementing partner
 - COWA: Implementing partner
- **Duration:** 2.5 years
- **Target: 650 HHs** - 300 formerly street connected children and 350 families at high risk of separation.
- **Coverage:** 2 districts – Kampala and Wakiso
- **Budget:** \$1,340,000 USD and cost share of \$1,64,013 USD

***Research embedded*



Beneficiary profile

SCORE

- Targeting vulnerable households
- characteristics like orphan hood, disability, chronic illness, poverty, food insecurity, child abuse, use of substances, child headed households, HIV affected, economic vulnerability)



Family Resilience

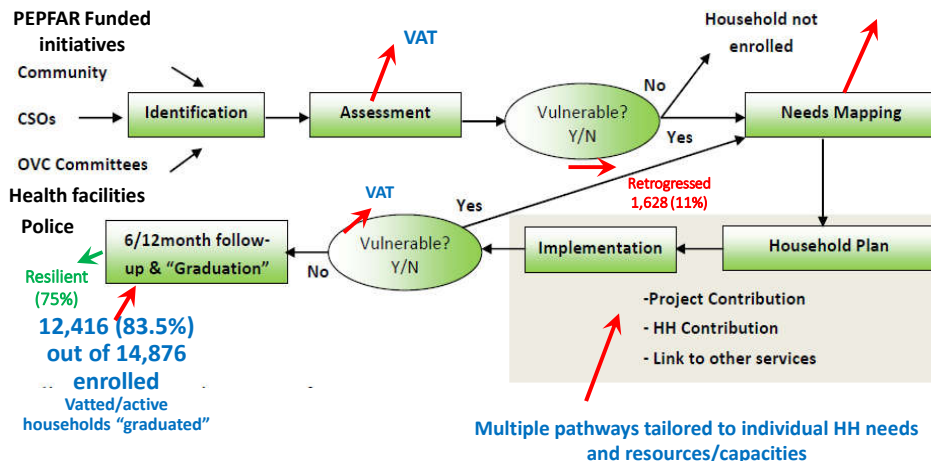
- Targeting the poorest of the poor within urban and peri-urban settings
- Participants characterized as destitution, often requiring consumption smoothing to survive
- Prevalence of child labour, child abuse/neglect, child in conflict with the law, alcohol/substance abuse in the family and economic vulnerability



SCORE Beneficiary Flow Chart – Case management model

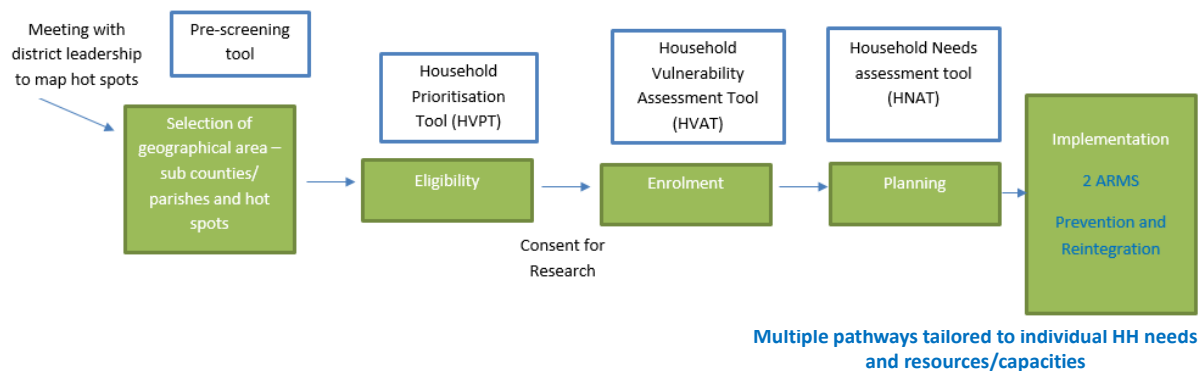
Total ever enrolled **34,779 Households**
28,736 SCORE & 6,043 DREAMS

Household
Development tool



FARE Beneficiary Flow Chart – Case management model

Total ever enrolled **650 Households**
300 Prevention & 350 Reintegration



Implications for ES activities

- VSLA activities
 - Might not be the best fit platform on which all services get layered for destitute families
 - Saving from the start might not be feasible without consumption smoothing among destitute families (OR risk worsening food, health and protection indicators)
 - Certain VSLA principles might have to be contextualized with different sub populations – 50/50 group constitution, self selection, attendance default fines, group size (less than 15), saving 1-5 shares or penalties,
 - Bank linkages – may have to be considered earlier before 2 year group maturity
 - Safety issues: Explore the use of mobile and other digital banking mechanisms as these can ease the saving operations
- Individual ES activities including Apprenticeship for youth might be most favorable for certain categories like re-integrating youth

7

Summary – Conclusions – Does Targeting matter in different sub populations and might it have implications for ES? **YES**

- Targeting among vulnerable populations seemed easier – A lot more beneficiaries spread across interest areas compared to destitute households
- Targeting might translate into less/more implementation difficulties when populations are widespread and yet group initiatives are promoted
- Considerations for individual ES activities (individual IGAs, Individual business coaching and incubation, individual bank accounts – financial inclusion)

Other considerations

- Use of gov't tools might allow for comparability across programs
- Considerations for beneficiary involvement in defining characteristics and selecting who might fit the target categories = more ownership and sustainability

8



People for development

AVSI Foundation

P.O. Box 6785, Kampala, Uganda

Plot 1119 Ggaba Road

Tel. +256 312 501 604/5 | +256 393 501 605

communication.uganda@avsi.org

website: <http://uganda.avsi.org>

www.avsi.org





PEPFAR



ESFAM Cash Transfer and VSLA Programming ESFAM Project

Wilson Wamatsembe
ChildFund International
May 29, 2018

Purpose of CT and VSLA Programming

- ❑ Focus: Protect against child-family separation and to build family economic resilience

Short-term objective: Reduce household vulnerability by helping them meet basic needs

Long-term objective: To support HHs reconstruct their livelihoods- Through IGAs & VSLAs using some of the residual cash where possible



CT influence on Savings Groups

CT- an incentive for formation of VSLAs.

Bonding among CT participants- easy to form VSLAs

Savings culture promoted (financial literacy-Needs vs Wants))

CTs facilitated IGAs = more income for saving in the VSLAs



Savings Group's influence on Cash Transfer

VSLAs made it easy to build financial literacy and business skills of participants (Group-based trainings)

Peer learning-facilitated effective and efficient use of CT proceeds



Savings Group's influence on Cash Transfer

VSLAs made it easy to build financial literacy and business skills of participants (Group-based trainings)

Peer learning-facilitated effective and efficient use of CT proceeds



Number of adults participating in ESFAM VSLA;

	Mid line	End line
CT recipient	250 (64%)	333 (84%)
VSLA participants	40 (33%)	60 (49%)



Average increase in targeted household savings over the life of project

	Baseline average household savings.	Average increase in household savings over 12 months
CT recipient	53,341	102,451 (92%)
MSA recipient	84,818	147,808 (74%)
VSLA participants	115,897	151,852 (31%)

Percent of VSLA members that accessed loans from ESFAM VSLA groups

	Baseline* other VSLA		Mid line (6 months)		End line (>12months)	
	Borrow rate	Repay rate	Borrow rate	Repay rate	Borrow rate	Repay rate
CT recipient	38%	49%	43%	64%	64%	85%
VSLA participants	53%	90%)	55%	71%	71%	72%

Registration of VSLA groups

In Gulu and Luwero districts 7 groups have so far been registered at the sub county level.

During the Project closure meetings with district and sub county stakeholders, leaders committed that these groups will be linked and benefit from existing government programs in the district.

In Kamuli district groups are also being supported to register so that they benefit from similar government programs.



Challenges

1. Dealing with expectations of non –CT HHs
2. Supporting reintegrating and at-risk households in non-project VSLAs





Keeping children off the streets in Ethiopia: a community-based prevention program

Maggie Crewes — International Programmes & Operations Director

ESFAM-FARE LEARNING EVENT
May 2018

Retrak 
No child forced to live on the street

Retrak

- Working to ensure zero children forced to live on the streets
- 10 years experience working in Ethiopia
- Identified 'hot spots': 30% of children on streets in Addis Ababa originate in SNNPR Hadiya zone: 50% of children from SNNPR
- Poverty, trafficking, child labour and limited awareness of Child Protection

Retrak 
No child forced to live on the street

Part of the
Hope for Justice
family



HOPE FOR JUSTICE

Change lives. End slavery.

© Retrak, 2018

Objectives of Program

- Prevent family separation & improve child protection by:
 - Economic and social empowerment of poorest families
 - Improving children's awareness of trafficking and dangers of street life
 - Improving community knowledge and responsibility for child protection and parenting



Part of the
Hope for Justice
family



HOPE FOR JUSTICE

Change lives. End slavery.

© Retrak, 2018

Model

Retrak model for preventing family separation



Part of the
Hope for Justice
family



HOPE FOR JUSTICE

Change lives. End slavery.

© Retrak, 2018

Program

- 3 year pilot project in Hadiya zone (2014-16)
- Progressed to new projects in Hadiya zone (2017-19) and Wolayita zone (2017-19)
- Targeting the poorest woredas (sub-county)
- Each project has 3 community development workers, finance officer & manager
- Each project base in a main town also has a
 - Transitional centre for children
 - living & working on the streets
-



Part of the
Hope for Justice
family



Change lives. End slavery.
© Retrak, 2018

Self Help Groups

- 6 SHGs in each Woreda, with ~20 women in each
- Targeted through participatory community survey, home visits and envisioning workshop
- Economic Empowerment:
 - Meet weekly to save (as little as 2-3 ETB/week)
 - Training in savings, loans, small business skills
 - Take out small loans to set up businesses
- Social Empowerment
 - Training in child protection, effective parenting, dangers of street life & trafficking
 - Group participation
 - SHG as vehicle to deliver other messages



Part of the
Hope for Justice
family



Change lives. End slavery.
© Retrak, 2018

SHGs



Women saving in weekly
SHG meeting in Hadiya Zone



Part of the
Hope for Justice
family



HOPE FOR JUSTICE

Change lives. End slavery.

© Retrak, 2018

Child Protection Clubs

- 4 Child protection clubs in each woreda
- 2 volunteer teacher mentors in each school
- 20+ children in each club/school
- Provide peer education for school community on dangers of trafficking, street life and importance of education
- Out of school sports clubs



Part of the
Hope for Justice
family



HOPE FOR JUSTICE

Change lives. End slavery.

© Retrak, 2018

CPCs



Peer education in CPCs
in Soro Woreda



Part of the
Hope for Justice
family



Change lives. End slavery.

© Retrak, 2018

Community Mobilization

- Collaboration with government agencies, police, religious leaders, community leaders
- Training in child protection, dangers of street life and trafficking
- Facilitation of CP mechanisms



Part of the
Hope for Justice
family



Change lives. End slavery.

© Retrak, 2018

Community Mobilization



Meeting with
Woreda officials
in Duna to
discuss Child
Protection



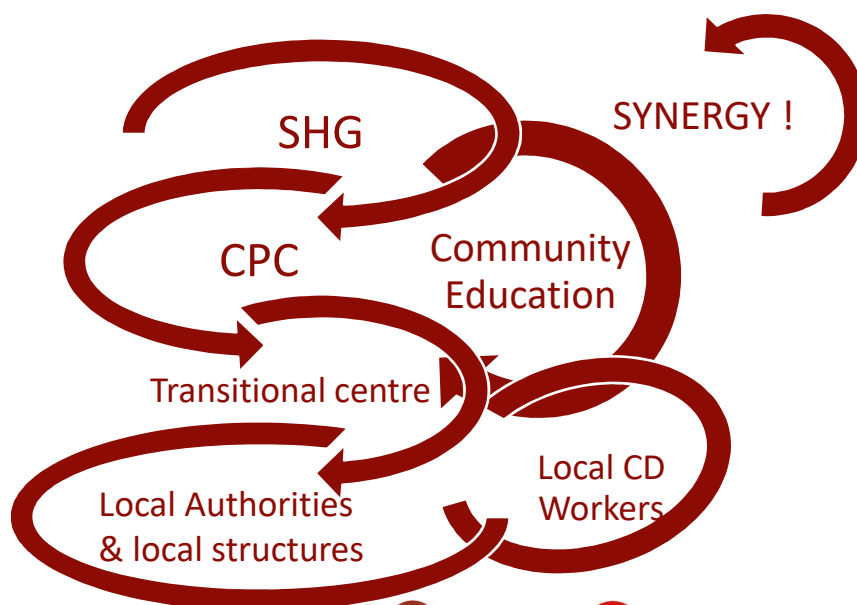
Part of the
Hope for Justice
family



HOPE FOR JUSTICE

Change lives. End slavery.

© Retrak, 2018



Part of the
Hope for Justice
family



HOPE FOR JUSTICE

Change lives. End slavery.

© Retrak, 2018

Monitoring approaches

- Child Wellbeing Assessment (modified CSI) at baseline and every 6 months
- Carer Wellbeing Assessment at baseline and every 6 months
- Economic Survey
- Community mapping for CP mechanisms
- Most Significant Change Stories



Part of the
Hope for Justice
family



Change lives. End slavery.

© Retrak, 2018

End of Pilot Project Results: Children returned and kept at home

- 355 mothers supported, who care for 1,584 vulnerable children
- 98% of children reported improved parental care
- Several mothers brought children home from exploitative labor or street life to return to school
- 140 children rescued from trafficking and reintegrated home
- 3 traffickers arrested, 1 prosecuted



Part of the
Hope for Justice
family



Change lives. End slavery.

© Retrak, 2018

Results: Economic progress

- At mid-term evaluation, savings average of 240 ETB (\$12) per SHG household. By EOP most had doubled this.
- 99% of SHG members have plans to increase their income

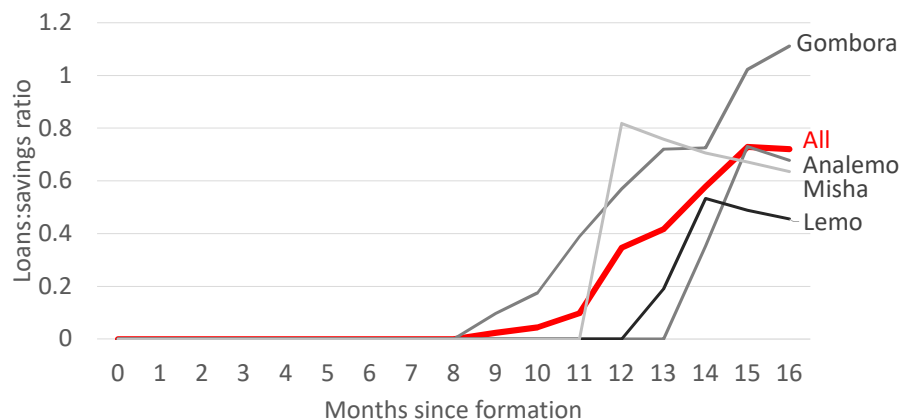


Part of the
Hope for Justice
family



HOPE FOR JUSTICE
Change lives. End slavery.
© Retrak, 2018

Current project loans:Savings average ratio for all Hadiya SHGs (started 2016) and by woreda



Results: Empowerment

- “The teaching made me realize how I abandoned my son in uncertain situation. I started to visualize how he is living so as a result I decided to bring my son and care for him by myself” – SHG member
- “Since the commencement of the SHG these very poor women have worked together to bring change. They are negotiating with their local government to get renovation for houses that are falling down.” – Community worker
 - From Most Significant Change stories collated by beneficiaries and community workers
- Women feel able to act for the benefit of their children
- Women beginning to advocate for policy change on community issues: one SHG wants to address poor sanitation in the community
- Formation of 3 Cluster Level Associations



Part of the
Hope for Justice
family



HOPE FOR JUSTICE

Change lives. End slavery.
© Retrak, 2018

Challenges

“I haven’t seen any NGO who believed in the people’s ability to be free from the yoke of poverty by their own strive (efforts). Most NGOs here have sown the seeds of dependency in our people, which is waiting for aid rather than struggling to defeat the enemy of our generation i.e. extreme poverty.” Woreda Official

‘Dependency syndrome’ is strong in this area affecting the women in SHGs, the mentors for CWB clubs and the community



Part of the
Hope for Justice
family



HOPE FOR JUSTICE

Change lives. End slavery.
© Retrak, 2018

Conclusions

- Combination of economic and family strengthening, with empowerment, as well as targeting children and community, is effective
- Strong Local govt structure enhances contextualisation and sustainability
- Community Development Workers are critical to success
 - Come from local community
 - Speak the language
 - Live in the community
 - Need training & support



Part of the
Hope for Justice
family



Change lives. End slavery.

© Retrak, 2018

Recommendations

- Roll out this intervention in other high need zones
- Increase collaboration with local govt, micro-finance groups to strengthen impact
- Vulnerability assessment tools and PPI are not suitable for monitoring economic progress over a short project period
- Use women's direct experience to sell the concept of SHGs to other vulnerable women eg use participatory film making
- Increase school based work, encourage girls in CWCs



Part of the
Hope for Justice
family



Change lives. End slavery.

© Retrak, 2018



Contents

1. Why SGs for a Reintegration Program?
2. How to align SGs with Reintegration ?
3. Key Learning and Achievements

www.hopeandhomes.org



Why?

- Child institutionalization results mostly from a combination of poverty and fragile social relationships
- Families at risk of separation face complex challenges including:
 - Unsustainable source of income
 - Marginalization
 - Ill/Health Issues
 - Lack of access to basic services
 - Poor family and social relationship
 - Poor parenting skills

www.hopeandhomes.org

Why?

- SGs function as the gateway to inclusion in other social protection program
- Linkages with community service providers especially leaders
- Operate to address poverty issues and increase Social cohesion
- Role of mutual control "*Eye of the Neighbor*"
- Peer to peer education (Hygiene, MS, behavior Change, Fatherhood)
- Enhance mutual support among community members
- Lead to family resilience
- Family resilience leading to smooth and sustainable reintegration

www.hopeandhomes.org

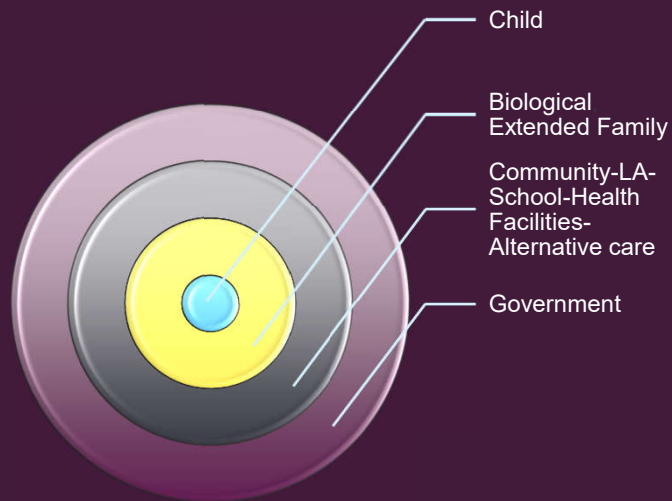
How?



hope and homes
for children

6

How?



www.hopeandhomes.org

How?

- All families with reintegrated children as part of linkages to community resources
- Identification and Selection of community volunteers by Local authorities
- Training of community volunteers by former community volunteers
- SGs around the Family with reintegrated child (15-25 Families)
- Referring to families under Ubudehe 1 & 2
- Additional training on child protection
- Follow up and supervision by Social Workers
- Focus on Saving, Loans and Social Funds.
- Registered and handed over to local authorities

www.hopeandhomes.org

Key Learning & Achievements

- All families with a reintegrated child did not need to join SGs
- SGs should be accompanied by the education to child protection
- Working with Local authorities is very key
- Cost effective-
 - Around USD 35,000
 - Formed 132 groups composed 2581 members leading them to
 - Individual and Collective growth
 - Improving access to financial services (SACCO)
 - Agriculture, Livestock, Tailoring (IGA), Bee keeping
 - Health Insurance, School Fees and *Dusasirane*
 - Should be integrated with other programs- Effectiveness Prevention

www.hopeandhomes.org

Thank You



www.hopeandhomes.org

Notes from the Panel Discussion on Savings Groups

Are comprehensive approaches necessary when using savings groups in the context of reintegration and prevention of separation programming?

ChildFund ESFAM ... ESFAM saw a greater reduction in vulnerability using the combination approach. The VSLA model was originally just about saving and lending, but produces better results when combined with other interventions.

Retrak ... a combined approach is important for children working on the street. The push/pull factors in that context are very complex and require complex responses.

Hope and Homes for Children ... We think about savings groups as a means toward something. For example, you can use them as an approach to help deliver a better child protection system. In isolation, you will see savings, but in the end you may still have child separation, child abuse, etc. We place savings groups in the context of eliminating institutional care of children. Savings groups are a kind of early intervention we provide to families and in our program, we focused on families already at risk. We also had to think about the kind of children we were helping and their age group, since that might affect caregiver capacity. We had to educate volunteers to focus on children who are at risk of separation as well as savings group guidelines for eligibility.

AVSI FARE/SCORE ... We have the same feeling. Besides the money, loan ratio, savings, you need to ask what's the most significant thing for you that is changing. For example, is group cohesion developing and supporting members, for example, in the case of a death in the family? We have also learned to beware of savings groups as an approach for supporting scattered target populations.

Are any elements of savings groups more important than others?

Retrak ... Perhaps social empowerment is equally or more important. The social empowerment component increases self-efficacy and raises members' expectations about what they can accomplish. Self-help groups build confidence/show progress and women build on that.

What do we know about gender in savings groups?

It seems that the intervention appeals more to women. 80% of savings groups members worldwide are women.

AVSI FARE/SCORE ... That seems to be the ratio for us. Men participate, but in the background; for example, they may send savings through their wives.

Retrak ... We had a female group whose husbands were watching and also wanted a group. The women loaned the men money to get started.

ChildFund ESFAM ... Most of our members are also women.

How do you deal with people in need who might already be in debt within a community?

Self-selection has been a guiding principle of VSLA. In some targeted populations, they have been created around people who are poorer than others and the rest are mainstream community members. When sensitization is done well, people buy into it.

AVSI FARE/SCORE ... in FARE, we forced selection a little bit. Some VSLA had more targeted project beneficiaries and some had fewer. We found that groups with more vulnerable people were trying to do better. Training helps a lot. The facilitator helps guide the development of the constitution and then differences melt away.

Hope and Homes for Children ... you need to have a quick research. Groups share and celebrate. They can decide a common goal, even a small achievement, and share and celebrate what they have achieved. People feel being together is better than being isolated. Coming from the same area, people know each other.

Retrak ... We find the self-help group saving approach is working much better in rural communities. In urban communities, it's hard because of their transitory nature. It's harder to build social cohesion and trust.

ChildFund ESFAM ... We face the issue of self-selection in project programming.

Have you faced cases of gender-based violence because of women's empowerment through savings groups? Have you found issues with mixed groups and men dominating?

AVSI FARE/SCORE ... We found that men were often the leaders in savings groups. Women said men tend to be leaders in communities and they asked men to take on leadership roles. Some said they needed a strong man to lead the group.

ChildFund ESFAM ... Often, domestic violence is not reported. We had some isolated cases. Social support services played a key role. In home visits, we encouraged all household members to come for coaching and training and sometimes discussed these kinds of issues. Most of our savings groups were chaired by women; about 20% had male leadership. Sensitizing/empowering women is important; saving group plus approaches can help in this.

Retrak ... Our self-help groups have rotational leadership so all women can gain skills. Some women have joined who suffer domestic violence; in some cases, after a woman starts her own business and joins a self-help group, her husband no longer beats her because she is saving and earning money and he values her.

AVSI FARE/SCORE ... In a project called WINGS, AVSI targeted women as the primary recipients and didn't involve the household head and domestic violence occurred. In FARE and

SCORE, the approach was family-centered. Spouses or partners were involved in decisions and know/knew what was going on, so there were fewer cases of violence. Even when there are few men in a group, those men may dominate leadership decisions. The facilitator needs to help the group through the process of choosing the leader while avoiding this domination. SOPs may indicate that women must be in certain positions.

Hope and Homes for Children ... The approach of rotating leadership is one way to avoid male dominance. Even people who are considered to be unable to lead change their own, and their community's, understanding of their capability. In their experience, people from excluded groups are able to form groups, and when they do, their achievements are celebrated in front of the community and the community's understanding/assumptions about them are challenged.

STRENGTHENING ECONOMIC KNOWLEDGE AND CAPACITY OF CHILDREN AND ADOLESCENTS

Thematic Presentations and Panel Discussion

Youth in Action: Project Rationale, Target, Description of the Intervention, Outcomes and Lessons Learned

John Mateso, Save the Children

Learning from ESFAM Children and Youth Saving Groups

Wilson Wamatsembe, ChildFund ESFAM Project

Learning from BOCY DREAMS Economic Strengthening Programming

Johnson Okwera, World Education Better Outcomes for Children and Youth Project

Learning from Youth Economic Strengthening Programming in Refugee-Hosting Areas

Moses Okech, The International Rescue Committee

Role of Apprenticeship in Rebuilding Lives and Restoring Hope Among Youth

Imelda Naluyange, AVSI Foundation FARE Project

Moderator: Evas Kansiime, ChildFund

Youth in Action: Project rationale, target, description of the intervention, outcomes and lessons



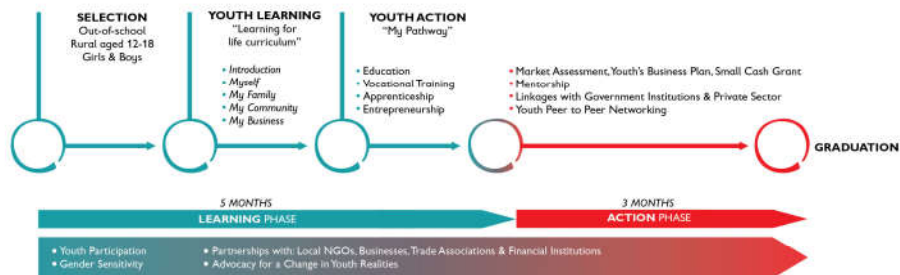
Targeting of the project/intervention (who are being supported)

- The project targets(ed) 11,050 out of school vulnerable youth aged 12-18, living in agricultural, fishing or pastoral communities in 4 districts of Bundibugyo, Ntoroko, Kasese and Kabarole
- Has some spoken knowledge of one of the program languages (Lhukonzo, Lubwisi and Rutoro)
- Youth demonstrate motivation and willingness to complete the program (active vulnerable)

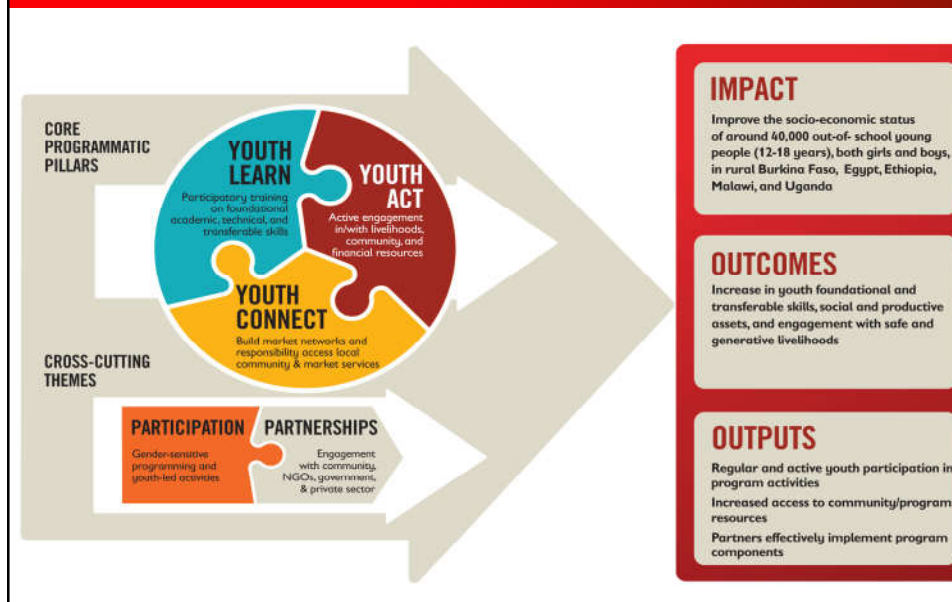
Youth in Action – Program Model

YOUTH in ACTION
CREATING PATHWAYS TO OPPORTUNITY

Youth in Action Model



Rationale (Project theory of change)



Outcomes of the project/intervention

- **Numbers:** Reached 11,311 (5,167 M, 6,144 F) against target of 11,050 on training in transitional soft skills
- **Conditional cash transfers** to: 10,225 (4,578M, 5,647F) each with an average start up seed cash of about USD 100
- **Linked 42 groups to YLP** (USD 64,000 given to them).
- Over 500 individual youths supported with seeds and animals under OWC
- Over **400 graduates from the program received additional training** by government through Rwebitaba Agricultural Research Center and several other organizations such as SKY AVSI, OLAM, BBC, among others



Save the Children

5

Outcomes

A sample of 789 youth of the 11,311 followed up for at least 14 months showed the following outcomes on selected indicators (before and after YIA intervention)

Indicator	Pre YIA intervention	Post YIA intervention
Youth who work	64%	91%
Own a business	40%	80%
Youth savings and earnings	53%	90%
Daily earnings for YiA youth	~	Increased by an average of 5,220 UGX per a day

Youth gaining entrepreneurial skills

Youth who felt positively about the skills they gained through YiA.

Prior to YiA, less than half said they knew how to:

- Create a business plan,
- Identify customers, plan for seasons,
- Make price decisions,
- Identify where to get the funds to start a business, or
- Develop and track budgets.

After YiA, more than 90% of youth felt competent in these skills.



Save the Children

What has been learned through the process

Uganda had a number of adaptations during the course of implementation resulting from lessons learnt and feedback from the stakeholders.

- Some of the selection criteria were reviewed such as scaling up out of school status from at least five months to one full year.
- Successful livelihood interventions that involve a start up capital require adequate resources (including time) to address the psycho social aspects of the target to prepare the mind set of youth.
- Group enterprises of members above 5 tended to struggle or failed in most cases
- Embracing a flexible program that caters for self select and youth led enterprise development and procurement tended to enhance chances of ownership, faster learning.
- Involvement of parents/care takers and local leaders at all critical stages of business development offered security to the business
- Signing of a binding MoU witnessed by the parents and local leaders before cash transfer is important in mitigation of risks of likely cash diversions.
- Involvement of the office of the RDC (office of the president) was more effective and shielded organizational image in instances of following up cash diversions.



Save the Children

8

ASPIRES LEARNING EVENT

Economic Strengthening to
Keep and Reintegrate
Children into Families (ESFAM)
Project



Children and Youth Savings Groups(CYSGs)

❑ Rationale:

- ✓ Inculcate a savings culture among children and youths
- ✓ Introduce children and youth to effective business skills and planning for future investments

Targeting:

- ❑ Children : 10-13 years
- ❑ Adolescents :14-17 years
- ❑ From both at risk households and re-unified households
- ❑ 225 children from ESFAM target households

Sequencing of intervention activities

Package 4	Description
Children and Youth Savings Groups (CYSGs)	Children 10-13 & 14-17 years have opportunities to participate in CYSGs + group-based Financial Literacy and business skills training+ social support services training and coaching (incl. counselling).

A typical Children and youth Saving Group Meeting



- 5 -

Children saving groups share out their savings



IFund

- 6 -

Number of children participating in ESFAM Child and Youth Savings Groups

Disaggregated by	Trained on VSLA participated in ESFAM C&Y savings Groups by Mid line	Trained on VSLA and participated in ESFAM C&Y savings Groups by end line	Trained on Financial literacy and business skills by mid line	Trained on Financial literacy and business skills by end line	Received interactive learning sessions by end line
Overall	117	247	115	249	239
Gulu	66	103	66	103	105
Kamuli	24	85	24	84	81
Luwero	27	59	25	62	53
10-13 Yrs	40	81	38	81	80
14-17 Yrs	59	139	59	141	133

Key success

- Increased individual and group savings profile (positive response to savings culture and savings concepts)
- Progressive trends in savings profiles observed
- Appreciation of investing for the future
- Key lesson- CYSG are a successful intervention despite no cash infusion

Learnings

- ❑ Children can save but it is harder for the younger age group
- ❑ Savings at every group meeting should not be compulsory
- ❑ BST is great catalyst for CYSG success
- ❑ Interactive and participatory learning is the key to building positive attitudes towards saving for children and adolescents



USAID/Uganda BETTER OUTCOMES for Children and Youth in Eastern and Northern Uganda

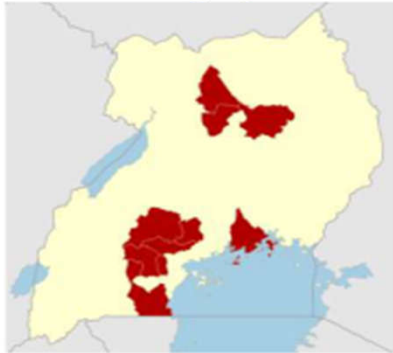
ASPIRES Learning event Speke Resort Hotel-Munyonyo

May 29th 2018

DREAMS Initiative overview

- DREAMS is an ambitious partnership committed to help adolescent girls and young women develop into **Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe women**. DREAMS funds a Core Package of evidence-informed approaches that go beyond the health sector but attempts to addressing the structural drivers that directly or indirectly increase girls' HIV infection risk: including poverty, gender inequality, sexual violence, and lack of education and inadequate knowledge on SRH issues.
- To address this urgent and complex issue, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Johnson & Johnson, Bill & Melinda Gates Foundation, Girl Effect, Gilead Sciences, and ViiV Healthcare partnered to **create DREAMS**.
- DREAMS is already delivering a Core Package of evidence-informed interventions in 10 sub Saharan countries, which account for nearly half of all new HIV infections globally: Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe

Geographical Coverage



- | | |
|--------------|-----------------|
| 1. RAKAI | 6. BUKOMANSIMBI |
| 2. SEMBABULE | 7. LIRA |
| 3. MUBENDE | 8. GULU |
| 4. MITYANA | 9. OMORO |
| 5. GOMBA | 10. OYAM |
| 6. MUKONO | 11. AGAGO |

Determined Resilient Empowered AIDS-Free Mentored Safe

DREAMS Civil Stakeholders

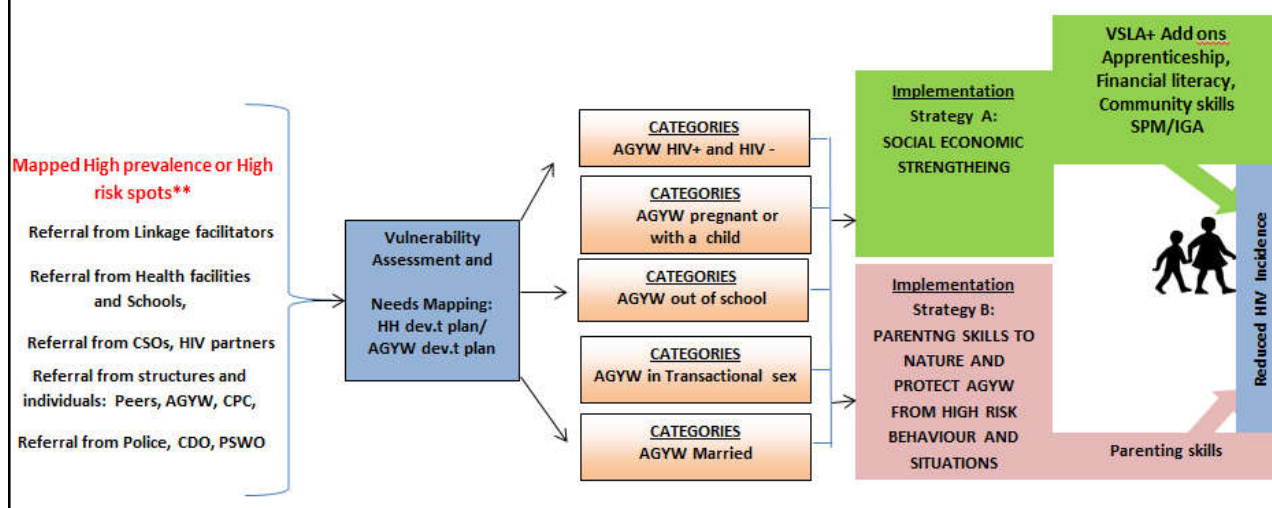
- District and subcounty community development Officers (CDOs)
- District Education Officer (DEO)
- DREAMS focal person at health Centers
- Lead peer facilitators
- District Officials (DHO, ADHO maternal health, CAO, DCDO, DEO)
- Police family protection unit

USAID DREAMS Portfolios

1. BOCY-Parenting, CSE, Education Subsidy
2. RHITES North (Achoi and Lango)-Coordinating IP: Economic Strengthening and Life skills training
3. JSI-DREAMS Innovation Challenge (new thinking and innovation in reducing HIV infection in AGYW in six thematic areas-strengthening capacity of communities to deliver services, keeping girls in secondary school, linking men to services, supporting PrEP, providing a bridge to employment and applying data to increase impact.
4. WorldVision International-Early warning systems and life skills education for In-schools AGYW
5. Communication for Healthier Communities (Obulamu)-Developing learning aids and other IEC materials.
6. Mercy Corps: Works with AGYW in Transactional and commercial sex

DREAMS delivery framework

Determined, Resilient, Empowered, AIDS –free, Mentored and Safe (DREAMS) Project Implementation framework



Why DREAMS Initiative?



**WORKING TOGETHER FOR AN
AIDS-FREE FUTURE FOR GIRLS**



PEPFAR

BILL & MELINDA
GATES foundation

Nike Foundation



To reduce the HIV incidence
among adolescent girls and young
women (AGYW)

According to the Ministry of Health estimates for 2015, HIV incidence among adolescents remains significantly high estimated at 11,026 (11.6%) and it was estimated that 567 young people aged between 15-24 years get infected with HIV every week and of these 363 are girls. One in every four new infections among women 15-49 years occurred in AGYW (GAP report 2014). According to the GAP, UNAIDS 2017 report, estimated that HIV prevalence is four times higher among young women aged 15-24 than men in the same age category.

The Uganda's national HIV prevalence is at 6.2% but Mid-northern region is above the national average standing at a staggering 7.2% (UPHIA Survey report 2017). UNAIDS 2017 report further estimates that only 38.5% of young women and men aged 15-24 could correctly identify ways of preventing HIV and rejected major misconceptions about HIV transmission. To sustainably curtail and reduce new infections among AGYW, the BETTER OUCTCOMES project purposefully focuses on AGYW and their sexual partners to significantly reduce the alarming new infection among the AGYW by investing in core packages of evidence-informed approaches that go beyond the health sector but attempts to addressing the structural drivers that directly or indirectly increase girls' risk of getting infected with HIV. This attempts addresses vulnerabilities like poverty, gender inequality, sexual violence, and lack of education and awareness on the scourge.

Who is a DREAMS girl? Key priority sub-group (10-17 for BOCY)

AGYW involved in transactional sex
AGYW Pregnant
AGYW Married
AGYW who have given birth by age 15
AGYW at-risk of dropping out of school and
susceptible to getting infected with HIV
HIV Negative girls



Enrollment Criteria : Target Groups.



- ☐ Children of Key Populations (KPs).
- ☐ HIV Positive Caregivers.
- ☐ Sexually Active girl.
- ☐ Children of Sex Workers.
- ☐ Sexually abused Children (SGBV Survivors/victims).
- ☐ Children *directly orphaned* by HIV-Parents died off HIV related illnesses.
- ☐ In-school and out-of-school girls

The Core Package of Interventions

- 1 Empower Girls and Young Women**
Interventions for this population aim to empower girls and to reduce their risk for HIV and violence.
- 2 Reduce Risk of Sex Partners**
This activity aims to characterize "typical" sexual partners of adolescent girls and young women in order to target highly effective HIV interventions.
- 3 Strengthen Families**
Interventions for this population aim to strengthen the family economically, as well as in their ability to parent positively.
- 4 Mobilize Communities for Change**
These interventions aim to educate girls, young women, and young men, as well as mobilize communities.

The Interventions

Interventions That Empower Girls and Young Women	Interventions that strengthens families
<ul style="list-style-type: none"> • Increase Consistent Use and Availability of Condoms • Pre-Exposure Prophylaxis (PrEP) • Violence Prevention and Post-Violence Care • Quarterly HIV Testing and Counseling (HTC) • Increasing Contraceptive Method Mix • Social Asset Building (Stepping stone) 	<ul style="list-style-type: none"> • Parenting/Caregiver Programs • Educational Subsidies • Combination Socio-Economic Approaches-Life-skills education, GBV, couples communication, FL, NFE,VSLA, Enterprise SPM, IGAs, Cash Transfers/Temporary Consumption support
Interventions That Reduce risk of sex Partners	Interventions to Mobilize Communities for Change
<ul style="list-style-type: none"> • Increase advocacy for availability, consistent and correct use of Condoms, Couple communication, STI and HCT screening of male partners, VMMC 	<ul style="list-style-type: none"> • Community Mobilization for Norms Change (intergenerational community dialogues) • School-Based HIV Prevention EFL Curriculum

Outcomes: (Jan-Mar 18 Qtr)

- 864 AGYW were reached with Education subsidy
- 6,500 AGYW were reached with Economic strengthening interventions
- 460 AGYW were reached with Parenting/caregivers programs.
- 1,988 were reached with Financial Literacy trainings
- 1,213 were supported with Viable and marketable on and off-farm ventures and IGA projects like crafts making, petty trade, produce sales, poultry rearing.
- 2,282 AGYW were reached Trained with VSLA methodologies and 79% embraced and started savings groups.
- 55 were enrolled in (viability and demand-driven choice) Non Formal Education (NFE) training programs like Metal fabrication, garment cutting and tailoring, Catering and hotel management training.

Key lessons learnt

- In a context where few health facilities offer HIV services that are tailored to adolescents and youth, counselors are able to reach more adolescents and youth during mobile testing as opposed to fixed-site service delivery (Youth HTS).
- Periodic assessment of the sites of implementation is critical to the success of the DREAMS initiative. The MoH periodically evaluates the DREAMS efforts by administering the CQI Tools and this has helped plug some of the implementation gaps at sites.
- Involvement of local people and community-based governmental and NGOs is critical to success in improving HIV-related knowledge and attitudes among adolescents and youth. If HIV testing services are provided in convenient and accessible locations such as markets, churches, community and shopping centers, and transportation hubs, adolescents and youth will make use of the services and new populations not serviced by facility-based services can be reached.
- Involvement of the sexual partners of the AGYW by use of male tracker tool enables the male partners to be reached with preventive services like VMMC, STI, HCT & condom provision services.

- To manage the unique needs of adolescents and youth who are living with HIV, individualized transition-to-adult care programs must be built.
- Designing of training packages for all IP staff on the DREAMS project (GBV youth friendly health services, GBV case management, stepping stones, Journeys, HIV sensitive case management, counselling including confidentiality)
- Strengthen facility-community linkages through referrals and health work participation in safe spaces monthly
- More research is needed on the best practices for engaging adolescents and youth in planning, implementing, and evaluating HIV-prevention, care, treatment, and retention services
- Joint planning, target allocation by age cohorts enhances layered services to the AGYW.
- Stepping up districts-based quarterly regional meetings to review performance and draw lessons for better service provision among IPs.

Potential sustainability

Sustainability: Interpreted in terms of sustaining project activities, transferring best practices to other programs/settings, identifying new funding streams, and maintaining improved adolescent/youth health outcomes over time, the coordination mechanism (mandates and integrated) into the initiative offers this opportunity through:

- Integration of project activities into existing health systems and government/community structures.
- Community buy-in and advocacy for the project: In the Integrated Project against HIV/AIDS peer groups were formed by the communities themselves, making it likely for youth to continue implementing activities beyond the life of the project. The youth-friendly corners will also most likely continue being used by adolescents and youth.
- Collaborative relationships and partnerships: The Project has formed strong partnerships with the District team, Ministry of Health and various IP organizations to support the implementation of peer-led support groups, social events, community outreaches. The project has liaised with faith-based organizations and schools for the offer safe spaces free-of-charge.

Thank you!

contacts:

+256-(0)774-832438

+256-(0)773-493696

johnson_okwera@ug.worlded.org

anita_anzoyo@ug.worlded.org



This presentation is made possible by the generous support of the American People through the United States Agency for International Development (USAID), AID-617-A-15-00003, and does not necessarily reflect the views of USAID or the US Government





STRENGTHENING ECONOMIC KNOWLEDGE & CAPACITY OF CHILDREN AND ADOLESCENTS

Learning from Youth Economic Strengthening Programming in Refugee Hosting Areas

Moses Okech

Moses.Okech@rescue.org

From Harm to Home | Rescue.org

Outline



- Context
- Our Focus
- Targeting—who were/are participants, their selection
- The intervention— type, amount, frequency, duration, preparation involved
- Outcomes
- Learning

2

From Harm to Home | Rescue.org



Context

- 287,000 South Sudanese Refugees in Bidibidi Settlement
- 134,000 South Sudanese refugees in Imvepi settlement
- ~100,000 Urban refugees in Kampala
- Host communities
- IRC programming in 5 sites: Kampala, Karamoja, Lamwo, Imvepi, and Yumbe



With Uganda host to over 1.4M refugees, 75% of which are South Sudanese, the IRC's work in Uganda is more critical than ever.

3

From Harm to Home | Rescue.org



Why Youth Programming?

- Youth are ambitious and full of energy
- Without ES intervention youth may relapse into negative coping mechanisms
- Economic future of communities



Youth beneficiaries of the IRC SPEED program in Karamoja started a garage business

4

From Harm to Home | Rescue.org



IRC's Economic Strengthening Programming

- **People meet basic needs and avoid negative coping strategies.**

VSLAs, Unrestricted cash transfers (UCTs) for persons with specific needs (PSNs), Business Cash Grants and Cash for Work in Bidibidi (Yumbe) settlements.

- **People are food secure.**

Unrestricted Cash Transfers and Cash for Work in West Nile directly contribute to increased food security in refugee households.

- **People generate income and assets.**

This is a signature outcome that aims to build capacity and resilience of refugees.

- **Women use and control resources.**

This is where programs prioritize the most vulnerable beneficiaries, especially women and girls.

5

From Harm to Home | Rescue.org



Intervention type, Amount, Frequency and Preparation



Bidibidi Refugee Settlement, Yumbe District

The ERD component is spread across 4 zones:

- Unconditional cash transfers (UCTs) distributed to 1,200 PSNs (Zones 3 – 4) (50,000 UGX x 3 distributions each)
- 105 Village Savings and Loan Associations (VSLAs) (Zones 1 - 4)
- Cash for Work (CfW) for 293 youth, in zones 2 and 3
- Business skills training and business cash grants to 50 businesses (Zones 1 – 4)

6

From Harm to Home | Rescue.org



Outcomes

- Youth access to employment and change in attitude
- Availability of basic goods
- More youth going back to school/further training
- Better environmental protection and awareness
- Strengthened market linkages



7

From Harm to Home | Rescue.org



Challenges

- Economic strengthening in emergency context needs a holistic approach (bundled services)
- There is high demand for Business Cash Grants as more refugees look towards self-sustainability
- The youth need businesses with quick cash returns (baking, hairdressing)
- The refugee youth can run successful joint microenterprises once they have developed a common sense of purpose.
- Population density is important for youth businesses in the settlements (video hall business collapsed in zone 3 due to low demand)
- **Challenge:** Access to viable markets are still limited by transport bottlenecks

8

From Harm to Home | Rescue.org



Thank you! Any questions?



9

From Harm to Home | [Rescue.org](https://rescue.org)



Role of Apprenticeship in re-building lives and restoring hope among youth

Naluyange Imelda
(Project Officer social Economic strengthening)



Apprenticeship

Apprenticeship program is a job skills training process. FARE implemented this program as one of the strategy to improve the socio economic skills of the youth from vulnerable families. Youth are trained in different skills that include carpentry, shoe making, tailoring, hair dressing among others.



Rationale for use of apprenticeship as a strategy

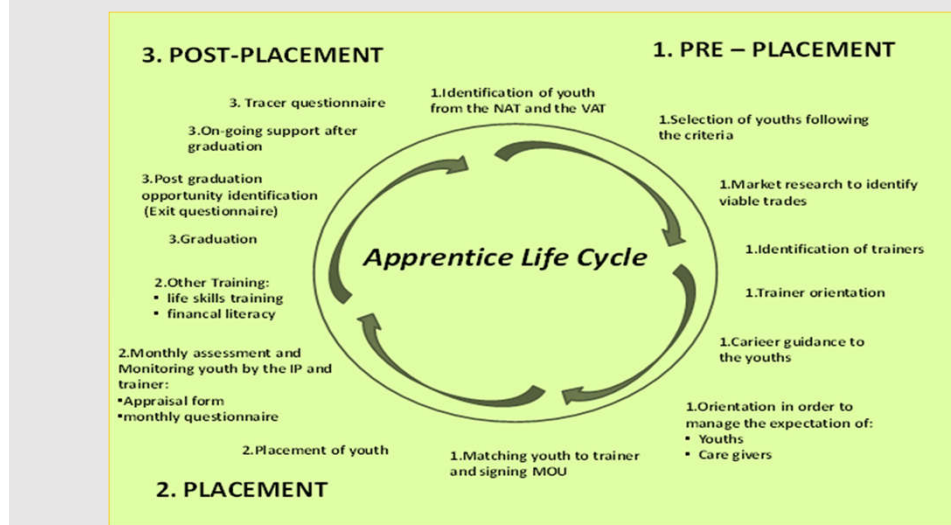
- Increases household income by targeting different members within the family that are of productive age, reduction in dependence levels in the family
- It allows for skilling of youths who are off track in terms of formal education so they become productive.
- Reduces redundancy of youths and prevents engagement in subversive activities
- Supports rehabilitation process of vulnerable youth by rebuilding a child's confidence, trust in the community and supports improve personal image in the society.

Targeting

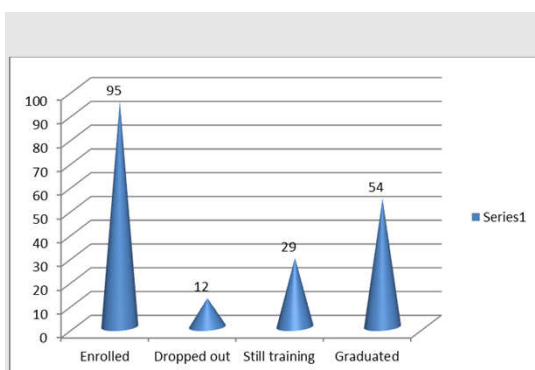
FARE tailored a targeting criteria for its youth on apprenticeship

- FARE used the household development approach through which youth were identified during the household development process (needs mapping exercise)
- Youth who are members of the target families of ages 14-17 years were targeted for selection
- Each youth in the given age bracket and with interest stood an equal opportunity to be enrolled.
- Youth from reintegration families were placed on a rolling basis
- The youth had to be out of school
- The youth had to be trained through life skills.

The AVSI/FARE project apprenticeship model/cycle

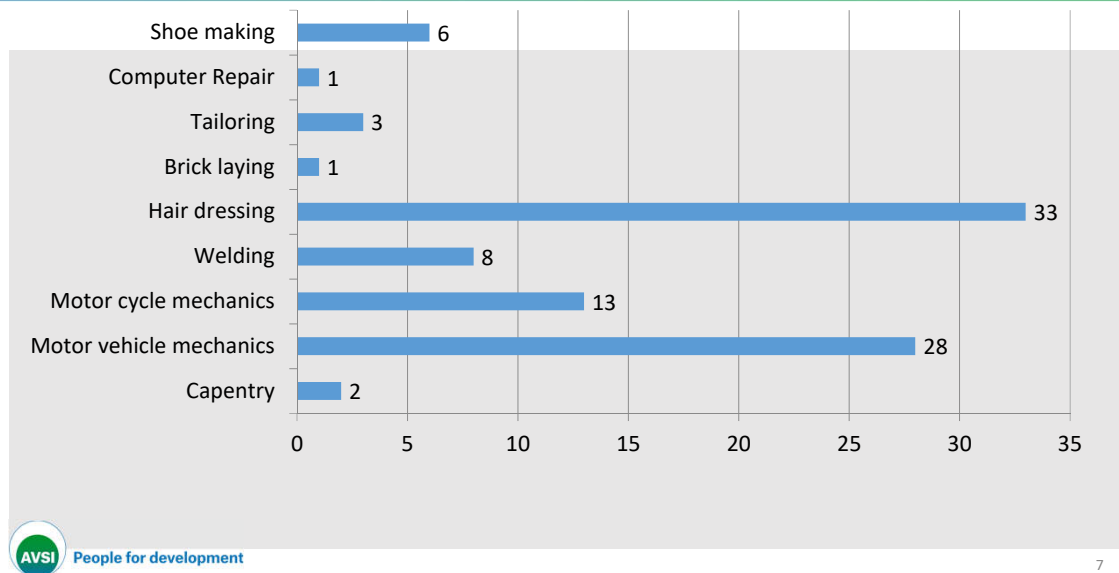


Performance of the program in urban and peri-urban areas during the project life



- Out of the 605 target families, a total of 95 youth were assessed and eligible for apprenticeship, other youths never showed interest, others were below age for enrollment on apprenticeship

Performance of the program in urban and peri-urban areas during the project life



Apprenticeship Outcomes

- 43% youth employment in targeted families.
- Utilizing the Earn as You Learn Model (EAYL), Youth incomes increase
- Increased youth capacity to meet personal needs
- Increased youth engagement in productive activities
- Expanded job opportunities
- Reduction on family dependence burden

Outcomes of the program

Juma is a motor vehicle mechanics graduate. Before FARE intervention, Juma used to loiter around the streets of Kampala picking scrap which he would sell to get money to buy food. Juma earns a weekly income between 20,000/= to 50,000/= now. He is supporting his mother pay school fees for his siblings and also contribute to house rent and other household necessities. Juma's target is to save money that he will use to enroll into adult education so he can better communicate and handle his customers needs.



9

Challenges

- Time was inadequate between placement and follow up
- Youth that have experience of getting quick money from selling scrap and other business ventures find apprenticeship as a waste of time.
- Change of business locations by the master artisans in urban areas and peri urban areas.
- Youth failing to turn up for weekly trainings because of house work assignments back home .
- Youth get little or no support from their care givers in form of food, transport, training materials makes it difficult for them to master the skills of a given trade.

Lessons learnt.

- Life skills helps youth make decisions.
- Social worker support visits helped keep youth on track
- Preparation of care givers towards leveraging their support for the youth during training is critical
- Youth preferred flexible and short training periods as majority of them are already exposed to quick money from scrap collection on the streets of Kampala.

Recommendations

- Introduce life skills at pre-placement phase to enable youth make informed decisions.
- Consider a project contribution to start up kits to enable youth start work and earn an income
- Critical to orient artisans on how to handle youth during the trainings due to their unique needs and behavior .



AVSI Foundation

P.O. Box 6785, Kampala, Uganda

Plot 1119 Ggaba Road

Tel. +256 312 501 604/5 | +256 393 501 605

communication.uganda@avsi.org

website: <http://uganda.avsi.org>

www.avsi.org



Notes from the Panel Discussion on Strengthening Economic Capacity of Children and Youth

Question about holistic provision of services

ChildFund ESFAM ... our project wanted to get children and adolescents back into the education system, but some were too old or not ready. Our project didn't have an apprenticeship component. This would have been helpful.

Save the Children Youth in Action ... our interventions take place over a year, with two phases for each cohort. Each has a different curriculum package. 13-15 year olds spend three months in the learning phase and 14-17 year olds spend five months in the learning phase. Some of the modules are integrated. For example, one teaches about the self (e.g., space and care) and one is about family (e.g., who are members, what do they have as strengths, what assets do they have that they can build on to strengthen themselves and their families economically?). During the course of training, guest speakers come and interact with the youth, which gives the youth an opportunity to identify mentors or ask questions on how to set a career path. They are then introduced to the My Business module (adapted from the Street Kids Canada module). All of the youth receive the social and emotion component prior to receiving start-up cash.

IRC involves youth in refugee-hosting areas in microenterprise. It's important to involve them in microenterprises that have quick returns. One is tree planting in camps. Would youth benefit from this in a non-refugee situation in a normal community?

IRC ... Tree planting was only one intervention and was done on a cash-for-work basis. Youth selected it themselves. They are also using income from tree planting to inject into VSLA, so that gives some immediate returns. IRC feels that when the war ends and the youth eventually go home, they will carry with them the desire to improve the environment.

FARE's apprenticeship intervention attached youth to master artisans. What's the quality of these artisans and how are they selected? Does AVSI have any plan for building the capacity of artisans or working with government institutions or programs?

World Education BOCY ... Our program places youth in non-formal education. We work closely with the Director of Training and ascertain the level of training of artisans before certifying them (this takes about four months).

AVSI FARE ... We identify artisans in the local community. We share information about the program and training curricula with them and provide them with tools that they use to monitor.

On the subject of ES training and modules, we're hearing that youth are saying a week (in training?) is too much. How adaptive are we being? Can we make training shorter? What can we do to reduce dropout?

ChildFund ESFAM ... Our Catalyzing Business skills trainings are 45 minutes per module, spread over a period of time. We do the training concurrently with a saving group meeting.

How is gender considered in the development of projects? How do projects consider/address safety and security for adolescent girls in engaging in markets and developing their own businesses? Are there opportunities to be gender-transformative? Can we unlock social norms?

ChildFund ESFAM ... children and youth savings groups are voluntary. Our experience is that girls are more interested in these groups. Capacity-building in the project addressed safety and security. The CBS curriculum included information and discussion of safe ways to make money. The project also provided counseling services.

AVSI FARE ... In FARE, we took gender into consideration. Youth were free to identify the trade they wanted to engage in.

IRC ... Our work is sensitive to gender and we work closely with our women, protection and empowerment division. We do integrated interventions and capacity building, so we have things like male engagement, women's discussion series and discuss critical issues.

When working with stigmatized youth, how do you engage them? Do you do any work with communities around beliefs and stigmatization?

World Education BOCY ... We work with many community structures. We have parasocial workers who visit. Some red flag issues are sexual abuse, drop off in school participation and child protection issues. We engage with mechanisms such as the community development office and engage in coordination mechanisms.

Are youth not involved in agri-enterprises such as poultry? Are we not opening their minds to agri-enterprises and how do we make sure they get involved in them?

Save the Children Youth in Action ... Youth in Action has its largest number of enterprise options in the agriculture sector, for example, bee keeping.

ChildFund ESFAM ... We see results in the direction of agri-enterprises. At share-out, most savings went to buying poultry and livestock.

IRC ... This is a challenge in refugee settlements, where the land available (e.g. 30 by 30 meters) is small. At one site, plots are 50 by 50 meters and youth are trying to grow a few crops. People who can afford to rent land from host communities and some host community members have donated land.

WHAT DO WE KNOW ABOUT SUPPORTING REINTEGRATING FAMILIES WITH ECONOMIC STRENGTHENING?

Panel Discussion

Moses Wangadia, Retrak
Monica Asekenye, ChildFund DOVCU Project
Innocent Habimfura, Home and Homes for Children
Faith Kembabazi, CRANE Network

Moderator: John Williamson, USAID DCOF

Notes from the Panel Discussion

What kind of ES support might be appropriate for a female headed household in rural Gulu with 5 children, 6-15yrs, oldest boy is returning to the HH from the streets?

Moses ... In doing ES with reintegrating families, the issue is not how many children in the family, it's circumstantial. So in Gulu, I imagine an isolated family, because reunifications not more than 2 or 3 in an area. I'd look at the HH's strengths base and avoid group activities because you can't necessarily force a group around the family. It means you might have to do things like business skills coaching, and later IGA, and depending on age, youth apprenticeship.

Monica ... Under DOVCU, we also had children returning from the streets. They often had little formal education so we deliberately placed them in vocational training for short courses and allowed them to choose the trade they thought they would do best. One way to strengthen the family economically is to make sure the reintegrating child gets skills and can help to support the family.

Innocent ... Any intervention is based on an assessment and so deeper understanding. The information John gave is really not enough. We need to understand the background and why the separation occurred, as well as their aspirations. We won't just assume the family will just take responsibility; they need longer term support. We start with the child and understand the dynamic in the family.

What else would we need to know about the family?

Faith ... From a networking point of view, when placing children back into families, we need to network with other stakeholders on the ground. So we find out where the family goes to church and involve the pastor. We also involve the local council. We consider what is around the family. What economic empowerment can she get, when a market is not around her to help her provide for her children? We need to think about the systems around the child and the mother in order to help holistically.

John ... So you might think about what kind of economic activities she has been involved in in the past, what her level of education is and about her extended family network. What are her social connections? Involving the church and pastor are important points.

To help plan ES, what would you need to know about a family with an aunt and uncle in an urban Rubavu (Rwanda) receiving a 10 year old nephew from an SOS Children's Village? The couple has no other children, and the man recently lost his job as a driver for a tourism company. What might you want to know about them to begin working on ES plans?

Innocent ... The child's uncle has lost his job, but does the aunt have a job? Some time we go down the path of finding out about needs but the family is still functional. We might end up providing support that's not needed. Is the family really destitute? We have resources that need to reach the people who really need them. If the family was depending only on the uncle, they don't have any resources, so they will need support. Our Active Family Support model goes with what the family would like to do, and when we are talking about the family, we are not only talking about the head of household, but also aunt and child. Every decision will depend on their choice, their background. We don't create their job, but we do work on the psychosocial component of seeing which opportunity they are trying to explore and what support is really needed that connects to their aspirations.

Faith ... Let's assume we have already looked at child protection issues for that child in that home. Why did the child go to the SOS Children's Village in the first place? If we have the information and we have found that the uncle has lost a job, then we need to help him find a new job, so that he can contribute to household finances. It's important for the child not to be an added burden, but one that comes when there is enough to share around.

Moses ... I agree. It's not just about coming into the household and thinking "now I will give you this." It's very important to understand the issues at play. What do they have as a household? Do they have any alternative income to sustain themselves? It's not about us coming in and thinking "We have the magic bullet and now we will support you." We need to understand what they've been exposed to and what else they can do. Is it soft skills or a physical business they need?

Monica ... I agree. We always try to do an in-depth assessment of every household before we begin interventions so that we can make an informed decision on what is appropriate.

John ... It seems that no one size fits all, and support needs to be tailored to the family.

Here's a question to the audience: At what stage in the process of working with a family on reintegration of a child, what's the best time in that process to begin exploring possible approaches to ES?

Michelle, CRS ... I can share experience from working with Child's i Foundation. Case managers have found it's helpful to talk with parents about planning for additional costs and needs as part of the process pre-reunification. This needs to start before the child goes home, so the parents are better prepared to sustain and care for the child.

Sarah, Dwelling Places ... Prior to placement, during the tracing and family preparation time, we need to do thorough assessment of that family, including the child, bearing in mind that that's where the child will be going. We need to explore the available social networks, see which markets are in the area, look at business possibilities, schools, churches, etc., so that when we place the child those networks are around him or her in case of need. We draw the care plan, including economic aspects, with the family and take account of the child's fears in the plan. The case workers return to the office with a clear plan which gives a clear picture that we can work from and review holistically. As we prepare a child for placement, we try to make sure their fears are already addressed in the plan.

Shelby, ChildFund ... Its important for case workers to establish safety and trust with families before entering into a case management plan, regardless of which interventions are used. Need the trust to enable change to happen.

Aloysius, Child's i ... Before placement, assessment brings out needs, but also during placement when the child reaches the family and after, things change and circumstances come up. So we need to continually monitor and assess. We do case conferencing and bring all who should be able to support the family. Community resources are important.

Maggie, Retrak ... When receiving a child from the street, we assess the child's reasons for leaving home. Even at that stage, the child identify economic issues such as poverty and lack of school fees. We can understand early that there are economic issues and can already get a feel that this might be a family in need and start thinking in that direction.

How can you determine what economic capacities a household has? What methods, tools, techniques, approaches are useful?

Moses ... When you look at HVAT as a tool, it assesses the general vulnerability of a household and the economic situation is part of it. It will indicate that there is need here. It's useful for understanding economic issues, but we need a different assessment for other needs.

Faith ... We need to talk to the parents to understand how have they been coping, their economic base. If they don't know what their strengths are, we can ask those around them to help with this. We need to bring in people whom they trust and use the system around them to help them understand. Through these interactions and training, we can give them a chance to learn from others about what's possible and think more creatively about what is around them that they can use.

Innocent, Hope and Homes for Children ... Hope and Homes developed and uses a family assessment tool that facilitates sustainable placement. We don't have an isolated economic tool. We do a full assessment, and the tool provides the standards for information the social worker and case manager should collect that will inform a holistic intervention plans that includes economic strengthening if needed. We learn about the family dynamic and who is helping (e.g., a relative who has committed to support). They may receive support from the government.

Monica ... It took DOVCU some time to do social mapping in the communities to understand how communities cope, what are the opportunities for support, assets, capacities and to be able to refer and link households if they needed support.

John ... Your reference to mapping reminds me of a project DCOF supported in Rwanda in the late 1990s when there were a lot of orphaned and separated children. There were extensive reintegration projects, but there was a residual caseload of very young children for whom tracing was difficult. IRC said this was not acceptable. They developed an innovative approach using mobility mapping.² They interviewed young children using drawings to find out things that children remembered about their homes and were able to use these bits of information to find the communities of origin of a lot of children and relatives with whom they could reunite. They also adapted the approach to the context of ES. When standard questionnaires would generate responses that people had nothing, using mobility mapping techniques with household heads (where's your house, where do you go during the week) offered an indirect approach to gathering information about capacities and assets that didn't come out through standard questionnaires.

What about the issue of alcohol abuse in a household? How can it be addressed to enable a household to strengthen economically? If it's not addressed it might limit success.

Faith ... One thing we do is try to strengthen families on the verge of breaking up. We go to churches and ask them to pick 10 families on the verge of separation (for example, based on violence or substance abuse). We tackle parenting skills, child protection issues, economic support, or whatever is making them vulnerable to breaking up. We find the authority or whoever has trust, to hold money and make it produce something for that family. If the man is the one abusing alcohol, you would come together to a decision that he cannot hold the money because it is a risk. If there is AA or someone to provide counselling, then link them in. It's a process; you can't just come in and say, "Let's help you with this." You have to work within the first stages of why. In Kampala, there are a few centres available to support with counselling; in

² Learn more here: <https://bettercarenetwork.org/toolkit/protection-and-care-in-emergencies/registration-emergency-care-and-family-tracing/mobility-mapping-and-flow-diagrams-tools-for-family-tracing-and-social-reintegration-work-with>

other areas, you need to look for someone in authority, respected to help such as through a church or mosque. In DOVCU TPO organized Alcoholics Anonymous groups.

Damon, Dwelling Places ... In Karamoja, we run a prevention of separation program. It's a little complex because we are dealing with cultural issues. Men wake up early and go for a drink—that's what they do. The smoothest and best IGA is selling alcohol. Other IGAs don't work. Social and behaviour change in a culture takes more than one intervention, because it's a lifetime of change. The starting point is to talk about it with families to bring out the effects and find out the better outcomes the money could support. There will be one family who can change who can then be a model and support others through groups to become more productive. It's a positive deviance approach.

Speaker not identified ... Social networks, men groups and role models, when men have been transformed, they have changed and now living an impressive life, so engage with groups to learn from them.

Stella, AVSI FARE ... We have basically been doing individual counselling at family level but also do family dialogues and community dialogues if we see a community has a lot of alcohol. We have made referrals to hospitals for rehabilitation and then worked with the family to support the person who is addicted.

Mary, Naguru Remand Home – I see a future problem if we say men are left out. In Africa, a man is the head of the household, so we need to involve them. Communities listen to the man. A woman can be strong, but if she's married, the man is still the head of the household. Children get involved in crime because men have left their responsibilities and the young boys listen to the men. Let's involve the men, whether forcefully or lovingly.

Innocent ... Through another organization, I saw social therapy where men engaged in groups at the community level. Sometimes they could start as a saving group, not talking about behavior. Men won't come initially if they know the outcome is alcohol abuse, but their willingness to engage on the topic can change over time. We need to combine different approaches, individual counselling, therapy, group level and community. Need to be flexible based on what the needs assessment is telling us.

What roles can faith communities play in household ES?

Some churches have church-based savings groups.

Mary, Naguru Remand Home ... Christian women's groups, like Mother's Union, Women's Guild [and father's union?] can encourage the communities to join in. Churches could be involved in facilitation of services; for example, a psychologist could visit and spend an hour with a group. These groups could help change people's mentalities (such as those who think, "We were born poor and we'll always stay that way").

Hope, Compassion International Uganda ... We work through the church. In addition to women's groups, we also help youth to develop skills. Work with 380 churches in Uganda and put skills centers for youth at them. Some caregivers also benefit from them. Some have been able to share the skills with others in their communities.

John, Wakiso District ... There are challenges in involving communities in deciding what ES activities are appropriate. In some places, the main economic activity is marijuana growing, so children are learning from adults, it's marketable. How would you deal with this and effectively propose alternatives?

How should we handle ES within the context of reintegration?

Faith ... Through the churches, we're trying to teach the culture of savings to children. We have children's ambassadors to teach ethics of responsibilities whether you're a man or a woman, and gender sensitivity, and trying to change the cycle of what's been happening with our men. We need to have men as positive role models and men in churches can provide this and can call other men to be helped with whatever they're struggling with.

Moses ... In terms of ES for reintegrating families, don't just dive in—you need to do a total scan. You need to consider the process of reintegration, the timing of support/activities rights, the nature and type of CCI and the issues that took children from home and brought them to a center. Consider geography/dispersal of families (even with a focus on Wakiso and Kampala, FARE often only had 1 reunified child per village) and stability of place (many families move several times and are hard to trace—a FARE assessment found 50 families moved an average of 1.4 times between baseline and endline, and often didn't tell the project they were moving/had moved). Need to understand what kind of family this is.

Innocent ... Our approach should remain flexible. As we're talking about case management and ES, I think we need to space room for the person assessing to make a recommendation that doesn't involve the whole menu of possible assistance and that leaves some things open. Sometimes we feel we don't do enough, but we need to avoid being corrupted by the resources we have. As a professional, I have the resources and opportunity to support a family, but it may not be necessary. We should explore at the community level what resources already exist. Sometimes we are pushed to reach certain target numbers and we put aside the professional side and instead create dependency. We need to help the family be included in the community, connected to other local support and not to an NGO. We should question the necessity of support, and if we give it, it should be contextualized and driven by necessity.

Monica ... We need to be mindful of the marginalized groups/people, like children with disabilities. It can be hard to reunify them and hard to support them, especially since family members may not be able to participate in group activities.

NOTES FROM ROUNDTABLE DISCUSSION ON FINANCIAL LITERACY

What financial literacy skills building and what is its intended effect?

Participants noted that even in poor contexts, there are resources to command. Financial literacy training can target beneficiaries who demonstrate low capacity to manage money. Youth especially fail at tracking their own expenses. Financial literacy training can focus on the wide use of what people have. It can teach about priorities about spending, setting concrete goals and making a budget for them, how to select appropriate products in formal finance, and how to avoid exploitation by formal finance. It can involve “getting back to basics” and build simple numeracy skills. It can be hard to convince people not “to live for the day”

To what extent does the intervention address the needs of at-risk HHs and reintegrating HHs?

Emergencies that HHs don't plan for can ruin home and families. It may be a good idea to train the whole family at the same time and teach kids early about good financial habits. Do kids already on the street need to have other support and interventions before financial literacy?

How can it leverage or support other interventions? How can it be sequenced?

Financial literacy is a “foundational education.” It should be implemented with a combination of other socio-econ interventions; it will fail if implemented alone. It should connect with other economic stuff; e.g., once people save, they need to learn how to start IGA. It can be added to VSLA meetings. Some youth life skills programs incorporate financial literacy. One participant mentioned a government CT program that targeted the elderly, and they were given financial literacy training at the same time. Financial literacy training can also connect to wraparound services like parenting classes and abuse prevention. Participants noted that the length and frequency can vary, but a good duration might be six or eight sessions. One participant observed that children might take it more seriously when they get training outside of school. The government should implement financial literacy.

Who needs it and how?

There were varied opinions. One view was that girls and women of all ages can benefit if training is appropriately targeted. One participant had seen good programs targeting women of all ages—from younger girls to grannies. Some argued that girls need separate training, in order to avoid being dominated by the boys. Younger girls also need protection from sexual exploitation at events like SG meetings. It was observed that it can be challenging to reach younger kids, especially 10-13 year olds; 16-18 is more optimal window to target. Is that true and what about boys and men?

NOTES FROM ROUNDTABLE DISCUSSION ON BUSINESS SKILLS TRAINING AND COACHING

What is business skills training and coaching and what is its intended effect?

Business skills training and coaching is capacity building for business establishment and management. ESFAM used a cascade model in which master trainers trained community volunteers to deliver the training and coaching.

To what extent does the intervention address the needs of at-risk HHs and reintegrating HHs?

It may work best for caregivers with ongoing (income generating?) projects. They are more likely to succeed than those without projects. Mentorship helps in reinforcing skills and continuity.

How can it leverage or support other interventions? How can it be sequenced?

It worked well to integrate it with social support services. It was also useful to engage community structures and community development offices/ers (CDO). For example, registered VSLA groups [who had benefitted from business skills training and coaching] were able to access development funds through CDO.

What works and what doesn't? For whom? What doesn't work for whom and why not?

It may not be useful to build these skills without a cash infusion [for the very poor?]. For some individual HHs with no past experience managing cash, you need to start with smaller cash allocation.

NOTES FROM ROUNDTABLE DISCUSSION ON INCOME GENERATING ACTIVITY DEVELOPMENT

What is an income generating activity (IGA) and what is its intended effect?

An IGA is any lawful activity/initiative geared toward income generation, such as poultry raising. The purpose of an IGA is to increase HH income for improved basic needs and develop sustainable income for HHs.

To what extent does the intervention address the needs of at-risk HHs and reintegrating HHs?

It can help reduce the effect of shocks to the HH/ make the HH more resilient.

How can it leverage or support other interventions? How can it be sequenced?

It can be preceded by enterprise selection, planning and management training/business skills training and financial literacy skills training. With increased resources/income, HHs may have money to save, for example in VSLA, matched savings accounts, other bank accounts, etc.

How is it useful as a standalone intervention?

IGAs can be easy to start, and don't require a lot of capital. The product should find a ready market. The activity can be sustainable.

To what extent are intended effects realized?

IGAs can work well when the implementer is well prepared—when she/he can do a good job with the product or service, is able to manage the business well and has access to a market.

Are there recommendations not yet covered that the group would make with respect to using the intervention with families at risk of separation or reintegrating children?

The group recommends looking into value chain development and considering how to appropriately engage all family members.

NOTES FROM ROUNDTABLE DISCUSSION ON MATCHED SAVINGS ACCOUNTS

What is a matched savings account (MSA) and what is its intended effect?

ESFAMs MSA intervention promoted the culture of saving in targeted HHs, increased their incomes, helped families meet particular needs (including education costs).

To what extent does the intervention address the needs of at-risk HHs and reintegrating HHs?

ESFAM's MSA intervention reached both reintegrating and at-risk HHs. The intervention may have had more of an effect on reintegrating HHs because of the prior separation.

How can it leverage or support other interventions? How can it be sequenced?

MSAs should be linked with other interventions, such as financial literacy, business skills coaching, parenting skills development, child protection support and psychosocial support. ESFAM's MSA process began with conducting financial literacy training and business skills training, prior to the opening of saving accounts. Matching came later after families saved.

How is it useful as a standalone intervention?

MSA should not stand alone.

To what extent are intended effects realized?

ESFAM felt the MSA intervention was successful, supporting children's education and well-being and contributing to their permanency in care.

What works and what doesn't? For whom? What doesn't work for whom and why not?

MSA works when HHs have some income to save (if they can't save, they don't receive a matching contribution). Capacity building was critical to the intervention. It can help to change people's mindsets and build their trust in working with finance institutions. As an individual intervention in ESFAM, families didn't benefit from group participation/group cohesion. They suspect it might work in a group context as well to encourage cohesion and learning.

Are there recommendations not yet covered that the group would make with respect to using the intervention intervention with families at risk of separation or reintegrating children?

The amount matched should not be uniform [I'm not sure what this means]. Saving should be needs based [also not sure what this means]. It might be useful to explore the concept of matched savings outside of the bank context, for example, in cooperative societies and SACCOs.

NOTES FROM ROUNDTABLE DISCUSSION ON CASE MANAGEMENT

What is case management and what tools are involved?

Case management is a process to guide support from case identification to case closure. It allows for interventions to be tailored to individual family needs based on needs identified through assessment. ESFAM reported that it used a toolkit adapted from the DOVCU project; the toolkit includes tools addressing the core areas of economic status, health, child protection, psychosocial support and parenting. There is a need to develop a module on the development of the case plan.

Who needs these activities? What works for why, whom and how?

The case management approach helps families because it identifies and focuses action on the specific needs of the family and its members. Assessment and follow-up can be very labor-intensive and time consuming and involve a lot of paperwork (for example, completing assessment tools). ESFAM's process helped it identify and reach the families that were the most vulnerable. Some families required more home visitation than others. You may need to engage other actors/partners to support some families as well. Staff need opportunities to deal with the stress that goes with their work.

How much is enough and how much is too little? How much time should it take?

It depends...on the mapping of needs/assessment, developing a plan, building a relationship with the family, following up after actions/interventions take place. You start to see increased engagement, commitment and investment of family members when they start to see some hope.

What about exit strategy?

[Discussion on exit seems to have been more about the project and less about case management specifically.] ESFAM is leaving behind skilled community workers. FARE trained village agents whom VSLA can access for support. FARE parenting skills groups identified focal people from among the group members who received some additional training and can be a community resource.

NOTES FROM ROUNDTABLE DISCUSSION ON FAMILY DIALOGUES

Who needs this activity?

Family dialogues are useful for families with important decisions to make about finances, misunderstandings within families and neighbourhood, planning and responsibilities.

What works for whom, why, & how: best practices

They work best when the problem is self-identified by families or they feel ownership of it, participants determine the time and place of the dialogue, the extended family support network is included, there is guidance about the objectives of the dialogue, facilitators uphold social work principles and facilitate in such a way that they equalize power dynamics, participants participate actively and take the lead during discussions and there is consensus on actions agreed upon and follow-up.

How much is enough and how much is too little?

You're done when the objective of the dialogue is achieved. That is case by case.

How can FS activities support /reinforce ES?

These activities can support decision making regarding ES, help ensure that support that won't be misused, promote accountability, mobilize the family toward an ES goal, help with conflict resolution, empower family members and support follow-up and monitoring.

Lessons learnt

Family dialogue can help solve family conflicts and build trust as transparency is built through dialogue. It can help families prepare for care and placement and/or enable discussion of secondary care options or back-up options. It encourages diverse family/community representation.

Family dialogues require

Space, facilitators, willing participants from within the family and other stakeholders, tools in case management, and transport.

NOTES FROM ROUNDTABLE DISCUSSION ON PARENTING/PARENTING SKILLS CAPACITY BUILDING

What is a parent and what is parenting skills training/capacity building?

A parent is anybody who is caring or responsible for a child. This extends to foster families and Naguru Remand Home (Reference to SCORE/FARE parenting skills module).

FARE trained parents in at-risk families and parents in reintegrating families (all reintegrating children went to biological parents or other family members). It trained at-risk parents in groups in targeted at-risk communities, mobilized at home or through VSLA. These groups met weekly for 2-3 months. Parents could practice the skill between meetings and then discuss it in the group before moving on to another topic. Reintegrating families were geographically scattered, and FARE trained them in 5-day workshops.

The curriculum included 5 modules:

- Appreciating your parenting
- Appreciating your child's needs
- Parent to child relationships
- Positive discipline
- Authoritative parenting: a positive approach

The curriculum compares 4 parenting styles: authoritarian; laissez faire; authoritative; and uninvolved. Authoritative parenting was encouraged for the families as ideal because it is exemplary, nurturing and firm. It emphasizes parents as role models to the children so that they learn from the example of the parent. Training should ideally involve both parents, but often only one parent is available. Practice is monitored every month during home visits with a tool and the person monitoring gets information from the children in the family as well. This curriculum was developed for parents of children of all ages.

What were the results of using this module and how did it affect ES?

FARE felt that parenting skills training reduced violence in the home, since it promoted parents working together. When two parents attended the training, there was change in attitude and improved communication that helped in saving and use of finances. Staff observed an increase in care and support of children. Unity and bonding took place and it became easy to work together to build the family. In families that received cash transfers, the transfers helped stabilized the families and gave them hope as they participated in other activities. Parents appreciated their parenting role and so worked hard to provide for the needs of the family (education, meals). Some parents changed IGAs to those that are closer to home (so they can better supervise and be available to children) and can involve other family members. Participation of children increased in all areas such that children can be involved in decision making.

What worked and what didn't?

Parent to parent relationship, especially in the slum areas, worked well. The training synergized well with adolescent life skills training because parents and children learned how to work with each other. Parents were not receptive to stopping corporal punishment when positive discipline was discussed.

How can ES support/reinforce FS activities?

Attitudes change when parents realize that love and care for their children is very important. Linking parenting skills training with VSLA was effective.

One good practice: creating role model parents

This idea developed sort of organically. Members of parenting skills groups selected members with good skills and interest to continue to provide peer support to parents after groups finished their training. FARE then trained them further: they started with Uzazi, then got a specific training on how to engage families in the community, identify and report child protection issues. They support families who have parenting issues.

What are key resources in rolling out the training?

Manuals have pictures that support each module. This shows them the kind of environment that is needed and to help them critically think, share ideas and learn from it. This guides on where to put emphasis while learning from the community.

How did you get fathers on board?

The majority of the HHs were single parent homes headed by a woman. FARE was able to get fathers of reintegrating families engaged, but had a harder time involving men in at-risk HHs. Through working with VSLA, they got a good number of men on board. Home visits were also used to reach men at home. Ladies that had attended were asked to use the mutual relationship to invite their husbands which yielded an increase in male participation.

What if we do not have VSLA?

Get 25-30 parents to enroll and start working with them. The VSLA cements the savings culture and it is a good bait for them.

There was no financial embezzlement probably because of the parent to parent relationship. There is self-selection of the VSLA members. Parenting only supplements the relationship that VSLA has created.

NOTES FROM ROUNDTABLE DISCUSSION ON LIFE SKILLS TRAINING AND INTERACTIVE LEARNING SESSIONS FOR ADOLESCENTS

Who needs this activity?

Family dialogues are useful for families with important decisions to make about finances, misunderstandings with in families and neighbourhood, planning and responsibilities.

What are different programs doing around life skills?

Stella (FARE) ... We emphasize life skills for those dropped out of school. AVSI does general life skills with children in contact with the law, street children, children coming from families at high risk of separation. We have a 10-module manual that includes getting to know each other, emotions, decision making, substance abuse, reaching my goal. We do a pre- and post-test. For reintegrated children, it can be part of rehabilitation. Life skills training applies to humanitarian settings and more stable settings. The intervention might need to be shortened in humanitarian situations or when working with street children. We do the training in a weekly session; the curriculum needs 40 hours if done consistently. In humanitarian situations, you might prioritize topics. We used the curriculum with 10,000 youth in 7-year project. AVSI Life Skill Manual.

Leo (DCDO, Kamuli) ... people misunderstand youth; forget when they were youth.

Hope (Compassion International Uganda) ... We start at childhood. Mothers are enrolled when they are expecting. We have modules for 0 to 22 years and see children through transitions into the adolescent stage. We have a curriculum for every age group – holistic – adolescent life skills. We make children come to center every Saturday and go through each stage during this day – raising up educators. Adolescents are trained as peer educators so they can support other adolescents in the projects. HIV positive adolescents are trained as peer educators. We train in both life skills and livelihood skills. See them throughout their lives.

Bella (Pact, Inc.) ... We focus on sexual and reproductive health (SRH) at first. Young girls don't have information to make informed decisions. Our family life education curriculum, with peer education, is a 1-week training. We use the Stepping Stones curriculum for prevention – for in- and out-of-school youth, in DREAMS programming and with young women. With female sex workers, we need to keep their attention, so need to make the curriculum targeted and useful. Working with Making Cents International in Swaziland to come up with that curriculum work for mobile young girls.

Joanna (Retrak) ... In Ethiopia, we're involved in a project with the Population Council. Our life skills curriculum came out from there. I was looking at a sister project last week, did data collection with reintegration and at risk children, [parents are?] struggling with adolescent behavior. [They are] pushing kids out again.

Shelby (ChildFund) ... When I worked at IRC, we created curriculum for adolescent girls and reached 10,000 plus girls. At ChildFund, we are working on a curriculum that uses social and emotional learning as the base and foundation for all other skills including economic skills and soft skills related to employability.

Who needs these activities?

The group felt that all youth and adolescents need life skills activities and parents need to know more about the adolescent stage of development. Both need skills for transitions. We need to support skills for everyone, using the same language. Need to avoid misinterpretation of youth.

What works for whom, why, and how – what doesn't work

A gendered approach can be useful, e.g., supporting assertiveness for girls, addressing toxic masculinity with boys. Maybe need separate groups for girls and boys and then integrate strategically. Separating groups by age as well is important. Delivery methods need to be adapted to age. It's easier to mobilize youth from same community but when you draw from reintegrated families, it's harder to manage training; the child comes in and maybe tomorrow goes out. And you may need to train at home. For children in contact with the law, when the child is released the child, the case workers may not know whether or not the children completed life skills training in remand, and, if not which modules are needed and when (ability to handle emotion, make friends). Young people are mobile, innovative, action based. Training needs to be short and sweet. Long manuals don't work. With DREAMS, we see what doesn't work when you focus on young women alone—need to reach boys as well. Training needs to be culturally relevant as well. [something about Keeping – out of school]

How much is enough, how much is too little?

It can be difficult with kids. We need to ask the kids what they want, need, are afraid of – they are in survival situations. We need to assess the need and respond appropriately. We need to consider mode of delivery – mobile girls – mentoring program, with home visitations. It's complicated but we need think innovatively. What about self-delivery, [making?] recordings in own language to parents. Life skills is continuous – we need to think about what are we doing with parents, what other measures are there to make it sustainable.

How can ES support/reinforce family strengthening?

Life skills, particularly soft skills and social and emotional learning – help to sustain and further economic strengthening impact. Business hinges on life skills that help people maintain customers/make them come back. It supports communication skills. Care leavers of residential care definitely need skills and community integration.

Lessons learned and examples of best practice

Development and process: Contextualize, study population, engage adolescents in planning, implementation, evaluation. Get feedback continually. Let boys hear from girls, and girls hear from boys. Cascade mentoring. Girls who were similar to girls and trained them – speak the same language. Pre/Post – not always the best – find creative ways to monitor and evaluate – embed in activities – use technology. Youth advisory boards. Be aware of challenges with gossip and overstretching.

Parents: Make sure parents know what children know – parallel learning and curriculum. Strengthening – the fathers.

Targeting: Effective pull up of the children – can identify child – follow up – with counselors, case managers. Most were involved with drug abuse – health providers – could refer.

Sample curricula include Stepping Stones, AVSI Model, Girl Empower and Compass, Making Cents, Aflatoun, Compassion – adolescent life skills curriculum, Safe Healing and Learning Spaces – IRC.

NOTES FROM ROUNDTABLE DISCUSSION ON CHILD PROTECTION

What are child protection interventions and who needs them?

Child protection refers to measures to prevent and respond to violence, abuse and neglect, and neglect. It's important to recognise the different settings for child protection, based on the ecological framework. Here, we focus more on the household level and the context of keeping children in family care. We're thinking about both prevention and response. With regard to prevention, there are different levels of prevention: primary, secondary, and tertiary. CP protection interventions discussed here include:

- Parent and caregiver support (including training in parenting)
- Household economic strengthening (cash transfers)
- Promoting Values and norms that protect children (e.g. awareness raising)
- Implementation and enforcement of laws (e.g. strengthening of formal and informal child protection structures)
- Psychosocial care and support
- Effective referral mechanisms

Who needs these activities? Primary caregivers, statutory duty bearers, children, community.

What works?

All work. But the context and targeting matters. Mode of delivery also matters!

For example, parenting skills training should seek to involve both parents. This ensure that both parents got the same message about parenting, including child behavior-management strategies. This enhances co-parenting support and reduces the extent to which parents undermine each other's parenting efforts.

How much is enough and how much is too little?

It's not always possible to determine what is enough. Interventions should always take into consideration the level of vulnerability. Families and communities are not homogenous. There's a need for a clear evaluation criteria and graduation approach. We can know we have done little if families and children continue to rely on external support or when intervention disempowers and/or creates dependency.

How can FS activities reinforce/support ES?

Safe, stable, nurturing relationships and family environments are essential to preventing child maltreatment and to assuring that all children can reach their full potential. Stable families are productive families. Economic strengthening alone may not be enough, for example, to prevent child-family separation. It needs to be part of the larger efforts to strengthen families. Other FS activities such as parenting training and tackling family violence are critical to the success of ES.

How can ES support FS services?

Poverty is widely recognized as a major driver of family and child vulnerability to a variety of risks and threats, including child-family separation. ES can reinforce FS interventions by addressing the major driver of vulnerability.

Lessons Learned

Interventions should build on family and community strengths. Child participation is key. Interventions should be tailored to needs of families and individual children. Multi-sectoral services are needed to address the holistic needs of children and families.

Good Practices

Good practices include coordination meetings, especially at sub-national level (DOVCC, SOVCC); targeting households; community-based child protection mechanisms (e.g., using para-social workers to augment case management); Building on community resources.

NOTES FROM ROUNDTABLE DISCUSSION ON ASSESSMENT

What approaches are most useful in identifying families at high risk of separation?

- It is important to begin with the mapping process for communities that supply most children who end up on streets, CCIs (hot spots).
- Later move to the communities to do a PRA, get to the lowest unit sub county division, get to list the top factors that lead to child family separation.
- List families that are affected work with the local leaders (especially relating to the drivers of separation that had been listed).
- Important to utilize the existing data (like Uganda OVC MIS), work with local government and other community stakeholders.
- Some of the targeting tools may require modification to ensure that the right beneficiaries are identified and correctly assessed.
- PRA is usually quite accurate, but the HVAT type tools allow you to go deeper into individual needs to verify and begin targeting particular interventions.
- HVAT in Uganda is useful, but not always specific to separation/reintegration so may need to adapt and add in or supplement.³
- Concern that local involvement might miss the new, proud or marginalised households where issues are not known or ignored. But experience suggests if you go down low enough, like the village level, that these issues are avoided. Also helps to verify with a household assessment tool.

How can we assess successful reintegration?

- Should we look out for permanence for a child at home after placement for a certain period of time? It's a proxy; if they left before won't they leave again. But some children, especially those from CCIs who didn't choose to leave before, might not be pushed to leave again.
- Or is it better to look at changes or improvement of the negative vices that led a child to separate with their families? It's important to demonstrate the changes we are seeing at the family level.
- Different organisations use different approaches/dimensions to measure well-being. The issue to think about is how long we monitor after reunification has been made to ensure sustainability of the changes.
- Need to put in mind the family and the environment to ensure that the child feels safe.
- Must understand the situation from the child's point of view, as well as understanding the caregiver. Sometimes their views don't match and it can highlight further areas of need to work on.
- Tools must be multi-dimensional, since reintegration is complex and different for all children. Should cover issues like health, safety, economic stability, schooling/training,

³ You can find FARE's pre-screening tool, adapted HVPT and adapted HVAT here: <http://www.avsi-usa.org/fare.html>

social and emotional, attachment, community belonging. Example of FHI360 Ethiopia tool, or CSI, etc.

- Understand that what appears to be “separation” may not always be a negative, like older children moving away for work because they have gained skills and been empowered, or a child moving to another part of their family in a different place.
- Challenge of follow-up for long enough and covering multiple areas/whole country.

What are the best ways to measure outcomes of interventions?

- It is challenging particularly in prevention, if you are to measure success it means checking if separation did not occur. You’re measuring nothing.
- RCTs would be unethical in many circumstances.
- It’s important to check on how resilient the family is, how stable it is against all the circumstances or shocks, how well drivers of separation have been addressed.
- Learning from separation that has happened and tracking these issues in wider community.
- Different projects had a series of assessments to measure changes/outcomes, over time, 6-monthly, annually.
- Combine with case management, so immediately useful for case managers as well as then aggregating for monitoring purposes.
- Qualitative as well as quant, to draw out experiences and reflect the complexity and contextual nature of the work.
- Need to go beyond looking at children remaining in families if we are looking at outcomes, look at the other contextual issues.

NOTES FROM ROUNDTABLE DISCUSSION ON CASE MANAGEMENT AND ECONOMIC STRENGTHENING IN REINTEGRATION PROGRAMMING

What are the primary challenges in implementing CM for families reintegrating children?

- People do not understand case management and community level volunteers have limited capacity [yet may be asked to do a lot?].
- Processes related to reintegration (case management) are long, and in the process, clients lose interest.
- Case management is unique in that everyone comes with their own challenges.
- Implementers face challenges in terms of record keeping, e.g., maintaining confidentiality and proper documentation/filing of issues.
- Implementers face budget constraints to support all the stages of reintegration and they also face challenges in helping families to address costs that come up, such as terminal medication
- Donor conditions limit case management issues.
- Disconnect between civil society work and district/sub county authorities

What are implemented solutions?

- Capacity building in implementation of case management
- Involvement of community structures such as paraprofessional workers and district technical teams
- Case management conferencing with stakeholders

What are proposed solutions?

- We need to budget appropriately for case management. Donors should involve implementers at the early stage.
- We need to do a better job of mapping different service providers.
- Social support from caretakers

What are challenges for which someone needs to find a solution?

- Alternative care framework
- Coordination with different government structures – creating synergy
- Case closure without being certain of who will support and maintain sustainability plan

What are the primary challenges in implementing ES programming for families reintegrating children?

- Reintegrating families are scattered, making some intervention like VSLA very hard.
- Monitoring of scattered families is also a problem.
- Criteria for referrals by different CBOs
- Every family is unique; they need different approaches.
- Harmonizing the interests of the child and family is not easy.
- Imposing your IGA on the HH
- Literacy level of the family
- ES done in isolation from social and other interventions

What are implemented solutions?

- Conduct detailed analysis of the type of economic activity to support
- Do sensitization about the type of interventions that will be/should be provided.
- Do a critical analysis of the family and the needs.
- Integration of social and economic challenges

What are proposed solutions?

- Understanding the social and economic aspects of the family and adding on activities as you implement
- Involving relevant stakeholders like culture so that it does not conflict their interest [not sure what this means]

NOTES FROM ROUNDTABLE DISCUSSION ON CASE MANAGEMENT AND FAMILY STRENGTHENING IN REINTEGRATION PROGRAMMING

What are the primary challenges in implementing CM for families reintegrating children?

- Accessing and intake of clients
- Child willingness (scared of transition)
- Family willingness (children seen as financial burden, dependency on RCIs)
- Lack of understanding of importance of family-based care
- Poor record keeping makes tracing difficult
- Need to triangulate information to ascertain accurate info
- Rebuilding attachment
- Statutory authority capacity and resourcing

What are implemented solutions?

- Government sensitization on importance of family-based care
- Life skills sessions to [missing words]
- Allow sufficient time to build rapport/trust with clients

What are proposed solutions?

- Empowering local statutory authorities – funding, technical capacity, staffing, ability to lobby to their national government department to better meet the needs of the populations they work with
- Strengthening gatekeeping mechanisms (importance of intake documentation)
- Statutory authorities leading in sensitizing all relevant stakeholders on legal framework related to reintegration

What are challenges for which someone needs to find a solution?

- Poverty alleviation to reduce frequency of separation
- All stakeholders (RCIs, sponsors, government, social workforce, funders) need to be supported to understand best practices in reintegration. The whole system needs to be operating in an aligned way, following key principles (best interest of child, do no harm, etc.), for reintegration to be effective.

What are the primary challenges in implementing FS programming for families reintegrating children?

- Willingness of families to participate
- Male involvement
- Separated/divorced caregivers
- Mental health and substance abuse as barriers to interventions

What are implemented solutions?

- Relocating interventions to male-friendly spaces
- Allowing sufficient time to build rapport
- Family-group conferencing for conflict resolution

- Community-level ES to create networks that innately strengthen families

What do we know about linking CM and FS for prevention/reintegration families?

- Quality case management is innately strengthening. It can build transparency and trust within a family, and bring the family together by focusing on a common goal.

What should practitioners take into consideration for linking CM and FS for prevention/reintegration families?

- A primary case manager per family enables strong rapport and trust
- Important to strengthen capacity of social workforce (skills in both)
- Social service mapping is important for quality case management.

NOTES FROM ROUNDTABLE DISCUSSION ON ECONOMIC STRENGTHENING AND FAMILY STRENGTHENING IN REINTEGRATION PROGRAMMING

What are the primary challenges in implementing ES and FS programming for families reintegrating children?

- We always look at the welfare of one child, yet there are many children in the HH.
- The process of managing the entire livelihood of the family—you can't do it alone.
- We take back the child with a package, but it can't keep them [child/family?] for long
- Sustainability
- Differing children and family needs.
- Tracing the child's family takes a lot of time.

What are implemented solutions?

- Adapting the approach where the child is used as a link to the HH.
- Having different interventions for one child (day and free time) [street connected]
- Conduct assessment for every child and HH because they are unique
- Anti-trafficking law and children amendment act (adopting the laws)
- Building the capacity of local councils

What are proposed solutions?

- Work with the government structures/support the government for sustainability.
- Orientation on the national guidelines/popularize the use of guidelines
- Incorporate the Ministry of Education as part of the reintegration process
- Popularization and harmonization on national guidelines on trafficking

What are challenges for which someone needs to find a solution?

- Increased budget allocation to youth and children
- Sustainability of interventions/no phase-out of projects/programs.
- Work together in development (NGOs, government, etc.)
- Take action about persons/institutions that misappropriate funds.
- Network of CSO and government structures right from project design.
- [Cohesion?] between the donor and implementing partners (i.e., what works and what may not work).

NOTES FROM ROUNDTABLE DISCUSSION ON CASE MANAGEMENT AND ECONOMIC STRENGTHENING IN PREVENTION OF SEPARATION PROGRAMMING

What are the primary challenges in implementing prevention of separation work?

- There was no situational analysis done in the community to identify the drivers of separation before we started, nor at family level, so we had to just jump in with general prevention activities.
- Stigma/discrimination around separated families
- Parents pro-actively made their children engage in exploitative labor
- The level of child-caregiver relationship - ongoing unhealthy attachment issues not addressed
- Hiding of abuse and incest
- Teen pregnancy leading to early marriage or the girl is chased away due to shame – especially if it is an incest case
- Dependency on cash transfers and then when these were ceased, the family turns against the child
- Witchcraft issues and difficulties in engaging with local church or police
- When caregiver is HIV positive and critically sick – big challenges in medical bills and extra nutrition support which we did not have

Considerations for combining CM with ES activities

- Combine ES, case management and family strengthening activities for better outcomes but take care in sequencing the activities.
- Prevent SGBV in the families.
- Conduct a situational analysis to assess the vulnerability of the family and then identify the unique needs of the child and the family.
- Draw a plan to address the needs around the child. This may include ES but we should not assume this always is necessary. Build on strengths the family already has. Avoid dependence syndrome.
- Consider case closure by the para-social workers—it's challenging to decide on case closure.
- Hold case conferences with the CDOs and other stakeholders.
- Make case referrals – CDOs, VHTs, parasocial workers, SOVC, DOVC, Sauti [Sauti 116/Child Helpline?].
- Use available community structures for sustainability of the project.
- Engage community participation at planning and in implementation of the project.
- Be careful not to marginalize boys and men, even if we focus on girls and women.
- Establish a good referral structure with government when planning close-out of projects so as to ensure continuity (both with other CBOs and with PO/para-social workers).

Solutions

- Have clear timelines for each individual family (and that the family knows) to measure progress but also keep reminding family of progress and impending phase-out so they are aware and preparing themselves for this.

- Use case conference PLUS (i.e., case conference with staff but add on also county reps, Sauti, CBOs, PO, etc.) and ensure community structures are involved post closure.
- Have families share costs, plus have graduated contributions phasing out.
- Increase male engagement with ES activities – concurrently with female ES.
- Hold community dialogues with different stakeholders.
- Use community champions.
- Solicit active participation of different stakeholders in the community at planning, implementation and evaluation.
- Strengthen the linkages and referrals within the community.
- Build on social assets to reinforce the program.
- Build an enabling environment around the child.

Unsolvable challenges

- The elephant in the room: at each and every point we need to, and are encouraged to work with government and local structures when we work with communities, volunteers, LCs. We have a budget for tracing of families. The LC/PO want facilitation for this to do on the ground work. This is a disallowable cost and the government officials do not have official receipts, so things get stalled and don't happen.

NOTES FROM ROUNDTABLE DISCUSSION ON ECONOMIC STRENGTHENING AND FAMILY STRENGTHENING IN PREVENTION OF SEPARATION PROGRAMMING

What are the primary challenges in implementing ES programming for families at risk of separation?

- Having enough time and money to do economic work well
- Capacity – the families doesn't have the right skills, or, if they exist, can't take advantage of them
- Market volatility – people start something and then the market for it crashes, or the market becomes glutted and there's too much competition.
- Forgetting parenting
- Stressed families, which affects the success of programming
- Incentives can cause problems.
- Unsure of which intervention is effective when they happen at the same time
- Inadvertently taking children away from education into labor

What are implemented solutions?

- VSLA, Pact, Inc. WORTH +, SG +
- Cash grants
- VT [? Vocational training? Voucher transfer?]
- Soft skills
- Start young
- Curricula adapted for age and context, deliver to youth and parents separately
- Condition to stay in school
- Gender-informed

What are proposed solutions?

- Integrate youth disability
- More programming for behavior change motivation, attitudes
- Incentivize participation
- Responsive [parenting? Hard to read]

What are challenges for which someone needs to find a solution?

- How to motivate/incentivize to create participation
- Enabling environment in the home
- Managing expectations
- Juggling multiple approaches from multiple organizations
- Meaningful, active collaboration
- Need coherent approach
- Some NGOs give freebies, pulling attention and reducing motivation to participate in your program.
- Don't kill innovation, but be consistent.

What are the primary challenges in implementing FS programming for families at risk of

separation?

- Time and resources
- Issues such as alcoholism that are difficult to address
- Culture barriers

What are implemented solutions?

- Parents programs (e.g., ChildFund's Responsive Parents)
- Child protection
- Violence prevention
- Translation of materials

What are proposed solutions?

- Shifting decision making to all family members
- Build mechanism for self-replication of program/groups
- Local languages
- Simple communications materials that can be left
- Use folklore/theater.

What are challenges for which someone needs to find a solution?

- Translation
- Violence in the home
- Retention in programming
- Curriculum needed for community leaders

What do we know about linking ES and FS for prevention/reintegration families?

- They are mutually reinforcing, but need to be balanced to avoid creating new problems and divisions in the family.
- We want savings to be used for family well-being.
- Poverty, domestic violence, gender equality in market and family

What should practitioners take into consideration for linking ES and FS for prevention/reintegration families?

- Innovation
- Learning visits
- Sequencing and using/customizing curriculum content
- Tablets, electronics
- Are we finding ES methods that are sustainable?
- FS becomes the norm – easier to sustain
- Expand timeline if doing integrated programming (which we should).
- Ideas flow better when family works together for economic improvement.
- Assess each family context to know which comes first, ES or FS (although must link).
- We must document experience to know more. Ethnographic study approach, not typical evaluation, gave feedback into project objectives.
- We need more partnerships for integration (e.g., solar TV example, FS information on TV, partnered for the technology).
- Working with existing structures/projects
- ChildFund – Community-Based Child Protection Mapping and mechanism

COMPILED NOTES FROM DISCUSSIONS ON ENVISIONING GUIDANCE ON ES IN REINTEGRATION AND PREVENTION OF SEPARATION PROGRAMMING

Audience

Comments on whom the audience for ASPIRES guidance on ES in reintegration and prevention of separation programming should be included a reminder that a clear sense of its purpose (e.g., influence policy, influence program design, convey/influence best or better practices, influence donors on why it's important) should inform decisions about its audience. Specific audiences could be:

- Project designers
- Implementers (non-ES partners, NGOs, CSOs, faith-based organizations, local structures that support community work, program managers, case managers, social workers/parasocial workers, community volunteers),
- Government actors (ministries, local government leaders to get on board and support families, policy makers)
- Sub-county and district OVC committees
- Program participants (e.g., caregivers, others)
- Donors (to understand the case load, depth of work and time required)

Particular needs for practitioners of reintegration and prevention of separation programming – general

- Understanding of the context in which they work (family, community, policy/process).
- Understanding of risk factors (could be the same for contexts of reintegration and prevention of separation)
- Common assessment framework could be useful.
- Understanding how to be sensitive to unique family dynamics that might affect ES activities (e.g., fights over a goat or who gets the money for CT)
- Clear protocols for case closure and graduation (and what do we mean by graduation?)
- Clear menu of intervention options (in support of minimum package of basic care for all children)
- Supervision
- Training (should cut across reintegration and prevention of separation programs).
- Guiding tools (and tools should be user-friendly and translated in local languages).
- Guidance on how to involve children
- Life skills guidance should be better tailored to audience (e.g., street-connected children vs children in institutions vs children in more settled communities) because their needs differ
- Guidance on modalities of CT (e.g., mobile vs physical cash—strengths, weaknesses, opportunities, threats)
- Networks to support families at local levels and between organizations, using government structures, spirit of collaboration, cooperation, coordination. Can we use committees like CP committees or alternative care committees so we don't overburden stretched government officers like PSWOs and CDOs?

Particular needs for practitioners focused on reintegration?

- Understanding of systems, policies, guidelines regarding reintegration
- Capacity-building on alternative care frameworks
- Understanding that every reintegration phase has a prevention aspect
- Understanding of case management/child care plans/specific intake requirements
- Recognition of the need to do (more) HH-level intervention/support
- Knowledge of individual and networks around the family (and how to facilitate them), collaboration, cooperation, coordination
- Creating intentional linkages
- Clearer guidance on how to include children in planning
- Understanding of costs; they may be higher for reintegrating HHs than for at-risk HHs in some ways (consider location of clients/families/communities, whether grouping for some activities would yield efficiencies/benefits)
- Training package for implementers with standard tools
- Coordination structures: partnership building/networking for a strong voice on reintegration.
- Understanding of need to emphasize do no harm aspect in design and monitoring—avoid unintended negative consequences
- Legal support

Particular needs for practitioners focused on prevention of separation?

- Knowledge of how to use evidence from assessments to guide ES programming
- Will always be part of the cycle of support, even after reintegration
- Understanding of costs; group-based activities may yield cost-efficiencies
- Knowledge of appropriate group-based activities
- Recognition of limitations on capacity and reliability of volunteers
- Resources for both government and organizations to do follow up
- Understanding of policies and guidelines regarding reintegration

One document or multiple?

- One document: so we don't confuse people, capturing all aspects, pieces to pull out for your particular needs, a roadmap of guidance and what applies to you and your role
- Two documents: separate documents for reintegration and prevention, a core manual for implementers and another one for managers/donors/government
- Multiple documents: keep documents simple and not bulky so people will read them, customize based on category of user so they are user-friendly, include lots of references to other resources, don't focus on the how

What kinds of elements/features/content should guidance include?

- Whatever ES or PS or other elements are included, needs to have a foundation in strong CH/CG attachment, seen as root for all of these interventions – foundational
- Background briefing: reference to guiding principles for reintegration and prevention of separation, alternative care framework, case management framework, definition of important core elements and the theory or evidence behind these interventions, key program principles to keep us focused/grounded and guide contextualization
- Targeting

- Types of activities and processes (CTs, VSLA, basic skills required, specialist/non-specialist areas, core competencies, training plan)
- Sequencing of ES activities based on needs
- Section looking at linking into family strengthening and case management and how they can reinforce each other and be combined
- Family follow-up tool
- Gender mainstreaming, involving men
- Partner collaboration
- Planning considerations: timing, costing, adequate staffing/roles and responsibilities, staff-child, staff-family ratios, particularly early in the programs to address issues, cross-training, realistic/unrealistic expectations for volunteers, volunteer compensation
- Quality assurance (message about ensuring? How to? How am I doing?), minimum standards
- Monitoring form ES outcomes in general and specific to different approaches/interventions tools to go along with general things,
- Reference materials specific to topics
- Should have activities to accompany
- Should be able to be within the different circumstances (urban, refugee, rural)
- Who to work with at each level (consider local adaptation)
- Toolkit
- Illustrative, brief and to the point
- Ideas about flexibility and room for innovation, suggestions for why you might do it differently (it's not one size fits all)
- Case studies of good/best practice – when an intervention is likely to be successful
- Case studies of how one idea might work in many situations
- Lessons learned from process, what worked, what didn't, don't do this
- Testimonials
- Training materials
- Links to relevant reference materials (encourage others to share)
- Have contribution from a range of organizations and people to gain buy-in along the way and a desire to use the guidelines

What should guidance look like and how should it be organized?

- Take a look at other examples of packages and guidance
- Depends on budget
- User friendly
- Sub-sections to dip in and out of
- General guidance leading into specific tools
- Divide broadly to reintegration and prevention of separation
- Not too bulky
- Hard copies and digital copies
- In local languages (or encourage people to translate and share)
- Simple language, no jargon
- Could be pictorial, turn some parts into videos or radio programs
- Spread across project cycle

- Logical flow based on intervention areas so easy to connect
- Flow chart/guidance on how to navigate to what you need
- Questions at the end to help understand previous topic
- Self-assessment tool that would help guide you to what you need
- Show to donors what we're good at and what needs TA

How should guidance be disseminated/accessed?

- Depends on format and audience, flexibility around it
- Hard copies: put in an area like churches, public libraries, leaflets and fliers that can be used in community dialogue meetings or other public contexts
- Electronic: hard copies are costly, not practical, so make the most of online
- Upload to appropriate ministry websites
- Platform: specific platform if downloadable with space for ongoing discussion and e-learning, as things change, people learn things, Trip Advisor-style feedback capacity so users can give ratings and share own experiences
- Dissemination through existing networks/platforms, such as BCN
- Dissemination event so different people/stakeholders can then also share hard copies with others who are not able to attend
- Disseminate at conferences/meetings/trainings (e.g., training events for key workers)
- Opportunities to continue sharing, in person if possible, and learning (grassroots workers who might struggle with literacy issues may need to have some coaching or mentorship to help get the message through)
- Local/sub-national champions or working groups that can be a forum to encourage others and help with more localized questions
- Launch nationally/sub-nationally, bring local examples and experience, radio talk shows, seek government help with accessing public announcements?

WRAPPING UP

Some Final Reflections

It's humbling to hear about this kind of work and think about the stuff I've learned. Reintegration and all of that—I normally work in HIV/AIDS. From a systems perspective, how much more can we do to make the environment enabling? Civil society agencies are doing so much already. They could complete the puzzle.

An issue we need to reflect on is how to be deliberate about engaging men and stop the lamentations of how they're into alcohol and domestic violence and grabbing all the savings. We really need to be deliberate about engaging them and find strategies to get them on board.

When we discuss gender, children and youth, we're starting to address issues of the boy child.

There's a lot we can learn among ourselves by continuing to reflect how we should collaborate and strengthen the learning in country, how we can learn from one another the different approaches, attempts undertaken in ES, very vulnerable groups we're dealing with... We have to reflect on this. How do we continue to be mobilizers at our different levels to bring together such a wealth of knowledge as what's in this room? What's working or not? How do we spread what is working to others to learn from and not repeat mistakes or steps that have been laborious? What's a quick fix?

I'm thinking about sustainability, especially after graduation. What happens after? The project has closed, you handed over to government, which lacks funds to follow up. What happens?

A lot of good practices that have been shared here. How do we scale these things? To do that we need government buy-in.

Opportunity to learn. Question of time. For those working on reintegration, case work, and still implementing these projects. Issue of PSS, some children have gone through a lot and there are project timelines. Some children are traumatized before – the triggers before they leave home, and then trauma on streets, or in care facilities. These issues need to be addressed at those points. What will be way forward if time is not enough? This child will probably have wounds that are unhealed.

Service delivery at community level for HH ES – these are families that have been surviving. So we don't go with mind that they can't survive without us. We look/start at where they are and see how they are coping and build on that.

Case management, 2-year projects, think about hand-over, especially for kids with serious illness. Will they be able to access government support or will they be unsupported in 3 years?

As a PSS person, I'm reflecting on strengthening refugee families. They are still struggling/coping with trauma. To strengthen economically, we have to also think holistically for PSS to be able to help them thrive and take them through process of strengthening them. PSS is not a one-time thing, it's continuous. How to help them be able to bring their mind back. They leave their families behind, not sure if they are still alive, others witnessed parents being killed.

I'm thinking about systems strengthening and the role of government.

Data presented by FARE, following 6 months of CT, modeling what government is providing of about \$20 per month showed no changes in HHs where children had been reintegrated, but there was some in prevention HHs.

What's Next for You?

I propose that the conveners help facilitate the formation of discussion group where we could share ideas and check on progress towards commitments.

The program I'm implementing is targeting vulnerable youth who are motivated and active. But there are those youth who are separated from families who don't really care what we do in their communities, only about have I eaten? Our program encourages youth to work and register themselves to the program; they're not brought by community leader or parents. That is our approach. From here, our purpose/work will be to help mobilize them to join the program.

Retrak is about to launch a research project on follow-up, which we feel is a weakness. It will be a two-pronged RCT.

My organization does a lot of ES; most is pure ES (VSLA, business skills, financial literacy). But it is just a first step. So many things that could be undermining our designs; by integrating at project design, we could do more and improve project.

There are a lot of actors in the room. I had not understood some of the challenges we face when reunifying. How do we get the community engaged, make the referrals work for reintegrating children and HHs? A number are implementing at community level. When you see an organization reunifying a child within your project area, you will remember this day and be flexible and allow that HH into your program.

I'm thinking about selection criteria and targeting, finding some workable selection criteria. Graduation model – some discredit, some support. There's still a lot of work to do, especially with practitioners. I agree there should be unified criteria.

ES has been one of areas where we're kind of struggling, so I gained a lot of knowledge to beef up that area within the program. However, I've also a caution for all of us. As we work with families, we download a lot of emotional baggage, so take care of yourselves and your staff who are working with vulnerable people.

ANNEX 1 -- AGENDA

Economic Strengthening and Keeping Children in Family Care Learning Event May 29-30, 2018 Speke Resort Munyonyo

Agenda

Learning Event Objectives

- Share learning from FARE and ESFAM
- Offer practitioners and other stakeholders an opportunity to learn about programming related to reintegration, prevention of separation and highly vulnerable families from each other, especially in relation to ES
- Consolidate and record learning from practitioners to inform our thinking and ASPIRES Family Care guidance on ES in reintegration and prevention of separation programming

Day 1	Activity
8:30-9:00	Arrival and sign-in plus tea
9:00-9:10	Welcome and overview <i>Mike Ferguson and Lisa Laumann, FHI 360 ASPIRES</i>
9:10-9:15	Welcome from USAID Mission <i>Kay Leherr, USAID Uganda</i>
9:15-9:25	Opening remarks – Why We Support Learning about ES to Prevent Family-Child Separation and Assist Children’s Return to Family Care <i>John Williamson, USAID Displaced Children and Orphans Fund</i>
9:25-9:30	Review agenda
9:30-10:00	Presentation to plenary group - ESFAM overview <i>Evas Kansiime, ChildFund</i>
10:00-10:30	Presentation to plenary group - FARE overview <i>Magdalene Ndagire, AVSI Foundation</i>
10:30-10:45	Break
10:45-12:00	Panel: Limited-Term Cash Transfers in Reintegration and Prevention of Separation Programming: Rationale, Targeting, Outcomes and Learning (3 10-minute presentations and Q&A) <ul style="list-style-type: none">• ASPIRES CT-related research findings, <i>Emily Namey, FHI 360</i>

	<ul style="list-style-type: none"> • KCHPF—the role of the cash grant in a case management/parenting skills focused project, <i>Michelle Ell, CRS</i> • ESFAM/DOVCU—two approaches to CTs with the same populations and what we learned, <i>Wilson Wamatsembe, ChildFund</i> • FARE—Targeting, utilization and what we learned, <i>Magdalene Ndagire, AVSI Foundation</i> • Q&A/Discussion
12:00-12:30	<p>Concurrent roundtable discussions – Other ES Activities that Can Help Families Stay Together – participants self-sort to topic in which they have experience</p> <ul style="list-style-type: none"> • Financial literacy • Business skills training and coaching/mentoring • IGA development • Matched savings accounts <p>Groups to discuss and complete debriefing sheet. Groups should first define the intervention and then address the following questions:</p> <ul style="list-style-type: none"> • What is the intended effect of the intervention? • To what extent does the intervention address the needs of at-risk HHs and reintegrating HHs? • How can it leverage or support other interventions? How can it be sequenced? • How is it useful as a standalone intervention? • To what extent are intended effects realized? • What works and what doesn't? For whom? What doesn't work for whom and why not? • Are there recommendations not yet covered that the group would make with respect to using the intervention with families at risk of separation or reintegrating children? • What are some real-life examples of examples of good practice?
12:30-1:00	Keynote [<i>unfortunately, Mr. Mondo Kyateeka, the invited speaker, and then his designate had last-minute conflicts and were unable to attend</i>]
1:00-2:00	Lunch
2:00-3:30	<p>Panel: Lessons Learned: SGs for Keeping Children in Families (4 to 5 12-minute presentations and Q&A)</p> <ul style="list-style-type: none"> • ASPIRES VSLA-related research findings, <i>Emily Namey, FHI 360</i> • Targeting and enrolling different sub populations, lessons from FARE/SCORE projects, <i>Rita Larok, AVSI Foundation</i> • VSLA with destitute HHs/CT recipients, at-risk vs reintegrating HHs, <i>Wilson Wamatsembe, ChildFund</i> • Building strong communities through self-help groups: “Retrak helped us to know ourselves,” <i>Maggie Crewes, Retrak</i> • Hope and Homes for Children – experience of building SGs around reintegrating children, <i>Innocent Habimfura, Hope and Homes for Children</i>
3:30-3:45	Grab tea and go to table

3:45-4:10	<p>Concurrent roundtable discussions – Family Strengthening Interventions to Support Reintegration of Children and Prevent Family-Child Separation – participants self-sort to topic in which they have experience</p> <ul style="list-style-type: none"> • Case management (assessment of family needs and capacity, action planning, case monitoring and follow-up in support of ES) • Family dialogues • Counseling and coaching • Parenting skills training/strengthening parent-child relationships • Life skills for adolescents • Interactive Learning sessions for young people • Child Protection • PSS <p>Groups to discuss and complete debriefing sheet. Groups should first define the intervention and then address the following questions:</p> <ul style="list-style-type: none"> • Who needs these activities? • What works for whom, why and how? What doesn't work for whom and why not? • How much is enough and how much is too little? • How can family strengthening activities support/reinforce ES? • How can ES support/reinforce family strengthening activities? • Lessons learned • Examples of good practice • Available resources
4:10-4:45	Wrap-up, reflections, feedback, and comments

Day 2	
8:30	Arrival and tea
9:00-9:10	Welcome and overview of the day
9:10-10:10	<p>Panel: Strengthening Economic Knowledge and Capacity of Children and Adolescents (4-5 5-minute presentations and 30-minute Q&A)</p> <ul style="list-style-type: none"> • Learning from Youth in Action, <i>John Mateso, Save the Children</i> • Learning from Children and Youth Savings Groups, <i>Wilson Wamatsembe, ChildFund</i> • Learning from DREAMS ES Programming, <i>Johnson Okwera, Better Outcomes for Children and Youth Project, World Education</i> • Learning from Youth ES Programming in Refugee-Hosting Areas, <i>Moses Okech, IRC</i> • Learning from FARE apprenticeship programming, <i>Imelda Naluyange, AVSI Foundation</i>
10:15-11:00	<p>Panel: What Do We Know about Supporting Reintegrating Families with Economic Strengthening</p> <ul style="list-style-type: none"> • <i>Moses Wangadia, Retrak</i> (brings regional experience addressing poverty as driver when reunifying families)

	<ul style="list-style-type: none"> • <i>Monica Asekenye, ChildFund</i> (brings ESFAM & DOVCU experience addressing the needs of children coming from CCI and their families, e.g., getting CCIs to cover school fees for children, scattered families, etc.) • <i>Innocent Habimfura, Hope and Homes for Children</i> (brings Rwanda experience, children returning from CCIs, other regional experience) • <i>Faith Kembabazi, CRANE Network</i> (brings faith-based network experience)
11:00-11:15	Break
11:15-11:30	<p>Introduction of ASPIRES Family Care Programmatic Guidance Objectives -- developing guidance on ES in the context of reintegration and prevention of separation programming and move into groups and explain next activity</p> <p><i>Lisa Laumann, FHI 360</i></p>
11:30-12:30	<p>Concurrent group discussions</p> <ul style="list-style-type: none"> • Challenges and solutions in reintegration programming (3 groups discuss 2 of 3 topics: case management, ES activities, family/social support activities) • Challenges and solutions in prevention of separation programming (3 groups discuss 2 of 3 topics: case management, ES activities, family/social support activities) • Assessment in reintegration and prevention of separation programming (1 group) <p>Discussion questions for reintegration and prevention groups</p> <p>In the context of reintegrating children in family care/preventing family-child separation:</p> <ul style="list-style-type: none"> • What are the primary challenges in implementing [topic] programming? <ul style="list-style-type: none"> ○ What are the considerations for combining [case management/family/social support] with ES activities? ○ What do we know about linking ES activities to case management and family strengthening activities? (synergies, challenges, unintended consequence) • What are implemented solutions? • What are proposed solutions? • What are challenges for which someone needs to find a solution? <p>Discussion questions for assessment group</p> <ul style="list-style-type: none"> • What approaches are most useful for identifying families at risk of separation? • How can we assess successful reintegration? • How can we measure well-being of children and caregivers? • What are the best ways to measure outcomes of interventions?
12:30-1:00	Share out on challenges/solutions and assessment
1:00-2:00	Lunch
2:00-2:30	<p>Concurrent small group discussions (facilitated) — Envisioning Guidance on ES in Reintegration and Prevention of Separation Programming. Each group discusses the points below:</p> <ul style="list-style-type: none"> • Who are users of/audience for guidance? • Particular needs for practitioners focused on reintegration v. prevention?

	<ul style="list-style-type: none"> • One document? Multiple documents? • What kinds of elements/features should guidance include? • What should guidance look like? • How should guidance be organized? • How should guidance be disseminated/accessed?
2:30-2:45	Share out/compilation of suggestions
2:45-3:00	Break
3:00-3:30	Plenary: Synthesis of challenges, solutions and guidance input + further thoughts
3:30-3:50	Reflections from USAID DCOF and USAID Uganda
3:50-4:00	ASPIRES thanks and evaluation

ANNEX 2 – QUESTIONS ABOUT THINGS WE WANT TO UNDERSTAND BETTER

For Specific Presenters/Organizations

- To Rwanda Hope and Homes: Share a bit more your experience of the government/local authorities work with reintegration/deinstitutionalization.
- Child Fund - How are children involved in IGA development and savings groups?
- ESFAM - Was there inclusion of community volunteers in the reintegration?
- FARE - On trend of cash transfer spending in first weeks – investment tends to consume 13% on average, yet food takes highest. Looking at long term outcomes, this appears to be a risk/gap. How is this being mitigated?

Reintegration

- In relation to scattered HHs that are reintegrating – how realistic would it be to link them to VSLA organized by others?
- How does reintegration differ when removal of a child is based on social stigma – rape, pregnancy outside of marriage and disability?
- Both FARE and ESAFAM noted challenges with reintegration. What were these key challenges? Where reintegration was successful, what were the key common denominators?

Savings (VSLA & MSA)

- How do we ensure adherence to the VSLA methodology without compromising group independence and innovativeness?
- What is best practice to support destitute HHs in terms of their participation in savings groups and matched savings concurrently?
- Savings groups for children – did it make them more interested in money than school?
- Need to document all these savings+ innovations to inform future programming.
- VSLA – DO you include people with disabilities in their groups since the majority are looked at as failures and a curse?
- In all the SGs and VSLA groups, limited [?] and close relationship seems to [?] strongly on AGYW and other children. How has it been working?
- About the SGs and the VSLAs, have there been any cases of divorce or separation because women feel empowered and are tired of living with men not contributing to the family well-being?
- What were the control mechanisms to avoid group members stealing the group savings?
- Self-help groups are open-ended, but VSLAs share out after 9-12 months. What are the advantages/disadvantages of each?

Cash Transfers

- How can we find out if CTs lead to long-term impact rather than monitoring now when given that about one or two years later?
- What is the sustainability of the CT programs/what happens now when programs end?
- If cash has the impact shown, how can we take it from a project intervention to a sustainable program?
- Is it really possible for destitute CT participants to feed their families, save, and start IGAs with the level of support they receive?

Children

- What do we know about how different combinations of interventions impact on children?
- Were there any children who fell into the foster care category? Where are they now and how are the placements being supported? Were there any ambitious members who encroached on savings?
- How have the interventions integrated violence-against-children programming?
- Saving for children – are these children in schools? Where do they get the money they save? How does the cash transfer work?

Men

- I think as programs we need to do deliberate programming for men. The more women are empowered, the more men are disempowered.
- What experiences are there for engaging men who don't want to participate in savings groups or child protection trainings?
- Why are men disengaged from SGs? Drivers of non-participation?

Social Workers/Volunteers

- What skills/capacity building was specifically given to social workers?
- Volunteer capacity versus complex programming – needs to be discussed for possible approaches
- What incentives do community volunteers get?
- What kind of supervision was provided to the implementers of the case management a family strengthening interventions?

Targeting

- What issues will you consider to select the most economically vulnerable women to form a VSLA for only vulnerable women?

Sustainability

- There is need to talk and discuss about sustainability plans for the families that have been empowered.

SBCC

- Are there social and behavior change communication or IEC materials required in these interventions? Who designs/develops them?

ANNEX 3 – SUMMARY OF EVALUATION FORMS

Total attendance Day 1: 96

Total attendance Day 2: 85

Evaluation forms received: 46

Rated questions (excellent, very good, good, satisfactory, poor)	Excellent	Very good	Good
What is your overall assessment of this learning event?	6	34	6
How well did this learning event meet its objectives?	9	32	5
How would you rate the content of the conference as a whole?	11	29	6

All participants completing evaluation forms rated the learning event as good, very good or excellent. In general comments under questions requesting a rating, participants noted that they appreciated the participatory nature of the learning event, the diversity of interventions covered, the varied facilitation methods, the knowledgeable participants, and opportunities to share learning (including in small groups), network with each other and feed into ASPIRES guidance. They noted that the agenda was ambitious and time was limited.

In response to a question about **which topics addressed in the learning event were of major interest to participants' organizations**, participants referenced all topics covered. Some participants referred to economic strengthening and family strengthening generally and/or in conjunction with ES and/or reintegration and prevention of separation. A number of participants made specific reference to cash transfers and to ES interventions for children and youth, and a number mentioned interest in case management specifically. A couple of participants mentioned assessment and assessment methodologies and one participant highlighted "Why we support learning about ES to prevent family-child separation and assist children's return to family care."

In response to a question about **three things participants learned during the event that they could use in their work now or in the future**, one participant noted that "We are all still trying to find the best way forward." Clusters of comments related to the following broad topics.

- Reintegration and prevention of separation generally speaking: Participants reported learning that there are many children out of homes; effective approaches for prevention, reintegration and response to vulnerability; some differences in approaching reintegration and prevention and that prevention is also part of reintegration. One participant noted learning about creating groups around reintegrating children. One participant mentioned gaining "A better understanding of the improved level of sophistication regarding economic strengthening among organizations addressing child care and protection issues."
- Case management: Six participants made specific reference to case work and case management, with one specifically mentioning identification of cases, interventions/action planning, case monitoring and follow-up to case closure. One participant mentioned learning about parasocial workers.
- Economic strengthening generally speaking: Some participants made general comments about what they had learned, referencing learning about different models, adaptations of approaches, economic empowerment and cost sharing. One participant mentioned learning about matched savings accounts and four mentioned learning about cash transfers, including how they are managed and how they relate to family strengthening.

- Saving groups: A number of participants specifically mentioned learning about savings groups, referencing savings groups “plus,” that the characteristics of members could influence the probability of success, that savings groups can contribute to economic strengthening, can assist sustainability and meeting family emergencies, and can help strengthen communities. Participants said they learned about alternative approaches to mobilizing savings groups and the challenge of men’s involvement in these groups.
- Children and youth: At least ten participants mentioned learning about interventions for children and youth. Five mentioned learning about children’s savings groups and a few mentioned life skills and building youth economic skills.
- Integration: More than 20 participants reported learning about integration of program interventions, mentioning the importance of holistic approaches, sequenced approaches, linking case management with economic strengthening and family strengthening (and the time needed to do so well), the importance of actively engaging families, and the importance of strengthening parenting skills and promoting children’s rights and creating an enabling environment for children. One participant mentioned linking life skills of kids to parenting skills of caregivers and tailoring life skills development activities according to the target group. Two participants referred back to conversations about gender, noting that people want to continue the discussion about including men and further consider gender mainstreaming in the context of keeping children in family care.
- Tools and data: Participants also highlighted learning about tools (including standard reintegration tools, social mapping, HVAT), the importance of documentation and monitoring and evaluation for good results and for program learning and improvement, the importance of capturing information for different types/categories of people.
- Coordination/practitioner organizations: Participants referenced the need to network and coordinate more, including, for example, working with other organizations that already have training manuals and equipment and focusing on “collaborative and collective impact in the way we approach programming.” One mentioned learning about mapping and identifying other stakeholders in order to work with them and one mentioned learning about identifying and working with churches at country level for ES support and follow up of reintegrating HHs. One participant noted the importance of pushing for government involvement. The presence of the Better Care Network/Care to Practice Coordinator was appreciated.
- Refugees: Three participants appreciated learning more about working with refugee communities.

In response to a question about **three things the organizers could have done that would have made the learning event better/more useful**, comments focused on presentations and on discussions.

- Presentations: Participants suggested that the organizers should have provided presenters more guidance and support on effective presentation skills (including helping them avoid confusing acronyms and complicated words), had presenters focus more on key learning and less on project outcomes and achievements, had fewer and/or shorter powerpoint presentations, and conversely, included more detailed presentations and given adequate time for discussion and question and answer.
- Discussions: Participants suggested that the organizers should have included more time for discussion, prepared participants better for discussions by sharing topics in advance, and used research findings more to inform discussions.

ANNEX 4 – SPEAKER AND FACILITATOR BIOS

Alfred B. Agaba is a child protection, education and family strengthening specialist currently working as AVSI Foundation Uganda's Programme Manager for its Education Cannot Wait and Ending Violence Against Children projects. Alfred worked as the Family Strengthening and Child Protection Technical Advisor for AVSI's SCORE project, providing strategic thinking in relation to improving the capacity of vulnerable households to access, acquire or provide critical services. Alfred has worked in education and social development settings for over 17 years and has specialized training in areas related to OVC and education programming and monitoring and evaluation. Alfred holds a Bachelor of Arts with Education Honors and a Master of Arts in Economics with a bias in Managerial economics, both from Makerere University. He also holds a postgraduate diploma in Monitoring and Evaluation of Uganda Management Institute.

Christine Akech is an economic empowerment professional who supports and promotes financial Inclusion programs that focus on vulnerable groups, mainly women and youth. Christine was the Economic Strengthening Advisor for Family Resilience (FARE) project. She has vast experience working in humanitarian and development contexts, specifically those focusing on orphans and vulnerable children (OVC), youth and women inline of education, livelihood, protection and family strengthening. Prior to her engagement with AVSI Foundation, Christine worked as a Food Security and Livelihoods Coordinator for Save the Children in Uganda (SCiUG) Northern Region, Livelihoods Coordinator - Action Against Hunger (ACF) and a Programme Manager for Agency for Technical Cooperation (ACTED). Christine is finalizing her Masters of Arts in Rural Development from Makerere University.

Stella Beatrice Akello is Family Strengthening Technical Advisor for the FARE project and has provided strategic foresight to FARE's implementing partners to improve the capacity of caregivers to nurture and protect their families and communities. Stella has over 10 years of work experience in various fields including Children and youth development, parenting skills improvement for care-takers of orphans and other vulnerable children (OVC), child protection, case management, livelihoods, psychosocial support and capacity building for social workers and monitoring and evaluation of projects. Stella holds a Post Graduate diploma in Monitoring and Evaluation from Uganda Management Institute, Bachelor of Arts with Democracy and Development Studies from Uganda Martyrs University and Diploma in Social Work from Nsamizi Training Institutes of Social Development.

Monica Asakenye served as the Team Leader for ChildFund's DOVCU project.

Kansiime Evas Atwine has implemented various child-focused interventions, including Health and HIV, Education, Psychosocial Support and Livelihoods programs in Eastern and Southern Africa. For the past three years, she has led a team implementing ChildFund International's Economic Strengthening to Keep and Reintegrate Children into Families (ESFAM) program in Uganda. ESFAM's key components are cash transfers and VLSAs. She has a Master's in Demography from Makerere University's Institute of Statistics and Applied Economics.

Maggie Crewes is the International Director of Operations and Programmes for Retrak – now part of the Hope for Justice Family. Maggie has been working with highly vulnerable children and those living and working on the street in a number of African countries, for many years. After 3 years in Uganda, she founded new work in Ethiopia (7 years), moving then to Malawi (18 months),

as well as working directly with partner organisations training them in Retrak's reintegration standard operating procedures, safeguarding and case management and following up to ensure quality programme delivery. She has headed up the rollout of two enumeration surveys of children living and working on the streets, in Malawi and Uganda.

Michelle Eil has an MBA and over 12 years' experience implementing complex OVC programs in Sub-Saharan Africa. She has led flagship programs in Uganda, Kenya, and Rwanda - bringing practical field experience to inform new programs, adapt proven methodologies to different contexts, and grow the evidence base. Working with and through implementing partners, Michelle has mentored and supported over 50 civil society organizations, and work closely with national and sub-national structures to enhance learning, coordination and collaboration in the sector. Currently with Catholic Relief Services, Michelle serves as Uganda Project Director for the Coordinating Comprehensive Care for Children (4Children) Project.

Michael Ferguson is an economic strengthening and research expert, currently Director of FHI360's ASPIRES project, which aims to improve economic stability and related health outcomes of vulnerable populations, especially those affected by HIV/AIDS. Previously he served as Technical Advisor and Research Coordinator with Catholic Relief Services, and as Senior Research Officer with Microfinance Opportunities. He holds a PhD in cultural anthropology from the University of Michigan and a BA from Dartmouth College.

Innocent Habimfura is the Hope and Homes for Children Regional Director for East and Southern Africa. As Country Director in Rwanda, he led a team of social workers and psychologists working on deinstitutionalization of children through strengthening gatekeeping, supporting successful transition of children from institutions to families and building the capacity of Rwanda's social workforce. He is a professional social worker with strong experience with deinstitutionalization in Rwanda. Alongside the closure of a pilot institution, Innocent supervised the national survey for institutions of children in Rwanda conducted in 2012 by the Ministry of Gender and Family Promotion in partnership with Hope and Homes for Children.

Eileen Ihrig, MSW, has over 30 years of experience as a social work practitioner, working in both NGO and academic settings in the United States and internationally. As a social worker in the United States, Eileen worked to prevent out-of-home placement of children and to reunify children separated from their families. She later brought her expertise to child protection and youth development work in Romania, Russia, Tajikistan, Pakistan, Afghanistan, Sri Lanka and Myanmar. Subsequently, for more than ten years, Eileen developed and directed international programs in social work education at Boston College and Tulane University, where she prepared students to work in development and humanitarian contexts. Currently with Catholic Relief Services, Eileen supports 4Children projects in Uganda as Child Protection Senior Technical Advisor.

Madinah Kakyaama is a Bachelor of Science graduate from Makerere University with 14 years' experience implementing community programs for critically vulnerable and their families in hard to reach areas in Uganda such as islands and urban slums. She served as Retrak Uganda's Project Manager for the Family Resilience (FARE) project. Personable, confident and enthusiastic, she has solid experience in delivering grass root community interventions, networking and collaboration with different stakeholders. Madinah has vast experience implementing various donor funded programs including: DFID, Danish International Development Agency (DANIDA), Irish Aid and United States Agency for international Development (USAID) and the Italian co-operation.

Faith Kembabazi is the Director/Network Development Coordinator for Uganda's Children at Risk Action Network (CRANE). She is working for the well-being of children at risk, in the priority areas of children have a right to families, children have a right to education and children have a right to be safe. Prior to working with CRANE, Faith served with 'True Love Waits' A drive to reduce HIV/AIDS in Uganda, under the Baptist Ministry. Faith believes in working to alleviate the adverse conditions for the underprivileged and to fight for the rights of children at risk; these efforts are driven by Christian principles.

Rita Larok is a public health specialist with a social work background. She has specialized training and programming experience in youth and adolescent programs, early childhood development, caregiver programs like parenting, orphans and other vulnerable children (OVC), HIV/AIDS, quality improvement, monitoring and evaluation and program management. Rita has worked in development and humanitarian settings for over 13 years with AVSI and the Elizabeth Glaser Pediatric AIDS Foundation. Until recently, Rita served as the Chief of Party of the 7-year, USAID-funded SCORE project where the Furaha Graduation and Resilience Model was premiered, resulting into 83.5% graduation of households and 3 out of 4 households (75%) remaining resilient 3 years post-graduation. Rita is currently the Director of Programs at AVSI where she oversees over 22 different projects with a budget size of 9.5 million USD annually.

Lisa Laumann is an education and child protection specialist and aspiring economic strengthening specialist with multi-sector program development, management and leadership experience in both development and humanitarian contexts. At FHI 360, she leads the ASPIRES Family Care project. Lisa's previous international experience includes work with the US Peace Corps, The International Rescue Committee, Relief International and Save the Children. She has served in program and/or country leadership roles in Pakistan, Afghanistan, Indonesia, Haiti, Lebanon and at the headquarters/global level. She holds an A.M. in education and international development from Stanford University and a Ph.D. in comparative education from the University of California, Los Angeles.

John Mateso is the Project Manager for Save the Children's Youth in Action project in Uganda. John has worked with Save the Children since July 2007. Before being hired to the Youth in Action, John was a Coordinator - Accelerated Learning Program (ALP) and worked as a part time teaching Assistant at Mountains of the Moon University in Fort Portal, Western region. John holds a Master's Degree in Educational Psychology of Makerere University and a Bachelor of Philosophy.

David Myhre works on savings mobilization for vulnerable populations, sustainable rural financial services, and livelihoods development. At FHI 360, he promotes household economic strengthening approaches to improve economic and health outcomes for people living with or affected by HIV/AIDS, especially youth. As a board member of My Oral Village since 2013, he supports innovations in oral financial information management tools to enable people with limited numeracy to better manage their financial lives. He also serves as a Senior Advisor to the SEEP Network. Previously, he supported innovative work on financial inclusion as a grantmaker at the Ford and MasterCard foundations.

Imelda Naluyange serves as the FARE project's Program Officer for Economic Strengthening, supporting partners to implement ES interventions. She worked with AVSI Foundation's SCORE Project as a Project Assistant for Social-Economic Strengthening and did direct implementation in the districts of Wakiso and Kampala. Imelda has a Bachelor's Degree in Development studies from Makerere University.

Emily Namey is the Associate Director of the Behavioral, Epidemiological, and Clinical Sciences division for Global Health, Population and Nutrition at FHI 360, where she facilitates and conducts social science research related to public health and development. She has implemented qualitative and mixed-methods research in over a dozen countries, on issues including HIV prevention, maternal and reproductive health, economic strengthening, child protection, and bioethics, and is the research director for ASPIRES Family Care. Additionally, Emily has an interest in and works on improving the evidence base for qualitative research methodology. She is the co-author or co-editor of five books on research methods and has led dozens of research-related trainings domestically and internationally.

Magdalene Ndagire is a Program Management professional with over 10 years of experience in managing Orphans and Vulnerable Children's (OVC), youth and Women programs that focus on Education, Livelihood, Protection and Family strengthening. Magdalene has strong collaboration and partnership skills. Since August 2017 she has served as the Program Manager for the AVSI led Family Resilience (FARE) Project that is implemented in Kampala and Wakiso Districts with the aim of preventing Child - Family separation and supporting reintegration of children separated with their families. Prior to joining FARE Project, Magdalene served as the Area Manager for Central and East Central regions under the seven-year, USAID-funded SCORE project that aimed to reduce vulnerability of the critically and moderately vulnerable families. Magdalene is a social worker with a Master's Degree in Development Studies from Uganda Martyrs University – Nkozi.

Samuel Nsubuga serves as the ESFAM project's Child Protection Specialist.

Moses Okech is an international development professional with over 14 years' experience in financial inclusion, banking and research. He currently works on refugee livelihoods as the Technical Lead for Economic Recovery and Development at the International Rescue Committee (IRC) in Kampala. He has previously worked with Equity Bank, CARE International and lectured at Leeds Beckett University in the United Kingdom. Moses holds a Ph.D. in Microfinance from Leeds Beckett University (UK), Masters in International Development Management from the University of Bradford (UK), a PGD in Project Planning and Management from UMI and a BA (Social Sciences) from Makerere University.

Johnson Okwera is the Deputy Regional Program Manager, Northern region, for the USAID Better Outcomes for Children and Youth in Eastern and Northern Uganda project.

Victoria Tendo, BSW, has 7 years of social work experience, working with Child's i Foundation, an NGO in Uganda. As a social worker, Victoria has worked to prevent children from separating from their families, to place children in family-based care, and to prepare caregivers for reunification with their children. She further has supported Residential Care Facilities in 12 districts of Uganda to improve their child protection practices through the development of child protection policies. Victoria has carried out capacity building activities for government and community stakeholders in alternative care. She is currently providing quality assurance of the case management services being delivered as part of the interventions of Keeping Children in Healthy and Protective Families Project with Child's i Foundation.

Joanna Wakia been involved in child-focused monitoring, evaluation and research in Africa for the last decade. For much of this time she worked with Retrak – an international NGO with the vision of no child forced to live on the streets. She has developed monitoring systems, pioneered monitor tools to bring children's experiences to light, led the documentation of standard operating procedures and is the author of several research papers on improvements in children's wellbeing

during family reintegration and on the use of robust methods for estimating populations of children on the streets.

Wilson Wamatsembe is a Rural Development Economist with over 20 years' experience working with vulnerable groups in Uganda supporting Savings Groups, Microfinance Institutions and Savings and Credit Cooperatives. He has provided leadership to several African Development Bank funded Projects in Uganda including the Poverty Alleviation Project, Rural Microfinance Support Project and Rural Income and Employment Enhancement Project, all implemented by the Ministry of Finance. He led the design and implementation of ChildFund ESFAM ES interventions. He has a Master's degree in Agric. Economics, MBA (Finance), and postgraduate diplomas in SME Development and Development Leadership and is currently a PhD candidate in Agricultural and Rural Innovations.

Moses Wangadia is a resourceful Technical Project Manager; possessing a Bachelor's degree in social work and social administration as well as a Post Graduate Diploma in Project Planning and Management skilled in streamlining operations, maintaining schedules to ensure maximum achievement of project objectives and effectiveness. He has gained expertise in working with street connected children for over 10 years at reintegration to management level. He has participated in the successful implementation of projects such as; CORE Initiative through PEPFAR, New Partners Initiative (NPI) under PEPFAR, SCORE, De-institutionalisation of Orphans and Vulnerable Children in Uganda, USAID funded project under DCOF and he has been the technical adviser for Family Reintegration on the FARE Project. Over the years, he has undergone several trainings especially on USAID funded projects that have built him to what he is.

John Williamson is a Senior Technical Advisor for USAID's Displaced Children and Orphans Fund (DCOF). DCOF supports programs for especially vulnerable children, especially those who are outside of family care or at high risk of losing family care. This includes children in residential care, on the street, or otherwise without adequate family care. This work is framed by Objective 2 (family care) of the *Action Plan on Children in Adversity* and includes particular emphasis on reforming and strengthening national care systems for children. John is one of the organizers of the Better Care Network and the Washington Network for Children and Armed Conflict. He has written or collaborated in writing publications on children without adequate family care, child soldiers, children affected by HIV/AIDS, and psychosocial issues among conflict-affected populations. He has a master's degree in social work.

ANNEX 5 – LIST OF EVENT PARTICIPANTS

Name	Position	Organization
Racheal Nirsiima		Africhild
Solomon Lukenge	Finance and Administration Manager	Alternative Care Initiatives
Mai Nambooze	Project Coordinator	Alternative Care Initiatives - Ugandan Care Leavers
Olen Joseph Olak		AVSI Foundation
Oliver Nakiggude	CDO	AVSI Foundation
Christine Akech	Technical Advisor - Economic Strengthening	AVSI Foundation
Stella Beatrice Akello	Technical Advisor	AVSI Foundation
Lorna Beretta	Knowledge Center Coordinator	AVSI Foundation
Alfred Biribonwa Agaba	Programme Manager- ECW1/EVAC1A	AVSI Foundation
Naluyange Imelda	Project Officer Social Economic Strengthening	AVSI Foundation
Sarah Nakirija	Project Officer - Family Strengthening	AVSI Foundation
Magdalene Ndagire	Program Manager Family Resilience project	AVSI Foundation
Joanita Ssedayigga	Food Security and Nutrition Specialist	AVSI Foundation
Rita Larok	Deputy Country Director	AVSI Foundation
Naume Kupe	Coordinator- Eastern and Southern Africa	Better Care Network
Joseph Bwire	Food Security and Nutrition	CARE
Michelle Ell	Uganda Project Director	Catholic Relief Services
Eileen Ihrig	Child Protection Senior Technical Advisor	Catholic Relief Services
Enid Kazigah	TACSS	Catholic Relief Services
Maryjane Blira	PO	Catholic Relief Services
Tom Fenn	Program Director	Catholic Relief Services-4Children
Monica Asekenye	Team Leader - DOVCU	ChildFund International in Uganda
Kibone Lukiya	Regional Program Manager	ChildFund International in Uganda
Samuel Nsubuga	Child Protection Specialist	ChildFund International in Uganda
Tom Abise	Assurance Manager	ChildFund International in Uganda
Anthony Bugembe		ChildFund International in Uganda
Evas Kansiime	Project Team Leader-ESFAM	ChildFund International in Uganda
Simba Machingaidze	Country Director	ChildFund International in Uganda
Richard Mukeh	Child Protection Specialist	ChildFund International in Uganda
Moses Otai	Programs Director	ChildFund International in Uganda
Wilson Wamatsembe	Economic Strengthening Specialist	ChildFund International in Uganda
George Ochan Lokilamoi	ESFAM Project District Social Worker	ChildFund International in Uganda
Walter Okello Odur	M&E Manager	ChildFund International in Uganda
Jane Sempa N.	Area M&E Officer	ChildFund International in Uganda

Martin Hayes	Child Protection Advisor	ChildFund International
Shelby French	Senior Technical Advisor Youth Protection	ChildFund International
Patrick Byekwaso	Church Partnerships Manager	Children at Risk Action Network
Faith Kembabazi	Director	Children at Risk Action Network
Anna Jolly	Project Manager - Keeping Children In Healthy and Protective Families	Child's i Foundation
Victoria Tendo	Quality Assurance Officer	Child's i Foundation
Aloysius Okivor	Project Manager	Child's i Foundation
Maureen Ongol	Learning and Development Manager	Child's i Foundation
Caroline Mugoda Musimami	Regional Technical Manager	Communication for Healthy Communities
Hope Masika	Program Support Specialist	Compassion International Uganda
Annet Luyimbazi	Program Officer	COWA Uganda
Chrispine Wanyahoro	Executive Director	COWA Uganda
Richard Asaba		Dwelling Places
Sarah Linda Kisakye	REBUILD Manager	Dwelling Places
Damon Wamara	Country Director	Dwelling Places
Grace Aheebwe (Mayanja)	Chief of Party	FHI 360 Ethiopia
Thewodros Kassahun	Regional Manager	FHI 360 Ethiopia
Michael Ferguson	Project Director, ASPIRES	FHI 360 HQ
Lisa Laumann	Technical Advisor	FHI 360 HQ
David Myhre	Technical Advisor	FHI 360 HQ
Emily Namey	Associate Scientist/Associate Director	FHI 360 HQ
Thomas Emusugut	Regional Technical Manager- East Central	FHI 360 Uganda
Dennis Kibwola	P& Officer	FHI 360 Uganda
Thomas Edward Akol	Livelihoods Specialist	Food for the Hungry
Samuel Kibanga	Program Manager - FARE	Fruits of Charity Foundation
Innocent Habimfura	Regional Operations Director-ESA	Hope and Homes for Children
Moses Okech	Technical Lead, Economic Recovery and Development	International Rescue Committee
Justine Nsooli	Community Development Officer	Kamuli
Leo Mmerewoma	DCDO	Kamuli DCG
Joshua Mboizi	SPSWO	Kamuli District Local Government
Kagoda Solomon	ACAO	kamuli District Local Government
Joyce Namigadde	Senior Probation and Social Welfare Officer Luwero District	Luwero District Local Government
Namugenyi B. Kayazzi	Rep. for DCDO	Luwero District Local Government
Mark Riley	Senior Associate	Maestral International
Alex Kivumbi	Principal Community Development Officer	Makindye Ssabagabo Municipality
Ismael Ddumba-Nyanzi	Monitoring and Evaluation Advisor	MEASURE Evaluation/Palladium
Mary Kyomugisha	PWO/ Incharge Naguru Remand Home	Naguru Remand Home / MGLSD
Ebele Achor	Capacity Development Advisor	Pact Inc

Kate Musimwa	Senior Regional Director	Pact Inc
Peter Bahemuka	Senior Program Officer, Communications and Advocacy	Raising Voices
Fred Nalugoda	Program Director/Principal Investigator	Rakai Health Sciences Program
Neema Nakanjo	Coordinator, Department of Qualitative Research	Rakai Health Sciences Program
William Ddaaki	Assistant Coordinator, ASPIRES Qualitative Research	Rakai Health Sciences Program
Michael Byamukama	Country Representative	REPSSI
Joanna Wakia	Monitoring & Research Advisor	Retrak
Maggie Crewes	International Director of Operations & Programmes	Retrak - Part of the Hope for Justice family
Madinah Kakyaama	Program Manager, FARE	Retrak Uganda
Florence Soyekwo	Country Director	Retrak Uganda
Joel Tim	Monitoring Evaluation and Learning Team Leader	Retrak Uganda
Moses Wangadia	Technical Project Manager	Retrak Uganda
Moreen Katushabe	Community Business Manager	S.A.L.V.E. International
Nicola Sansom	CEO	S.A.L.V.E. International
John Mateso Mbusa	Project Manager - Youth in Action	Save the Children
Kayaga Rachael	Programme Coordinator	SOS Children's Villages
Tom Kakooza	Program Officer	SOS Children's Villages Uganda
Catherine Nabaganzi	Program Officer	SOS Children's Villages Uganda
Johnson Okwera	Deputy Regional Program Manager/ DREAMS Initiative Coordinator	USAID BETTER OUTCOMES Project- World Education Bantwana
Gorretti Kiiza	Senior M&E Specialist	USAID Learning Contract
John Williamson	Senior Technical Advisor	USAID/DCOF
Fred Opok	Project Management Specialist - OVC	USAID/Uganda
John Kyejjusa	District Community Development Officer	Wakiso District Local Government
Bosco Epila	Financial Inclusion/VSLA Specialist - USAID/Uganda BETTER OUTCOMES Project	WEI/B /UWESO

ANNEX 6 – LINKS TO ASPIRES FAMILY CARE DOCUMENTS

Laumann, Lisa, Namey, Emily and Okumu, Eunice. 2017. Household Economic Strengthening Interventions in Programs to Reintegrate Children in Family Care and Prevent Family-Child Separation: A Brief Report on Responses to an Online Survey. Washington, DC: FHI 360.
<https://www.marketlinks.org/library/household-economic-strengthening-interventions-programs-reintegrate-children-family-care-and>

Laumann, Lisa. (2015). Household Economic Strengthening in Support of Prevention of Family-Child Separation and Children's Reintegration in Family Care. Washington, DC: FHI 360.
<https://www.marketlinks.org/library/household-economic-strengthening-support-prevention-family-child-separation-and-children%E2%80%99s-r>

Moret, W. Let's Stop Trying to Quantify Household Vulnerability: The Problem with Simple Scales for Targeting and Evaluating Economic Strengthening Programs. *Global Health: Science and Practice*. March 2018, GHSP-D-17-00291; <https://doi.org/10.9745/GHSP-D-17-00291>.

Moret, W. (2017). ASPIRES Vulnerability Assessment Handbook for Economic Strengthening Projects. Washington, DC: FHI 360.
<https://www.fhi360.org/sites/default/files/media/documents/resource-aspires-handbook.pdf>

Moret, Whitney. (2017). Review of Vulnerability Assessment Methods for Reintegration and Prevention of Child Separation. Washington, DC: FHI 360.
<https://www.marketlinks.org/library/review-vulnerability-assessment-methods-reintegration-and-prevention-child-separation>

In addition to the Family Care documents referenced above, a number of very interesting ASPIRES documents can be found on MarketLinks at <https://www.marketlinks.org/agrilinks-tags/aspires>. Or search using <https://www.marketlinks.org/search?criteria=aspires&page=0%2C0%2C0%2C0%2C0%2C0%2C0%2C0%2C1>.

Mission Statement

ASPIRES accelerates evidence-based practice in economic strengthening for vulnerable populations through research and technical assistance.

Statement of Purpose

ASPIRES is a PEPFAR- and USAID-funded economic strengthening (ES) project focused on vulnerable populations, especially those affected by HIV. We aim to promote evidence-based practice by providing technical assistance (TA) for integrated ES programming most consistent with positive livelihood, health, and well-being outcomes. At the same time, we strengthen the evidentiary record through rigorous research so that future programming efforts have stronger foundations.

Research is at the heart of the ASPIRES identity, and all of our projects begin with a systematic interrogation of the existing evidence base in relevant program areas. We make major investments in original evaluation research of the highest possible rigor, both for course correction in implementation and to add to the evidence base. We share our findings on best practices with partners, the broader development community, policymakers, and other key constituents, and we offer TA to support programs that seek to replicate those practices.

ASPIRES provides limited direct implementation. Instead, we focus on providing existing USAID-funded projects with TA and research related to ES. This allows us to balance the collaboration necessary for in-depth research with independence from program operations. In this manner, we generate findings that contribute to identifying a core set of pathways to greater resilience for vulnerable households, and that provide insight into effective, efficient, and scalable interventions to achieve the desired impacts.

ASPIRES has no single theory of change; we are not a single-model or one-size-fits-all project. We are open to all manner of integrated ES interventions of interest to our USAID and PEPFAR stakeholders, with the ultimate aim to shape interventions around the best evidence available.

