# Keeping Children Safe

Introducing our Strategy for 2015 – 2020

The Board and Staff of CRANE wish to thank all members and children and other stakeholders who have discussed our future strategy with us in the last year. This Strategic Action Plan is not a 'classical' strategic plan which fixes things in stone and does not allow for a great deal of movement and change. Rather, it takes a 'processual' approach whereby we expect the strategy to emerge over time as external and internal circumstances change. We therefore expect to remain responsive to the prevailing needs of children as the primary driver for our strategic direction.

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# Acronyms

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| ANPCANN | The African Network for the Prevention and Protection against Child Abuse and Neglect |
| CBO | Community Based Organisation |
| CCI | Child Care Institution |
| CLC | Creative Learning Centre |
| CPC | Child Protection Committee |
| CRANE | Children at Risk Action Network |
| CSO | Civil Society Organisation |
| CWD | Children with Disabilities |
| DfID | Department for International Development |
| ES | Economic Strengthening |
| FENU | Forum for Education NGOs in Uganda |
| FGM/C | Female Genital Mutilation / Cutting |
| GDP | Gross Domestic Product |
| GEC | Girls' Education Challenge |
| IGA | Income Generating Activity |
| KCCA | Kampala City Council Authority |
| LC | Local Councillor |
| MoESTS | Ministry of Education, Science, Technology and Sports |
| MoGLSD | Ministry of Gender, Labour and Social Development |
| NFE | Non-Formal Education |
| NGO | Non-Government Organisation |
| OVC | Orphans and Vulnerable Children |
| PSWO | Probation and Social Welfare Officer |
| SOWC | The State of the World's Children |
| UNCRC | United Nations Convention on the Rights of the Child |
| UPE | Universal Primary Education |
| USE | Universal Secondary Education |
| VSLA | Village Savings and Loans Association |

# Our Strategy for 2015-2020

**Our vision** is that Children are safe, well and fulfilling their God-given potential.

**Our mission** is to see Lasting Change for children is realised through networking collaborative action amongst Christians and other stakeholders driven by the values of the Christian faith.

## Our 2015 goal
In pursuing our vision and mission over the next five years, we aim to double our impact. Our goal for 2020 is: 200,000 children in Uganda to be safe, well and fulfilling their God-given potential.

## Our priorities
To help us achieve our goal, we are concentrating on three priorities between now and 2020:
Children in Safe Spaces | Children in Education | Children in Families

## Our advocacy focus
We will advocate for issues that will promote our three priorities:
Children in Safe Spaces: for a child-friendly city and exemplify it with our own safe spaces
Children in Education: for creative, engaging and practical teaching in Uganda
Children in Families: for children to live in families, not orphanages

## Our commitment to children
CRANE is all about 'Keeping Children Safe'. Children suffer the most in situations of poverty, conflict and abuse. But we believe children can know their rights and responsibilities, be involved in making decisions that affect them, and can take a lead in promoting child safety in their communities, families and schools. We also need to defend and represent them and speak up for their rights.

## Our Christian identity
Our Christian identity underpins and flows through all we do. We seek to follow the example of Jesus by serving children, demonstrating God's unconditional love for all. We serve all children, regardless of religion, race, ethnicity or gender, and maintain our Christian identity while being sensitive to the diverse contexts in which we work. We have a zero tolerance of child abuse, discrimination and fraud.

## Objectives of the secretariat
- To provide capacity building opportunities to CRANE members.
- To promote information exchange and networking among members.
- To enable integrated response activities that promote holistic care for children and effective delivery of care by care givers.
- To identify issues affecting children and to advocate for long-term sustainable change in favour of the child.
- To build mutually beneficial relationships with national and international organisations who are working on behalf of children at risk whereby information, expertise and resources are shared.

## Our global partnership
CRANE is a part of a family of networks that are brought together by Viva. The partnership is bound together by a common vision.

# Who We Are

CRANE is a network of Christian organisations with at least 2,804 workers who are helping at least 63,846 children every year. The network has worked together for children since 2004.

We are passionate about protecting all children so that they are safe from harm, and if they are in trouble that there is a place of refuge to run and find safety, rescue and restoration. This passion is driven by our belief that children are God's greatest priority and should be given the highest levels of protection with a zero tolerance of child abuse. Therefore, everything possible must be done to see that children are kept safe and raised within loving and stable families. We are also driven by a dream to see national and international standards and policies effectively implemented for all children.

We believe that all children are equal and have the same rights regardless of any perceived difference. The network has a zero tolerance of any form of discrimination against any children. Normally the network members begin their work with children when the child is already at risk. We want to develop strategies that prevent harm in the first place, whilst also finding better intervention strategies. We often only see a child for a period of time, from a point of crisis to a point of relative security. We now need to understand how to protect children from conception through to adulthood, ensuring that a child once rescued remains safe, well and fulfilling their God-given potential. That means we are developing sustainable strategies that see children safe and well and reaching adult life safe and well. You can see a visual illustration of this on page 31. It is important for us to develop a broader understanding of child development so that we see a child in the context of what their life's journey has been before we engaged with them and where it is going there on.

CRANE's core values are:
- To be God-fearing: We are dependent on God in all we are and do. We seek to glorify Jesus and not ourselves. We seek to build his Kingdom values. Therefore, we are committed to a radical, God-centred lifestyle, to prayer, and to actions that are consistent with the Bible's teaching.
- To promote networking between Christians: We value collaborative action, especially by the Christian community in all its different expressions, to positively impact children at risk. We mobilise the Christian community, and encourage networking and partnerships at local and international level to maximise the impact of resources on the needs of children at risk.
- To see children as our most important citizens: We value the wellbeing of all children and we recognise the power of God to transform their lives and their communities. Therefore we strive with compassion to influence the lives of children for good, to achieve justice for them and to restore individual wellbeing, self-worth and joy, and to have fun, especially for those at risk. We do this in the knowledge that it is the transforming love of God that ultimately meets their needs.
- To respond to the needs of children at risk in a Christ like manner: We value the call God has given us to be a part of His Kingdom values here on earth in working with and for children. Therefore we are committed to seeing the church in Kampala working together for the sake of the individual child and for the glory of God.
- To promote quality care for children at risk: We value excellence, diligence, integrity, professionalism and creativity in caring for children. Therefore we will work together to see the quality of our work continually improving, where mistakes are learnt from, success is celebrated, and where we find it a joy to engage in our work. We will strive for unity, honesty, openness and trust in our relationships and in our actions.

# Where We're Going

As a network, we aim to achieve more by working together for children than by working in isolation. For the first years of CRANE's life, the network strove to be the strongest and most effective Christian network and to see Christians working together in strategic partnerships towards transformational change for children. By the 10th anniversary, the network had established that platform. Therefore we are now looking to make our unique contribution much clearer and much more challenging.

We want to see our network grow in size and influence so that we can change the situation of children in our city. To do this we need to connect, link and envision organisations and churches to get involved and work together. We need to continue to raise funds to ensure that the network delivers change for children. The very basics of networking that started the network and created the initial 'momentum' and the wider network members' participation and commitment must be maintained. It is the role of the Secretariat to enable joint action, engagement and learning, helping members to work together in the same direction, but each brining their own unique contribution to the network.

With these things in mind, we have laid out the following:

**Impact**
- Children are safe, well and fulfilling their God-given potential.

**Impact indicators**
- Proportion of children living in families (every child has a significant adult to care for them).
- Proportion of children completing at least one level of education.
- Proportion of children who have lives that are free from abuse.
- Proportion of children who have access to basic needs/rights: food, health.
- Proportion of children who have skills that will help them live sustainable, independent lives.
- Proportion of children who contribute to policy change in favour of the child.
- Proportion of girl children who complete childhood before bearing children.

**Outcome**
- By March 2020, 200,000 children in Uganda are safe, well and fulfilling their God-given potential.

**Outcome indicators**
- # children at risk who have stayed in school.
- # children at risk who are supported to live in a family.
- # children at risk who live in communities that have functional child protection systems.
- # children at risk who are supported to access health services when they need them.
- # children at risk whose lives have been improved because of strategic network collaborations.
- # child focussed organisations that collaborate together to ensure children are safe.
- # public-private partnerships that engage professionals in protecting children's rights.
- # Government-civil society partnerships that promote and support child rights.

# Our Context

57% of Uganda's population is below the age of 18. According to MoGLSD, 94% of Uganda's children are at risk, and the Government is only able to help 11% of these children, leaving 89% of marginalised children without Government support. This makes the interventions of NGOs of paramount importance.

## Priority 1: Children in Safe Spaces

According to the Bristol multidimensional approach to measuring child deprivation, children are usually deprived in nutrition, water, sanitation, health, shelter, education and information. Current research in Uganda using this approach has revealed the following: 55% of children 0-4 year olds in Uganda live in child poverty while 24% of these children live in extreme poverty. In Kampala alone, where the rates are lowest, 1 in 5 children experience child poverty. 38% of children aged 6-17 in Uganda live in poverty, and 18% of them live in extreme poverty. The most common cases of deprivation for children in Uganda include shelter (overcrowding: 17%); health (no vaccination and unattended births: 15%); education (never attended school: 15%); information (lack of radio, television and mobile phones: 20%). Malnutrition rates ranged from 5-33% in 2011 (stunting, underweight or wasting). 9.2% of children under the age of five have never been immunised. The infant mortality rate lies at 54 per 1000 births. There are 84 deaths per 1000 children under five. Maternal mortality rate lies at 438 per 1000 births. 2.5% (approximately 500,000) children are total orphans, partly because of HIV/AIDS. 2.3 million children (12.7% of the population under the age of 18) have lost one parent. 0.7% of children under the age of five are HIV infected; 3.7% of youth aged 15-24 are infected; and research shows that infection rates among female youths (4.9%) were more than double that of male youths (2.1%). 15% of the children in Uganda have never attended school, with the rural area (15.7%) having a higher percentage than in the urban area (11.3%). Defilement accounts for 7% of the annual crimes reported in Uganda, posing a big threat to the safety of Uganda's children. 20.6% of adolescent girls experience extreme vulnerability with 24% having experienced pregnancy, 30% had 'married'; and 50.5% had engaged in sexual intercourse before 18 years of age[1].

According to the MoGLSD, 40% of children have experienced physical abuse that left a mark on them. In 2013, there were 755 reported cases of domestic violence against children; 54 children died as a result of aggravated domestic violence[2]. There are increasing incidents of ritual killing of children (child sacrifice), child abandonment and neglect, trafficking of children (nationally and internationally), including through manipulation of adoption processes and procedures. In 2013, 80 children were trafficked out of the country, with up to 399 children trafficked internally[3]. The estimated prevalence of FGM/C among girls and women aged 15-49 was 1.4%, with an overall rate of FGM/C increased from 0.6% in 2006 to 1.4% in 2011. Child marriage impacts 49% of girls who are married off before the age of 18 years and 15% before the age of 15 years. 24% of girls get pregnant or bear children before the age of 18 years[4]. In 2013, 11,519 children were neglected[5] and 9 of every 10 cases reported to a PSWO were cases of neglect[6], but that 64% had at least a living parent[7]. Studies indicate that 12% of

[1] Batana, Yele Maweki and Cockburn, John and Kasirye, Ibrahim and Tiberti, Luca and Ahaibwe, Gemma, Situation Analysis of Child Poverty and Deprivation in Uganda (July 7, 2014). Partnership for Economic Policy (PEP) Working Paper 2014-03.
[2] (Uganda Police Force, 2013 Annual Traffic & Crime Report) MoGLSD
[3] (Uganda Police Force, 2013 Annual Traffic & Crime Report) MoGLSD
[4] (UBOS, UDHS 2011) MoGLSD
[5] (Uganda Police Force, 2013 Annual Traffic & Crime Report) MoGLSD
[6] (PSWO Case Estimates, 2014) MoGLSD
[7] (Walakira et al., 2014) MoGLSD

children have lost one or both parents[8]. 18% of households currently care for orphans and about one third foster children[9].

An ANPCANN report of 2012 included a survey of girls between 14 and 18 years who were involved in commercial sex, with 89% of these girls having been pregnant more than once. ANPCANN found that most of these girls became involved in prostitution as part of an economic engagement to support their families. Most of the girls got into the trade through working in their parents' bars, while others find it the easiest way to earn a living.

In a 2011 ANPCANN baseline survey covering 5 districts of primary school children, 99% had experienced some form of abuse in at least one of the categories of physical, sexual and emotional violence against children; 52% had experienced all 3 categories. In terms of physical violence, 81% had been beaten at school, and 34% had been denied food for extended periods of time.

It is unfortunate that there is currently no comprehensive child protection policy in Uganda, and even the existing laws, policies and conventions that have been ratified for the protection of child rights have not been effectively enforced to ensure that children are safe. However, this group that makes up more than half the Ugandan population needs to be put at the centre of national development policy; and supported to overcome the structural causes of child poverty and deprivation, since they are a key force in Uganda's development. This calls for wide-ranging interventions from Government and other stakeholders like CRANE, working to ensure that there is a strong start and effective foundation for Uganda's children.

### Priority 2: Children in Education

The UN SOWC shows 83% of boys and 82% of girls attend primary school. 17% of boys and girls attend secondary whilst 72% of children complete primary school.[10] However, local research conducted by CRANE[11] members showed that only 23% of 12 year old girls had completed primary education, had an average attendance rate of 52% and they were on average 2½ years behind in schooling. In Uganda, children could finish upper primary at age 11 and lower secondary at age 15. 15% of females remain illiterate into adult life. At grade 5, less than 40% of girls could read a simple sentence[12]. Pregnancy is often a consequence rather than a cause of dropping out of school. CRANE's research found that 60% of young mothers became pregnant after they had dropped out of school. In one district, 71.3% of children with disabilities had dropped out of school.[13] A 2011 survey of primary school children discovered that 99% had experienced physical, sexual or emotional abuse; 52% had experienced all 3 categories, limiting their learning capacity.[14] It is vital, therefore, to provide girls with safe places to learn, and skills in order that they can protect themselves.

60% of Uganda's national budget comes from foreign aid. CRANE's analysis of the National Budget Framework Paper 2010/11–2014/2015[15] shows that the budget for UPE and USE show increases year on year below the rate of inflation. MoESTS key findings from 2009 education survey listed 17,127 primary schools (81% Government; 19% Non-Government). Enrolment in these primary schools was 8,297,780 with 0.02% less girls than boys. A total of 168,376 (60% male; 40% female) teachers were registered in all primary schools. In the same year there were 3,149 secondary schools (30% Government; 70% Non-Government). Enrolment in secondary schools was at 1,194,454 students (54% male and 46% female). 35% of these schools had class sizes of over 60. A total of 65,045 (78% male; 22% female) teachers were registered in all secondary schools. This shows a need to recruit more female teachers. Focus group discussions conducted by CRANE concluded that boys are given priority for education within the family. MoESTS has limited resources to invest in piloting new initiatives. The department for special needs has only 14 staff, 6 homes and 14 resource rooms, one of which is in Kampala. The total budget is £1.1m per year.[16] 2009 records show 204,352 primary pupils with disabilities, 2.5% of the total enrolment. Disabilities listed were: hearing impairment (29%), visually impaired (26%), mentally impaired (22%), autistic (4%), multiple handicaps (3%)[17]. MoESTS only has curricula for hearing and visually impaired children. A part of CRANE's strategy is to work with MoESTS to see if alternative creative styles of teaching could be considered in the national curriculum.

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[8] (UBOS, UDHS 2011) MoGLSD
[9] MoGLSD
[10] United Nations Development Programme MDGs in Uganda http://www.undp.or.ug/mdgs/25
[11] Viva conducted research amongst 100 girls in October/November 2012 from primary(86) and secondary schools (10) and from girls who were out of school (14) to take a sample of beneficiary voices
[12] Cynthia B. Lloyd (2009), 'New Lessons: The Power of Educating Adolescent Girls' Population Council
[13] Youth with Physical Disabilities Development Forum (YPDDF), 'Participation of Children with Disabilities in Education in Wakiso District' (2011)
[14] ANPPCAN Baseline Survey to Assess Violence against Children in Arua, Apac, Kitgum, Mukono and Rakai Districts (2011)
[15] National Budget Framework Paper FY 2010/11 – FY 2014/2015 incorporating the Medium Term Macroeconomic Plan, Programmes For Social And Economic Development, and the Indicative Revenue And Expenditure Framework Ministry of Finance, Planning and Economic Development
[16] http://www.education.go.ug/departments/special-needs.html
[17] http://www.education.go.ug/emis-statistics/statistics-abstarct.html

Research says that previously there has been more focus on demand-side strategies in education, increasing access, looking at the numbers attending schools, rather than addressing the quality and relevance of the education provided. There needs to be a balance with assessing supply-side strategies, to ease transition to secondary school, enhance the learning environment for girls, and address girls' developmental and learning needs more directly[18]. This point is also made by Levine et al.[19]: "In recent years donors have focused education spending in developing countries on expanding enrolment in primary education. This approach has proved insufficient for the girls and for attaining the social benefits of education. When girls are at or near puberty, parents may discourage them from continuing in school or may pressure them to drop out to preserve their reputation and marriage prospects. Therefore there needs to be some focus on the quality of education and the social pressures typically affecting girls ages 10–14." CRANE's local research shows that only 45% attend school every day. 52% are not able to get to school on time. Sickness (26%), school requirements (24%), domestic work (11%), pregnancy and distance (9%) are the main reasons girls do not go to school. 50% of girls said that they feared their journey to school because of abuse from strangers. 18% said they feared road accidents.

Evidence shows that secondary school completion significantly improves girls' life chances and so members will seek to help girls reintegrate into formal secondary education. We see a need for a greater emphasis on the development of programmes that are directed towards supporting girls' transition to and success in formal school whilst also helping girls to learn critical thinking and problem-solving skills. Hoppers[20] stated that NFE for school-age children should be equivalent to the education they have the right to and not seen as non-equivalent "remedial work". According to Lloyd, 2012[21], financial literacy and life skills programmes can give girls a realistic sense of their future and managing responsibilities.

A family learning approach is now being seen as more effective in bringing about improved learning for children. This is based on a 'family systems' approach, which recognises that individuals do not exist in isolation from their family context. Evidence shows that family learning can overcome difficulties associated with a disadvantaged background for parents and children. Family learning can also help tackle issues such as social exclusion, and poor health. It can have a positive impact on health, family relations, lifelong learning and active citizenship[22].

There is evidence that suggests that participating in sports can improve academic engagement, school attendance[23] and help children with disabilities to enhance their identity and social networks[24]. Children with physical disabilities are frequently discouraged from participating in typical childhood experiences such as physical activity, yet this is a normalising experience as it facilitates perceptions of legitimating their social identity and provides a setting in which social networks are enhanced. The importance of sport in many young people's lives can be used to attract underachieving young people to educational programmes, although outcomes will depend on the nature and quality of the learning environment[25]. One evaluation[26] found significant improvement in pupils' literacy, numeracy and ICT when also engaged with sports. Although initially below national averages of literacy and numeracy, pupil's scores rose closer to national norms by the end of the course. The educational gains are explained by such things as access to computers, high ratio of staff to pupils, and an informal, supportive atmosphere. The sporting connection is important in attracting pupils as it adds to the excitement and interest of learning. Pupils also feel special and privileged to be chosen to participate.

### Priority 3: Children in Families
The Government recognises the family as the basic social unit that focuses on protection, nurturing, guiding, educating and socialising children, and a unit for economic production. Within the family, fundamental psychosocial, physical, emotional and spiritual needs are met and supported. The family unit being the place for a child to be raised is supported with the framework of Ugandan law, namely the Constitution and the Children Act (2000), with Uganda also being a signatory to the UN Convention on the Rights of the Child (1989), African Charter on the Rights and Welfare of the Child (1990). Thus, the primary effort of any support for children should be focused on enabling the child to remain in, return to their parents, or other close family members, if at all possible, and if this is not

[18] Cynthia B. Lloyd (2009), 'New Lessons: The Power of Educating Adolescent Girls' Population Council
[19] Ruth Levine, et al. (2008) Girls Count: A Global Investment & Action Agenda. Reprint, 2009. Washington, D.C.: Center for Global Development
[20] Wim Hoppers (2007), 'Meeting the Learning Needs of all Young People and Adults: an Exploration of Successful Policies and Strategies in Non-formal Education' Paper commissioned for the EFA Global Monitoring Report 2008
[21] Cynthia B. Lloyd (2012), 'Priorities for Adolescent Girls' Education', Population Council
[22] Children's Workforce Development Council (2007), 'Learning Mentor Practice Guide'
[23] Professor Fred Coalter (2005), 'The Social Benefits of Sport: An Overview to Inform the Community Planning Process' Sportscotland Research Report no. 98
[24] Taub and Greer (2000), 'Physical activity as a normalizing experience for school-age children with physical disabilities: implications for legitimation of social identity and enhancement of social ties' Journal of Sport and Social Issues (JSSI), 24(4), 395 - 414.
[25] Coalter, 2005, p.18
[26] (Sharp, C. et al, (2003). Playing for Success: an Evaluation of the Fourth Year (DfES Research Report 402). London: DfES. )

possible, then to be placed in an alternative family. This is supported by the UN Guidelines on Alternative Care of Children (2009) and the National Alternative Care Framework (2012).

Preventing family separation of children from parents requires political, social, cultural and religious support at every level in order to address the root causes of child abandonment, relinquishment and separation. It is estimated that 57,000 children in Uganda live in child care institutions, and 10,000 children live on the streets. Orphanages, specifically for babies, multiplied from an estimated 35 in the mid-1990s to more than 500 in 2012.[27] Another estimate in 2015 says that there could be 800 institutions housing over 50,000 children[28]. This demonstrates that the legal framework for the raising of children in families is not yet working to its full strength. There have been significant movements in the last 5-10 years to promote family based care, but there is not yet sufficient evidence to show what works in successfully keeping families together in a way that safeguards the children.

There are many factors that contribute to family separation, including violence and abuse within the home, poverty, high prevalence of alcoholism and substance abuse, psychosocial distress, gender-based violence, harmful cultural practices, high population growth, HIV/AIDS, conflict, urbanisation with one parent migrating in search of work. Whilst some children will run from home, others are abandoned to institutions, the parents perhaps not realising the possible effects of institutionalisation: poor health, physical and mental developmental delays, greater probability of antisocial behaviour, mental health problems, reduced intellectual, social and behavioural abilities, child abuse and emotional attachment disorders[29]. The vulnerability of children on the streets is normally even greater.

The Government is working towards strengthening the law to protect children, closing the legal guardian loophole, regulating institutionalising of children, creating a directory of service providers, closing children's homes that are not compliant with Government standards and are not approved, and training PSWOs. The MoGLSD is also partnering with NGOs on alternative care projects, but are not specifically looking at a rigorous evaluation of reintegration models as a part of this.

CRANE in partnership with Viva set up the first work of its kind in Uganda over a decade ago to encourage foster care and national adoption. Consistent results over the years demonstrate the success of the work. Since April 2011, 661 children have been reintegrated back into families and 6,389 children (3,034 boys, 3,355 girls) have been protected from family separation by empowering them and their parents in child rights and wellbeing. CRANE records of 262 resettled children in the last 2 years show the primary cause of separation were: abandonment, usually due to prostitution or an absentee parent (26.7%); orphaning (24.4%); child abuse (14.4%); poverty (11.8%); family breakdown (8.4%); juveniles in conflict with the law (6.5%); other factors including parental illness, parental unemployment, lost children, teen pregnancy, peer influence, violence, alcoholism, substance abuse, psychosocial distress, harmful cultural practices (7.8%). The greatest secondary factor stated was poverty (25.6%). The majority of children came from Wakiso (26.7%), Kampala (18.7%) and Mbarara (5.7%). CRANE's partner network in Bolivia has engaged for the last 10 years in an 'Early Encounter' strategy that has resulted in no more street children being added to the streets. The learning from this network will be brought into this strategic priority[30].

There is a need for 'family capital development'; where the principle is that the whole is greater than the sum of its parts."[31] Research shows that on a range of outcomes including productivity, educational achievement, communication, behaviour, mental health, self-concept, social competence and long-term health, there are significant differences between children who experience parental separation compared with children from intact families[32]. This is true unless a child is in a 'harmful' family situation, for example where there are high levels of parental conflict, including violence. Long-term effects in adults, who as children have experienced family breakdown, include problems with mental health and wellbeing, alcohol use, lower educational attainment and problems with relationships. Furthermore, "the single most important factor in determining if a male will end up incarcerated later in life is whether or not he has a father in a home."[33] Family capital must include birth registration, access to adequate housing and to basic health, education and social welfare

[27] https://www.childfund.org/ChildFund-receives-USAID-grant/
[28] Email from the MoGLSD of 27 April 2015
[29] (Save the Children, 2009; Csáky, 2009; Browne, 2009; Abela et al., 2012; Walakira et al., 2014; Carter, 2005 Better Care Network, & UNICEF. (2009). Manual for measurement of indicators for children in formal care. New York: Better Care Network and UNICEF. Eddy J. Walakira, PhD | Ismael Ddumba-Nyanzi, MSc | Badru Bukenya, PhD,(2014) Child Care Institutions in Selected Districts in Uganda and the Situation of Children in Care, Terre Des Hommes. Kaboggoza –Ssembatya James (2015), Status of child Care reform in Uganda: progress made and role of the Ministry (MGLSD), Ministry of Gender, Labour and Social Development. Mark Riley (June 2012), Baseline Study/The state of Institutional Care in Uganda, MGLSD. (2010). MGLSD. (2011). Children (Approved home) Regulations assessment Toolkit. Kampala: Ministry of Gender Labour and Social Development.
[30] http://na.blog.viva.org/index.php/2014/10/01/early-encounter-growing-reputation-keeping-children-streets/
[31] (David Imig, 1998)
[32] http://dera.ioe.ac.uk/11165/1/DCSF-RR113.pdf
[33] (Micheal Gurian, 1999)

services as well as by promoting measures to combat poverty, discrimination, marginalisation, stigmatisation, violence, child maltreatment, sexual abuse and substance abuse.[34]

The type of family and family relationships has a great bearing on labour productivity and wealth creation. Furthermore, the Government argues that stable families, founded upon marriage provide significant benefits for men, women and children, while the breakdown of stable marital structures imposes substantial costs upon individuals and society at large.[35] In a survey in 2011, 62.5% of Ugandan women and 58.3% of men described themselves as currently being in a union. 25% of women and 32% have had a customary marriage, 27% of women and 15% of men are cohabiting, and 9% of women and 8% of men have had a religious marriage. 1% each of women and men have had a civil marriage. 25% were in a polygamous relationship[36]. By age 30, almost all women have married.[37] 33% of women have borne children by the age of 18, with the adolescent birth rate at 146 per 1000[38]. Fertility remains at 6.7 children per woman[39] with 3.5 million women (18%) experiencing infertility[40]. These statistics are indicative of large families from the vast majority of women.

Uganda's GDP is growing annually at a rate of 5-10%. 65% of its population lives on less than US$2 per day. Inequality is stark: the wealthiest 20% of the population holds 49% of total income, while the poorest 20% holds only 6%. According to the 2006 Uganda Demographic and Health Survey (DHS), wealth distribution is closely related to fertility. Women in the poorest 20% have 8 children on average during their lives, while women in the wealthiest quintile have 4 children. Similarly, 41% of young women ages 15 to 19 in the poorest 20% have begun childbearing, compared to 16% in the wealthiest 20%[41]. Uganda has the highest percentage of unintended pregnancies in East Africa. Almost half (46%) of all pregnancies are either mistimed or unwanted. This is 900,000 unintended pregnancies a year. The average Ugandan woman has two children more than she would like to have.[42] Clearly there is a need to tackle family planning issues with parents.

Economic Strengthening is one part of keeping families together, though this work has to go hand in hand with engaging the emotional and psychological wellbeing of the whole family. These two are often divorced from each other, and there are few examples of where the aspects of economic strengthening and holistic wellbeing have been delivered hand-in-hand. Meanwhile, the Women's Refugee Commission Report demonstrates that there is currently little evidence as to how economic strengthening helps to prevent family-child separation and support children's reintegration in family care. There is some evidence that saving helps. Moreover, from experience we know that the economic strengthening must relate to child wellbeing indicators, not just increased household income which could be used for many other things than for the child it was intended to help. Mechanisms, therefore, for relating increased income to increased wellbeing need to be tested and evaluated

This situation emphasises the importance of integrating economic strengthening with non-economic health and wellbeing interventions. CRANE understands that household poverty reduction is a continuous process of the creation of assets so that the asset base becomes stronger with each economic cycle. CRANE has found livelihood initiatives that foster self-employment, supported by credit with an emphasis on improving the asset base to be successful in reducing poverty. Separation of children from families, especially in trafficking and exploitation, are more than just a problem of poverty and deprivation; it is linked with moral and social peril, with women and girls normally being the victims.

Alongside this direct work with families, CRANE has developed a strong network of over 100 CSOs who work across Uganda, and has contact with over 200 other CSOs. These CSOs work together to support children and families, work with Government and police, and take referrals from the Police and PSWO, collaborating to ensure that the child is protected and is found a safe family. This strategic priority will build on the strength of this network to give a forum for specific strengthening for high risk families and children whilst developing family capital and building a social support network.

[34] SOS & ISS UN Alternative Care Guidelines 2009, page 11
[35] http://www.mglsd.go.ug/blog/commemorating-the-international-day-of-the-family-15-may-2015-.html
[36] UDHS 2011  http://www.ubos.org/ , p47
[37] http://www.ubos.org/
[38] SOWC15
[39] (from the 2006 DHS) http://www.prb.org/Publications/Datasheets/2011/world-population-data-sheet/uganda.aspx
[40] http://www.makeeverywomancount.org/index.php?option=com_content&id=4248:uganda-barren-women-in-uganda-fight-stigma-through-prayer-and-medicine&Itemid=66
[41]  http://www.prb.org/Publications/Datasheets/2011/world-population-data-sheet/uganda.aspx
[42] http://www.newvision.co.ug/D/9/183/687496  10-07-2009

# Our Strengths, Weaknesses, Opportunities, Threats and Challenges

In 2014 when CRANE celebrated its first 10 years, the network reviewed its current situation.

## Strengths

- The shared vision of the network helps to bring focus to diverse organisations.
- There is strength in collaboration.
- There is learning across the network.
- CRANE has good capacity building tools.
- Sharing of resources by some members.
- CRANE has built a professional image based around quality delivery of service related to keeping children safe.
- The visibility of the network is increasing.
- There are complementing skills available within the Board, Secretariat and members.
- We have relatively stable funding.
- There is a network infrastructure that allows for easy referral of children.
- The network has some quality programmes.
- The voice of individual members is louder within the network.
- The shared output of the network is big.
- We can avoid duplication of services.
- There is strength in numbers.
- Members are able to share services, ideas and information effectively.

## Weaknesses

- Membership is voluntary.
- Bringing cohesion between the members.
- Some weak members.
- Duplication of member services.
- Some members are weak in financial management systems.
- We still do not have a comprehensive monitoring and evaluation system for the whole network.
- The website is not yet a networking zone.
- Long term financial sustainability of the network is a challenge.
- Member consultation is a slow process.
- Some members compete instead of collaborate.
- Some members have too high expectations of the Secretariat.
- The failure of one member organisation can have a detrimental impact on the whole network.
- Some network members are weak in making an impact that children can feel.
- Some members compete for identity.
- A lack of control over members when it comes to funding may be detrimental.

## Opportunities

- Good relationship with the Government.
- Good relationships with donors.
- The strength of the collective voice for advocacy work.
- Trust from duty bearers to handle cases of child abuse.
- A wide interest from visitors and friends.
- Partnership with Viva and other networks.
- Large Christian population.
- People asking for more engagement.
- Capacity building.
- Vast field for shared learning.

## Threats and Challenges

- Fast changing Government policies.
- Corruption.
- Weak follow-up system by Government.
- Dependence on external funding.
- Having to respond to donor demands.
- Low priority given to children in national budget allocation.
- Secularisation pressures our values.
- Strong competition for funding with other agencies and some members.
- Political uncertainty of inevitable succession.
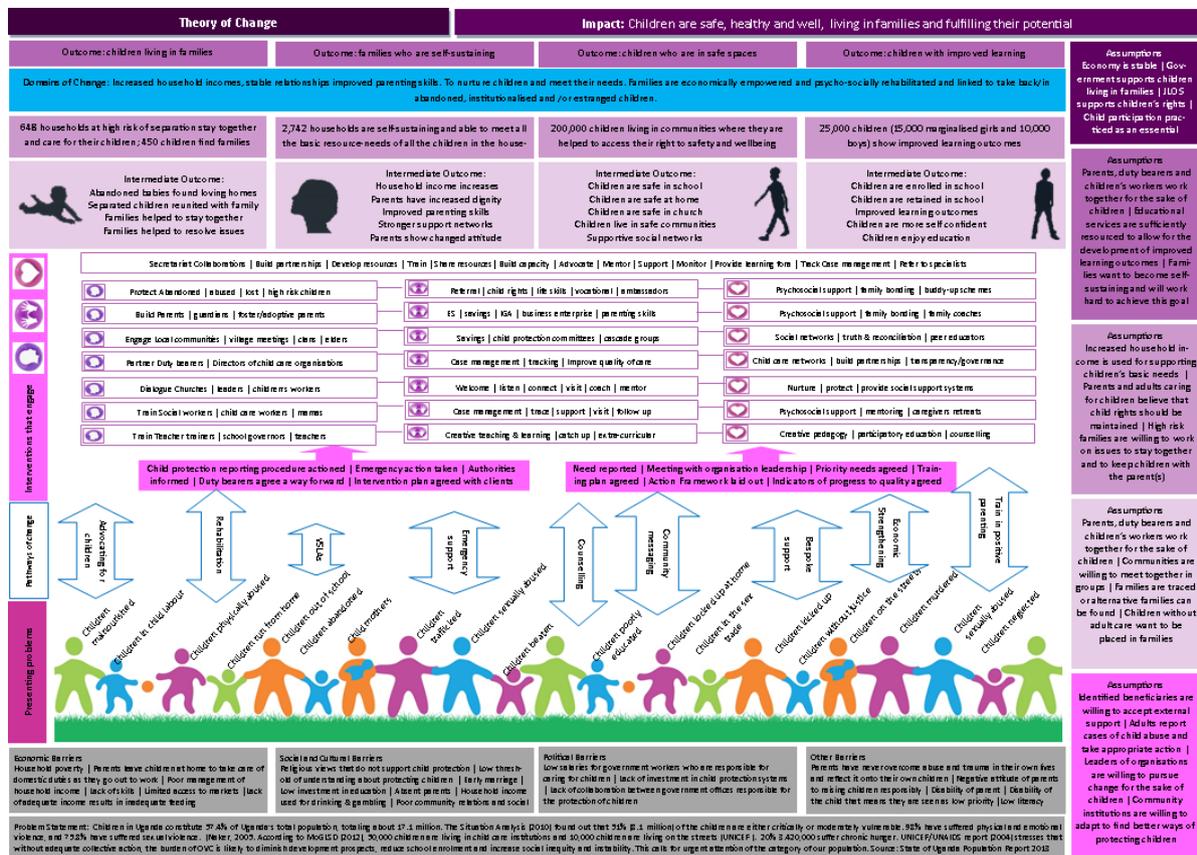- Inflation and global economic instability.

# Our Theory of Change

Our Theory of Change is founded on the belief that children are best raised in families that can sustain themselves. Deep rooted problems result in children being abandoned, trafficked, living on the streets, living in orphanages, entering the labour market or being married and becoming parents. So we will help families and children to build holistic support networks that will help to reform the economic, social and emotional wellbeing of the family so that families become more resilient, stay together, are able to provide for all their basic needs, and can protect themselves from harm.

The domains of change involve economic strengthening; psychosocial rehabilitation; establishing safety networks that will safeguard and intervene for families in crisis, and link them to support services. This means that all members of the family must be engaged in the process of change, especially the children. Thus we will provide interventions for parents and children together and apart.

The identified pathways of change involve engaging the head, heart and hands. They include advocacy, family strengthening, counselling, emergency support, parent's training, community messaging, referral, and networking. These will change the situation of children who are abused, abandoned, married off, on the streets, in danger of trafficking, to keep them safe in families.

# Our Child and Community Voices

As a network and as passionate advocates of child participation, we did not settle for the dreams of the Board, Secretariat and adult members of CRANE. We also engaged with children and communities in asking them about the future direction of the network. This is what they had to say:

**(Key: answer from children | answer from directors | answer from community members | answer from board members)**

What is the need for children that you see?
- Sustainable families/family empowerment
- Child protection/child rights knowledge
- Character development and mentorship
- Skills empowerment
- Shelter, security, education
- Positive attitude towards CWD
- Access to reliable information and advice
- Loving, affirming parents
- Food
- Prevention of abuse
- Education including for CWD
- Security of family

What do you believe can be done through collective action?
- Sharing experience / learning / resources
- Capacity building
- Advocacy and awareness at the local level
- Networking, collaboration, peer visits
- Collective forums and fundraising
- Family financial empowerment
- Collaboration with Government institutions
- Advocates and ambassadors address abuse
- Networking and advocacy
- Empower families in parenting

What is God saying? What does he require of you and what does he require of the network?
- Work together; share resources/experience
- Live with integrity
- Encourage one another/exchange visits
- Joint advocacy

Putting all this together what is your vision for the network and what are you passionate about?
- Strategies that will have long-term impact
- Efficiency
- Contribute to the network/engage together
- Increased GEC projects
- Strong systems e.g. finance, M&E
- Impacting rural areas
- Strengthening the referral systems
- Improved resettlement of children
- Abuse free communities
- Networking with influence in society
- Advocacy
- Uphold family values and promote family life

What can the CRANE network do in the next 5 years to enable children's voices to be heard?
- Engage in parliamentary debate
- Impact more schools
- Increase number/area of network members
- Balance talk of rights with responsibilities
- Train social workers to support families
- Increased use various forms of media
- Train in child rights
- Help children to advocate and speak out
- Speak out on abuse
- Deliberate strategic partnerships

What are the most critical issues faced by children in your community?
- Denial of food, education
- Beating/burning
- Drunkard parents
- Heavy domestic tasks

- Child kidnap
- Lack of stability in families
- Child abuse, neglect and defilement
- Parents selling their children for money
- Domestic violence
- Child labour
- Beating children in schools
- Early pregnancy and marriage
- High school dropout rates
- Drug abuse
- Ignorance and arrogance of some parents

- Poverty
- Lack of resources for education
- Lack of parental responsibility
- Children lack medical attention/food/bedding
- Child abuse, neglect, taken advantage of
- Poverty
- Poor education
- Poor parenting/children studying long hours
- Food security
- Corporal punishment
- No recreation space

What can be done by your organisation in your community to address these issues facing children?
- Pay school fees
- Build schools for orphans
- Punish abusers
- Educate parents
- Work with local leaders
- Case management for individual children
- Promote free education
- Train and empowering parents in IGAs
- Teach parents to take responsibility

- Teach children their responsibilities
- Help set up VSLAs
- Boost IGAs
- Support members financially
- Social networking
- Dialogue and sensitisation
- Engage leaders and parents
- Create support networks
- Speak for children

What could be done by other organisations in your community to address the issues facing children?
- Arrest and punish child abusers
- Give immediate treatment to defiled children
- Provide enough security
- Help street children find a home
- Networking

- Work together
- Empower families
- Family planning
- Sensitisation for HIV and Parenting
- Work together

What challenges are you facing in addressing these critical issues with children?
- Adults helping children are often abused
- Lack of money to follow up child abuse
- Corruption
- Parental attitudes
- Endemic corruption and lack of engagement
- Police do not take cases to court
- Big people hinder child protection
- Absentee parents who leave children alone
- Follow up of street children
- People have negative attitudes of child rights
- Many illiterate / uncooperative parents
- Some children are not willing to listen
- People expect financial benefit

- Corruption diverts money away from children
- Lack of funding for community workers
- Police fail to fulfil their duty
- Parents want money
- No money to follow through on cases
- LCs ask for money
- Child protection issues have been politicised
- Dysfunctional child protection committees
- Uncooperative duty bearers
- No collective voice
- Volume of need
- Lack of like-minded practitioners

How would you describe a safe place for children?
- Have a fence/security/accommodation
- Children are respected
- Balanced diet
- No corporal punishment
- Good sanitation
- Access to medical treatment
- Children's rights are upheld and needs met
- Children are free to express their views
- Places to go when they have challenges
- Children are encouraged to stay in families

- Community leaders are involved in advocacy
- Children in caring families
- A home with separate bedrooms for children
- A place where a child's basic needs are met
- Communities work together for children
- Healthy
- In school
- In a loving family
- A community helping unleash child potential
- Children are heard

In the next 5 years, what can we do differently that decreases the number of children at risk?

- Pay school fees
- Parents should learn to forgive children
- Stop child labour, segregation
- Stop corporal punishment, abusive language
- Stop taking alcohol
- Work more closely with Government
- Carry out awareness on the legal system
- Urge Government to strengthen systems
- Increase awareness about the network
- Involve community leaders in advocacy
- Imprison child sex offenders
- Include the UNCRC in the school curriculum
- Change mind-sets of adults about child rights
- Stop corporal punishment
- Adults to behave responsibly
- Follow through each child abuse case
- Family values
- Parenting using churches and LCs

How do we engage men in community involvement and child protection issues?

- Farming
- Brick laying/building/carpentry
- Market vending/baking and selling snacks
- Taxi conductors
- Charcoal burning
- Emphasise whole family engagement
- Involve them in home projects
- Use sports; tackle addictions
- Develop male-friendly microfinance products
- Teach them their responsibilities
- Through child protection committees
- Community dialogue events

How are children in your community involved in decision making at home, at church, in school?

- Almost never
- Not a common scenario
- There is no forum. Adults decide for them
- Focus group discussions on relevant issues
- Clubs where concerns can be expressed
- Child ambassadors advocating for children

In what ways could children feel safe in your community/school/church/organisation?

- Allow them to express themselves
- Training of workers
- Structural development changes
- Give a platform for expressing themselves
- Access to mentors and paralegal support
- Child protection policy that is being followed
- If local community systems are strengthen
- Network increases advocacy activities

Who are the key stakeholders in your community who you can work with to keep children safe?

- LC
- Police
- Doctors
- Police
- Local leaders
- Children
- Parents
- Partners
- Teachers
- Social workers
- Clergy
- Health workers
- Parents
- Local leaders
- Religious leaders
- NGOs
- Children
- Institutions
- Chiefs
- The community
- Social workers
- Churches/leaders
- Children's workers
- Clan leaders
- Parents
- Educationalists
- LCs
- Schools

What changes need to be made at home in order for a street child to return home?

- Show them love
- Give medical care, education, food, clothes
- Visit parent of children living on the street
- Listen/counsel
- Introduce them to church
- Teach them age responsibilities
- Economic/Health/Education empowerment
- Help parents to parent better
- Increase household income
- HIV/AIDS care to reduce number of OVCs
- Marriage relationships
- Reconcile parents and children

What are the key economic activities done by the parents to earn a living in your area?

- Farming
- Farming/fishing
- Sale of alcohol
- Poultry
- Brick laying
- Casual labour
- Small businesses
- Digging/washing

What new interventions would you recommend to stop the growth of children living on the streets?

- Address root cause
- Make political dialogues
- Do parenting skills training in communities
- Parenting programmes
- Special needs support
- Family empowerment/life skills
- Gatekeeping
- Advocacy and awareness
- Empower children to come off the street
- Collective action with all stakeholders

# Priority 1: Children in Safe Spaces

**Summary**

This priority area has a broad application of child protection and child rights. We want to do everything we can to ensure children are safe in the CRANE member organisations, churches and schools, and also in the communities in which they are placed. This priority area will also have an element of case management for children who have been abused in some way and need support.

This priority area includes the work of the 'Healthy Children' Maternal and Child Health Action Group and the 'Visible Children' (CWD) Action Group, whilst the 'Fit Children' Action Group and the 'Spiritual Children Action Group' will be cross-cutting in each of the 3 priority areas.

**Budget:** $300,000 per year

**Current budget secured:** We have a commitment from a donor to continue working with us on certain aspects of this priority, but it will not cover all the work and budget that is needed.

**Why this work?**

CRANE has become known as a significant grassroots actor that follows up on cases at community level and fights for the rights of children. We need to build on this current momentum, providing vital connection between the Government and grassroots actors.

**Track record and mandate**

In the last 3 years, CRANE has been implementing a project in 42 communities where children and parents/adults were empowered with skills and knowledge on child protection and children's rights which they used to keep children safe in their communities by reaching other children and adults.

**Vision for the work**

We want to see children safe, well and fulfilling their God-given potential. Safety starts at home, though many of the children within the care of CRANE's members are at risk at home. It is imperative that within their schools, clubs and churches that they are protected from further risk.

**The problem**

The seriousness of the situation facing children in Uganda cannot be over-emphasised. A reading of the context in which we are working on pages 8-12 clearly shows this. We will only manage to make a difference by helping the network members to work together in a strategic way across the city and in each of their communities, following through on all reported cases of abuse until the child has justice.

**What we will do**

- Build the capacity of all CRANE members to ensure they are providing quality care for children.
- Set up and support child protection committees.
- Ensure emergency shelter is found for abused children.
- Children are taught child rights, sustainable livelihoods and life skills.
- Manage an effective referral system, using new I.T. software for tracking child cases.
- Child ambassadors committees and safe clubs are run by children in their communities.

- Develop a youth ambassador advocacy strategy for children's rights.
- Train organisations in 'child friendly churches' and 'child friendly schools'.
- Support communities with advocacy initiatives to their duty bearers and parents.
- Provide livelihoods training for parents.
- Establish a model safe haven for children and families in crisis to come for learning support and crisis counselling.
- Support network media collaborations to let children's voices be heard by duty bearers.
- Provide parenting training to church leaders and workers who then train their parents.
- Provision of first aid training.
- Training of care workers who are supporting children infected and affected by HIV.
- Prevention training in health care through peer educators.
- Production of health information in local language through multiple forms of media.
- Help communities to develop new sources of local food supplies to provide for better nutrition.

### Outcomes
- Children are kept safe.
- Children are healthy.
- Organisations are operating according to international and national standards.
- Children are active participants in issues that affect their lives.
- Children are granted justice when they have been abused.

### Outputs
- 200,000 children have positive childhoods where they are able to access their rights as described in the UNCRC by March 2020.
- Including 25,000 children are protected from untreated and persistent illnesses through preventative health care education and access to medical services when they are sick by March 2020.
- Including 1,000 children with disabilities are safe and living full lives by March 2020.

### Indicators
- # safe spaces for children.
- # children at risk referred to and supported by appropriate care services.
- # teenage mothers with their children rescued from violence and abuse and helped to be sustainable.
- # children who can describe their rights and describe improved access to their basic rights.
- # sustainable organisations collaborating to ensure that children are safe and accessing their rights.
- # families who are able to provide for the basic needs of their children.
- # families displaying positive parenting skills.
- # duty bearers who are working with the network to implement child protection rights.
- # children who are legally recognised and able to access their rights as citizens of Uganda.
- # children who grow up in safe communities where they are kept free from abuse.
- # parents who learn about preventative health care measures from a local peer educator.
- # families who are provided with health information resources in their local language.
- # children who access preventative health facilities, including sanitation and clean water.
- # children who access professional health care services as a result of a network referral.
- # children who are eating a balanced diet.

# Priority 2: Children in Education

**Summary**

Creative Learning Centres for girls aged 10-18 will benefit a total of 15,000 marginalised girls and 10,000 boys. CLCs for girls aged 10-18 will continue to establish a new approach to education to re-engage at least 5,000 marginalised girls back into education through the CLCs to achieve their next level of examinations. In addition 10,000 marginalised girls and 10,000 boys are expected to be impacted with increased learning through changing teaching styles, family mentoring and a competitive league giving a total beneficiary figure of 15,000 marginalised girls and 10,000 boys.

**Budget**: $600,000 per year

**Current budget secured:** 2 years (2015-2017) from DfID Girls' Education Challenge Project

**Why this work?**

Education is critical in seeing children reach their full potential. Research says that previously there has been more focus on demand-side strategies, increasing access, looking at the numbers attending schools, rather than addressing the quality and relevance of the education provided. There needs to be a balance with also assessing supply-side strategies, to ease transition to secondary school, enhance the learning environment for girls, and address girls' developmental and learning needs more directly. In recent years donors have focused education spending in developing countries on expanding enrolment in primary education. This approach has proved insufficient for the girls and for attaining the social benefits of education. Therefore, there needs to be some focus on the quality of education and the social pressures typically affecting girls aged 10–14.

**Track record and mandate**

CRANE, with Viva's support, was the first GEC Project to finish their baseline survey; the first to start implementation, and is still leading in implementation. We are meeting our milestones. We know that if we can prove the model helps girls to learn, get back into school and stay in school, then we should be ready to apply for increased 'Step Challenge' funding from DfID in the future.

2 ½ years into the Girls' Education Challenge Project, CRANE has positioned itself as an education innovator, especially in creative education. Partnerships with the MoESTS, FENU, the Teacher Training Colleges and KCCA have been developed and there are significant opportunities for stepping up CRANE's contribution to the development of education in Uganda.

**Vision for the work**

To enable girls in Uganda to complete a full cycle of upper primary or lower secondary education and demonstrate learning. The creative nature of the teaching and learning environment is unique within the general educational framework of Uganda. Education is still very much based on rote learning, yet there is a desire to move away from this to become more thematic and creative so that by the time girls leave school, they are skilled for taking up their place in society, in family life and in the workplace.

**The problem**

94% of girls in Kampala and its surrounding districts are increasingly vulnerable as urban growth

jostles with family pressures. This leaves at least 40% of girls living below the poverty line and often as second priority to their brothers when it comes to education. Whilst more people are attracted to come to the city or as semi-rural environments are absorbed by urban growth, girls find themselves in increasingly marginalised life situations; girls are generally 2½ years behind in their education if they are in school; only 23% complete primary education by the expected age; only 17% advance to secondary school; and if they have a place in school they only attend for an average of 52% of the time. By upper primary, only 40% can read a basic sentence and by adulthood 15% will be illiterate. Added to educational pressures, 99% of children have to cope with having experienced some form of abuse of their rights. If a girl with disabilities does get a place in school, only 29% will stay to complete their education. For girls who are in school, they will be in classes of 50 to 120 students and will only have a 40% chance of being taught by a woman in primary school, and a 22% chance of being taught by a woman in secondary school. Whilst the Government has invested in UPE and USE, it accepts that it cannot provide for all the needs of Uganda's children and welcomes partnerships that can reach the most marginalised children with catch-up education.

### What we will do
- 5,000 girls will display increased learning, defined here as:
  - Skills in reading and writing measured by number of nonsense words recognised and oral reading accuracy and comprehension.
  - Skills in numeracy measured by single digit and double digit recognition, subtraction with carry over and division.
  - Skills in other academic and non-academic subjects measured by subject-specific tests and against targets set in their term's action learning plan.
- In addition to 5,000 girls in the CLCs, we believe we will also have the following impact:
  - 5,000 marginalised girls and 5,000 boys showing improved learning as a result of output 2 whereby teachers in mainstream schools are trained in new styles of teaching and learning.
  - 5,000 marginalised sisters and 5,000 brothers showing improved learning because the family situation has improved as their sister and family have engaged in the project.
  - 5,000 girls and 5,000 boys show increased learning because of the motivation and support received through the league and the library.

This totals 10,000 marginalised girls not in CLCs plus 5,000 marginalised girls in the CLCs benefitting, plus 10,000 boys will be supported through this strategic priority.

In addition, we will:
- Establish a model of catch up education for children who have dropped out of school.
- Provide approved teacher training to trainee teachers and practicing teachers.
- Provide a mobile resource library for educational establishments to share resources.
- Hold annual ToT for teacher trainers in Creative Teaching, Creative Learning.
- Coordinate an inter-network league for children to engage in extra-curricular activities.
- Support the provision of education for children with special needs.
- Train teachers in numeracy and literacy catch up strategies.
- Train teachers in methods of individual learning and reporting for children.

### The outcome
- The life chances of marginalised girls will be improved.

### Outputs
- 25,000 children who are at risk of dropping out of school or who have dropped out of school are engaged in quality education and complete primary or lower secondary education by March 2020.

### Indicators
- # children who stayed in school throughout the life cycle of the project.
- # trained and practicing as Creative Teaching Creative Learning trainers.
- # teachers trained who are exhibiting good and creative practises of teaching in their schools.
- # children whose learning outcomes show improvements.

# Priority 3: Children in Families: Local Churches

**Summary**

CRANE will demonstrate that local churches are the best social support network for family based care of children who are returning to families, whether in a biological family or an alternative family. We will support 50 churches and 50 CCIs to demonstrate that family based care, supported by the local church is a better option than institutional care. We will demonstrate this by supporting 150 children per year to return to family based care, with the support of the local church. The learning from this project will be shared with other partners through various media.

**Budget** $115,00 per year

**Current budget secured:** 2015/16  $25,000 + $100,000 in a $50,000 + $50,000 match fund

**Why this work?**

Children belong in families! Christian theology shows us that adoption is not just a legal, human undertaking but a spiritual value. The care of children by their parents provides the best conditions for a child's healthy development. Ironically, 95% of funding for institutions in Africa comes from the West. We need to counteract this tendency by promoting family based care. People have often been under the impression that institutions are better than the alternative, but sadly they have not been told that there is an alternative family based care nor shown the detrimental effect institutions can have on children. We have found that the moment a person realises that family based care is best, they redirect their attention and finance to alternative family based care.

**Track record and mandate**

CRANE has been working on various forms of reintegration of children to families for over 10 years. The first functioning working group of the network was to promote family based care through foster care and adoption. That working group still exists today, lobbying for family based care. We have been involved in lobbying the Government for a change in emphasis from institutional care to family based care. The Government, through the Alternative Care Framework, now has this emphasis as a priority, but lacks resources for implementation. We continue to lobby the Government for change in the Children Act, which will see even greater protection of children. Many organisations are now working to promote and support family based care, but few know how to successfully engage with the local church, or have the spiritual mandate to do so. CRANE has this platform, but has not had the resources to adequately promote and demonstrate the power of the local church in promoting family based care, which is a mandate for the church and for Christian families. Therefore in the next 2 years we will train and equip 50 local churches to work with 50 CCIs to demonstrate that the church can fulfil its God-given mandate to support family based care. We will use examples from these 50 churches and 50 CCIs to make a toolkit and train trainers that can help promote this model on a wider scale.

**Vision for the work**

While we are seeing a shift toward family based care, we believe that the local church is the key to family based care being successful. CRANE has connections to the local church and the materials to train churches. We want all institutions and churches to be fully aware of good practice in caring for

children without parental care, assessment and placement monitoring, permanency planning, gatekeeping, preventing family separation, family support, use of guardians, psychosocial support, and household economic strengthening.

## The problem

Research shows that there are many detrimental effects of institutional care on child development. These include: developmental damage; physical stunting (for every 2.6 months spent in an institution, a child falls behind one month of normal growth); lower IQs and levels of brain activity, particularly in children who entered institutions at a young age; social and behavioural abnormalities such as delays in social and emotional development, aggressive behaviour problems, inattention; hyperactivity, and a syndrome that mimics autism; abuse and exploitation; psychological damage; social consequences that include long-term impact on adult life, relationships, and families: parenting difficulties, social isolation, mental illness, aggressive behaviour, and self-harm. We want to stop such things from happening, and will do everything we can to see that all children are raised in families.

## What we will do

- Engage and envision directors and church leaders in the importance of family based care.
- TOT for church workers to promote family based care in their church communities.
- Train CCI social workers in social work practice and psychosocial support.
- Annual 'family based care' conference to share learning on caring for children in families.
- Children who are in transitional homes are counselled as the tracing of the family begins.
- A biological or foster family is found for the child within 6 months of the child entering care.
- Family/home assessment is conducted and plans made with the family to prepare for the child.
- A reconciliation process is started. Parents helped in child protection, IGAs, building social support networks.
- Prepare for reintegration, including a package that the child will take home.
- Ensure there will be provision of schooling, health, legal issues, social networks.
- Take the child back home and link the child with local social networks.
- Conduct the first follow up phone call within one week, and the first physical visit within one month.
- Conduct subsequent follow up visits at least once a quarter for a minimum of 2 years.
- Host quarterly meetings amongst partners to share learning and document case studies.

## Outcomes

The outcome for the next 5 years is to see local churches in Uganda as the primary vehicle for promoting family based care of vulnerable children; they will be equipped to be a support to children and families and will help train families to take children in and raise them in a safe and loving environment. This will help us to achieve a target that no child spends more than six months in an institution.

## Outputs

- 150 children per year move from CCIs to sustainable families.
- 50 churches demonstrating and leading the way in family based care.
- 50 CCIs demonstrating and leading the way in transitional care.

## Indicators

- # children reintegrated and are living happily in families.
- # CCIs operating within the Government's Alternative Care Framework.
- # social workers reintegrating children into safe environments.
- # children and families who positively describe the support of the local church in helping the family.
- # families supported to become more sustainable.

# Priority 3: Children in Families: Rebuild Families

### Summary

Children who are separated from their families, and families who are at high risk of separation, have multiple challenges to overcome in order to live safely and sustainably. The goal of this is: 'Children are safe in families who can provide for all their basic social and material needs.

**Budget** $450,00 per year

**Current budget secured:** Awaiting news of $1,340,000 ASPIRES bid.

### Why this work?

Families are struggling to stay together and to keep their children. They need help and support to work through challenges and to build strong social networks to help them cope in times of stress.

### Track record and mandate

CRANE has been operating in Uganda since 2004. At that time no-one was thinking about family based care. The country had been ravaged by AIDS and orphanages were mushrooming across the country. CRANE started a working group called 'Families for Children' which has now supported over 650 children to go back into families and supported 6,389 children in their families.

### Vision for the work

There is one foundational principle behind our approach: 'Society works best when individuals and families work to solve their own problems'. Therefore our interventions will be to build social networks that can help to develop social capital for families, such that they become self-reliant.

### The problem

CRANE records of 262 resettled children in the last 2 years show the primary causes of separation were: abandonment; orphaning; child abuse; poverty; family breakdown; juveniles in conflict with the law; other factors including parental illness, parental unemployment, lost children, teen pregnancy, peer influence, violence, alcoholism, substance abuse, psychosocial distress, harmful cultural practices. The greatest secondary factor stated was poverty.

### What we will do

The project has two main objectives: 'strengthen families': Prevent child separation by building the social and economic strength of the family. 'rebuild families': Rescue and reintegrate children to economically and socially stable families. We will help families and children to build support networks that will help to reform their economic, social and emotional wellbeing so that families become more resilient and stay together and are able to provide for their basic material and emotional needs and can protect themselves from harm. Activities will include:

- Work with District officials to identify high risk communities.
- Engagement of 20 CCIs. Training of 2x20 social workers will take place in the first 6 months.
- Train local duty bearers to help provide support in economic strengthening and child protection.
- Set up child and family protection committees who will be responsible for referral of cases.

- Creative communication methods will be used to explain the risks to children of family separation.
- Training of community volunteers in economic strengthening, child protection and networking.
- Build the capacity of CSOs in child protection and Government regulations.
- ES savings groups will be the foundation of all ES. These will include financial literacy trainings.
- Kitchen gardens will be set up by each family to improve nutrition and to grow to sell.
- Fruit trees will be given to each family as a way to teach long term investment, to increase micronutrients and dietary diversity, to have fruits to sell in the future, to offset carbon footprint.
- ES Training and coaching for parents will be integrated into the family strengthening groups.
- Children's savings and investment groups will be set up to run parallel to the parent's groups.
- Advocacy for family based care will be conducted through social media and national media.
- Family tracing will be undertaken. Families will be visited and an assessment done.
- Follow up will continue before, during and after reintegration for a minimum of 1 year.
- Counselling will be given to children and families from the start for as long as necessary.
- Reintegration will be supported with a 'start up pack' for the child.
- Monitoring will continue for 12 months before the case is handed over to the local authorities.
- Birth registration will be secured for every reintegrated child to secure their position in the family.

### Outcomes
- Districts with functional child protection policies and frameworks.
- Communities with active CPCs.
- Families helped to resolve child neglect and abuse issues.
- Increased household income from viable business enterprise/Vocational skill.
- Children with a sense of belonging, a platform to express their views and able to participate.
- Placed and reintegrated children living in safe and secure families.
- The family has a supportive community-based social network surrounding them.
- The family has access to resources to provide for all their basic needs.
- Family displays changed behaviour, attitude and practice when they face crisis.
- Organisations using right practices within Government frameworks.

### Outputs
- 9x6 High risk communities identified | 9 District trainings delivered.
- 54 communities trained | 54 CPC committees formed | 54 Family Coaches trained.
- 5*54 support agreements in place | 5*54 CSOs trained.
- 54 savings groups established.
- 648 kitchen gardens created | 648 fruit trees planted | 648 families receive bespoke support.
- 648 children counselled | 54 children's groups running | 2,592 children have a birth certificate.
- 300 successful negotiations for resettlement.
- 40 Social workers trained.
- 300 children received | 300 families traced or found | 300 (c150m/150f) children reintegrated.
- 300 families receive therapy support | 300 families in savings groups.
- 300 kitchen gardens created | fruit trees planted | families trained | families receive support.
- 300 children counselled | bonded | reintegrated.
- 300 children's groups given materials to help promote savings, investment and child protection..
- 50 older children supported with vocational skills training.

### Indicators
- # districts in partnership and with functional referral mechanisms for child protection.
- # functional child and family protection committees.
- # cases handled by CPCs and family coaches.
- % VSLAs with above 70% of projected annual savings.
- % of children involved in child protection activities.
- % successful placement/reintegration.
- # families utilising supportive community-based social network surrounding them.
- # families with resources to provide for all their basic needs.
- # families displaying positive behaviour, attitude and practice when they face crisis.
- # organisations with functional child protection systems within Government frameworks.
- % CCIs willing and are reuniting children with their families.

# Operations Plan

**The vision that inspires us:**
**Children are safe, well and fulfilling their God-given potential**

**Mission:**
Lasting change for children is realised through networking collaborative action amongst Christians and other stakeholders driven by the values of the Christian faith.

**Values:**
God-fearing.
Promote networking.
Children as our most important citizens.
Respond to the needs of children in a Christlike manner.

**Objectives:**
Capacity building.
Information exchange and networking.
Integrated response for children.
Advocate for the child.
Build mutually beneficial relationships.

**Secretariat role and support**

Coordinate the collective voice of Christians to Government & Civil Society

Raise the profile of the network response

Coordinate the allocation of new resources

Pilot new innovations to solve long-term problems

Provide capacity building to bring about quality child care

Provide forums for solution think tanks, shared learning and collective action

**Priority 1:**
**Children in Safe Spaces**

**Priority 2:**
**Children in Education**

**Priority 3:**
**Children in Families**

Action Group: Empowered Children

Action Group: Healthy Children

Action Group: Visible Children

Action Group: Educated Children

Action Group: Children in Families

**Action Group: Spiritual Children**

**Action Group: Fit Children**

**CRANE Members**
Vote in representatives to the Board at the AGM

**CRANE Board**
Meet at least once a quarter
Divided into subcommittees to oversee Network Action Groups and support Secretariat staff

**CRANE Secretariat**
Full time employees
Led by the Network Manager
Supported by a Senior Management Team
Managers of Action Group Activities/Projects
Specialist Staff recruited to help build the capacity and delivery of the network

**CRANE Members working in Action Groups**
Staff and volunteers of member organisations meet together regularly in the action groups to work together around their common themes and for common activities. Some will have significant project funding; all will have shared strategy and direction
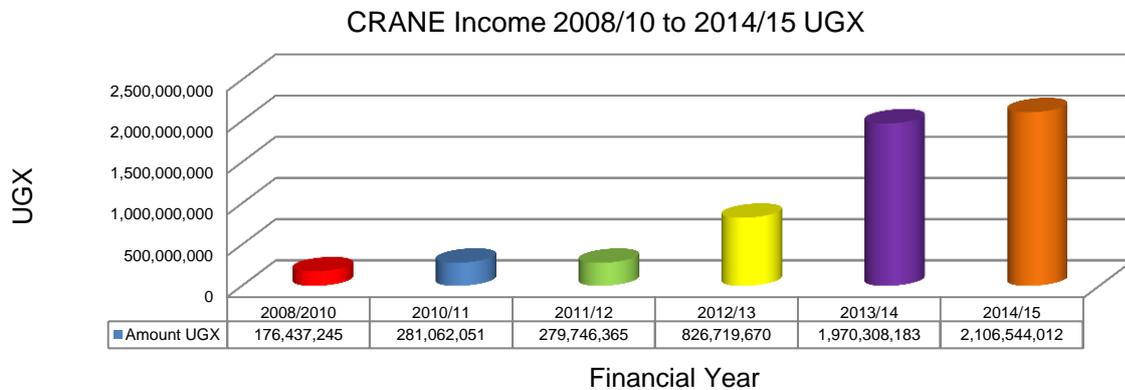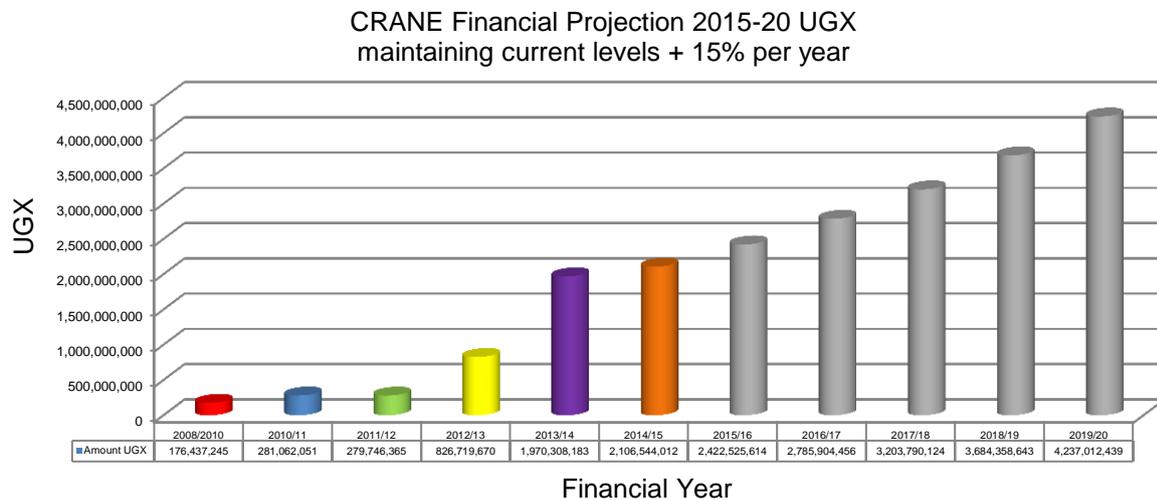
# Financial Projections

CRANE received its first significant grant in 2006. Income has grown significantly since then, and especially in the last 3 financial years, as can be seen in the graph below.

### CRANE Income 2008/10 to 2014/15 UGX

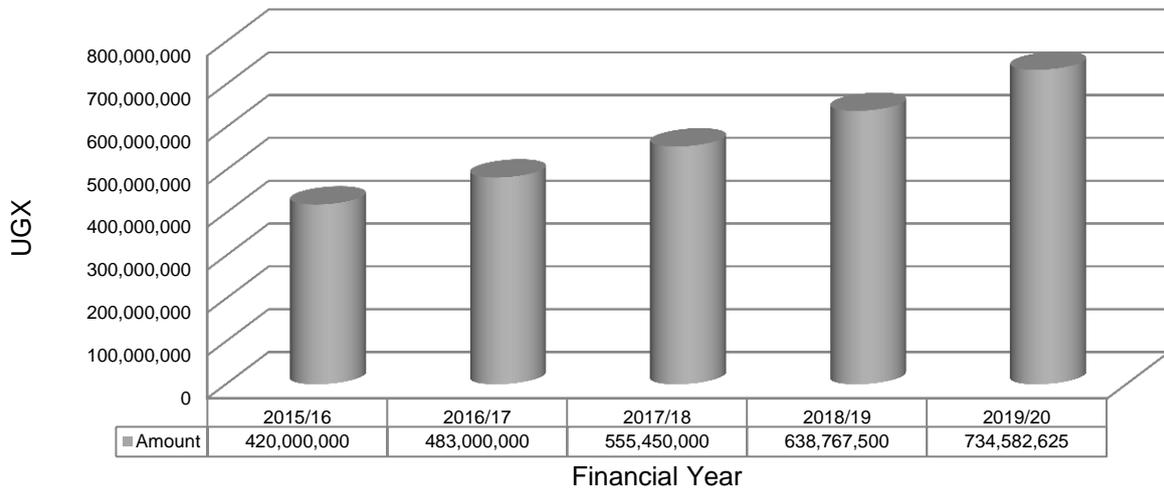| | 2008/2010 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 |
|---|---|---|---|---|---|---|
| Amount UGX | 176,437,245 | 281,062,051 | 279,746,365 | 826,719,670 | 1,970,308,183 | 2,106,544,012 |

Financial Year

In 2014/15, 25% in 2014/15 of all income was spent on Secretariat salaries, and 3% was spent on running the compound. There has been a total budget growth of 15% in the last year. With a 15% growth rate, then projected income can be seen in the graph below. This would maintain current programme areas at similar income levels to the present and staffing levels at the current rate. Of course, this is dependent on continued successful fundraising for the network. We will be continuing to pursue new avenues of funding for new initiatives that help the network to work together for children, and so these estimates are just a financial prediction based on current income in order to set a minimum target for fundraising.

### CRANE Financial Projection 2015-20 UGX
maintaining current levels + 15% per year

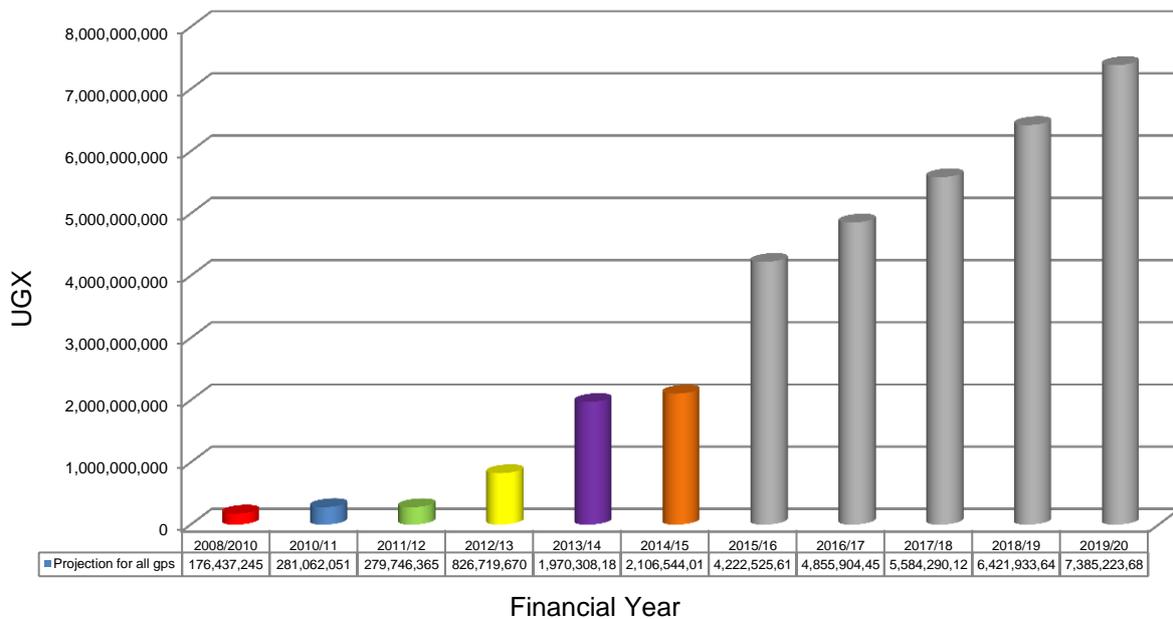| | 2008/2010 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Amount UGX | 176,437,245 | 281,062,051 | 279,746,365 | 826,719,670 | 1,970,308,183 | 2,106,544,012 | 2,422,525,614 | 2,785,904,456 | 3,203,790,124 | 3,684,358,643 | 4,237,012,439 |

Financial Year

Whilst the network begun with just one volunteer staff member, the history of the network shows that large scale impact of the network is only possible when there are some core staff who are employed full time to serve the network members in their efforts to keep children safe. All paid staff members have always been linked to donor contracts, with manager salaries being divided across the donor contracts. Ideally, the network needs to get to a position where there are some staff who are skilled in networking who can give skilled support in issues relating to children and to building the capacity of network members. If we assume 5 core staff who are funded by general network resources and not donor contracts, then the core funds to be raised in the next 5 years can be seen in the graph below:

### Projected Income for Core Network Activities

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| ■Amount | 420,000,000 | 483,000,000 | 555,450,000 | 638,767,500 | 734,582,625 |

Financial Year

However, if each of the 7 action groups of CRANE were to have a budget of $100,000 per year to help make specific contributions to the network collaboration, then the financial growth of the network plus 15% annual growth would look like this:

### CRANE Financial Projection 2015-20 UGX
### Funding of 300,000,000 per Action Group + 15% per year

| | 2008/2010 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ■Projection for all gps | 176,437,245 | 281,062,051 | 279,746,365 | 826,719,670 | 1,970,308,18 | 2,106,544,01 | 4,222,525,61 | 4,855,904,45 | 5,584,290,12 | 6,421,933,64 | 7,385,223,68 |

Financial Year

# Financial Sustainability Plan

CRANE is a locally owned network of member organisations. Work for children at risk is extensive and demanding and requires significant resources in order to help transform children's lives. We recognise that there has to be significant financial investment to change the situation for children and help parents become independent and responsible without creating donor dependency.

To a certain degree, fundraising is opportunistic as we do not know when the big players will send out calls for proposals. Therefore we must be ready to respond to calls that suit the vision of the network.

At the same time there is a need to build the resource base of the network beyond the boundaries of one-off project based funding. Leveraging unrestricted income primarily comes from conducting our work with integrity and in the best interests of the child. Therefore, we will build on the reputation we have to focus on the child and to do everything in an honest, transparent and professional way.

Direct project costs for action groups are needed, with each project contributing to the running of the network. Beyond these projects, we describe below the targets for growing the network's influence.

### Target Setting

The graphs on page 8 give the following targets for CRANE's financial sustainability:

1. Build a base for core network funding of 420,000,000 UGX ($140,000) per year, increasing at 15% per year to 734,582,625 ($245,000) in 2019/20.
2. Maintain 2014/15 activity and staffing levels with a 15% annual increase, increasing to $800,000 in 2015/16 compared to $700,000 in 2014/15, increasing to $1,400,000 in 2019/20.
3. Increase activity income for all Action Groups, aiming for $1,400,000 in 2015/16 and increasing to $2,400,000 in 2019/20.

### Steps to Increasing Sustainable Income

The following strategies will be used to raise funding for the network:
- Maintain the highest standards in reporting and financial integrity to ensure all resources are carefully used and trust is maintained.
- Build up a monthly supporter base for financial and spiritual support.
- Ensure online donations can be made in multiple currencies.
- Develop stronger partnership links between CRANE and Bucks Farms which has been set up to raise money for the network.
- Build the capacity of current staff to be able to successfully raise funds.
- Develop publicity with creative and engaging social media to raise awareness about the network.
- Develop concept packages for each of the 7 Action Groups.
- Approach local businesses, embassies and professionals to support the network collaboration.
- Maintain a staff team who can develop successful proposals for large scale Government funding.
- Collaborate with Viva to raise funds from trusts and foundations interested in the network model.

# Risk Management Strategies

It is important that that risks to which a charity is exposed are identified and that CRANE's position, with regard to these risks, is identified and assessed. Identified risks can be eliminated, minimised, reduced or accepted. Risk management involves identifying unfavourable events that could negatively affect the network if they happen to occur and developing strategies to overcome them.

The significance of each risk has been categorised as low (score 1), medium (2) or high (3) where a low significance means that even if the event occurs it will not have a major impact on our ability to function and fulfil our charitable objectives, whilst a high score means that the event will significantly impact our ability to function and fulfil our charitable objectives. Similarly, the probability of each risk has also been categorised as low (1), medium (2) or high (3) where something that is highly likely to occur is scored as three. These two scores are multiplied together to give a combined risk score. This allows us to focus our efforts on those items that score 4 or more, i.e. they are at least of medium significance and medium probability of occurring.

Main areas of risks include:
* Child protection, e.g. allegations of child abuse by staff / failure to protect children from harm.
* Personnel issues, e.g. key staff leaving; a breakdown in occupational health and safety; accidents involving staff when they visit members.
* Board and overall management.
* Financial, e.g. bad debts; poor cash flow.
* Natural disasters.
* Legal compliance and possible litigation.
* Damage to the CRANE brand.
* Political environment.

CRANE has developed a detailed risk register which is updated on a quarterly basis. We will continue to conduct risk assessments for all activities to identify the risks and strategise for how to minimise the risks. In planning to reduce risks, we will consider:
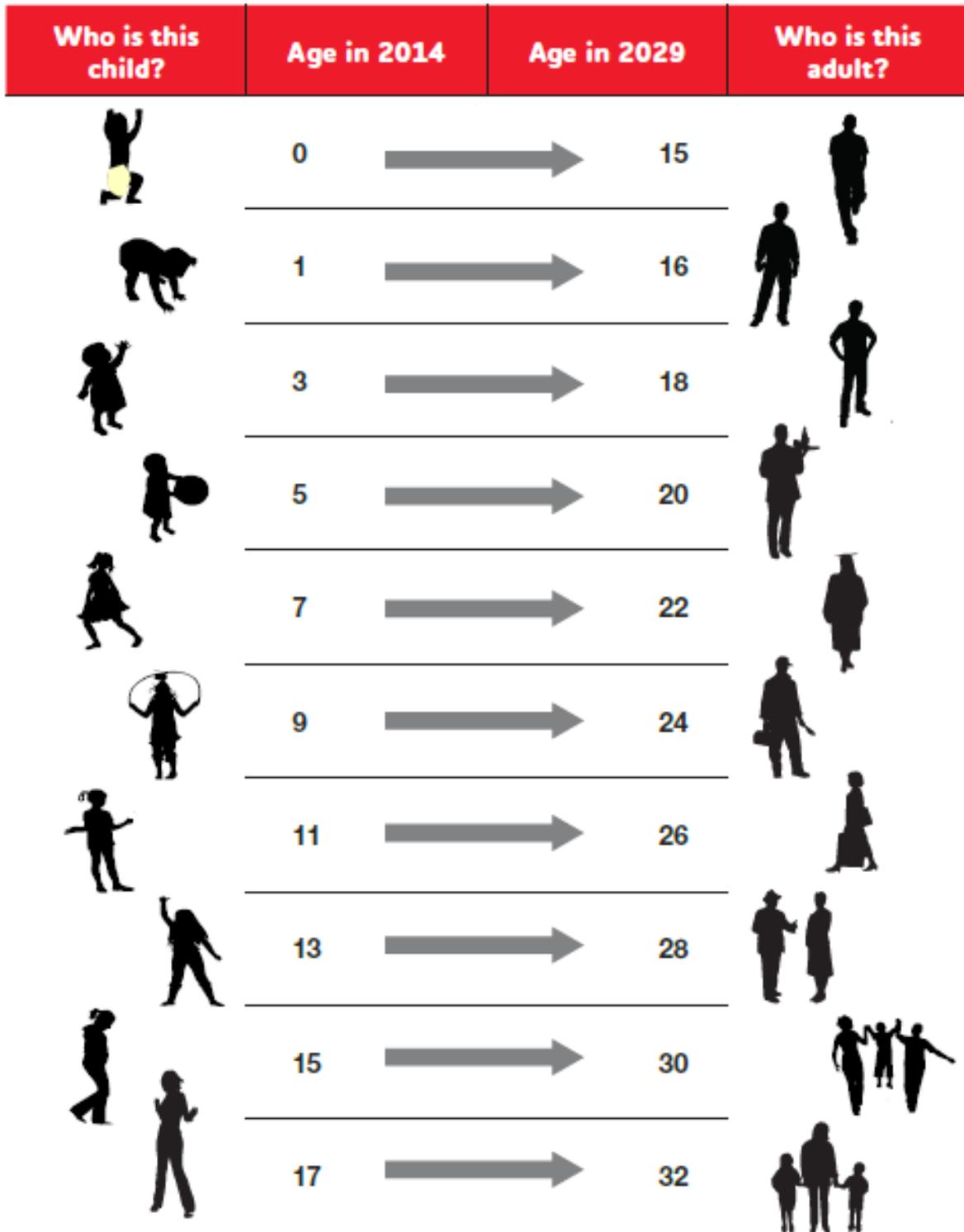* Risk Prevention.
* Risk Reduction.
* Risk Avoidance.
* Risk Retention.
* Risk Transfer.

As a minimum, all staff will be covered by Worker's Compensation, and all fixed and non-fixed assets over a value set out in the finance policy will be insured.

# Watching Our Children Grow

As we look forward to CRANE's Silver Jubilee in 2029, we want to think about how children will grow and mature. We must not just see a snapshot of one moment in time, but think about where their journey has begun and how we will help them to reach adulthood. The diagram below is a simple way we have tried to envision this focus. This is sometimes called 'cohort tracking'.

| Who is this child? | Age in 2014 | Age in 2029 | Who is this adult? |
|---|---|---|---|
| | 0 → | 15 | |
| | 1 → | 16 | |
| | 3 → | 18 | |
| | 5 → | 20 | |
| | 7 → | 22 | |
| | 9 → | 24 | |
| | 11 → | 26 | |
| | 13 → | 28 | |
| | 15 → | 30 | |
| | 17 → | 32 | |

Partnering with
**viva**
together for children