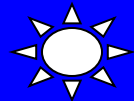


WORKING WITH CONFLICT-AFFECTED CHILDREN AND
ADOLESCENTS
INNOVATIVE APPROACHES AND PRACTICES SERIES

MONOGRAPH I - AUGUST 2003

COMMUNITY-BASED REUNIFICATION & REINTEGRATION OF
SEPARATED CHILDREN IN POST-CONFLICT RWANDA:



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Prepared for: International Rescue Committee-Rwanda

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Throughout the program, the IRC staff has worked unflaggingly to ensure the success of reintegration efforts. The program is grateful for their perseverance.

Finally, the program is indebted to the hard work of the children, families, and communities whose commitment to the reintegration process has ensured the program's success.

Author's Note: Fictional names have been substituted for real names throughout the document in order to respect the child's right to confidentiality.

INTRODUCTION

Long-term separation between child and family due to armed conflict creates a number of challenges for family reunification programs. Whereas emergency programs appropriately work towards managing effective “lost and found” type of operations, after long separation, the physical act of reunifying is often not sufficient. This is particularly true for children who are placed in residential centers as an interim solution and for children returning to extended family members. Experience shows that after years in care, children have become institutionalized and are commonly ill prepared for community life. Families also change, both as a result of post-conflict circumstances and family reconstitution. If tracing agencies do not develop specific strategies to prepare the children and families, abrupt reunifications can result in additional family breakdowns and runaway children. At some point, an equal emphasis on reintegration, not just reunification, becomes crucial.

Eight years after the genocide, the International Rescue Committee (IRC)-Rwanda has learned much about how to adapt its unaccompanied children’s (UAC) work within an evolving post-conflict era. In 1999, IRC’s classic reunification program for children in centers introduced new ways to document and trace “untraceable children”, and in 2000, it designed an innovative community-based reintegration strategy for difficult-to-place children. As a result, 1192 formerly institutionalized children are either already, or about to begin, living with families. Although smaller than the impressive reunification number in the early years¹, these numbers are significant because they represent the most difficult cases, effectively considered closed after failed attempts to trace or reunify by previous agencies.

This paper hopes to contribute to a sorely under-documented field of how to reintegrate institutionalized children back into the community in a post-conflict environment. It provides a brief description of IRC Rwanda’s Reunification and Reintegration Program for Unaccompanied Children, emphasizing its innovative nature and promising field methodologies. It will include a review of core principles and a programmatic overview of center and community-based work, outlining key steps in the process. It will also provide a brief review of good practices and offer some points of reflection for future work with children in post-conflict situations.

RWANDA’S UAC CONTEXT

In the aftermath of the 1994 Rwandan genocide, the country was faced with the daunting task of tracing and reunifying hundreds of thousands of separated and orphaned children. Under the coordination of the International Committee of the Red Cross (ICRC) and Save the Children UK, a sophisticated multi-million dollar, cross-border family reunification program was launched. Dozens of international NGOs mobilized to help children return home, either by managing transit centers or actively providing tracing services. Many worked exclusively to reunify children living in residential centers, being among the most

¹ In Merkelbach’s *Reunified Children Separated for their Families after the Rwandan Crisis of 1994: The Relative Value of a Central Database*, 56,000 children were reported reunified by 2000.

vulnerable. The results were impressive: In a six year period, over 56,000 children were reunified² and the center population dropped from its peak population of over 12,000 in 1995 to a low of 3,500 in 2000³.

With a significant decrease in numbers of “traceable” children in centers, national reunification efforts drastically declined from 1999 onward. Tracing, in essence, became a “closed chapter⁴,” and the majority of experienced organizations shifted their energies to other programs. Today, over 3,700 children are still in residential centers, a large number as a result of failed reunification or tracing work⁵. Family members and local authorities have voluntarily placed others, either as an indirect consequence of conflict or as a poverty coping mechanism.

THE IMPETUS FOR CHANGE

In 1999, as a result of a national decrease in UAC funding, IRC was pressed to close its transit center, the Fred Rwigema Orphanage, and to find alternative placements for the 144 children still in their care. Known as the residual caseload, these children were either “difficult-to-trace” or “difficult-to-place”, and had no apparent family options. Many had lived in a center for as long as three years, others for as long as five. Although it is standard practice in Rwanda to simply transfer unplaced children to another facility when a center closes, IRC opted instead to secure short-term funding to phase down its operations, buying time to find family solutions.

To do this, something had to change, as past program efforts had reached a dead end. Consequently, IRC looked closely at the remaining children’s profiles, evaluated how it could improve its placement success and revised its outdated reunification program. For the “difficult-to-trace”, the staff adopted new documentation techniques and more aggressive tracing practices. For the “difficult-to-place,” or socio-economic cases, it expanded its activities to include work to address the root causes of continued separation following positive tracing work or voluntary placement by family members. As a result, all 144 children were placed in family care within 18 months.

In 2000, in support of its “one child, one family” policy, the Government of Rwanda requested IRC to expand its new program to five additional centers, targeting over 900 children in institutional care. Today, with support from USAID’s Displaced Children and Orphans Fund, IRC is one of only two agencies still providing active tracing services for children in centers on a national scale⁶. It is the sole organization helping to reunify “difficult-to-place children” (socio-economic cases/refused reunifications) and one of the few helping adolescents transition from institutional care to independent community living. The innovative approaches and strategies developed over the past two years are promising and merit discussion.

² Merkelbach, M. Reunified Children Separated for their Families after the Rwandan Crisis of 1994: The Relative Value of a Central Database. *International Review of the Red Cross* n. 838, pg. 351-367, June 30, 2000.

³ Greenwell, F. *Census of Children Living in Residential Centers*. Ministry of Social Welfare & UNICEF 2002 (Draft).

⁴ Quote of a high level UN staff person

⁵ Greenwell, F. *Census of Children Living in Residential Centers*. Ministry of Social Welfare & UNICEF 2002 (Draft).

⁶ A third agency also provides radio tracing for children residing in the JAM center in Gitarama

THE NEW APPROACH

Since the Cambodian conflict, standard reunification programs follow a five-step process: identification, registration, documentation, tracing and reunification. IRC's current program builds on this approach, but expands its reach to service all children remaining in institutions post conflict or as a result of voluntary placement by family and local officials. This includes finding new ways to address refused reunification and socio-economic cases, new documentation and tracing strategies for the *sans adresse* group (children with incomplete or no documentation information) and periodic reviews of all cases to determine if and when alternative solutions should be sought (i.e. foster care, independent living). The program also focuses on the need for reinforced reintegration work as a standard component in the reunification process. The graphic below compares past IRC reunification work (typical of standard reunification work in Rwanda) to the current day approach:

Past vs. Present Reunification/Reintegration Approaches

1995-1999

2000-Present

Documentation

- Document children with standard Save UK Forms.
- Red Cross Photos for "Sans Adresse"

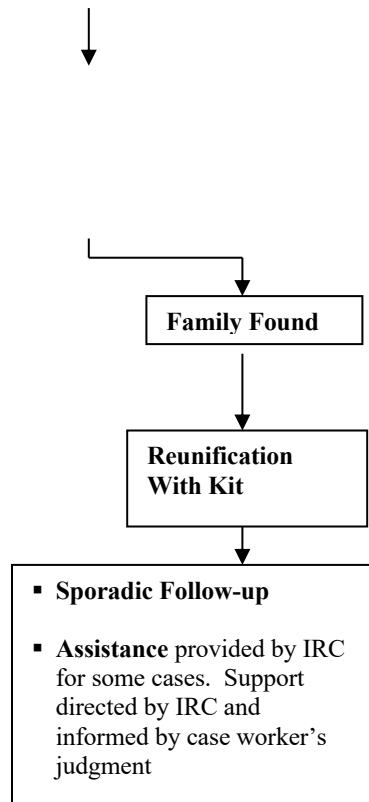
Tracing

- Save UK mass tracing/computer based tracing
- IRC active field tracing
- ICRC computer based and photo-tracing

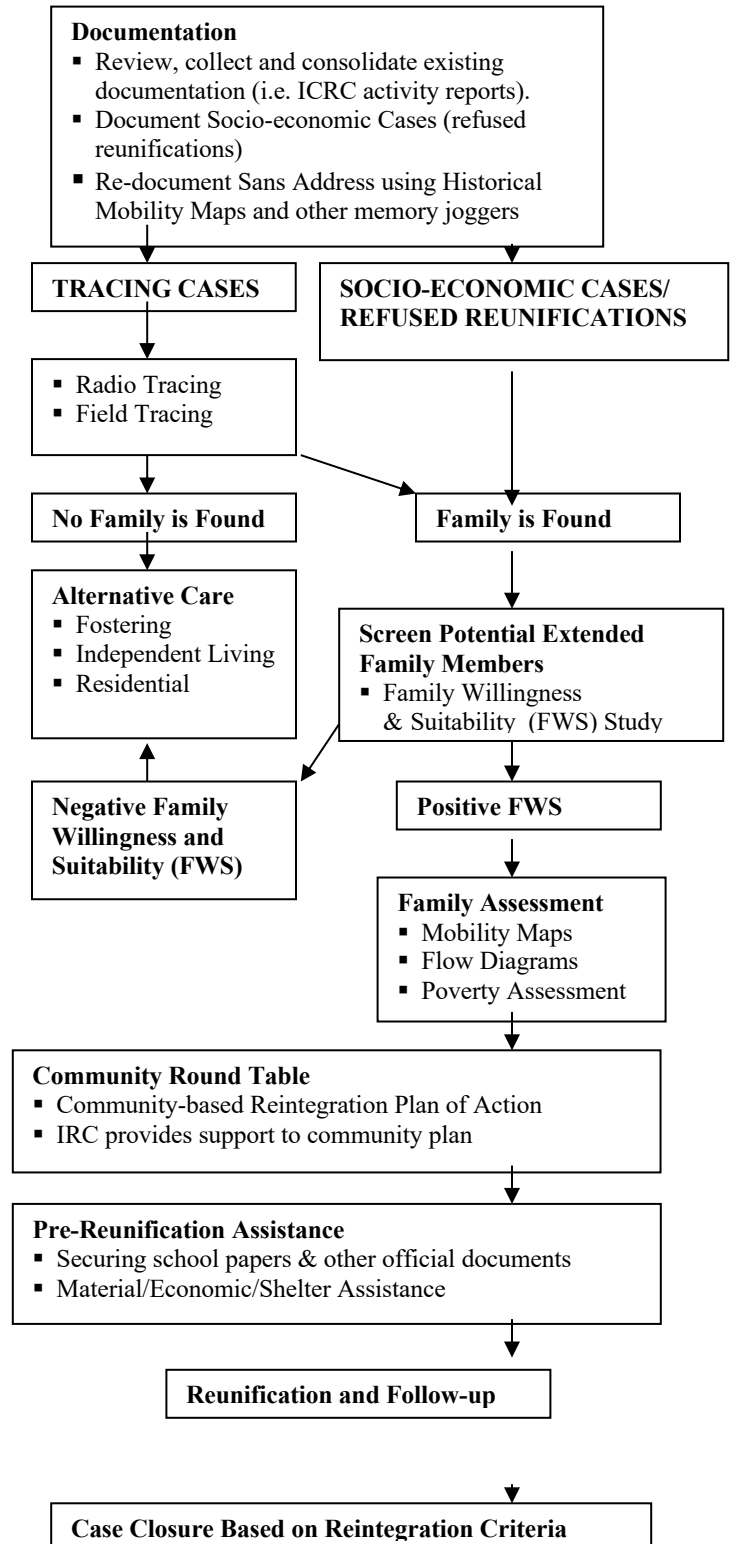
**No Family is Found/
Refused Reunification**

**Activity Suspended/
Child Stays in Center**

Working Context: IRC manages two transit centers for separated children and a small reunification program.



Working Context: IRC works with five private and government-run centers and manages a national reunification and reintegration program targeting over 900 institutionalized children.



IRC's new methodology was developed in the course of these last years in response to the changing needs of institutionalized children in post-conflict Rwanda. It is distinct from past reunification practices in several ways: 1) It views reintegration work as an integral part of the reunification process (this is especially true for children reunified with extended family members); 2) It does not discriminate among children in centers, targeting socio-economic and tracing cases alike; 3) It incorporates a more family-specific definition of community support based on families' existing social networks; 4) It fosters community and child participation and decision making in all phases of the process; 5) It provides support to families and children before reunification to mitigate risk factors related to reunification failure, and, 6) It minimizes direct material assistance by linking care takers with existing family and community resources.

Discussion of the programs core principles and a more detailed description of Center-based and Community-based methodology follow:

THE FOUR CORE PRINCIPLES

Grounded in the tenets of the Convention on the Rights of the Child and standard community development practices, the UAC program adopted four core principles to guide its program development: The best interests of the child; A child's right to participate in the reunification/reintegration process; Respect that families and communities are the first bodies responsible for the well being of the children; and a "least harm" principle using community standards as a reference point. These principles have been incorporated into all aspects of the project and have been operationalized on different levels. Below is a brief description and examples of associated field practices.

PRINCIPLE ONE: The best interests of the child will be respected when considering options of reunification, fostering, or staying in institutional care.

The program works diligently to ensure that each child's best interest is served. In most cases, this means returning home to family and community, but in some cases, alternative solutions may be adopted. IRC recognizes that not all children can or should return home and in rare cases, it is in the child's best interest—including cases of child abuse, for example—to temporarily remain in institutional care until a sustainable community-based solution can be implemented.

Concepts of best interests remain subject to interpretation and often nebulous, requiring close reflection and careful consideration. In the absence of a functional child welfare system in Rwanda to address placement issues, the program employed specific strategies to safeguard best interests principles:

- Family screening tools such as the *Family Willingness and Suitability Study* (discussed on page 23 in section Community-based Reintegration Work – Step One: Family Willingness and Suitability Study (FWS))
- Formal consideration of the child's perspective throughout the reunification process

- Group case reviews to provide checks and balances to individual caseworkers' judgment
- When appropriate, children participation in *Community Round Tables* to outline how they will return home (discussed on page 26 in Section Community-based Reintegration Work – Step Three: Community Round Table).

PRINCIPLE TWO: Children have the right to be informed, consulted and, when appropriate, decide about matters concerning their future placement.

The concept of children's participation is accepted and promoted by family reunification experts. It is, however, often not fully exploited in practice. In Rwanda, for example, tracing agencies generally interpreted participation to mean that a child has the right to accept or refuse a proposed reunification. Outside of this, their input was virtually absent from day-to-day work.

In an effort to be more child-sensitive, IRC introduced several small, but important steps within the process to systematically include children in a more active and meaningful way. These include the following:

- Children are regularly informed of the results of each field visit by social workers and consulted on next steps.
- Children are able to select what they will wear for reunification day.
- Older children are invited to participate in community round tables to help outline their personal reintegration plan.
- Group discussions are organized to allow children to openly discuss and express their fears about returning home.
- Farewell ceremonies are organized prior to reunification to provide an opportunity for children to say goodbye to friends and staff.
- Children are given photo albums with pictures of center friends and staff.
- When possible, field workers are encouraged to carry correspondence between children and their friends during follow-up visits.
- Children can select at least one staff member and one friend to accompany them on their reunification day.
- Caseworkers are required to regularly report on the child's perceptions and record pertinent information on case summary sheets.
- Children are actively consulted during follow-up visits and case closure.

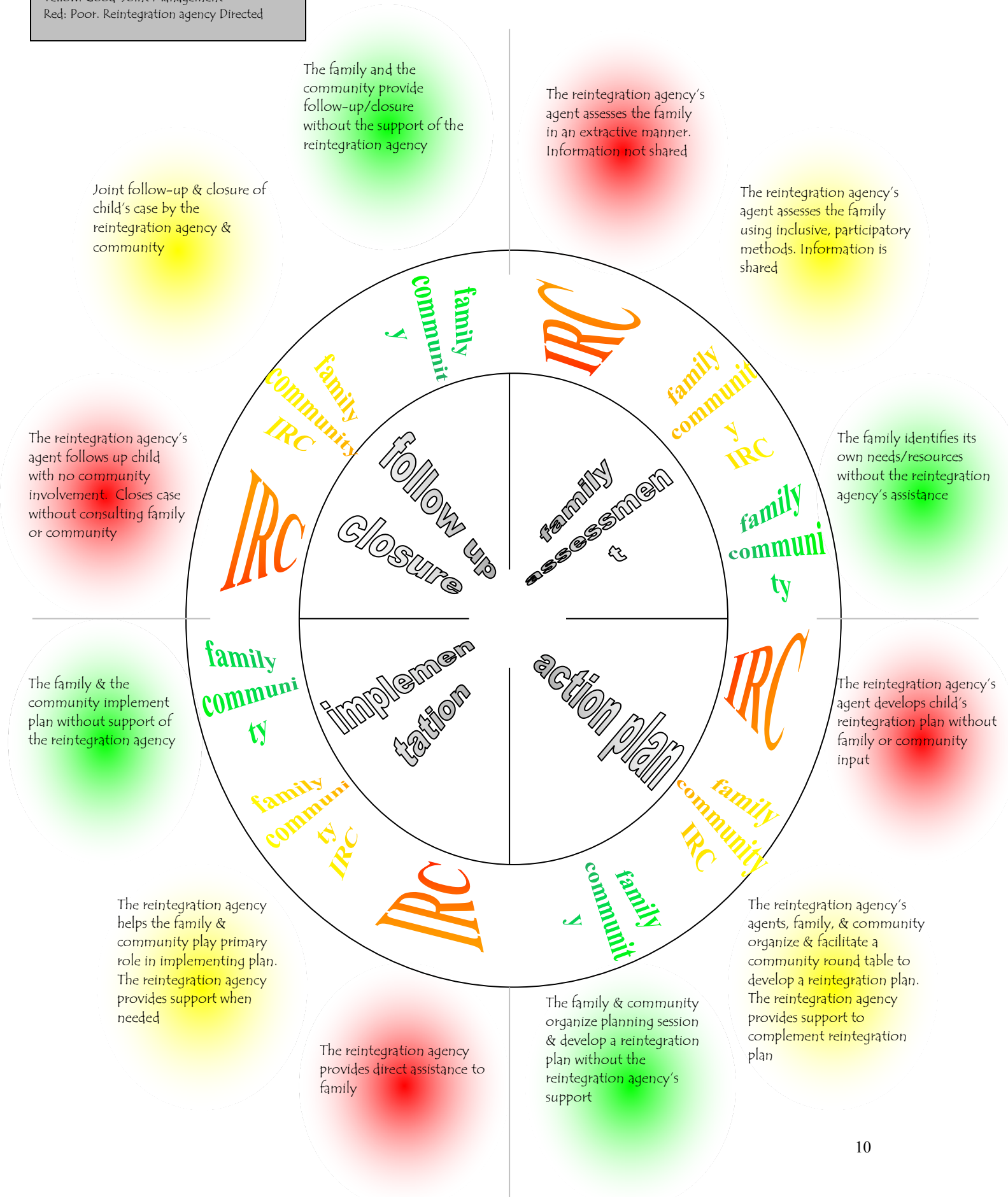
Not only do the above practices reflect a basic respect for each child, but are also seen as important in facilitating children's emotional transition from center to family.

PRINCIPLE THREE: Families and Communities are the first bodies responsible for the well-being of reunified children and should be supported, not replaced, by non-governmental organizations.

IRC's approach aims to foster a partnership with community members from the beginning of the process. Family and community members participate in the initial

assessment, develop reintegration plans for children via community round tables and provide follow-up support. The *Participation Wheel* (shown below) is used by staff as a self-evaluation tool and to monitor levels of partnership and self-reliance in the program.

KEY
 Green: Excellent-Community managed
 Yellow: Good-Joint Management
 Red: Poor. Reintegration agency Directed



PRINCIPLE FOUR: When material support is required, IRC will respect a “least harm” principle by using community standards as a reference point.

When agencies who provide assistance are also the ones selecting vulnerable groups for assistance, it often results in social resentment and jealousy. This is ultimately counterproductive to reintegration goals and can lead to “stigma through privilege.” Rwanda is littered with such examples. In poor countries, it is important for organizations to make a distinction between child/family situations that justify an individual response, and child/family situations that reflect a shared community need.

Through community round tables, IRC outlines its role in complementing family and community actions. When material assistance is requested, IRC relies on a principle of community standards to define appropriate assistance. For example, if a family is unable to house the child, but is living in an area where the majority of families are living in plastic sheeting, the family may receive additional sheeting. In another context, IRC may supply metal roofing and wooden windows.

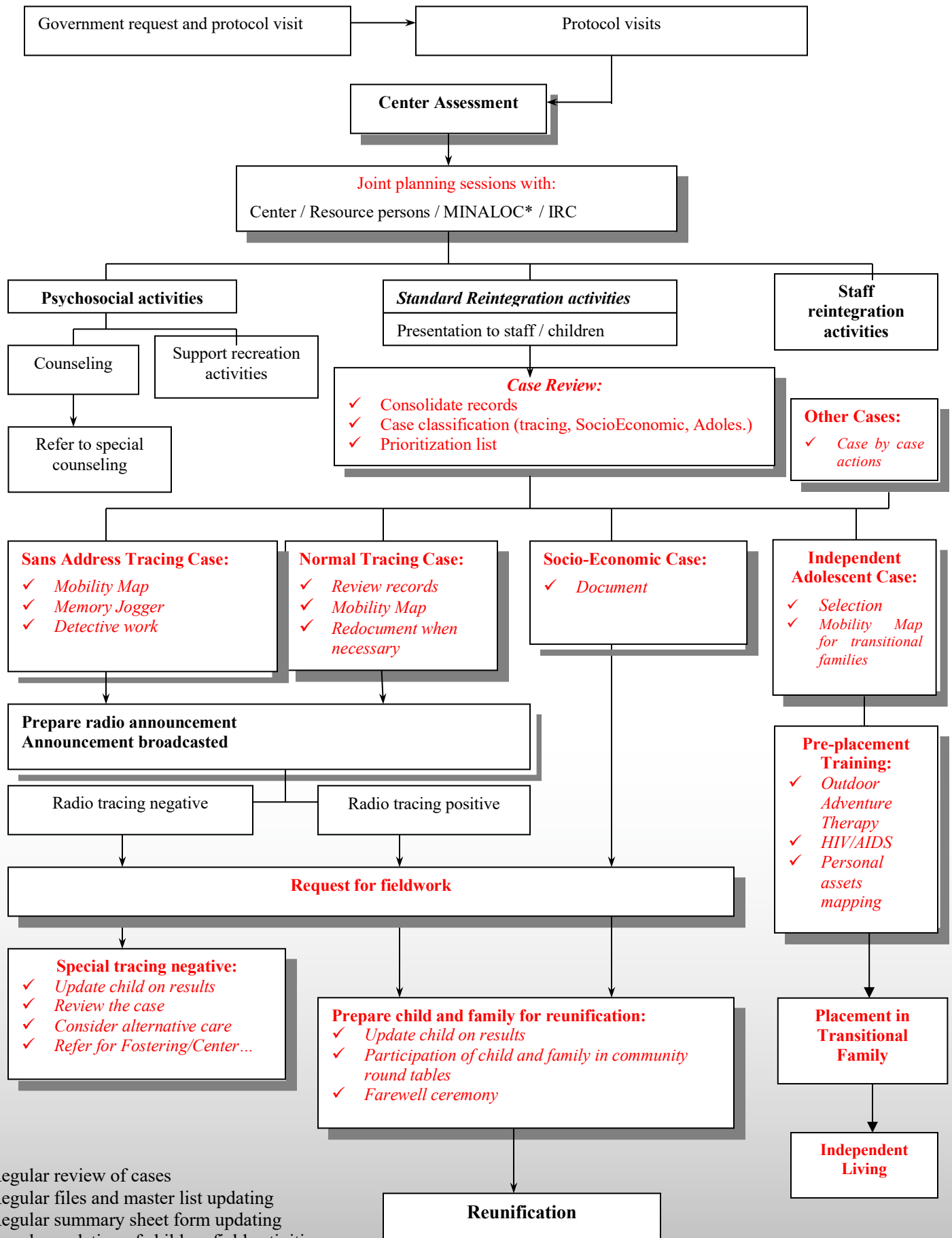
CENTER-BASED METHODOLOGY

The context of IRC's work in the last few years differs considerably from the immediate post conflict situation following the 1994 genocide. Children targeted by the program are among the most difficult cases. Many have been separated from family members for more than five years, while others, faced with no other alternative, have adopted institutions as *de facto* families. Most children have lived in more than one center, and several have returned to centers after failed reunification or fostering efforts. Multiple agencies have attempted to trace children's families, but most of their cases have been closed or activities suspended. Children have also grown older, many are now adolescents, making returning home and fostering that much more difficult. In addition, a general cultural acceptance of institutional care by family members and community officials hinders reintegration work.

Centers are also more difficult to work with now. The majority of children's centers today are managed by religious institutions with a firm vision of charity and long-term care. A large number of the centers today existed before the war, with established donors and fear that decreased numbers will translate into decreased funding. Although the government strongly advocates family care over centers, it is limited in its ability to monitor the situation and enforce its policies. Equally important, international interest has waned considerably. Within this context and also due to the HIV/AIDS epidemic, the center population is beginning to grow.

IRC tackled these challenges through four primary approaches: 1) Creating working partnerships with centers and local authorities; 2) Addressing center staff future livelihood issues; 3) Prioritizing and regularly reviewing cases; and, 4) Developing new ways to handle old cases.

AN OVERVIEW OF CENTER-BASED WORK



- Regular review of cases
- Regular files and master list updating
- Regular summary sheet form updating
- Regular updating of child on field activities

* MINALOC: Ministère de l'Administration Locale, de l'Information et des Affaires Sociales

CREATING WORKING PARTNERSHIPS

IRC works not only to reunify children and otherwise facilitate family and community-based care, but also to close residential care facilities as a prevention measure for future placement⁷. With closing of center as an explicit goal, center resistance becomes an inherent obstacle to the program's work. This resistance ranges from passive levels, such as staff not sharing information about children's situation, to highly aggressive techniques that include open hostility and program sabotage.

IRC now recognizes that overcoming resistance is an integral part of its reintegration work. Both economic and emotional issues are at play and need to be mitigated before minimal working conditions are present. Partnership, joint planning, and joint responsibility are key factors to effective collaboration.

STEP ONE: Center Selection

In the early stages of the program, several attempts were made to work with notoriously resistant centers. In these cases, center management actively blocked access to children, staff and important records. Although the government backed the IRC program, without a legal framework, they were unable to force centers to cooperate. As a result, precious time, energy, and resources were wasted.

IRC now opts to only work with centers that submit a formal request to the government for support⁸. Once solicited, preliminary protocol visits are arranged. Senior staff and team leaders explain the program's goals, approach, and philosophy, and stress the distinction between IRC's reintegration focus and standard reunification programs. Center staff, government representatives, and IRC staff then decide on a date for the *Center Assessment and Planning Work*.

STEP TWO: Center Assessment

As with children and families, it is important to take the time to understand and assess the center's situation before outlining specific work plans. Each center is unique and its history, organizational culture, and resources will define the working context. It will also define the IRC/Center relationship.

The program has developed two new assessment tools to help in this endeavor: A center study and a series of participatory assessment exercises. Below is a more detailed description of each.

Center Study

This introductory study is used to gain a basic understanding of the center's record keeping systems and children's profiles. Although initially used on its own, it is now integrated into the overall assessment process, complementing more participatory techniques. Three basic types of information are documented in the survey:

⁷ In addition to helping individual children return home, the IRC UAC Program also aims to responsibly close centers. To date, four centers have been closed.

⁸ Although IRC is currently only working in centers open to reintegration work, IRC remains committed to advocating for policy and legal changes in institutional care on a national level. When the government is able to effectively monitor and regular center care, IRC may be able to expand its current programming to additional centers.

- *Background Information*

This includes descriptive information about the center such as: the center's name, the date the center opened, the management's affiliation (religious, private, and government), funding sources, and staffing.

- *Record Keeping*

Information about record keeping is documented to help the IRC team determine the degree and quality of each center's efforts to track and place children. This includes information on whether the center keeps a master list and/or individual files on children. If so, what types of information are recorded, how complete is the documentation and how often is it updated. Who is responsible for record keeping, and does he/she have a functional information management system⁹.

- *Children's Profiles*

To determine appropriate reunification and reintegration strategies, the IRC team must have a solid understanding of the children for whom they are working. Children's profiles can vary significantly from center to center. In one institution, for example, the caseload may consist of predominantly older, socio-economic cases. In another, a high number of tracing cases may be present.

The following profile information is analyzed: the overall number of children in the center and admission and departure trends over time; number of sibling groups; age, case typology (i.e. *sans adresse*, normal tracing, socio-economic, educational access, adolescents, refugee, affected by HIV/AIDS, other); number of children who have been placed into foster care/reunified; schooling levels, and children's origins. Children's origins are mapped to help the program decide where to concentrate field support activities.

A Participatory Assessment

A successful reintegration program relies heavily on building working partnerships with each center. Participatory assessment and planning is central to this task.

Based on Participatory Learning and Action (PLA) methodology¹⁰, IRC approaches each center as it would a community. Several classic PLA tools, such as *Venn Diagrams*, *Historic Profile* and *Mapping* are used to assess the centers' situation. The following tools were used to enrich the assessment process:

⁹ In almost all centers, record keeping for children is very poor. Many children have no documentation and centers rarely maintain or update master lists.

¹⁰ PLA is a family of participatory approaches developed to enable local people to share, represent and analyze their situation, to identify solutions, and to monitor and evaluate their actions. Useful PLA references include: Various PLA Notes (IIED); Johnson, V., Hill, J. & Ivan-Smith, E., *Listening to Smaller Voices: Children in an Environment of Change*. ACTIONAID; and Petty J., Guijt, I., Scoones, I. & Thompson, J. *A Trainers guide for Participatory Learning and Action*. IIED Participation Methodology Series 1995.

- *Historic Profile (Semi-Structured Interview)*

Conducted with senior staff, historic profiles provide a detailed overview of the center, including why it was founded, key personalities, significant events, changes over time and the present day situation.

- *Physical Layout (Mapping and Transect)*

To better understand the center, a physical map is drawn by IRC and center staff. Based on the map, a semi-structured interview is conducted to discuss important topics such as: space; center activities; care arrangements (i.e. staff/child ratio and consistency of relationships); and children's tasks. Maps are followed-up with transects, otherwise known as walking tours.

- *Internal and External Relationships (Venn Diagram)*

Using the popular Venn Diagram, internal and external relationships are identified and discussed. This exercise is conducted on two separate occasions with two different groups, center staff and children. A Venn Diagram allows the IRC team to better understand a center's social dynamics, and is useful in identifying/understanding important external resources and relationships.

- *Inventory of Center Resources (Interview)*

Using a semi-structured interview, IRC records center resources, including physical assets (i.e. buildings, cars, computers), staffing and funding.

- *Review of Çaseloğd (Review of children's records, case-by-case)*

To verify global profile information recorded during the center study, case workers and center staff review each child's case in detail and classify it accordingly. This process, although time-consuming, is extremely valuable.

- *Future Mission (Semi-structured Interview)*

Equally important to a center's history is its sense of perceived mission. Does the center have a defined purpose in relation to care and placement? How long will the center function? Does the center already imagine alternative uses after reintegration activities and/or closure? Most centers follow a traditional institutional mandate of childcare and rarely incorporate broader objectives of family placement. (See Annex G for more complete assessment study/guidelines).

STEP THREE: Joint Planning Sessions

Following the assessment process, IRC prepares a debriefing and planning session with government, center and key resource persons identified during the assessment process. Using a basic planning tool, goals and objectives are outlined and roles/responsibilities clarified. This provides a working document for reintegration activities within the center and can be used as a monitoring and evaluation tool to track work's progress.

STEP FOUR: Joint Implementation

Close collaboration with staff from the program's initiation is a key factor in successful reunification/reintegration work. Although levels of participation vary, IRC invites center staff to actively participate in all aspects of the placement process: Center staff work hand-in-hand with IRC to screen and evaluate tracing and socio-economic cases, are trained in center-based and field-based reintegration methodologies, participate in IRC case reviews, community round table and follow-up visits. In some cases, full time center staff are assigned to the program. Direct participation leads to stronger collaboration.

It is interesting to note that the four-step assessment and planning methodology for centers mirrors the same participatory approach used with families and communities (See Community-based Reintegration Section).

ADDRESSING CENTER STAFF LIVELIHOOD ISSUES

Although center assessment and planning exercises help minimize resistance at the senior management level, it is often not enough to reduce resistance of the center's paid caretakers. When the prospect of unemployment become a by-product of successful reintegration work, it is common for caretakers to block or misdirect program efforts. Their cooperation, however, is crucial to successful work. For this reason, the program introduced a special center staff reintegration component as an integral part of its children's program.

When a center is destined to close or the number of staff will be reduced, IRC provides a basic economic support package to staff to help them transition to alternative forms of income. In the past, this package has included basic training on how to develop a business plan, feasibility studies, basic book keeping, seed grants of \$100-\$300, and professional consultation. IRC also refers staff to other longer-term economic assistance programs.

CASE PRIORITIZATION AND MONTHLY PROGRESS REVIEWS

Prioritizing Cases for Action

Caseworkers have a finite amount of time and resources to accomplish their work¹¹. To maximize program impact, IRC prioritizes cases, beginning with the "easiest cases" and working towards the more difficult cases at a later date.

Two exceptions are made to this rule: adolescent cases and tracing cases. For tracing cases, all candidate records are reviewed and treated¹². Adolescents, despite the time-consuming nature of each case, are supported in independent living.

Selection is done in close collaboration with center staff and based on pre-established working criteria (i.e. within geographic work zones, sibling groups, child willingness, and extent of family contact). This provides IRC caseworkers and center staff a manageable

¹¹ The program assigns 20 cases per field worker, estimating 3 to 6 months for each case.

¹² Regardless of previous failures, all cases are reviewed and radio announcements aired.

workload, and helps field staff working directly in the communities to concentrate their efforts more appropriately. Once a child is reunified, other cases are placed on the priority list.

Evaluating Cases and Progress Reviews

One of the first tasks assigned to IRC workers and their center counterparts is to closely evaluate each case on the priority list. This process begins during the center assessment phase, but a more in-depth evaluation is done again once cases have been selected. This is particularly important for tracing cases. Workers review and analyze previous attempts (based on ICRC reports and any center documentation) and recommend and plan next steps. Each new tracing effort (radio, field) is then recorded on a Tracing Effort Tracking form. IRC workers and center staff review tracing results monthly to help them decide when tracing should be suspended and children recommended for alternative placements (i.e. foster care, independent living). A similar tracking system has been developed for socio-economic cases. Tracking progress permits timely decisions and allows children to be channeled into alternative care sooner. It also helps IRC provide better services.

DEVELOPING NEW WAYS TO PROVIDE A RESPONSE TO OLD CASES

Documenting Socio-Economic Cases

In the early years of the Rwandan emergencies, when family members or children refused reunification, fieldwork was usually suspended. Although some family mediation efforts were supported, in most situations agencies did not have the time or material and technical resources to address the underlying causes of continued separation. Although understandable, it is nevertheless problematic. It can be assumed that in any conflict, children and family will refuse reunification. In Rwanda, for example, it is estimated that 70% of children in institutional care were there for socio-economic reasons¹³. Many of these children are cases of refused or failed reunifications. Others were placed as an indirect consequence of the conflict (i.e. HIV/AIDS, family reconstitution) or poverty-related reasons. Although some of these cases are very complicated, IRC has demonstrated that, with support, 89% of institutionalized children can return home.

As a first step, IRC developed a new type of documentation form tailored to socio-economic cases. This form helps to thoroughly assess the context of separation, the extent of family contact, and possibilities for reunification. (See Annex D for complete form)

New Documentation Techniques for Difficult to Trace Children

In 2000, faced with a large case load of difficult tracing cases, IRC piloted an innovative new tool, the historical mobility map, to complement standard documentation work.

Historical mobility maps are a child's mental picture of his or her life prior to separation drawn on paper. Although the actual picture can be used to decipher tracing clues, the

¹³ Source: Save the Children UK

map's primary purpose is to act as a stimulus for discussion between the child and social worker. Using the map, social workers can explore diverse topics, and, in many cases, extract information that is useful for radio and active field tracing. Maps often reveal a child's daily tasks (chores and play), significant relationships and geographic points of interest. Nicknames are cited, favorite memories are shared and places frequently visited are noted.

In IRC's experience mobility maps consistently allowed social workers to break through seemingly insurmountable information barriers with many "untraceable" children. In 58% of the cases, a significant new piece of relevant tracing information was discovered and several children successfully traced (see Annex B). Even at this late date, this has important implications for Rwanda and for documentation work in future emergencies. Historical mobility maps are a major contribution to documentation methodology and needs to be further evaluated and studied to determine how and when to maximize its use.

See Twizwiyimana's Story (page 20) and Annex C for case examples.

Radio Tracing

In Rwanda, four primary tracing strategies were used on a national scale: Mass tracing, case-by-case tracing, computer-based tracing, and photo-tracing. Radio tracing, introduced by Food for the Hungry in the early years of the Rwandan emergency, was only occasional used by the major agencies.

Radio tracing is an inexpensive and relatively effective methodology for the *sans adresse* group. Using physical descriptions of a child (i.e. birthmarks, scars), descriptions of belongings (i.e. jewelry, clothes), nicknames, or favorite memories, radio announcements are prepared and aired at popular listening times. IRC's work has demonstrated a 10% success rate in these cases¹⁴. Although at first glance this seems low, it is significant when considering that all previous tracing efforts failed.

Special Field Tracing

Although not new to Rwanda, IRC also employed aggressive case-by-case tracing for children with partial documentation clues. In Rwanda, much of the major tracing work in the past can be characterized as fragmented. For example, ICRC photo booklets carry pictures of children, but generally do not complement them with written details of children extracted during verbal interviews. IRC tries to combine photos, historical mobility maps and interview information to narrow down a child's geographic origin and target field work. Pictures are then displayed in common meeting places and/or public announcements much like radio announcements are made at popular gathering spots (i.e. church, sporting events). Although labor intensive, special field tracing can be effective.

¹⁴ Source: Internal IRC reports

Twizwimana's Story

Twizwimana does not remember all the details of his separation. Only four years old at the time, he talks about the gunfire, fear and chaos. He provides scant details about how he lost his brothers in the crowds fleeing Rwanda or how in the forest, days later, he was taken in by a Congolese man. Here he stayed for five years, until an ICRC worker came and sent him back to Rwanda, a country he barely knew. He was placed in a large children's center until his family was found, but this proved difficult. Separated at a young age, Twizwimana was not able to provide sufficient details about his home or family. ICRC slotted him for their successful photo-tracing program, but there was no response.

In December 2001, another agency, Food for the Hungry, with an impressive track record in radio tracing took up his case. They prepared and aired an announcement including information on his physical description, but, as before, no family members came forward. Prospects did not seem hopeful and it appeared that Twizwimana was destined to be to grow up in center care.

In September 2001, IRC offered him one last chance to find his family. Using the newly developed Historic Mobility Map, Twizwimana was asked to draw all he remembered about his neighborhood before he was separated. He drew a very simple picture showing his home, a near-by river and a road. More importantly, as the interview progressed, he began sharing new details about his life before separation: He talked about his grandfather's cows, the local watering hole where he brought them and the avocado trees by his house.

Recognizing this as significant new information, the IRC worker immediately sent Twizwimana's map and documentation to the field for tracing. Guided by critical new clues, the case worker went to the place by the lake similar to Twizwimana's description and began questioning livestock owners. Within only one day, Twizwimana's family was found!

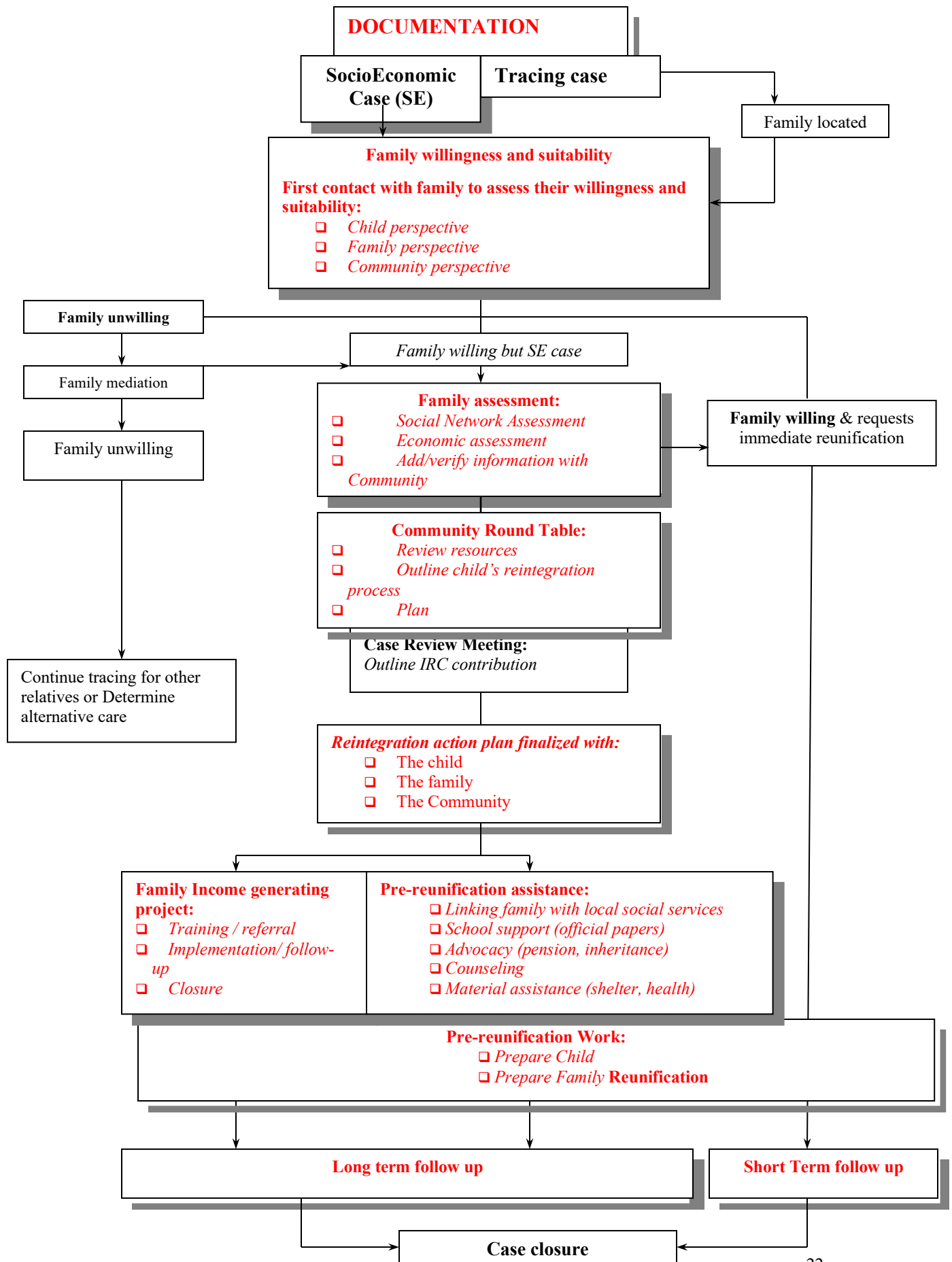
Now 12, Twizwimana lives happily with his grandfather and siblings, all of whom thought he was dead. He still visits the old watering hole, but now it is to catch fish, not oversee cattle. It is remarkable to think that this memorable place and one drawing are all that separated him from his family and the impersonal confines of a center.

COMMUNITY-BASED REINTEGRATION WORK

Although Policies and Guidelines on working with Separated Children do stress the importance of follow-up after initial reunification, this is often not done in emergency contexts, either because this has not been budgeted for, distances are too great, or simply because insufficient attention is paid to this nonetheless critical component of family reunification. Reintegration work, however, requires a longer-term perspective with a more developmental approach. Within the Rwandan context, however, such an approach has its limits. One reason is that separated children's families are dispersed throughout the country, thus making traditional community organization strategies unfeasible. Reintegration workers also face deadlines, requiring them to prioritize cases and to accept that certain complex situations cannot be resolved in the given timeframe.

Faced with the dilemma of balancing the need to provide a time-limited service and at the same time, foster true community participation in the reintegration process, IRC developed a unique approach that redefined community support. For the purpose of the UAC program, community is principally understood as a family's *specific social network* (i.e. extended family, neighbors, informal leaders and other persons with whom the family has personal relationships) and is not restricted to formal structures or a geographic area. This more personalized approach builds on existing social obligations and does not assume that the broader community is readily available to individual families. In short, IRC has found that friends and existing contacts are more motivated to help than more distant community members, leading to more sustainable support and better results. This "in-between" approach of mobilizing specific social contacts directly linked to a child's family has proved promising and differs significantly from reunification programs that work mainly with formal community structures and local authorities.

Equally important, the program works diligently to foster active participation at all stages of the reunification/reintegration process. Although participation is not new to Rwandan reunification work, in the past it tended to be more passive and void of any real decision-making. Below is a more detailed description of the six-step process.



STEP ONE: Family Willingness and Suitability Study (FWS)

In tackling reunification cases that are inherently problematic, field workers need to be prudent. Although families are considered the first bodies responsible for children's well-being, reunification programs also carry a fundamental responsibility in ensuring that children are not exposed to danger or risks. In the past, many agencies in Rwanda employed a follow-up strategy to monitor children's situations once they were reunified. Although essential, in many cases this proves too late. Once a child is placed in a damaging situation, he/she is exposed to abusive behavior or be at risk of running away to the street. In fact, studies indicate that an estimated 10% of the street children in country are the result of failed reunifications¹⁵.

To prevent high-risk reunifications, IRC introduced a new screening tool, *The Family Willingness And Suitability Study*, to help field workers assess potential caregivers. Six criteria are used to evaluate the family. These include:

- The extent of contact with the child (this is particularly important when considering a socio-economic case)
- Reason for child's separation
- Feelings regarding a potential reunification
- Family motivation for reunification
- How the family sees the impact of the reunification (potential changes)
- What the family envisions for the returning child's future

In addition, other children living in the family are assessed and neighbors and local authorities consulted on any potential protection concerns. (see Annex E for complete form)

The value of this tool is to provide field workers with a systematic way to consider whether a child should or should not return home. In addition, safeguards are built in through verifying information with local authorities/leaders and via social worker case reviews. The decision to reunify is not made by individual caseworkers, but rather by the team under the supervision of the team leader. This contrasts with past practices that relied heavily on social worker discretion and did not require community verification, or group reflection. A note of caution, however: When used too mechanically, the FWS and other field tools hinder, rather than enhance good judgment. Social work remains an inexact science, and requires reflection and analysis, not numbers and formulas. Rigid use of tools by field workers has presented some problems in the IRC program and scoring systems currently used are being revised accordingly.

STEP TWO: Family Assessment

With a positive FWS, field workers conduct a more in-depth family assessment to build a better understanding of enabling reintegration factors. This is accomplished through two primary tools: *The Social Network Assessment* and the *Economic Assessment Tool*.

- *The Social Network Assessment*

In the first months of the program, family assessments were conducted using a socio-economic study. Using a questionnaire, this tool proved limiting and often resulted in increased expectations for assistance. Consequently, IRC introduced an alternative PLA tool, the *mobility map*, to try to capture the same types of information, but in a more inclusive and participatory manner.

The use of *mobility maps* has enriched the assessment process. Ideally, at least two maps are drawn, one with the head of the household and one with a child in the family. Maps are analyzed

¹⁵ Based on studies conducted by CARREFOUR

together with the family and key social relationships and main economic activities identified. Follow-up interviews are then conducted to explore a variety of topics. Discussion points include, but are not limited to: descriptions and significance of relationships, important social and economic activities, extent of contacts with extended family members, degree of travel/mobility, levels of social inclusion/exclusion, contact with other social or economic services (i.e. church, local NGOs, women’s associations). Based on map, several important resources can be identified and discussed. This included such information as: head of the household’s membership local women’s association; a small, but successful vegetable selling business; regular access to credit and health facilities; significant support for child care from a neighbor; unused family land in another province; close contact and support with/by extended family members. In the end, informal, but guided, interviews provide better information and are important in building rapport with family members. A visual map is also easily understood by illiterate community members and can be used as a basic reference document at all stages in the reintegration process.

The *mobility map* is complemented by a second PLA tool, the *flow diagram*. During *flow diagram* exercises, family members are asked to cite a chain of people/organizations they would approach to resolve a specific type of problem. Three problems are explored: health, money, and emotional. In almost all cases, participants rely on different people for different kinds of support.

Both the *mobility map* and *flow diagram* are used by field workers to identify important family assets, relationships and community resources. This information helps identify participants for the community round tables and acts as the foundation for future reintegration planning.

- *Economic Assessment*

Poverty is one of the major obstacles associated with refused and failed reunifications and needs to be seriously considered. However, assistance strategies and levels of support depend on degrees of poverty. IRC developed three levels of assistance based on a family’s economic situation. Associated Assistance Strategies are summarized below:

ECONOMIC STATUS	IRC ASSISTANCE STRATEGY
<p>Poor Families <i>Poor families own some material assets (i.e. land, animals); family members are skilled, able to work, and at least one caretaker is a member of an association or other solidarity mechanism. The majority of the family’s needs are satisfied.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Referrals to Economic Support Networks, including: community credit funds, associations and NGOs <input type="checkbox"/> Small Business Training
<p>Very Poor Families <i>Very poor families own few assets, have few skills and a limited capacity for physical labor. Family members may be part of an association or other solidarity mechanism, but their involvement is marginal. Only the most basic family needs are satisfied.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Project Identification <input type="checkbox"/> Small Business Training <input type="checkbox"/> Provide Grant Money <input type="checkbox"/> Referrals to local credit sources
<p>Destitute Families <i>Destitute families have no assets, little skills and no capacity for physical labor. Social relations are also weak and families struggle to meet their basic survival needs.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Land Acquisition <input type="checkbox"/> Animal acquisition <input type="checkbox"/> Referral to Charitable Organizations <input type="checkbox"/> Special Assistance Projects

The *economic assessment tool*, based on the Trickle Up Program¹⁶ model, is used as a preliminary screening exercise to identify families that are eligible for more direct economic intervention. Twelve basic criteria are used and evaluated using a simple scoring system. These include: number of meals per day; land ownership; levels of income; number of children attending school; vulnerability of head of household; shelter; households assets; education levels; clothing; family health and nutrition; and, social status (see Annex F for complete form). As in the Family Willingness and Suitability, the goal of this tool is to provide guidelines for reflection, and scores should not be used as the definitive deciding factor.

STEP THREE: Community Round Table

Community Round Tables are instrumental in fostering strong family and community involvement in each child's reintegration process. Working through heads of families and local authorities, key resource persons and organizations identified during the family assessment exercise (i.e. *mobility map, flow diagram*), are invited to participate in a round table discussion. In many cases, children still living in the center also participate.

Usually chaired by a local leader, the round table's purpose is to outline a general reintegration plan for each child. IRC workers discuss the child's situation and desires, family assessment findings, and the general impact of institutionalization and associated difficulties with return. Family and community resources, not just needs, are highlighted during this presentation.

At this point, the chair asks each participant to consider how they and the broader community can support a child's successful return. IRC's role is restricted to helping participants think about the reintegration process and how to maximize their existing resources. IRC fieldworkers do not propose solutions.

In the most successful cases, field workers request participants to elect a focal person outside the family to assist IRC in follow-up work. This is now becoming a standard step in the planning process.

STEP FOUR: Finalizing the Reintegration Plan

Following community round tables, program staff meet and outline IRC's specific role in the reintegration process. This is done during the regular case review meetings. In accordance with the core principles, IRC's role is limited to supporting, not replacing community actions. If it is determined that direct assistance is required, community standards are used to determine appropriate support. Reintegration plans are then finalized and presented to relevant family and community members for final approval. This plan is used as the basic working document for the child's return.

STEP FIVE: Pre-Reunification Assistance

While traditional reunification work provides assistance only after the child is placed with a family, IRC provides assistance both *prior to* and after the reunification, thus increasing the likelihood of a sustainable solution. This is based on the rationale that although it is in a child's best interest to return home as soon as possible, it is not in a child's interest to return if obstacles associated with refusal are not resolved or minimized.

Pre-reunification work varies greatly and is defined as a complement to community plans. Typically assistance falls into six categories:

¹⁶ The Trickle Up Program is a global economic development program that provides the poorest of the poor seed capital grants and business training. IRC's Poverty Assessment Tool was developed using Trickle Up guidelines.

- *Linking Families with Local Social Services:*

Based on mobility maps and regional program inventories¹⁷, IRC works to either reinforce existing relationships or refer families to new social support services. This may include such support as food assistance, legal advocacy and health services.

- *Educational Support:*

As the majority of children in centers are students, reunification work is planned during school vacations to prevent a rupture in studies. IRC support generally consists of helping families enroll children in new schools, securing required paper work for school transfers, and maintaining or applying for scholarship funds (i.e. genocide survivor funds, local training programs).

- *Advocacy:*

For many children, accessing deceased parents' pensions and inheritance can provide the needed support for return. IRC staff help children and families navigate through bureaucratic processes, providing direct legal assistance when necessary. Community mediation is also used when inheritance disputes arise.

- *Counseling:*

Complex family dynamics or continued psychological distress are sometimes associated with continued separation. Professional counselors provide direct counseling and referrals to children and families to support the healing process.

- *Material Assistance:*

To support community reintegration plans, IRC will often provide complementary material support. Typically this includes shelter materials, medical, and, in some cases, short-term food assistance.

- *Economic Support:*

IRC assists poor families in several ways. For most, existing economic activities are reinforced via training and referrals to local economic support structures (i.e. community credit funds, associations, NGOs). For others, more direct assistance is required. Although considered a last resort, IRC will provide small grants and special assistance projects for destitute families and purchase land for the landless.

STEP SIX: Reunification, Follow-up, and Case Closure

In the past, follow-up work for reunified children was often time-based (i.e. two visits over three months) or sporadic in nature. For many agencies, follow-up was optional and reserved only for the most difficult cases. National reflection and a general perception of high number of failed reunifications support the notion that follow-up must be a standard component of reunification work. This is particularly important when reunifying children with extended family members after prolonged periods of separation.

To standardize its work, IRC outlined seven criteria to inform both follow-up and closure work. The criteria below are integrated into preliminary assessment work, reviewed during every field visit and evaluated at closure:

¹⁷ In 2001, IRC completed an extensive programming inventory of important economic and social services. Services were listed on both a national and local level and include activities such as emergency food assistance, legal advocacy and economic support. Each organization's activities are listed and referral procedures described.

- A child demonstrates satisfaction with family life
- The child is treated the same as the other children in the family
- The child attends formal or nonformal educational services
- The child participates in community activities
- At least one member of the family earns income, or provides enough resources to adequately sustain the family
- The child eats at least twice a day
- There are no protection concerns
- Other relevant criteria

For adolescents in independent living or Child-headed households (CHH), additional criteria are considered. These include:

- The adolescent or head of household has received HIV/AIDS training
- Referral to community-based organization for monitoring purposes

When the above criteria are satisfied and there are no compelling reasons to keep the case open, a community round table is organized and caseworkers consult the family, the child and local authorities on whether or not the case can be closed. At this time, formal paper work is signed.

IRC's community-based methodology has been modified and is currently being tested to assist adolescents' transition from center life to independent living programs. Although more resource intensive, core principles and participatory approaches remain the same.

GOOD PRACTICES AND REFLECTION POINTS

The opportunity to provide continual support to Rwandan children institutionalized as a result of conflict places IRC in a unique position. In Rwanda, the goal of reconstituting a loving family environment remained consistent over the years, but strategies to achieve this changed. Much has been learnt through trial and error about good and poor reunification and reintegration practices. Seven good practices are highlighted below:

➤ Recognize socio-economic cases (refused reunifications) as a natural by-product of family reunification programs and build in responsive mechanisms as early as possible.

IRC's program demonstrates remarkable results in the late phase of post-conflict Rwanda, but it also reflects a lost opportunity. With each year, reintegration work becomes more difficult and as children grow older in centers, placement work becomes more expensive and less feasible. Reintegration work must be introduced to Reunification Programs immediately after the conflict, while children's agencies need to tackle refused reunifications early on in a systematic way. Serious and well-defined reintegration strategies need to be put in place from the inception of an emergency response. When attention and resources wane in the later phases of conflict, as they did in Rwanda, few donors and agencies are willing to support expensive de-institutionalization work.

➤ Incorporate drawing techniques, such as the *Historic Mobility Map*, as a standard documentation technique for "sans adresse" and other children with limited recall of information

It is impressive that so long after children have been separated, IRC is still finding relatives and parents. The *Historic Mobility Map*, supported by radio tracing and a special field tracing program, allowed staff to extract out important tracing clues essential to this success. Despite four to eight years of separation, children were still able to share new information through mapping. If used in the earlier phases of separation, mapping may prove even more useful.

➤ Incorporate Children's Perspectives into Reintegration Decisions & Support Child-Sensitive Reunification Practices.

Reunification programs can often look more like logistics operations than child welfare work. Staff, under pressure to show results, often take short cuts and do not take the time to talk to, listen to, console or consult the child. Successful Reintegration work, however, relies on children's input. Children need to be consulted at every stage. For adolescents and young adults, it is particularly important.

It is also important that programs find concrete ways to address the emotional aspects of returning home. Reunification programs do not always recognize that children can experience a second separation and grieving when they leave the protection of center and friends. One way to alleviate this is to let children talk about their fears, say goodbye to loved ones and to provide transitional links between the center and home (i.e. photographs, delivering messages/letters during follow-up visits). The time invested in preparing and supporting a child is crucial to their well-being and a major factor in successful reintegration efforts.

➤ Define Program Support for returning Children First and Foremost in terms of families Existing Social and Economic Resources.

The current family assessment tools (mobility map, flow diagram and economic assessment) in combination with the community round table has been instrumental in tapping into and galvanizing families' social networks to build an appropriate response. The methodology acts to reinforce families' natural safety nets, not replace them, and builds on the belief that existing social and economic relations will often have a stronger sense of obligation to help a family than the larger community would. Mobilizing relations around a specific family to support a child's reintegration is unique in a field characterized by targeted assistance and direct service. It is also a more efficient and more sustainable support when working with difficult-to-place children.

➤ Create Strong Working Partnerships through Active Participatory Field Methodology.

IRC's program success hinges on its ability to establish solid working relationships with children, families, communities, centers and government partners. Each of these requires a true commitment to work *with*, not just *for* each partner. At times, this can seem more time consuming, but the benefits are great.

Special Note For Centers and Government: Center resistance is an inherent part of IRC's work and needs to be mitigated to create an enabling working environment. Introducing tri-party (Center, IRC and government) assessment and planning exercises have proved successful and act to build consensus and a mutual understanding of the work. Equally important, center caretakers' livelihood issues must be addressed to gain their cooperation.

Special Note For Families and Communities: Since the program's inception, IRC has worked to reinforce participation in all stages of the reintegration process. In the early years, community participation was almost exclusively defined in terms of providing material contributions to poor families and was usually organized at the request of an official. Today, the program has found ways to actively include family members (including children) and community members as active decision makers in all phases of the process. Incorporating participatory methods in the field results in a stronger community response and more durable solutions.

➤ Be Strategic when selecting cases and build in strong planning tools to monitor and evaluate case progress.

IRC recognizes that it is not feasible to reintegrate all children back into the community, nor is it always advisable. For a small number, other care options have been considered (fostering, center care). It is important for the program to determine early on **how** it will distinguish cases that will be recommended for community reintegration work from those that should be recommended for alternative care. In addition, as cases reflect various levels of difficulties, the program needs to recognize its limits and invest in the more hopeful cases before tackling the difficult ones. Success encourages center staff and children to participate in the process, and can create a certain degree of momentum in program work.

Equally important, field staff should carefully plan each action towards a child's return and case closure. From the beginning of a case, closure criteria should be evaluated and concrete steps for follow-up outlined. In IRC cases, a simple planning forms and a database were developed for monitoring and supervision purposes. An investment in planning and close monitoring results in

more effective use of resources and time. Most importantly, it allows staff to use their limited resources to assist more children over time.

➤ *Build Programs that are Flexible. Establish Mechanisms for Reflection.*

Post conflict situations are not static and demand flexibility in response and programming. Programs need to evolve with the changing situation and allow staff to make respectable choices about children's welfare. When guidelines developed to help staff assess and problem solve become too rigid, good social work is compromised. Giving staff guidelines, supported by group case reviews and on-going training and supervision are essential to reputable work. It is also good for cutting edge program development.

CONCLUSION

In the aftermath of the emergency, as the majority of agencies working with separated children in Rwanda shifted priorities away from reunification towards development-type, child-welfare programs, IRC continued to provide much needed services to children whose lives were fundamentally changed as a result of war and conflict. The program has evolved over the years from a classic reunification program to a more expansive social reintegration program and has attempted to provide every child still living in institutional care an opportunity to return home to family and community. Although begun as an emergency response, it developed broader strategies to address the more complex consequences associated with prolonged separation and difficult reunifications. Much has been learned and much continues to be learned about how to work with marginalized children in a post-conflict situation. This document aims to share how IRC Rwanda helps children return to their communities and to provide a modest contribution to a seriously under-documented field of social reintegration of separated children.

For more information about IRC Rwanda's Vulnerable Children's Program, please contact:

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Annex A: Mobility Mapping – Step-by-Step

The exercise is simple, requiring nothing more than paper and pencil and worker know-how. The steps below describe how to work with children to draw *historic mobility maps* for tracing purposes:

- 1) After taking some time to get to know the child, explain that you would like to learn more about his/her life before s/he was separated. To do this, you would like him/her draw you a map of his/her home (You can show several examples of other children’s maps or present your own drawing).
- 2) Provide a piece of paper and a pencil/colored pencils (with eraser). Draw his/her old house in the middle of the paper (This can either be done by the child or the social worker). Now ask the child to draw all the places around his/her house that s/he used to visit, go to.
- 3) After you verify that the child understands the exercise, allow him/her time to draw without interruption.
- 4) Once a drawing is complete, ask him/her to tell you about each place on the map. If s/he is literate, ask him/her to label each place. If the child is not literate, label for the child. Once done, ask him/her if it is possible that s/he has forgotten anyplace/person. (use probing questions: Did you ever go to a neighboring town? Where you play with your friends? Church?) Have him/her add each place/person to the map as they are mentioned (Note: Anytime in the exercise a child may mention a place not originally drawn on the map, always allow the child to add these places. Be careful not to rush the child)
- 5) Once the child finishes his/her map, ask him/her to indicate all the places s/he liked the best with either stickers or colored pens.
- 6) Encourage and compliment his/her efforts.
- 7) Once the map is completed, begin the interview. Explain to the child that you would like to learn more about his/her drawing and would like to ask some questions. Ask if you can write down what s/he says during the interview.
- 8) Begin with the places listed as “best liked” places. Below is short guide of discussion points:
 - a. Tell me about this place. Why do you like it?
 - b. What did you do there? (ask probing questions for activities, reason for visits)
 - c. Whom did you visit there? (ask probing questions for relationships, nicknames, etc.)
 - d. How often did you visit this place? frequently/sometimes/rarely)
 - e. What is your favorite memory here?

Note: In conducting an interview, the interviewer should follow the above guide, but not be restricted by it. Follow-on questions are encouraged. The point is to help the child express any clues for tracing.

Mobility mapping for Assessment and Community Mobilization Purposes follows the same basic steps, but the emphasis is on the current situation of the family and requires more details. In addition to marking places “liked best”, family members are also asked to color code *most disliked* places and places *most* and *least visited*. For the IRC program the following colors were used:

- Green: Most Liked places
- Black: Least Liked places
- Red: Most Visited places
- Yellow: Least Visited places

Color coding allows the caseworker to better understand the significance of each place/relationship and provides opportunities to ask probing questions.

Note: Older adults can be resistant to *mobility mapping* and it may require caseworkers to draw maps for heads of households or to construct the diagram using local materials as symbols. Also, when possible, creating multiple maps can be important for assessing difficult cases, as children, women and men will have different social support networks. Each family member's support network can be mobilized around a returning child!

Annex B: Review of Historical Mobility Maps' Effectiveness in Identifying Significant New Tracing Clues

IRC CASE#	Age at separation	Number of years between the age of separation and mobility mapping	Map Quality	Whether the map provided new tracing clues	Description of information provided
JAM 117	5 y.o.	8 years	Poor	NO	
JAM 093	3 y.o.	4 years	Average	YES	Additional details on the separation
JAM 059	7 y.o.	8 years	Average	YES	Neighbors' names
JAM 049	5 y.o.	10 years	Poor	NO	
JAM 038	4 y.o.	6 years	Poor-average	NO	
JAM 013	3 y.o.	5 years (?)	Poor-average	YES	Neighbors' names
JAM 174	5 y.o.	4 years	Average	YES	Step-father's name and name of the place where their family lived in exile
JAM 170	6 y.o.	8 years	Good	YES	Description of household items
JAM 155	4 y.o.	5 years	Poor	NO	
JAM 152	4 y.o.	6 years	Poor	NO	
JAM 133	4 y.o.	4 years	Average	YES	Aunt's name
JAM 251	4 y.o.	3 years	Good	YES	Details about mother/geographic location
JAM 300	4 y.o.	6 years	Average	NO	
JAM 001	4 y.o.	3 years	Poor	YES	Details about father's occupation
JAM 103	6 y.o.	7 years	Average	YES	Details about situation of separation

JAM 193	5 y.o.	7 years	Poor	NO	
JAM 141	6 y.o.	8 years	Average	YES	Details about where grandmother lives
JAM 158	5 y.o.	7 years	Average	NO	
JAM 299	10 y.o.	6 years	Good	YES	Details on neighborhood market and surrounding neighborhood

This information is a random sample of 19 maps pulled from two children’s centers

Annex C: The Story of Noella

Noella was eight years old when war, genocide, chaos and carnage struck Rwanda. Psychologists say that when human beings are faced with a sudden traumatic decision – the instinctual response is “fight or flight.” Noella’s family chose to flee. And so they ran – like so many others before them and so many others after them – into the verdant jungles of the Congo. Immediately, Noella is separated from her family. Now, she is alone, save for her cousin, who is 22, and her thirty-something housekeeper. They make their way to a refugee camp – the three of them – just trying to survive.

In 1996, they join the repatriated masses heading back to Rwanda. Noella becomes separated from her cousin. And then there were two, just 10-year old Noella and her housekeeper. They go to a place called Nbogo. For several months things are okay, but then there is a disagreement, Noella is unsure of the details, and she and her housekeeper part ways.

Noella then moves into the household of a supposed friend of the family. He gives her a choice: if she wants to go to school she’ll have to marry his son, quite a decision for an 11 year old girl to make. Then he rapes her anyway and tosses her out of the house. Scared, lonely, depressed and outraged, she makes her way to a local leader, who agrees to take her in. She reports that she was mistreated by the leader’s wife – overworked, not allowed to go to school and generally abused. One day, Noella lashes back – tells the wife that she is not a servant. The very next day the family drops Noella off at Rulindo Unaccompanied Children’s Center.

Finally, Noella is at ground zero. Abandoned by the family housekeeper, raped and left on the streets by the family friend, abused and exploited by a local leader, all Noella has left is the orphanage.

Rulindo UAC Center is one of the orphanages that IRC’s Unaccompanied Children’s Program targets. Prior to the program’s arrival, all efforts to trace her family had failed. Noella could not respond to standard tracing information and only greeted interviews about her past life with tears. IRC, however, used a new tracing technique, a mobility map, tailored to tackle these difficult cases. In a simple exercise, caseworkers sat down with Noella and asked her to draw her old

neighborhood. She did not remember much, but she did recall a crucial piece of information – she was able to name and place her old housekeeper. With mobility map in hand, the team went to the housekeeper who gave them the name and location of Noella’s cousin. Although her parents were dead, her beloved cousin was still alive and living in Kigali! As it turns out, the cousin had sent out several radio messages in the vague hope that maybe she would find Noella.

On March 24, Noella and her cousin were reunified after six years of separation. It was, as expected, tearful and heartwarming. “Oh, you’re all grown up... how you’ve changed!” were the first words out of the cousin’s mouth. The two girls then went into a separated sitting room and huddled together for the first time in years, discussing the past, the war, their lives in the interim, and the future. After too many pointless years of wandering, abuse and neglect, Noella will be cared for in a nurturing and loving environment; she will continue her education and will try to put to rest the past trials and travails that is a tragic component of many unaccompanied children’s lives.

Annex D: Documentation Form for Socio-Economic Cases

I. Basic information on child / *Information de base sur l’enfant*

1. Name / *Nom*:..... No IRC:.....
2. Sex / *Sexe*:.....
3. Date of birth / *Date de naissance*:.....
4. Date of separation / *Date de séparation*:.....
5. Name of center / *Nom du centre*:.....
6. Date of arrival in center / *Date d’arrivée au centre*:.....
7. Name of father / *Nom du père*:.....l/v d/d
8. Name of mother / *Nom de la mère*:.....l/v d/d
9. Address / *Adresse*: Prefecture/*Préfecture*:.....
Commune/*Commune*:.....
Sector/*Secteur*:.....
Cellule/*Cellule*:.....
10. Name of guardian / *Nom du tuteur*:.....
Relationship/*Lien*:.....
Address / *Adresse*: Prefecture / *Préfecture*:.....
Commune / *Commune*:.....
Sector / *Secteur*:.....
Cellule / *Cellule*:.....
11. Names of others siblings in the center / *Noms de frères et sœurs vivant avec lui/elle au centre*:
a.....
b.....
c.....
d.....
12. Names of people in the family / *Nom d’autres personnes à la charge du chef de famille*:
a.....
b.....
c.....
d.....
e.....
f.....

II. Description of the child’s situation

1. Where was the child before s/he entered the center i.e. street, home, relatives,... / *Histoire de l’enfant avant son arrivée au centre ex: rues, maisons, membres de la famille,*

2. Who brought the child to the center / *Qui a amené l’enfant au centre:*

Describe the circumstances of his/her arrival to the center / *Décris dans quelles circonstances il/elle est arrivé(e):*

.....
.....
.....
.....

3. Information on schooling / *Information sur l’éducation*

Year / *L’année:*.....

Who pays the child’s schooling expenses / *qui paye pour les études de l’enfant, etc*

.....
.....
.....

4. Information on other non-formal opportunities / *Information sur d’autres possibilités d’éducation non formelle:*.....

.....
.....

Describe any other learning program the child participated in i.e. literacy / *Décris tout autre programme de formation auquel l’enfant participe ex alphabétisation :*.....

.....
.....

Who sponsors/pays for the child’s training? / *Qui paye pour la formation de l’enfant:*.....

.....
.....

5. List any significant health problem / *Mentionne tout autre problème important de santé:*

.....
.....
.....
.....

Describe any on going medical care / *Note tout autre traitement médical en cours:*

.....
.....
.....

6. Child’s explanation of why s/he came to the center / *Les explications de l’enfant sur sa présence au centre:*

.....
.....
.....
.....

7. Staff explanation of why the child came to the center / *Les explications du personnel sur l’arrivée de l’enfant au centre :*.....

.....
.....
.....

8. From the child's perspective, what could help or facilitate his/her return to the community /
D'après l'enfant qu'est-ce qui pourrait faciliter son retour dans la communauté

.....
.....
.....
.....
.....

9. From the staff's perspective, what could help or facilitate the child's return to the community /
D'après le personnel qu'est-ce qui pourrait faciliter le retour de l'enfant dans la communauté

.....
.....
.....
.....
.....

10. Child's plans in the future ie wishes, desires, etc. / *Les perspectives d'avenir de l'enfant ex. les souhaits, désirs, etc.:*

.....
.....
.....
.....
.....

III. Family contacts / *Contacts avec la famille*

1. Describe level of child contact with family member / *Décris le niveau de contact avec les membres de la famille*

regular/régulier irregular/irrégulier no contact/pas de contact

Describe : visit, letter, phone / *Explique: visite, lettre, téléphone:*

.....
.....
.....

Last date of contact/*Dernière date de contact*

2. How often is the center in contact with the family?/*Quelle est la fréquence des contacts de la famille avec le centre:*

.....
.....

Last date of contact/*Dernière date de contact:*

IV. Other information or comments/*Autres informations ou commentaires:*

.....
.....
.....

Prepared by/*Préparé par:*

Date:

Annex E: Family Willingness and Suitability Study

Note: Although a point system is currently used to help field workers reflect on overall suitability/willingness, in the future, numeric values will be replaced with richer, written commentary.

FAMILY WILLINGNESS AND SUITABILITY ASSESSMENT TOOL

Family:
Province:

Date:
District:

IRC n°:
Sector:

Parental relationship:

own parents
own parent (1)
remarried father
other

uncle/aunt (father)
uncle/aunt (mother)
remarried mother

brothers/sisters (adult)
brothers/sisters (CHH)
grand parents

Willingness Criteria

I. RELATIONSHIP

indicator: **family/child contacts** (s/e cases)
0. never
1. seldom (once/year)
2. often (once/three months)
3. really often (once/month)

indicator: **separation**
1. relationship reasons
2. economic reasons
3. conflicted-related (tracing cases)

indicator: **feeling toward reunification**
1. rejects reunification
2. would like reunification but...
3. absolutely wants the reunification

TOTAL:

II. MOTIVATION

indicator: **interest for reunification**
1. for family support
2. for emotional reasons
3. for the right to be in a family

III. CHANGE

indicator: **perceptions of change**
1. no change foreseen
2. some changes foreseen
3. aware of all consequent changes

indicator: **life project for the child**
1. no project for the child
2. life project different from other children
3. life project same as other children (study, inheritance...)

Capacity and Suitability

Capacity (with children)

1. Children are happy
2. All children are treated the same
3. School age children attend school
4. Children are involved in social activities
5. Children eat twice a day (or more)
6. No protection concern

Yes =1

No = 0

Total =

Suitability (nyumbakumi/neighbors)

1. Family shows relational and physical instability
2. Family is violent
3. Family is isolated/excluded
4. Family is depressed
5. Children of family are at risk of exploitation/abuse/neglect

Yes = 0

No = 1

Total =

Annex F: Poverty Assessment Tool (Rural)

Note: Criteria and scoring was developed by field staff and is adjusted for rural and urban situations. Past criteria are currently being revised and updated based on a recent program evaluations.

POVERTY ASSESSMENT TOOL(Rural zone)

Family:

Date:

IRC n°:

N° members:

District:

Secteur:

Province:

Poverty Criteria	Yes	No
1. <u>The family eats more than once par day(2points)</u>	_____	_____
2. <u>Have 250x250 steps (400m²) of land par person at least</u>	_____	_____
3. <u>Have an income 1600frw/month par person or more</u>	_____	_____
4. <u>There are visible malnourishment cases</u>	_____	_____
5. <u>Children in school age go to school</u>	_____	_____
6. <u>The head of the household is vulnerable (elderly, ailing, handicapped, child</u>	_____	_____
	Total =	

Family selected between 4 and 7

Description of living conditions	
<p>I. DWELLING</p> <p>indicator: roof type</p> <p>1. _____ <u>blindé/sheeting</u></p> <p>2. _____ <u>banana leaves/herbs</u></p> <p>3. _____ <u>tiles/iron sheets</u></p>	<p>IV. SANITATION</p> <p>indicator: clothes' change</p> <p>1. _____ <u>seldom/never</u></p> <p>2. _____ <u>once a week</u></p> <p>3. _____ <u>more than once a week</u></p>
<p>II. ASSETS</p> <p>indicator: cooking utensils</p> <p>1. _____ <u>pot/ aluminium box</u></p> <p>2. _____ <u>one saucepan</u></p> <p>3. _____ <u>saucepans/plates</u></p>	<p>V. HEALTH/NUTRITION</p> <p>indicator: access to medical services</p> <p>1. _____ <u>treat illness by self</u></p> <p>2. _____ <u>through traditional medicine</u></p> <p>3. _____ <u>through health center</u></p>
<p>III. EDUCATION</p> <p>indicator: head of household education level</p> <p>1. _____ <u>illiterate</u></p> <p>2. _____ <u>illiterate and numerate</u></p> <p>3. _____ <u>literate and numerate</u></p>	<p>VI. SOCIAL STATUS</p> <p>indicator: head of household status</p> <p>1. _____ <u>elderly</u></p> <p>2. _____ <u>young (16-22)</u></p> <p>3. _____ <u>adult</u></p> <p>4. _____ <u>elderly/young/adult</u></p> <p>- 4 _____ <u>problematic adult (alcoholic, violent)</u></p>
<p>TOTAL :</p>	

Annex G: Center Assessment Forms And Guidelines

PART ONE: ORIGINAL CENTER STUDY

Part I: Review of Records/Stats and Information Management Systems

I. Background Information

Name of Center: _____
Name of organization in charge of the center: _____
Prefecture: _____
Commune: _____
Secteur: _____
Date that the Center Opened: _____
Name Center Director: _____
Name of documentation officer (if applicable): _____

II. Record Keeping

Does the center keep a master list of children residing in the center?

Yes _ No _

If yes, please check types of information recorded

- Name of child
- Date of birth
- Date child entered the center
- Who brought the child
- Date of reunification
- Person/Organization that reunified child
- Information on socio-economic cases (i.e. parents have been found but child is still in the center)
- Name of refugee camp
- ICRC number/SC-UK number
- Name of parents or guardians
- Status of parents
- Address of parents
- Address of children
- Other (please list) _____

- Who is responsible for keeping this information? _____
- Who is responsible for updating this information? _____
- Form of information:
 - Handwritten
 - Typewriter
 - Computer
- Please attach a copy of this list to the assessment form

- Does the center have **individual files** on each child?
 Yes No Only some of the children have files
 If the center only has files on some of the children, how many files exist? _____

 If the center does not have individual files, where is this information located?

- If the center has files, please check types of information recorded:

A fiche de synthèse	<input type="checkbox"/>
Complete ICRC documentation form	<input type="checkbox"/>
Other tracing forms	<input type="checkbox"/>
Information on tracing efforts/results	<input type="checkbox"/>
Handover certificates	<input type="checkbox"/>
Fostering certificates	<input type="checkbox"/>
Birth records of children born in the center	<input type="checkbox"/>
Death certificate, if applicable	<input type="checkbox"/>
Child transfer form (to another center)	<input type="checkbox"/>
Assistance form	<input type="checkbox"/>
Health records on child	<input type="checkbox"/>
School records	<input type="checkbox"/>
Follow-up reports on children who have left the center	<input type="checkbox"/>
Other	<input type="checkbox"/> _____
- Are all the files complete? Yes No
- If the files are not complete, how many need to be completed? (# out of #)
- Who is responsible for upkeeping the files? _____
- How often are records updated? _____
- Does the center classify files of children who still are living in the center separately from children who have left the center? Yes No
- Where are the files kept? _____
- How would you describe the status of organization of the files:

Organized: Each child has a complete file; files are easily retrieved.

Somewhat organized: Files are located in a central place, but individual files are difficult to retrieve or information is dispersed.

Disorganized: Files are dispersed and/or information on each child is dispersed

Please add any additional comments or observations on how records are kept:

III. Basic Information/Stats on the Center's Children

- Number of children in the center _____

- Number of sibling groups _____
- Names of centers which have transferred children to the present center (number and dates if applicable):

- Number of total tracing/reintegration cases (NB: A case is define as either an individual child, OR a sibling group) _____
- Children age ranges from (youngest) ____ to (oldest) _____
- Number of children reunified: _____
- Number of children fostered: _____
- Current number of children identified as fostering candidates: _____
- Fostering Agency (ies): _____

- Number of children born in the center _____

- Children’s Age Range

Age Range	Girls	Boys	Total
0—2			
3—5			
6—12			
13—18			
19 +			

- Number of children currently listed as “sans address” _____
- Estimated number of socio-economic cases _____
- Number of children who tracing efforts have failed? _____
- Number of refugee children? _____
- Number of children who are disabled? _____
- Number of children who are mentally handicapped? _____
- Number of children who are chronically ill? _____
- Number of children affected by HIV/AIDS _____
- Number of children in the center whose parents work there? _____
- Are these children counted in the overall numbers of the center?
 Yes No

- Schooling:

Level of Schooling	Numbers
Not attending any schooling	
Nursery	
Primary	
Secondary	
University	
Non-formal	

PART II: PARTICIPATORY ASSESSMENT

ASSESSMENT CHECKLIST

Part I: Center Overview

A. Historical Profile

- When/why center created
- Mission
- Original profile of children and how this has changed over time
- Traditional supported
- Current problems

B. Organization of Center

- Living Quarters/physical layout
- Staff/child ratio and consistency of relationships
- Staffing and titles
- Activities for children
- Entry procedures

C. Internal Relationships

- From the Direction's perspective/staff perspective
- From the children's perspective

(Discussion guide: identify key resource persons in and outside the center and describe the relationship)

D. External Relationships

- From the Direction's perspective (fundere/collaborating agencies/community links)
- From the children's perspective (community activities)

(Discussion guide: identify all partners, describe relationship and how they have changed over time)

Part II: Children's Profile

- Classification exercise: Socio-economic, tracing cases (normal and sans address, refugees, children who live in center for educational purposes, special needs cases (handicapped/medical), and numbers of new cases since 1997 and reason for entry.

(The purpose of this review is to begin assessing reintegration possibilities)

- Status of Information management system (refer to center assessment)

Part III: Perspectives on Reintegration/ Center's Future

- Direction (what are expectations of IRC/goals/estimated numbers/future role of center)
- Staff (focus group)
- Children (focus group)
- Local Authorities

ANNEX H: BIBLIOGRAPHY

Butler, S., Gross, J., & Hayne, H. (1995). The effect of drawing on memory performance in young children. *Developmental Psychology*, 31, 597-608

Greenwell, F. *Census of Children Living in Residential Centers*. Ministry of Social Welfare & UNICEF 2002 (Draft).

Gross, J. & Hayne, H. (1998). Drawing Facilitates Children's Verbal Reports of Emotionally Laden Events. *Journals of Experimental Psychology*, Vol. 4, No.2, 163-179.

Merkelbach, M. *Reunited Children Separated from their Families after the Rwandan Crisis of 1994: The relative value of a central Database*. International Review of the Red Cross n. 838, pg. 351-367, June 30, 2000.

Ressler, E., Boothby, N., & Steinbock, D. *Unaccompanied Children: Care and Protection in Wars, Natural Disasters and Refugee Movements*. Oxford University Press 1988.

Tolfree, David. *Roofs and Roots: The Care of Separated Children in the Developing World*. Save the Children. Arena 1995.

Uppard, S., Petty, C., & Tamplin, M. *Working with Separated Children: Training Manual*. Save the Children Fund (UK) 1998.

Williamson, J., & Moser, A. *Unaccompanied Children in Emergencies: A Field Guide for Their Care and Protection*. International Social Services 1987.

Promoting Psychosocial Well-being among Children Affected by Armed Conflict and Displacement: Principles and Approaches. International Save the Children Alliance 1996.

Refugee Children: Guidelines on Protection and Care. UNHCR 1994.