



Informer

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Foster Care
around
the world

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Special issue

**Children and AIDS
Working on
Our Future**



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From the Editorial Team

*"...I believe the children are our future
Teach them well and let them lead the way
Show them all the beauty they possess inside
Give them a sense of pride to make it easier
Let the children's laughter remind us how we used to be"...*

"Greatest Love Of All" (Whitney Huston)



In this first 2007 Informer we have decided to give special attention to one of the most important issues of our time: HIV/AIDS. Our interest is focused mainly on how this is affecting children and families in different parts of the world and how IFCO can answer to this growing problem through foster care solutions.

In this sense we can justify the choice of a child from Kenya as a cover for this Informer. His smiling

face and encouraging gesture is an incitement to think about this problem and to work together to find tailored solutions. Children represent our future. We all have a direct interest in their well being.

IFCO advocates that these children, many of them orphaned by the disease, must have a chance to family life, so that they will not be deprived of their childhood.

Thanks to generous contributors we have collected several articles that illustrate how this disease is affecting millions of human lives in Ghana, South Africa, Kenya, Tanzania, Nigeria, the Ivory Coast,

India, or The Netherlands. We will continue to offer you information about this topic in the next issue of the Informer.

Beside the focus on this special topic, we propose again stories of foster care experiences coming from a foster daughter (Canada) and from a couple of foster parents (Venezuela). We also offer you more information about some of our projects and more food for thought in a professional article about anger.

We wish you pleasant reading and we look forward to receiving your reactions.



Hello, my name is Annalisa Sairu, I am 26 years old and I am Italian. Last September I graduated from the Master International Communication Management at The Hague University and I am the new communication trainee of IFCO for the next five months. I liked very much enjoying the team and I found IFCO a very interesting organization to work for. I hope my work will contribute to IFCO's mission and development.

Hello! I am Julie Duke – a new volunteer in the office of IFCO in the Hague. I am English, but have lived for some years outside my native country. For eight years I worked, together with my husband and a small team, on a project based in the Hague, involved in promoting more understanding between people from different cultural, religious and national backgrounds. We now live in the beautiful city of Delft. My background is secretarial and administrative, with a degree in English Literature from Sussex University in England and I am very much enjoying my first experiences as a part of the editorial team of the Informer magazine. I love 'playing with words' (!) and it is good to be able to use something I like doing in such a worthwhile organisation.

Hello my name is Audra White and also a new face here at IFCO. I have joined the staff last December and am very excited to be a part of this team. In the past, I have worked within the non-for-profit social sector in America within human rights and advocacy, and hold a degree in sociology and psychology. I moved to The Netherlands over 16 months ago to join my Dutch partner and am enjoying living in Europe. I will be the new face behind most of the emails you receive from our head office; please don't hesitate to call or email me with questions! I am very happy to be working for an organization with such a great cause.

IFCO Informer

IFCO

25 years of advocating and informing about quality foster care throughout the world.

Mission Statement

IFCO promotes family based solutions for 'out-of-home children' in accordance with the United Nations Convention on the Rights of the Child by :

- Enabling the exchange of information among persons and organisations of different nations;
- Promoting Foster Care as an important type of family based care;
- Organising international conferences and training seminars;
- Consultation;
- Networking;
- Publications;
- Assistance.

Core Values

IFCO believes that foster care must be an inclusive teamwork effort between the carers, social workers, the placing agency, the birth parent, the child/young person and others who contribute to the child's welfare.

- Respect for diversity is essential;
- Experience must be valued and individual and organizational strengths should be capitalized upon;
- The organisation should be open to new ideas;
- The Board has a collective responsibility for stewardship;
- Care should be child-centered and family-focused.

The views expressed in the IFCO Informer are those of the original authors and do not necessarily reflect those of the organisation.

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Table of contents

Message from the President	4
25 Years of IFCO: Reaction on the Jubilee Informer	5
Anger: Bad Behavior or Psychiatric Symptom?	6
A Canadian Foster Care Story	8
IFCO Statement and Proposal on Children affected by HIV/AIDS	10
Children and AIDS	11
The AIDS Scourge in Ghana	13
Children Infected and Affected by HIV/AIDS in South Africa.....	14
Orphans Versus HIV in Kenya	16
An African Experience	18
Child Prostitution	20
AIDS Why / SIDA Pourquoi, youth poem from the Ivory Coast	21
An Asian Experience: IFCO experience shared in India	22
Websites on children and AIDS	24
Our Experience as a Foster Family by Hugo and Sharon Castro	25
Updates on IFCO projects : Quality4Children	27

Calendar of Events

17 – 19 May '07	IFCO-RELAF Regional Seminar 2007 Mar del Plata, Argentina (Spanish speaking conference) Information http://relaf.ifco.info
18 – 21 Nov. '07	IFCO European Training Seminar 2007, Malta Information http://malta2007.ifco.info
27-29 March '07	5th ISPCAN/ANPPCAN African Regional Conference on the theme: "HIV/AIDS and children: The Challenges of care for and Protection of Children in Africa," Kampala, Uganda www.anppcanug.org Or write to conference@anppcanug.org
18-19 April '07	Supporting Attachment in Young People , Conference and Trauma Resolution Seminar, Kibble Education and Care Centre, Scotland, UK Information www.childreninscotland.uk/sayp ; or write to Julia McIntosh at conferences@childreninscotland.org.uk
23-27 May '07	National Foster Parents Association, Washington DC, USA Information www.nfpainc.org http://www.nfpainc.org
June 2007	Launch of Quality4Children standards Information www.quality4children.info
18-20 June '07	15th European Social Services Conference , Berlin, Germany Information www.socialeurope.com/berlin
5-7 Oct. '07	National Foster Care Conference , Melbourne, Victoria, Australia CONF2007@bigpond.com
July 12 – 17 '09	6th Biennial International Foster Care Conference Dublin, Ireland Information www.ifco.info
22-25 Sept '07	International conference, Developing European Foster Care , Warsaw, Poland. Organiser: Our Home Association (Nasz Dom)

E-contact

IFCO Board members regularly share information via E-mail. But you too can join the world wide IFCO E-mail Discussion List. Send a blank message from the address you wish to use to:
ifco-subscribe@topica.com

Your address will not be published. You may unsubscribe at any time.
Discussion lists available in English and Spanish.
Details on www.ifco.info

Note to Members

The "Members Only" section of the website can be accessed by using your Username and Password. Starting in February, your username will be "Members" and your password will be the 4 digit membership number that you received when joining IFCO. You may also find this number located on your mailing address label of the Informer. Please email us with any further questions: ifco@info.ifco.



Presidents Message

by Keith Henderson

I am writing this before the Conference and our Annual General Meeting in New Zealand and therefore I ask your forgiveness for taking over the role of the incoming President by writing this column. It is only a question of timing and nothing more and does not reflect any presumption on my part.

I hope that when reading this article those who were able to travel to New Zealand had a great time and came home feeling rejuvenated. The venue of the next conference will have been announced there and I hope that you will support this also with your usual enthusiasm.

One of the themes of this Informer is HIV/AIDS and it will be a recurring theme in other issues. I am sure that I am not alone when I say that my knowledge of the subject is woefully weak. We glean information from the news, from TV and films, and from the reports we read. We cannot, however, comprehend how deeply this pandemic affects such places as sub Saharan Africa and the effect that it has on communities and on children. It has transformed local and national society in many places and has forced incomprehensible changes to their way of life. IFCO will focus on family based care solutions through individual's efforts and projects. We must ensure that all these solutions are locally based and supported and that we do not impose decisions on anyone.

New members will be elected to the board in New Zealand and it is good to see people from Asia coming forward. They will be essential

to the development of our mission in that area. If all goes to plan we will have representation on our board from countries: Australia (1) Bulgaria (1), Canada (1), England (2), India (1), Ireland (1), Japan (1), Malta (1), Moldova(1), New Zealand (1) Republic of S Korea (1), Sweden (1), The Netherlands (2), The Philippines (1) and The USA (2). I hope that in the next issue of the Informer there will be an introduction of the new persons.

It is with sadness that I tell you that we are losing another member of staff. Maria Raluca Popa is leaving to pursue her studies but I hope she will still keep close contact with the office. She has been a joy to have in IFCO and has been a definite asset to the organisation. We wish her well. Audra White and Annalisa Sairu joined recently and have started to show their mettle already – thank you Audra & Annalisa. We also have a new volunteer, Julie Duke, together with our long-standing volunteer, Marti Terpstra, who add considerable benefit to the office. I want on your behalf to congratulate and thank them for what they do.

IFCO, as a charity, depends on the generosity of members and others to ensure there are enough funds generated to finance our operations. There is a way that everyone can help at no cost. You may know that IFCO is a charity registered in Britain. The British Charities Aid Foundation is helping all British registered charities and their supporters to raise money by using everyclick.com as their chosen internet search engine instead of companies like Google & Yahoo.

Everyclick.com gives 50% of its income to charities, proportionate to the number of searches made by supporters of each charity. You may do this from any country and it costs you & IFCO nothing – just a change of your chosen search engine! The more you click the more IFCO will receive!

To sign up please use the link below & click on Join them and complete the short online form. It is best if you also click on the blue "house" symbol then everyclick will pop up automatically as your search engine (everyclick is powered by "Ask.com" which is the world's fourth biggest search engine so its performance is good).

<http://www.everyclick.com/uk/internationalfostercareorganisation/myeveryclick/chadetail?keyword=International%20Foster%20Care%20Organisation>

This will not raise huge amounts of money for IFCO but every little helps! A few of us tried it at the end of last month and you can see how much we raised if you click above. Just imagine if 1000 individuals and the staff of a few of our member organisations registered to support IFCO and always used everyclick.com to search the web!

Once registered you can also shop online with big companies like "Amazon" and a percentage of the value of your order will be given to IFCO – please register today!

Please forward this message to others in your network who might wish to support IFCO – and thank you in advance!



25 Years of IFCO: Reaction on the Jubilee Informer

by Kathleen Kufeldt

The Jubilee issue of the Informer was interesting and exciting to read. I am sure that for many it stirred memories, as it did for me. Readers may be interested in one little story provoked by seeing the picture of past President and old friend, John Meston.

John and I first met in 1979, the Year of the Child, at the Who Cares Conference in Calgary, Alberta. I had chaired the organizing committee. John at that time was Director of McMan Youth Services and one of the adults invited to hear from the youth at a plenary session to close their day long discussion of the experience of being in care. The whole story of the conference and its findings has been documented in a little book called "Say Hi to Julie". This book is now out of print but a copy sits in our Hague office and we can publish excerpts in future Informers. The story of what happened in the long term is documented in "From the Roots Up", written by Yve Andrews, a former IFCO youth Board member, and Lynda Manser, and published by the Canadian National Youth in Care Network. An excerpt from the book will help explain my story. In 1979 funds were available for child related conferences. As I explained to Yve" It seemed to me that the conferences would only be for those who worked with children, not for the children. I thought, why should this money benefit us? We should be using it for a youth conference." (p.7). As a result 86 young

people from the Alberta care system spent a weekend together at a very nice hotel in Calgary.

The conference had a profound effect on John Meston. He spent the next few years of his career promoting empowerment of youth, and providing opportunities, as did I, for youth panels to speak at professional conferences. Another young person at the Who Cares conference was also profoundly affected. At the time Dallas Nikolai was a lively mischievous 16 year old. A couple of years later I had a phone call out of the blue; "Do you remember me, Dallas? Guess what, the government is going to pay me to set up a Youth in Care Network!" Through the work of John, Dallas and other young people the now flourishing Canadian National Youth in Care organization was born and as Yve and Lynda document in their book, by 1989 "the NYICN was gaining credibility and requests for information at a rapid pace" (p. 35).

As this little story and the Jubilee Informer demonstrate, seeds sown in good faith can have profound and lasting effects on our work of promoting the availability of loving families for all children. The ideal is a personal family. The larger families of organizations like NYICN and IFCO also provide that sense of belonging and being cared for that we all need.

Are you an IFCO member? If not, join us!

There are different membership categories –Organizations, Individual and Youth. Membership fees are reduced for people and organizations from developing countries. By joining and maintaining your membership you are supporting the ongoing work of IFCO for children in out-of-home care worldwide.

Benefits:

- ✓ Our magazine the Informer (three times a year)
- ✓ Discounts for IFCO international conferences and training seminars
- ✓ Contacts of people and organizations involved in foster care around the world
- ✓ Regular email contact through the electronic e-newsletter
- ✓ Possibility to cooperate with IFCO's activities around the world
- ✓ For international experts the possibility of become a member of the Training and Development Bureau

Dear IFCO,

You have done so great work for one quarter of a century! That is something! I am proud to be a member in such a fine company.
I wish you all the luck and courage to continue promoting vulnerable children's wellbeing all over the world.
HAPPY BIRTHDAY!

Pirjo Tuovila, Developmental psychologist
Tampere, Finland

Dear IFCO,

Thank you for the wonderful work you have done over the past 25 years. I have been lucky enough to attend one conference and found this invaluable and am hoping to attend the next conference in New Zealand next year. I met a number of people that have continued to influence my practice at the Melbourne Conference as well as being able to see what is happening in other parts of the world. Thank you from all our team at Integrated Home Based Care in Watsonia, Melbourne, Australia and look forward to another 25 years

Yours sincerely,
Deb Collard, Team Leader
Integrated Home Based Care - Watsonia, Australia

Herewith Wereldkinderen would like to congratulate you with your 25th anniversary. We have full respect for the work you are doing. The best place for children to grow up is in a family. Every child has the right to grow up in a family. It is good to be part of your network and help to make this right a reality for as many children s possible.

Sincerely,
Ina H.R. Hut
Executive director, Wereldkinderen, The Netherlands

Dear IFCO,

YOU ARE INDEED A MIRACLE!

A miracle of good communication, commitment and determination. IFCO's continuance represents the hard work and love of hundreds of members, past and present, who all believe that these qualities give our world a secure future. This can only come through Young people who have had the benefit of good parenting. The outreach and range of work of IFCO in those 25 years is all that we, founding members, could have hoped for. A HUGE 'THANK YOU' to everyone who has contributed to IFCO's growth and success – and to those who will continue to carry the 'Torch of Enlightenment' into the future.

Sincerely
Angela Ross – IFCO Founding Board Member 1981

Dear IFCO,
IFCO has contributed much to my experience as a foster parent of 34 years! I've attended conferences in England, Sweden, Norway, US, Netherlands and Australia. Hope to attend a future conference also.
Randy Ruth
Past President of NFPA in USA



Anger: “Bad Behavior

by Charles Confer

The tragic events in the world today prove what parents have long known: unmanaged anger can have terrible, terrible results.

I would like us to think a bit about anger and consider what we can do about the anger we find in our families and communities.

HOW DO YOU KNOW WHEN A PERSON IS ANGRY? This isn't the easiest question in the world to answer as people express anger differently.

But I think we can agree on some common “pictures” of anger: Some people express anger by being “mouthy”; they are defiant and argue. Angry people rarely show respect for the other people near them. People who are angry may use physical or psychological punches. Angry people may hurt other people or animals; or they may destroy property...their own property or that of others. Sometimes angry people keep to

themselves; they are so quiet you may overlook the anger. Some express their anger by pouting and sulking. Other angry people rage and storm and rant and rave.

IS ANGER “BAD BEHAVIOR” OR A SYMPTOM? Parents, teachers and other adults often see the youth's anger simply as “bad behavior.” This explanation is too simple. Anger is not merely bad behavior; it is often a psychiatric symptom. Symptoms are usually functional, rational and logical behaviors when you understand their cognitive and psychological roots. Symptoms may be the person's best attempts to either (1) communicate to others the seriousness of his pain or (2) alleviate the pain he is experiencing.

As a therapist, I understand a symptom to be a warning sign that the person is suffering some pain, some hurt. The warning signal of anger is the youth's way of letting us know things are not right in his life.....and that we should seriously take note.

ANGER AND ITS RELATION TO COERCION. Anger is usually the symptom of a conflict that exists in the person's life. This conflict is a result of his being coerced or forced one way or another. Perhaps he is coerced into doing something he doesn't want to do; or perhaps he is being forced into some place where he does not want to be.

BUT WHY CHOOSE ANGER? Symptoms are expressed in various ways: depressed mood, anxiety, sleeplessness or sleeping too much, worry, obsessions, fears, poor self-

esteem, pulling out hair or doing other damage to one's body, putting oneself in dangerous situations and many, many more. Why anger? Why is anger such a common symptom which we see in our families, schools and communities?

Youth and adults choose anger for several reasons:

- (1) Anger is an excellent way to get people to pay attention. Everyone, one time or another, has “had enough” and has “blown his top.” People usually pay attention to angry youths when they are shouting or ranting.....or when they have a gun in their hands.
- (2) People choose anger as a way of avoiding responsibility for their own actions. The person who is angry usually puts the blame for the conflict or problem on the “other person”: “You make me so mad.” is a way I can avoid taking responsibility for myself and my behavior. See, if the problem is someone else's fault, I don't have to own up to my part.
- (3) People use anger to control themselves or others. If a child understands that other powerful people are trying to make him do something he does not want to do, he may see his only defense as anger: “You're telling me I have to do this? No way!!! Just watch this!!!!!!” And he proceeds to “throw a fit” of anger and rage....in an attempt to control his situation.
- (4) Some youth understand themselves to be living in a world of adults where they, the youth, are powerless. Adults who abuse, parents, authorities, social work-

r" or Psychiatric Symptom?

ers, teachers, police, principals, probation officers and judges have all the power. And feeling powerless is painful and miserable. So in order to diminish the ache caused by powerlessness, youth may "pump themselves up" by being "mean and angry." The young person may have learned that anger is the only way he or she can survive in a hostile environment when he is overcome and manipulated by powerful, authoritarian others.

SO WHAT CAN WE DO? As helpers what can we do to manage anger we encounter in our families and community? I wish I had answers that would come with "guaranteed results." I don't. But I do have suggestions you can try....suggestions that many have found helpful in managing anger.

- (1) Do not dismiss the youth's anger as simply being "bad behavior." Understand the anger is a warning signal, a symptom of "dis-ease" in the youth's life.
- (2) Listen to the message of anger. Clarify cloudy messages by asking questions like: "What does that mean to you? What do you really want?" Take some time and understand what the youth is communicating. Remember, ears and mouth do not function at the same time. When you are talking, you are not listening; and when you are listening, you are not talking.
- (3) Do not fall into the trap of playing a power and control game with the angry youth. Do not fight fire with fire. Avoid the ABCCD's of family conflict by



getting rid of these communication types: Arguing, Blaming, Criticizing, Coercing and Defensiveness.

- (4) Cool the situation down. Again, listen and clarify. Resist the temptation to immediately fire back an answer or response. Take some time to identify the real problem. Save your opinions and advice until the youth cools down. Be especially careful to avoid all criticism and blame which will serve only to fan the fires of anger.
- (5) Search out the roots of the anger. Where is the conflict in the youth's life? And deal with this root issue. Do not merely reduce the symptoms of anger; address the "psychological infection" which lies below the surface.
- (6) Help the youth not merely to understand his anger, but to act and make his world more satisfying....without angering.

everyone involved. Remember, if there is a "winner" there has to be a loser....unless EVERYONE wins (and then there can be no losers).

A=Action. Put the plan into action. Who is to do what by when. Everyone must be responsible for carrying out his/her part of the plan. It might be a good idea to write out the plan on a piece of paper, have all parties sign, and put the plan on the refrigerator where everyone can see it.

Good luck.

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Help the youth learn she/he can get recognition, acceptance, love, power, freedom and enjoyment in life without having to use angry behavior. Helping the child live without anger can be a challenge; but it is an important developmental step. It would be helpful to remember these few points:

D=Defuse the anger. Listen rather than talk.

I=Identify the problem. How would the youth like things to be? Where is the conflict?

A=Analyze the problem. Ask the youth if his anger is getting him where he would like to be?

N=Negotiate a solution. Here you must express your concerns and wishes as well as understanding those of the youth. The solution must be satisfactory for



Charles E. Confer is a licensed clinical social worker who has held various practice-centered and administrative social work positions in the fields of child welfare, mental health, family and individual counseling and education/training since 1964.

A Canadian foster care story

By Ralvena Tuff

This story illustrates how child welfare agencies can let teenagers down. There is often an assumption that the older youngsters would prefer independence to being with a family. And sometimes the promise of independence is tempting to those who have not been served well by the system.

Ralvena's story:

My name is Ralvena and I was in foster care for 7 years. I am the youngest of 5 children. In August of 1993, I was 13 years old when my dad died of cancer. My mother was an alcoholic. My three older siblings were living away and not able to take care of us, so my sister and I were placed in foster care. Within the first six weeks we were moved 7 times, from one emergency placement to another. Finally we found a relative to take us in. Our aunt lived 5 hours away in the capital city and we moved there in the hope of some sort of stability.

A permanent ward of the state

In December of 1995 my mom died from alcoholism - she drank herself to death. Only then did the

court decide that I would become a permanent ward of the state. It was under a month to my 16th birthday and maybe I was finally going to belong to someone - to get what the system called permanency, which should have been a relief.

"I really needed someone to care about me"

A change in policy: an agreement of voluntary care

However the government changed its policy on "youths" in the system. The new policy said that if you went into foster care between the ages of 15 and 16 years old then you entered an agreement of voluntary care. So I had to sit down with my social worker, my aunt and

uncle and set terms to this agreement so that I could stay in care. For example, I would maintain my grades and attendance at school. I would abide by all household rules etc. Which doesn't sound that bad, but when you are in care and it's hanging over your head that you

HAVE to do all these things or be kicked out, it's a lot of pressure. After a few years with my aunt the situation became tense. We were not getting along at all. It was decided that we would have to leave. I came to find out later on that my aunt was actually in the beginning stages of Alzheimer's disease and that's why she could no longer cope.

A new home

So we went to a new home. It was winter and I became very ill. The foster mother would not let me stay home from school and rest. I eventually ended up with pneumonia. I went to school one day and they told me to go home because I was

too sick to be there. But I had no "home" to go to. I felt like I had no one who cared.

However, I had the good fortune of having met the

Chair in Child Protection some time before, through my efforts to start a Youth in Care network. She called social services and it was arranged that I would stay there for 3 weeks, until they could find something suitable for me. 3 weeks came and went and no one from social services called to see if I was OK, or to tell me if they had found anything else for me. They just left me there, not



knowing or caring what happened to me. Again I was truly blessed to have had Kathleen and Ken take me in. She never once mentioned it or made me feel like a burden. She nursed me back to health.

Semi-permanent care to independent living

When I finally got a social worker again, someone who had never met me before, she suggested that I move into semi-independent care. There I would be matched up with a roommate in the same situation as me. We would have an apartment and a youth worker (not a social worker) would come and check on us and stay overnight for support. I said OK. When moving day came, I was placed with a girl that I did not find suitable, but they said it would be temporary. And instead of semi-independent, they put me in independent living. With just that girl, no worker, no support, no nothing!! They just gave me a cheque and said see ya later. At one point there was a break in at our apartment, and someone came after me while I was in the shower. We moved and I was a wreck, I couldn't sleep, terrified of someone hurting me. I was so afraid and vulnerable.

Support from Kathleen and Ken

Kathleen and Ken said I could go back to them, but I was way too stubborn to admit that I had made a bad choice. At first I thought it would be great being on my own--WRONG!!!! I still very much needed support and guidance, I needed structure. I really needed someone to care about me. Eventually I went back to Kathleen and Ken's.



“If you need someone to care about you, foster care is all about caring”

And again she nursed me back to health. Sensing that I was eager for some independence, but still shook up from my ordeal, my foster parents suggested that I move onto campus in residence when I went to university. Eventually I moved off campus and was working, living on my own. Like normal kids when they set out on their own, I just wanted to know that I could call on someone if anything happened, but that too was a struggle. I didn't want to bother anybody because I was afraid of the rejection. Luckily they invited me and my room mate to Sunday dinner, let us do our laundry and gave us a “care package” - like normal kids!

I have moved on and I am very proud to say that I survived the system.

I'm not sure how to sum this up. After rereading what I wrote it still brings back a lot of feelings. As a testament to how real all of this is, the parts that I read that made me tear up, were the ones when someone was being kind to me or showing that they cared. One line in particular stands out: “I really needed

someone to care about me”.

There is now a great deal of research that shows how placing young people in independent living too early, or without supportive adults to turn to, can lead to loneliness as well as other problems. But even a brief experience of being loved and cared for can make a world of difference. Ralvena's own story is followed by a commentary from her foster mother, Kathleen:

Ralvena came to us on an emergency basis. We offered to look after her for three weeks so that her social worker could deal with a major crisis and find a suitable, more permanent home for her. We found that we had become the foster parents for her when a cheque arrived in the mail.

A few weeks later a new social worker arrived. Against our advice and that of the school counsellor, this worker, who had never met Ralvena before, decided that she should be moved into independent living. After some horrendous experiences that none of us would want our children to experience, the school counsellor called to ask whether Ralvena could come back — she wanted to but was afraid

to ask. Of course we welcomed her back. She then stayed with us until ready to go into residence at University — a normal transition for young people leaving home — and it was important, we believed, that she should still consider us family to turn to.

Foster parents who read this can, I am sure, relate to our experiences. The message I would like to convey to social workers is — **please remember that parenting of children in care is a shared responsibility. Be willing to share the care, the planning, and the decision making with everybody involved, including the young person.** In Ralvena's case it was the school counsellor who knew her best, and who did most to get her life on track.

Was the trouble we went through worth it? Of course. Other foster parents will know that no child is “too old” to become part of a family, and our family, including our adult children, has been enriched by Ralvena, by her young husband, and our additional grandchildren. Finally, to echo Ralvena's message: “If you need someone to care about you, foster care is all about caring”.

IFCO Statement and Proposal on Children living in Communities affected by HIV AIDS : Developing Community and Family-Based Solutions



Facts and figures on HIV AIDS :

(source : UNAIDS report 2006, www.unaids.org)

- ✓ 25 million people died of HIV AIDS until now.
- ✓ 40 million people are currently living with HIV AIDS.
- ✓ In Sub-Saharan Africa, 25 million people are living with HIV AIDS in 2006.
- ✓ The same year, 3 million people died of AIDS, 2 million people were infected.
- ✓ Worldwide, 10 million children and young people (aged 15-24) are living with HIV AIDS, 3 million of them are under 15.
- ✓ There are in the world today 15 million AIDS orphans.
- ✓ In 2010, the expected number of double orphans in the world is expected to raise to 25 million, among them, 10 million in Sub-Saharan Africa.
- ✓ HIV/AIDS will still cause large-scale suffering among children for a long time to come. The pandemic encompasses today economic, social and cultural dimensions and ceases to be only a health issue.

To exacerbate the problem, this crisis is happening in countries where more than fifty percent of the population lives on less than one dollar a day. With such high levels of poverty, HIV/AIDS is a challenge to families, who traditionally have always taken in orphans. The number of children orphaned by HIV/AIDS is exhausting natural family capabilities. Children are left without care or with vulnerable elders. If the medical conditions of HIV/AIDS are not enough to tap the resources of families, when one or more family members have a disability, the risks for children grow exponentially.

International and national policies are not yet adequate to coordinate the effort of the NGOs, let alone to ensure protection of those in need. Weak systems of child protection result in increased risks of exploitation, trafficking, neglect and abuse of vulnerable children. Such risks increase when the children take care of their dying parents, are cared for by relatives, lead the household, and even more so when

abandoned, in the streets, or in poorly monitored orphanages.

IFCO recognises that :

- children living in communities affected by HIV/AIDS are a particularly vulnerable population that needs specific care and support. The risk for abandonment, exploitation, abuse, neglect is to be tackled.
- Institutions are harmful to children, as they are unable to give the individualised attention the children require, and are therefore incapable of providing the permanent caregiver that the children need to grow up harmoniously.
- Informal family and community placement are widespread practices, but lack support and monitoring to ensure the security and rights of the children in care.
- The countries affected by the epidemic are facing a decisive challenge, having to cope and build solutions on the basis of under-developed social services and limited budgets.
- The projects designed to provide

care to the children should be locally designed, tailored-to-the-needs, realistic and sustainable.

Therefore, IFCO advocates the support of community- and family-based solutions for the children affected by HIV/AIDS. This calls for :

- Our inclusion in global policies designed to enforce 4 priorities : generalised access to medical care and treatments, fight against discrimination, prevention and psycho-social support for persons living with HIV/AIDS and their close ones.
- The will to promote and improve family-based solutions: extended family placement, foster care as best solutions for the children.
- The development of support, training, monitoring services for those family-based solutions, to prevent abuse, neglect or exploitation of children.
- The development of specific services and allowances for child-headed households.
- Limiting institutional care to

temporary solutions, including for disabled children.

- The support of social services development in communities.
- The empowerment of local networks of foster carers, kin and young carers.
- The reinforcement of Children's participation, and development of Youth in Care Networks.
- The development of regional and international networks to facilitate local initiatives and capacity-building, through the exchange of good practices and lessons learnt.
- The advocacy and lobbying to achieve these goals locally, nationally, globally: pressuring the governments to implement the UNCRC principles, and mobilising resources worldwide.

IFCO, in cooperation with local partners, develops community-based projects and services to support families and children in need. For information please contact our coordinating office at ifco@ifco.info or visit www.ifco.info.

Children and AIDS :

IFCO's Proposals to improve the psycho-social care of children and families living in communities affected by HIV AIDS

by Frederique Ulla Alonso

Children, Parents, Families and Communities under the AIDS burden

Today, in 2007, there is a general consensus amongst the HIV AIDS community to stress the need for specific projects and methodology to address the issue of children affected by HIV/ AIDS. This implies an increasing focus on the best solutions to tackle the challenges of widespread orphaning, global dislocation of families, overburdened traditional family practices such as kinship care. The scope and emergency of the situation in many Sub-Saharan countries drove IFCO to tailor specific projects and develop an original approach towards children and families living in communities affected by HIV/ AIDS.

Here is an overview of such projects, presenting our philosophy in project development: focussing on how to help the carers, so that carers can deliver quality care to the children in need. The general vision of IFCO's interventions is that they need to be based on rights and to build on local capacities. They have to be sustainable and respectful of the needs, competences and actions of the beneficiaries – to serve the needs of the beneficiaries rather than those of the givers.

Children and AIDS: How to grow Up?

IFCO's statement and principles for action are in tune with international consensus on the needs and recommendations regarding HIV/ AIDS intervention.

The 2004 "Framework for the protection, care and support of Orphans and Vulnerable children living in a world with HIV and AIDS" Report by UNICEF, USAIDS and UNAIDS defines five strategies that should guide any intervention to help children affected by HIV/ AIDS:

1. strengthening the capacity of families to protect and care for orphans and vulnerable children;
2. mobilising and supporting community-based responses;
3. ensuring access for OVCs (orphans and vulnerable children) to essential services, including health care, education, birth registration and others;
4. promoting government protection of the most vulnerable children through improved policy and legislation, and by channelling resources to families and communities;
5. raising awareness at all levels, through advocacy and social mobilisation, of the need for a supportive environment for children and families affected by HIV /AIDS, that should be created to benefit all children and families in general.

The 2007 Save the Children Sweden Report, "Building Resilience, a Rights-Based approach to Children and HIV/ AIDS in Africa" stresses the key importance of such principles, in a critical assessment of interventions developed so far:

"The emergence of community-based care initiatives has become a key reaction to the AIDS epidemic. These initiatives play a key role in easing the impact of the epidemic,

particularly on children. (...)

Families and communities were the first to take action (and they remain the vanguard) against the worsening conditions of the children, and they provide the greatest support system to vulnerable children. Out-of-pocket spending by the households, most of whom are already very poor, is the largest simple component of overall HIV/ AIDS expenditure in African countries; a stark reminder that the economic burden of the disease is borne by those least able to cope. Less than 10 percent of affected children are receiving assistance from agencies beyond their extended family, neighbours, church, and community".

IFCO's Methodology : helping the helpers

This is why IFCO's projects all focus on existing community-based initiatives, making the most of local experience, knowledge and actions. IFCO's projects are designed to help the helpers, care for the carers and strengthen the first circles around the child: parents and siblings, extended family, neighbours and the community. On the other end of our global approach, we recognise the need to implement the principles of the UNCRC.

We insist upon advocacy and lobbying of governments, and we are ready to deliver consultancy and advice, so that the appropriate legal framework is developed, to guarantee the rights of the children, particularly orphans, children deprived of parental care, and other vulnerable children. We also advocate services and practices that support families and children (free schooling, free birth registration,



social assistance...) – that will particularly help vulnerable children, but will also benefit all children and families.

Such a philosophy of intervention respects the four principles of a rights-based approach: universality, indivisibility, responsibility and participation. Our projects are sustainable by nature: they build on the local strengths and capacities, and provide training or supervision to improve practices, knowledge and the quality of care provided locally. They make sure that after the intervention, financial means and technical knowledge and motivation will keep on developing. This is why we favour “training of trainers” type of intervention, and always insist on capacity-building and empowerment on the local level.

We invite the governments to develop supportive laws and services (social security, recognised diploma in social work, legal framework for child protection and social assistance). Our interventions also insist on a tailored-to-needs programming, based on an in-depth assessment of local needs, existing resources, opportunities. Such analysis-based strategic interventions better meet the needs of the beneficiaries, while respecting the informal solutions already in place, and considering the wider context (culture, traditions, practices). Only such bottom-up design can ensure that the intervention will not disrupt existing resources and solutions, respect local actors and their rights, support them and

avoid harming the children or their carers in any way.

IFCO projects design : the focus on caregivers

The 2007 Report by Save the Children reasserts that: “All children need to be in a stable and caring relationship with adult caregivers. In this regard, family-based initiatives should be supported and monitored while avoiding, as much as possible, residential and institutional care for children. Responses should focus on mitigating parental death and should enable caregivers to secure economic and social resources to provide for children’s protection and care”.

IFCO proposes to share its expertise and experience in foster care, in particular to spread the best internationally-recognised practices in care (such as the “Looking After Children” model), with the carers of orphans and vulnerable children. This also means creating capacity to monitor, support and train the carers. On the one hand, this means professionalising and training foster carers and social or community workers in foster care, children’s developmental needs and HIV/AIDS related issues. On the other hand, we favour the strengthening or creation of informal supportive tools: we encourage and help carers to get together to discuss their everyday difficulties and experiences, for instance setting up self-help groups, mentoring and peer support. We recognise that best practice insists

on the importance of children’s participation in such trainings. As for decision-making and monitoring of such programmes, IFCO proposes to create and support Youth in Care Networks, that will enable young people and adults to voice their concerns and experience, to participate in the global policies on HIV/AIDS – education, prevention, to fight against stigma, discrimination and exclusion, and to defend their rights – civil registration, inheritance, protection, access to health and education and participation.

Our Projects and Achievements:

Completed Missions :

We already proved to be capable of useful interventions to support carers and develop good practice for workers and carers in communities affected by HIV/AIDS :

1. in Kenya, in partnership with ANPPCAN regional office (assessment of situation and needs, design of “A Proposal on mobilising communities to accept foster care as a response to the HIV/AIDS orphans”, ANPPCAN Kenya, June 2006);
2. in India, working for Cordaid and Kinderpostzegels to investigate, collect and spread good practice in the care of HIV/AIDS orphans among local CBOs (“Good practice for alternatives to care in institutional settings for children without parental care in India”, a working document by IFCO, August 2006). (See article on pages 22-23 of

this edition of the Informer.)

Working Models for coming Projects :

1. The Central African Republic pilot project : “An integrative project to develop a global response for 500 orphans in Bangui, CAR, through the development of quality family-based care”. This pilot project is mainly focusing on capacity-building through training of social workers and foster carers, monitoring and supervision activities, consolidated by nutritional and financial support, inclusion to medical and social services, emotional support and education.
2. “Training of trainers for supervisors and carers of OVCs to support and improve foster and kinship care in local settings in 6 French-Speaking African Countries”. In partnership with OSI, a French-based NGO providing economical support to CBOs in 6 French-Speaking countries, IFCO designed a training of trainers programme, to be followed by supervised cascading down trainings locally and the implementation of monitoring good practice.

To find out more about our projects and models for intervention, and to support IFCO in its will to participate in the global effort to tackle HIV/AIDS impact on children, please write to ifco@ifco.info.

You can learn about our partner OSI at www.orphelins-sida.org

The Aids scourge In Ghana

by Christof Damalie, *Thirdway Netherlands*

Ever since Aids appeared on the scene the world has never been the same. There are many speculations on this topic ranging from politics, medical and religious issues. I believe that knowing the source of a problem is half the work done.



Christof Damalie

But this is not the case for HIV/Aids. For example in Ghana where religion plays a greater role in the lives of people, it is widely believed that Aids is caused by witchcraft.

This widely held belief is not only limited to traditional religious practitioners but also to propagated religions from abroad such as the Christian religious denominations. Children are often accused of possessing witchcraft.

The child in this case faces double agony. If the parents die they are accused of bewitching them with Aids. If they suffer from it themselves (which may have been passed on by their parents) they are accused of having brought it on themselves.

Treatment, care and educational campaigns

As widely known the treatment of Aids is simply beyond the means of individuals, sometimes even in the developed world. However, with the help of the world community, some NGOs and health institutions are doing their best to take care of the children, especially the abandoned ones and the orphans. They offer also care, support services, counselling, testing, diagnosis and treatment.

So, one can say that the issue of treatment is by and large an economic issue. For example the low level of nutrition, especially among children, causes low responses to treatments and, for this reason, they may die earlier than expected. Despite poverty, families are still willing to take care of orphans in case their parents die. Caring for HIV/Aids patients is more than providing food and water and, with the increase in Aids cases, this

traditional responsibility will come under pressure in the future years. There are a lot of institutions involved in educational campaigns such as schools, churches, youth movements... However, I am of the opinion that a comprehensive curriculum which combines education about HIV/Aids and STDs into a teaching and learning model is needed. This thus becomes part of the school curriculum. It should be taught in a more effective way to achieve the desired results. However the advantage is that the taboo is broken because every child talks about it at home. The multiplying effects are enormous because the parents listen to the story from their children.

A lot is being done in this area.

There are posters on the walls, messages on the vehicles, talk shows, adverts, seminars and workshops. The NGOs and the Ghana National Commission on Aids are doing a wonderful job as far as prevention is concerned: community outreach programs, promotion of safe sex, theatres etc. The role of religious institutions in the prevention efforts deserves a special mention. Ghana is a religious land whose people are divided amongst many different denominations. Additionally, some traditional religious sects have practices which protect the young girls from falling prey to the Aids scourge.

Mode of transmission nationally and internationally

For one reason or the other women, especially teenage girls, seem to be a high percentage among the carriers. This can be attributed to the fact that many women are not

economically independent. They tend to give sexual favours for their economic survival. This leads to rapid transmission and increase in numbers of young pregnant carriers.

This is still by and large mother to child transmission. It seems to me that this will continue to be a major concern in the coming years and needs some urgent attention. There is an increase in sex tourism which leads to child commercial sex. In a conversation I was told that Ghana has been identified internationally as one of the safe havens for the paedophiles from Europe and the Americas. The situation is causing a very serious concern.

Problems faced by infected and affected persons or children

It is a shame to be identified as a carrier. It is therefore very difficult for people to come out openly when they have the disease. Due to our extended family system one member of a family having Aids, could tarnish forever the image of the family for generations to come. It may be difficult for members of that family to even get married. One could imagine the psychological trauma a child could go through if he or she cannot play with the rest because the other children and their parents are afraid of contracting the disease.

Stigmatisation of individuals, families and even a whole community could occur as a result of contracting Aids.

It is still a taboo to mention it openly in front of an affected family. Loss of respect and dignity and discrimination against infected and

affected patients is still a problem. Due to this reason opportunities for testing Aids among people in the community are not utilised. This means there may be more carriers than are known about.

Recommendations

As mentioned earlier, the way forward that I see is a comprehensive educational programme at schools. There is a need to break the taboo of not openly discussing HIV/ Aids. People should be counselled to overcome the fear of stigmatisation so that they can go for screening and testing.

And finally there is the need to check sex tourism and its bad consequences both on women and children.

Children infected and affected by HIV/AIDS in South Africa

By Maraliza Robbertze
Director, Place of Restoration/Give a Child a Family

The South Coast of Kwa Zulu Natal is regarded as the area with the highest incidence of HIV/AIDS. Statistics published during 2006 by the Medical Research Council in Durban showed that 70% of women on the South Coast of KwaZulu Natal are HIV/AIDS infected. Maternal health has a direct impact on the health and wellbeing of children and it is now estimated that we will face the challenge of 4.2 million orphans and vulnerable children by the year 2013. We are in the "death phase" of HIV/AIDS

- + 2000 a day new infections
- + 4.1 million infected in S.A at the moment
- + 500 000 children lost one or both parents
- To date we have only seen the tip of the iceberg but in the near future the full impact of this syndrome will be experienced – more deaths will result in an increase in orphans and vulnerable children and more children will present with the virus. Many adults are still ambivalent to the use of anti retroviral treatment and therefore it is evident that more and more children are orphaned soon after they are born.



Maraliza Robbertze, born 5 April 1963, since 2003 is the Director Residential Care and Training of Give a Child a Family, a Christian organization operating in Kwa-Zulu Natal South Africa. She is a qualified and experienced Social Worker.

Throughout history, the Zulu culture is very clear about families stepping in and taking over the responsibility of parenting an orphan. However due to rapid increase of young parents dying, there is little safety net left to take over the responsibility of rearing orphans. It is also evident that mainly grandparents, mostly the grandmother, have to take over the role of, and replace the deceased parent. They are often

found looking after as many as 10 grand children with little means of support.

Driving in the rural townships or communities, it is not common to see very young children looking after siblings and many toddlers walking around aimlessly for an entire day without any adult supervision.

The exploitation of young children through crime syndicates have increased due to this, as well as affected children being more vulnerable to rape and sexual abuse. Repulsive incidents have been reported, such as babies as young as a few months being are raped and sexually abused.

We also find that affected children dropping out of school is on the increase. This is due to the fact that children have to assist with household responsibilities and care for smaller siblings. Some families merely have no money to send children to school due to unemployment and illness.

Intervention services for infected children have definitely improved over the past few years. Anti retroviral programs are now piloted and children can access treatment. However, in some of the deep rural areas, people still cannot access services and in some cases families stay in denial, blame bewitchment for their status and therefore will not accept any treatment. There is also still a lot of stigma attached to a positive status, which keep people from admitting their status, or accepting any help co notated to HIV/AIDS.

Give a Child a Family, a registered organization, is situated in Margate, a coastal town, on the South East Coast of KwaZulu Natal and serves the UGU District (6 Municipalities - 250 sq km) with a population of 1,119,400.

The Give a Child a Family Programme intervenes by:

- Providing shelter at The Place of Restoration for 50 Orphans and Vulnerable children (OVC's) between the ages of 0 and 18 Years.
- Preventing disintegration of families resulting in OVC's and
- Building capacity of families to provide a prosperous community and security for children.

Children often access the shelter traumatized and in need of intensive psychological, spiritual, educational and health restoration and our programmes that are geared towards building resilience in children before they are placed back into the community.

Our **vision** is for children to thrive in a family within a vibrant community, in other words, to reintegrate children back into family.

Since 1992 The Give a Child a Family Programme aims to fight and counteracts the devastating effect on our children as follows:

Residential Care To Rescued Children, providing Restoration to children (120 per annum)

Health & Nutrition

Preventative and curative health-care is provided as well as HIV/AIDS counselling and testing and



anti-retroviral treatment is given to infected children where indicated. Children that have been orphaned, abandoned, abused and who are HIV/AIDS infected and/or affected mostly reach us without health records, birth certificates and little or no background information. There has been a sharp increase in babies being abandoned at birth- some left in hospitals whilst others are merely dumped into toilet pits to die. Older children that are brought to our shelter are always emotionally traumatized, often severely malnourished and in certain instances with obvious evidence of physical abuse and neglect.

Education

Our Education Programme for 120 children per annum is to enhance or create a supportive environment for children's growth and development. Education goal: to ensure ongoing education for children whilst at the shelter awaiting placement. Education is provided for toddlers and pre-scholars as well as Outcomes Based Education and Life Skills for children aged up to 18 years.

Therapy and Counselling

Therapy and Counselling is provided to build resilience in children and address the social, emotional, physical and spiritual adversities they have experienced. Therapy plays a vital role in the restoration process of the children accommodated at POR. It is necessary for children to express themselves and it is rewarding to see behavioural change as trauma counselling is done and children are able to

forgive. Attention is also given to practical conflict resolution for tension amongst children and we believe that the skills taught during these sessions will be put to good use in the future.

Re-unification /Foster Care programme

to reintegrate children into a nurturing family as an alternative to long term institutionalized care. 200 families per annum

We have decided to focus on the recruitment of foster parents in communities in order to provide children with families. The programme is very successful and we are at a stage where we have a database of foster parents who are screened, trained and available to have children in their Care.

We also assist in cases where children can be reunified with their biological family. We provide a training and support programme for these families, as it is still the first option to place children with their own family.

I have been in social work practice for nearly 21 years and in my experience it is still the tendency of social workers to place children in children's homes. We often find missionaries and others from abroad move into South Africa with the vision of building another orphanage. Our Government is not pro children's home placements but I guess for professionals to place children in institutions is still the easiest and less costly in term of time and effort. The reality as well is that social workers sometimes have to deal with more than a

hundred cases at a time.

Replication of the GCF Model of Excellence as identified by the Department of Welfare. GCF trains and mentors other organisations locally and nationally on the Restore and Reintegrate part of our programme. This is done to address the issue of OVC's, as firstly: there are not enough orphanages to accommodate all these children, and secondly orphanages are not the answer...as 4.2 million children need to be placed with nurturing families within a community and not be shoved into orphanages.

We decided to be pro-active because of this frightening reality by coming up with an innovative model to ensure children not necessarily be institutionalised but having the right to grow up in a healthy family.

- Let us put our minds together and see what life we can make for our children as cherishing children is the mark of a civilized society and children are the living messages we send to a time we will not see -

Resources

1.Sustainable Development: UGU Organics
- Food Security, Income Generating Projects, Transformation and Mobilisation Training, Enterprise Development for Foster Parents
2.Training other CBO's and individuals on the above
3.Foster Parent en Orphan Database. The Foster Parent Database enables other organisations within area to source foster parents. The Orphan Database is a valuable tool to keep track of children in the area as well as providing an indication when a child turns 18; this enables us to look at an independent living programme in order to stop the circle of poverty in the future.

*Prospective Foster Parents
trained by Jabu Mjoki*

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Orphans versus HIV In Kenya

by Stephen Ucembe, Kenya

Orphans infected and affected by HIV and AIDS are facing numerous challenges in Kenya and the rest of Africa. Kenya is ranked third in the world in terms of the numbers of HIV orphans. In the United Nations report, published in 2002, it was said to have 890,000 AIDS orphans. According to IRIN news, Kenya has 1.1 million orphans.

AIDS orphans in orphanages

Infected and affected children in orphanages come to be in the homes in a variety of ways. Some are abandoned in hospitals; some are given up by their mother for adoption; still others are referred by community-based organizations or individuals in the community. There have been cases where a child has been dumped like trash in a pit, or in latrines, ditches or garbage heaps. In other cases, children have been abandoned in the house by the parent who has run away, or the mother or father has died or was too sick to take care of the children. Let me give you two different cases to shed some light on some of these situations.

The case of Julie

Julie is HIV positive and is 2 years old. She was born to Margaret who was in hospital and later on passed away due to HIV related illnesses. Julie's father is said to have run away as soon as she was born. Julie was left in the care of the grandfather who is 75 years old and can hardly take care of her. The grandfather also takes care of 5 of Julie's cousins who are young and have dropped out of school.

His only source of income is his small scale farm and his health is deteriorating.

The case of Deborah

Deborah is the last born child in her family. She has two other HIV positive siblings who live with their grandmother. She lived with her mother, who was also HIV infected, in a slum. The father, who was the breadwinner, passed away from AIDS related infections a year ago.

tions. There is a small chance that the status of some of these children will be reversed and hence they will end up being adopted. But what is the fate of those who remain HIV positive? These children are not adopted. This may be because of the cultural beliefs surrounding the epidemic: fear, stigma and prejudice against the infected or affected individuals; also ignorance and the perception that it requires a lot of resources to be able to deal with it.

“The test of the morality of a society is what it does for its children”

Dietrich Bonhoeffer

The mother, together with Deborah, was evicted from the husband's home due to domestic issues related to inheritance. She had no job and no home and moved from house to house, begging for shelter and food. Deborah's mother did receive some help and her child was admitted into a children's home for care, as she was ailing from malnutrition and in the worse stages of the illness. The mother later passed away due to AIDS related illnesses.

The last resort was for Julie and Deborah to be placed in an institution, since proper foster care for children in Kenya, be they positive or not, is not in place. They have to spend most of their lives in an institution. At a crucial stage of childhood, when they need a loving family, they are placed in institu-

Institutional care

If there is a strategy to be developed, it should be geared towards the right of a child to grow up in a family. Giving these children homes is important so that they can grow up in the cultural environment to which they belong. There are as many problems as

there are orphans in Africa but the source is clear and hence it is possible for us to focus our efforts. The IFCO dream needs to be stretched to Africa, to emphasize family support, deepening the sense of family, to protect these children's future.

Alternative care is limited in Kenya, and I think that is why most children end up in institutions. Most of the individual carers abandon these children or give them up due to lack of support. Institutionalized children may seem to appreciate the help at the moment but as they grow up they realize that it does not fill the void. They want and need the tender loving care and the motivation towards positive living that can only be discovered in a family. A good illustration of this occurred in a home where I told a



group of four year old HIV positive children: “This is your home”, and in a chorus they retorted “hapa si nyumbani”, meaning “this is not home”. Institutions can be rescue centres to restore the health of these children, but should not be ‘dumping grounds’ to live in forever.

Are children’s homes for HIV orphans?

With certainty, I believe children’s homes are suitable neither for HIV and AIDS orphans nor for any other category of orphan. By creating children’s homes for these children, we are making worse the separation that already exists. If we want these children to be accepted as part of society, they should grow up in that society. All children need a home. They should belong to a family and to a significant person who cares. Where else apart from the family can these children find real meaning and someone who is consistently present in their lives?

All this is encapsulated in the dream of IFCO that each child is entitled to a family, a real home. Children’s homes in a real sense reinforce an “us and them” mentality in orphans; they increase their alienation from the rest of the world. A large number of children who are said to be orphans have extended family members and friends who can be a part of their family. We need to strengthen these bonds so that the children can have a home and we need well-wishers and donors to embrace family-orientated strategies. Foster care is a strategy of hope. Therefore giving people the motivation and the support structure to be able to take care of these children in real

families is vitally important.

Family for HIV orphans

Hence the IFCO goal still remains to encourage foster care for children who are HIV positive. In 2002 the Human Rights Watch accused the Kenyan government of failing to take responsibility for the estimated one million children who had been orphaned by the virus. These children need mentors - people to motivate and guide them. When children are left to head up families on their own it suggests that there is no one to love them and take care of them. They need to enjoy their childhood. There is a season for everything. There should be a season to be cared for and a season to care.

Community-based services – one possible solution

Community-based organizations have made it possible for families to be maintained and for people to access anti-retroviral drugs and social and psychological support. Microfinance and other small scale entrepreneurs and practices are encouraged so that people have a source of income. This also encourages society to accept that these children are members of the community. Most of the families have many problems. Let me give you a case study in one of the community-based organizations, operating in a slum, in which I worked as an intern, to give you a picture of a multi-problem family. This is one case among many.

The case of Joyce

Joyce is HIV positive and her health is deteriorating. She has six chil-

dren. Three of them are HIV positive. Their father passed away and hence she is now the breadwinner. She washes clothes to make a living and in a day she earns 80 shillings. As there are so many people doing the same work, the price has gone down from 100 to 80 shillings. This is barely enough to pay the rent at the end of the month, place a balanced diet on the table, pay the fees at the kindergarten, buy uniforms and stationery and provide for the medical needs of her children. She needs support.

To sum up

These are the social, psychological and economic issues underlying the whole crisis. I would urge the government to collaborate with organizations and groups that are strengthening families or are family-orientated, so as to come up with workable strategies and practices. Each region should have community-based centres where medical care, social and psychological support are offered or are easily accessible. We should also, as much as possible, empower the families through education on HIV related illnesses, on best practices in home-based care, and on starting small scale businesses. Improving national policies related to access to education and medical care is important. These children will be tomorrow’s future generation and they will also be obliged to care for others. It is therefore now that we should demonstrate how this care is to be implemented.



An African Experience

by Myrna McNitt

If I were to tell you about my experiences of working in Kenya it would be through the lens of a Western European-a mzungu. Mzungu is Kiswahili for European wanderer.

A more interesting perspective might be that of an African child. What does it mean to be an African child? And what if you are an orphan? I will try to get inside the African child's skin and give you a view of the life of a child with limited or no parental care.

To be born in Africa today is to be born at risk. The uncertainties of poverty, poor health care, and food sufficiency challenge families every day. Tribal wars and civil unrest threaten the survival of many groups and communities. The pandemic of HIV-Aids touches all of Africa. According to the data from the United Nations 12.3 million children are orphans or total orphans. HIV-Aids is now 25 years old, with estimates of the resulting deaths at 25 million.

One million persons dying per year... For the African child death is daily reality not an abstraction.

Education and unemployment

Kenya is one of the most populated nations in Africa. Education is held as a high national value. Children without parental care will depend on the good will of others to continue their education. But even with an education, unemployment figures are staggering, with more than 50% unemployed and many families included in the 50% employed are day labourers. The day labourer gets up each morning and goes out in search of work to earn money for life's

essentials. If the family has a member that is HIV positive they may not have the strength to work. Only one in six persons will have access to the anti-retroviral therapy (ARVs). The success of the medication depends on good nutrition and regular administration. Neither of which are easy to maintain in a world of day labour.

Day-labourers with no childcare options

When day labourers go off to work child care is not an option. Children on the edge of life may find themselves locked in the mbati- a steel sided house - with no adult at home, for hours on end. The oldest child perhaps aged 5, 6, or 7 may be left as the child minder for infants and toddlers. The risks of not having a meal, of a child wandering off into the unknown and of harsh punishment from adults if rules are broken are common issues for families. For these children common hazards are house fires and burns, when the small child tries to cook ugali-a thick bread like porridge on a jiko-an open cooker fired by wood or charcoal and lighted with kerosene (called paraffin).

Child-headed households

In Kenya there are over 650,000 Aids Orphans, averaging 700 deaths per day. In traditional African culture there would be no orphans but the number of deaths has seriously hurt the ability of extended family members to care for all of the orphans. Communities attempting to hold on to its youngest citizens may try to support orphans in child-headed households. These

youngsters will be marginalized in all areas of life.

'Dustbin children'

Older children may find themselves on the street-called dustbin children -usually boys - they are often herded up by the police and held in overcrowded conditions. This makes them vulnerable to physical and sexual exploitation-and of course the risk of AIDS.

Sex-trafficking

Girls may not find themselves on the street. They face instead arranged marriage, withdrawal from school to be sent off to be a house girl with little money and under the control of unknown and unrelated adults. They may also face the very real risk of being trafficked for sex trade. This is an unspoken fear of every girl without parental care.

Children's homes

Children's homes in Kenya are often run by international non-governmental organizations. International NGOs use the faces of the children to raise funds in the US and Europe to operate children's homes. Families facing starvation and death will readily grant permission for filming-they have no real choice and the international community has provided little direction as to the ethics of this type of fund raising. There are no guidelines requiring what percentage of funds raised should go back to the country or institution where the child resides.

What the children need most

Kenyan children without parental

care need to search and find out who they are. With death a central part of the tapestry of life for children without parental care, it is important to remember that the mental health needs of these children are the same as any child exposed to prolonged and uninterrupted trauma. Strategies to heal the hearts of these children are as important as filling their empty githeri bowls. (Githeri is the common school meal of hard maize and beans cooked with water and oil or fat into a thick stew substance.)

In the words of the children themselves:

There is nothing more powerful than the words of Kenyan children living without parental care.

Letter received from an older adolescent-June, 2005

(C. is a total orphan whose only family connection is with the sister-in-law of her deceased brother. C. was a brusque outspoken young woman, whom I insisted move forward from standard 6 to 8 to have her sit for her exams. She was able to pass her exams well and now attends a secondary school. Note the journalistic style in her letter reporting the death of a baby.)

"How are you? I hope you are fine, on my side I am okay working hard to achieve my goal the way you use to tell me. I did not have time to tell you how I felt about you. When I'm near you I was feeling like I'm close to my own mother. Thank you for everything you have done for us all and I will always keep you in my heart. Remember black and white is only a colour but in God's eyes we are all equal. I miss you so much. No matter what happen I will always love you. I'm sorry to tell you that one of the babies passed away but all the children,

staff are okay. - from C"

Excerpts from a letter received July, 2006

(R.N. was placed in the centre as an abandoned infant and there is no hope of tracing her roots to family and community. She is now age 15 and wants a family but is confused about who to trust.)

"Please Myrna I just wanna know-ask you whether it was true that you had found for me a family to foster me before you left, because when I came from Mombasa I was told by the staff who were on duty you had a meeting with them and J who was fostered after you left the centre. I am just curious to know about it so if you tell me it is true although you are far away from us I will then go talk to the social workers although I still don't trust them, because I would be happy to join in a family like J. and to stop being so lonely."

Bye - R.N.

Email communication 9 September, 06

(On 3 December 2006 SU graduated from the University of Nairobi with a degree in social work. SU has written his experiences for the IFCO informer having spent his childhood in residential care.)

"bi friends, ...i know that God works through people. Friends come and go but what they leave me is inspiration. They become like role models in my life and like ideals. Though I may not get into their position I can be better than I am now.. Trying to help orphans starts with instilling a sense of responsibility, then providing the opportunity. Then, lastly, creating a charger to re-energize them when they feel down: that can be a family or a significant person in their life. Thank you all."



'Survival without the opportunity to thrive emotionally ...'

At the end of the day the African Experience involves the tangled relationships between the U.S.A., Europe, and the children of Africa. The children of Africa need the West to help them survive. But survival without the opportunity to thrive emotionally makes a prison of the souls of these children. Our response needs to be one of making ourselves vulnerable at a basic human level, asking what we would want if we were the child?

The communications from the children guide our answer. What is it they want:- trusting relationships, positive role models, opportunity to have fun and achieve. Pretty basic needs and rights, it should not take a world summit to do the right thing. It was my good fortune to have taken this professional journey to Kenya. I extend that invitation to others who are concerned for children without parental care.

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Child prostitution

by David Leonard
Plan International Tanzania

It was December 2006 and everybody was happy and preparing to celebrate Xmas and the New Year. I remember on the 22nd December 2006 we closed the office for the Xmas and New Year holiday. All the staff members were happy to join with family and celebrate together. I met with friends in Dar es Salaam. Some were classmates and they were eager to hear about ifakara, my position of work and my responsibilities. We exchanged ideas about work and the challenges we faced about HIV/AIDS. We went to a dance club with friends. People were dancing mgogomgogo style etc .

A young girl came to our table where we sat, wearing red striped jeans and a tightly fitting T .shirt. Later she was joined by two girls and after a brief conversation they asked for a bottle of beer called serengeti "chui chui". The girl went back to her seat and puffed her cigarette as she pondered.

I introduced myself to one young girl at another table and started some small talk. After coaxing her for

sometime, she agreed to tell me the story of her life: a story of pain and suffering. "What is your business?" I asked. She said "I'm not working. I'm jobless and only sleep with men to earn some money for my family, which includes my mother, brother and sisters". She left Dodoma home in 2003 to look for work in order to alleviate the problems her family was facing due to the famine that threatened the area.

Rehema is the first born in a family of three children - two girls and a boy. She was compelled by her single mother to drop out of school at the age of 13 years to look for a job. Her aunt was living in Dar es Salaam "mburahati" and she decided to go there in search of job. However while living in Dar es Salaam she was shocked to learn that her aunt lived in deplorable conditions, selling local brews called wazuki and gongo and sleeping with men occasionally to supplement her income. She said "the men started sweet talking me and promised to give me twice the amount if I slept with them. That was the day I lost my virginity for a

fee of Tsh 500. I was 14 years old" she said with bitterness.

At this time Rehema stopped the interview and asked for another beer and a cigarette. I tried to advise her on the dangers of cigarette smoking and alcoholism, especially at her age. Eventually, Rehema gave details of her sex trade. Most of the men are taxi drivers and daradara drivers and other clients who normally ask for Tsh 3000, but "after bargaining we sometimes settle on T sh 1000. The amount is too little. I need every coin I can make to take home to my starving family.

Due to the dangers of HIV/AIDS she insists that her clients use a condom. However she said some clients decline, claiming that it affects their performance, "for those customers who make such requests and look healthy, I charge them Tsh 10,000 or 20,000" she says.

It shows that poverty is the major problem for the family and forces children to involve themselves in the prostitution business.

Interesting book

Brenda has a dragon in her blood

Hijltje Vink, There's a little dragon in Brenda's blood, de Banier publishing house.

This book written by a Dutch foster mother tells the story of her daughter Brenda who is living with the HIV-virus. Brenda has a "dragon" in her

blood that is sometimes asleep, sometimes awake. Brenda must keep it asleep through injections if she wants to stay well and be "normal" like the other children. The aim of this book is to break down all the misconception and prejudice around HIV/AIDS (for example the way it is contracted or transmitted to other people) and to make them understand that their discrimination can be very painful for HIV affected people.

Besides this, the book is also intended to give support to children and families in the same situation as Brenda and her mother.

A very nice story, useful for parents, educators and teachers to explain to children HIV and how to live with it without prejudice and unjustified fears. There is no copyright on this book. If you would like to translate it and publish it in your own

language, you can write to the publishing house for a CD of the book in English:

Uitgeverij De Banier
Brigittenstraat 1
Postbus 2330
3500 GH Utrecht

Tel : +3130 2303501
Fax : +3130 2316984
<http://www.debanier.nl>
Email : karelott@debanier.nl



AIDS why?

This song was written by young people of Nzrama, a Youth organisation from the Ivory Coast that support HIV AIDS orphans and is active in advocacy, education, prevention and the defence of their rights.

« La vie m'a ouvert ses bras
Et puis les a brusquement refermée
SIDA pourquoi
Oui pourquoi SIDA
De moi enfant, SIDA, tu as fait un adulte
Parce que SIDA tu as emporté mes parents

Donnez-moi la force, oui assez de force
Pour que demain soit ma lumière
Donnez-moi la force, oui assez de force,
Pour que demain soit un espoir

SIDA tu es le passage aussi d'oiseaux migrateurs
Toi qui es le vent à travers le monde entier
C'en est de la connaissance de la méchanceté
insupportable
SIDA tu es un dragon dans le feu
Dans le feu brûlant s'éparpille et s'assombrit
Jusqu'à former l'inévitable teneur des choses

Pourquoi, SIDA pourquoi (2 fois)
Aidez-moi, oui aidez-moi (2 fois)
Famille Centre S.A.S*, pourquoi SIDA
Tantie TOURE**, pourquoi SIDA
Tonton BLA Yao***, pourquoi SIDA
SIDA, pourquoi SIDA !
Pourquoi SIDA ! Pourquoi SIDA !.... »

"Life opened its arms to me
Then suddenly closed them again
Why AIDS
Yes, AIDS why
Of me, a child, AIDS, you have made an adult
Because AIDS, you took my parents

Give me strength, yes, enough strength
So that tomorrow would be my light
Give me strength, yes, enough strength
So that tomorrow would be a hope

AIDS you have the trajectory of the migratory birds
You are the wind sweeping the entire world
In you, lies the knowledge of unbearable wickedness
AIDS, you are a dragon in the fire
In the burning fire, the dragon that scatters and darkens
until you shape the unescapable essence of being

Why AIDS, why
Help me, yes, help me
SAS Family Centre*, AIDS why?
Auntie TOURE**, AIDS why?
Tonton BLA Yao***, AIDS why?
AIDS why!
AIDS why! AIDS why!"

Original text in French, English translation by the IFCO Office.
Song published thanks to Nzrama, OSI and Rodrigue Koffi

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* SAS Centre = The Centre Solidarity and Social Action from Bouaké (Centre SAS - Centre Solidarité Action Social de Bouaké, Ivory Coast), centre taking charge of the psychosocial wellbeing of persons living with HIV/AIDS and their families.

** Executive Director of SAS Centre Bouaké

*** Social Worker at SAS Centre Bouaké

Interesting website

Paper House Film and the Lifeboat Project

(<http://www.lifeboatfilms.org/index.php>)

In 2005, Paper House Films launched a new documentary film project called Lifeboat: A Woman's

Guide to HIV Positive Motherhood. The aim of this project is to create a collection of films that challenge the damaging stereotypes, created by the mainstream media, of HIV positive mothers and their children. The films take a look at the taboo subjects of sex, pregnancy and motherhood and focus on the human experiences of

wanting, having, loving and raising children in an encouraging environment. The first aim of these projects is to support women and children living with and affected by HIV/AIDS sometimes victims of the prejudice of the wider non-HIV community. Secondly it offers to the wider audience of health professionals

and the media the possibility to consider HIV affected people from a new, inclusive and non-discriminatory perspective. The material offered in this website, particularly useful for educational purposes, offers interesting reflections on HIV/AIDS anywhere in the world.



An Asian Perspective: IFCO experience shared in India

by Angela Maria Pangan
NORFIL Foundation, Inc. Philippines

Alternatives to institutional child care in Eastern Europe or Africa are generally quite well documented. Interest in the subject is growing worldwide. The growing HIV/AIDS epidemic means that policy makers and child care practitioners are urgently looking for solutions to how to cope with the increasing number of children without parental care. This is also the case in India, where the number of destitute orphaned children was estimated in 1991 to be 12.32 million, of whom only 0.15 million were being cared for by around 1,000 institutions. For this reason, in 2006, two Dutch donor organizations, Kinderpostzegels and Cordaid, turned to IFCO for help in preparing a handbook of good practices in India, in relation to family and community-based alternatives to institutional care. The case studies are based on strategies used by Indian NGOs with children in rural communities in India. I and my colleague Maria Tereza Nuqui from Norfil Foundation, The Philippines, synthesized the data collected by questionnaires to provide easily accessible models which can inspire others to try out the approaches described. The is still a developing document as new good practices keep turning up. The models will be fed into the UNICEF Better Care Network database to ensure that they reach as wide an audience as possible.

Children are the most vulnerable part of the community. Whenever disasters, diseases or any family/community-based crisis situations occur, the children are the most affected. The number of children without parental care is growing rapidly in India, as in other coun-

tries of the world, due to factors like globalization and migration, the increasing rate of natural disasters, armed conflicts, and the HIV/AIDS epidemic. On the other hand, there is still little experience of how to deal with the many challenges of organizing and maintaining alternative forms of care in a way in which the child's interests are adequately safeguarded. Sustainability is another difficult issue that Asian NGOs must consider. The handbook attempts to provide a brief range of replicable strategies designed by Indian NGOs and tested in the field, promoting and encouraging the adoption of family focused and community-based alternative care strategies for children without primary caregivers. However, the use of these alternative care approaches in both my country, The Philippines, and in India, is relatively new. It is unfortunate that the traditional response of institutional care for children continues to be widely practiced.

The Case Studies we received from India through our colleagues in IFCO displayed such creative responses by the agencies in providing needed alternative care for those children who are left in especially difficult circumstances. These family/community-based indigenous and highly participative initiatives by multi-disciplinary teams have created a most effective impact on the lives of the children, their birth and substitute families/parents and their communities. Mobilizing and training the families and volunteers in the villages to help in caring for the children is uniquely Asian.

Therefore, children benefit from the care of people who are not strangers but who are familiar to them as they come from the same or nearby villages. The strategies that the agencies employed respect the culture and tradition of the villages. Harnessing the potentials of older women to care for children who have lost their parents to HIV/AIDS or reaching out to families who have lost their children to the tsunami is truly inspiring and extremely creative. We certainly wish that other agencies would do well to replicate these alternative care interventions by maximizing the resources of their communities. This is especially important during these times when external resources are becoming difficult to obtain and the number of children who need alternative care continues to increase.

We have learned a lot from this experience as we also hope to replicate their strategies in some of our Philippine villages. We also trust that we have captured, through the case-studies of the handbook, the richness of the creative and innovative work for children by our colleagues in India.

The experience has also deepened my appreciation of the Asian approaches to coping with problem situations in child welfare. Therefore I am strongly encouraged to participate in IFCO's programme of developing an Asian Network on Foster Care for children without parental care. This will be a forum for harnessing and sharing the valuable experiences of Social Workers and social development practitioners in the different countries in Asia.



Case-study in the handbook

Mother's Care Home (MCH)

A program of READ (Rural Education for Action and Development)

Tamilnadu, India

This is a unique community-based programme where older women who no longer have families to care for are recruited to take care of children who are orphaned or abandoned due to HIV/AIDS. Each woman/mother manages a Home that is rented in the neighbourhood and cares for 3-5 children. Each child then is given the opportunity to grow up with a mother's care in a home-like environment. READ provides the necessary support, trainings, counselling and supervision of the mother in each Home.

READ involves the whole community through regular information campaigns on HIV/AIDS that have reduced the prevailing fears and discrimination among the people. The children who have grown up in the Home have also become successful advocates especially among the vulnerable groups in the other communities. READ seeks to change the community environment from an antagonistic and discriminating one to a village that is supportive and caring to the children.

The orphaned children due to HIV/AIDS experience multiple hardships in life. Often they become orphans when one or both of their parents die due to the disease, or they are abandoned leaving them without parental care. Due to the intense stigma and discrimination that HIV/AIDS victims suffer in society, nobody would take them in as their own children for fear of contamination. Without anybody to turn to, these children eventually land in the streets where they live in squalor. Hence, these orphans are in extreme need of parental care, support and medical attention. They need to experience normal family life to assure their normal growth and development and be

able to cope with their situations and lead happier lives.

The warmth of a mother's care and love that the children receive through the MCH's substitute mothers are the key elements that contribute in the provision of a normal family life to the children. Care is given to making the right match between the substitute mothers and the children and providing them with the needed training and support to make their relationship work. Children with behavioural problems and severe medical conditions are not eligible for admission to MCH. It uses the multi-disciplinary approach in meeting the needs of the children. The services of doctors/nurses, social workers, teachers and psychologists are engaged.

MCH seeks out older women in their 40s and 50s in the community who do not have families to care for and offers them the option of caring for 4-5 children in a home. This system is referred to as "the elder mother concept". Houses are rented in the village for such small group homes, located not too close together, so that they would not be identified as special homes. Each group home is situated in its own small neighborhood/community. A sum of Rs 2000 is paid into the account of the mother and she uses her discretion in the use of these funds to pay for house rental and for household expenses. The mothers in the fishing communities are also provided with vocational training such as net weaving, fish processing, etc, to generate additional income for their household.

READ currently serves 7 elder mothers with 23 children from the target group of 427 children affected and infected by HIV/AIDS composed of 275 girls and 152 boys from the Dindigul district. The sharing of costs for the project varies throughout the different phases of the project. In Phase I, which is the first five years, donors will share 90% of the costs and 10% from local contributions. In Phase II, in the next five years, donors will

share 75% of the costs while 25% will come from local contributions. In Phase III, which will last only three years, the costs will be equally divided between donors and local contributions. This graduated cost sharing strategy is very important to the project.

The Mother's Care Home provides the children affected and infected with HIV/AIDS with means to live with dignity and promotes their rights as children. READ supervises and monitors the placement of the children to ensure their welfare and provides support services like counselling and teaching the children with coping and conflict resolution skills. READ also carry out outreach services to the community through awareness education campaigns, institutional and village level outreach care, support and treatment of HIV/AIDS affected and infected children. The organization also aims to develop a child friendly community and implements programmes such as functional literacy, life skills training, education campaigns on health, hygiene, parenting and childcare. It also conducts education seminars for children on behaviour development, creativity enlightenment, RTI, STI and HIV/AIDS, peer education and promotion of special groups of children affected and infected with HIV/AIDS.

The Story

Gowri and Anand are orphaned children. Their parents were infected with HIV/AIDS and died due to the illness. The children came to the attention of READ through a survey that was conducted in their community to identify the vulnerable children and interested mothers and parents. They needed parental care for their normal growth and development. Thus, READ took them under the Mother's Care Home Programme, which is a unique care and support system for the HIV/AIDS affected and infected children.

In early 2004, Sabina, a 30-yr old woman was physically and sexually abused by her own husband. He

burned her in the upper and lower limbs. She, however, escaped to Vellore. She suffered from severe emotional stress, trauma and attempted to commit suicide. The police informed the staff of READ's Home who are professional counsellors about her case. She was provided with counselling, convinced not to kill herself, and given six-months rehabilitation in the Home. She was reorientated on family living. Information about HIV/AIDS and the situation of the people that are infected and affected by the disease were given to her. She was also orientated on READ's Mother's Care Home Programme for infected and affected children. Sabina was found to have the qualities of a woman who could provide alternative parental care for orphaned children due to HIV/AIDS. She was convinced to participate in the Programme. The Village Matching Committee placed Gowri and Anand in the care of Sabina. They have been living together for the past two and a half years.

READ provides for their livelihood and supports their daily needs. Sabina and the children are visited by the staff of READ. They continuously monitor the children's growth, health indicators particular to people infected with HIV, Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI). Emotional support is also provided for both Sabina and the children to help them through the grieving process for having lost their loved ones. Sabina also gets some advice on how to take care of the children.

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Websites on children and AIDS

Main websites for information on Children and AIDS :

UNAIDS United Nations Agency on AIDS www.unaids.org
 World's Health Organisation <http://www.who.int/en>
 United Nations Funds for Children www.unicef.org
www.unicef.org/uniteforchildren/
www.unicef.org/aids/
 Child's Rights Information Network www.crin.org
 The Better Care Network www.bcn.org

Some Useful Reports and Guides :

Building Resilience : a Rights-based approach to children and HIV/AIDS in Africa, report by Linda M. Richter and Shamla Rama, Save the Children Sweden, January 2007
http://www.crin.org/docs/save_children_hiv.pdf

Children and AIDS, a Stocktaking Report, by UNICEF, UNAIDS and WHO January 2007
http://www.crin.org/docs/unicef_hiv_stocktaking.pdf or
www.data.unaids.org/pub/Report/2007/20060116_stocktaking_report.pdf

A Methodological guide for facilitators on Street children and HIV AIDS :
<http://www.paueeducation.com/aids/fr/pdf/gMethodologie.pdf>

The Promise of a Future - Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa - a document co-produced by the Firelight Foundation, the American Jewish World Service, the Bernard van Leer Foundation and the Pan-African Children's Fund
<http://www.firelightfoundation.org/IP%20-%20M.pdf>

Strengthening systems to support children's healthy development in communities affected by HIV/AIDS : a review, by Dr. Linda Richter. Published by the WHO, 2006.
<http://www.ccaba.org/resources/Strengthening%20Systems.pdf>

On Conferences :

website of the World Aids Conference Toronto 2006
<http://www.aids2006.org/>

website of the Conference "Children and AIDS" / "Enfance et SIDA", Paris, UNICEF, June 2006
www.colloque-enfance-sida.org

in English language
<http://colloque.colloque-enfance-sida.org/index.php4?lang=EN&rub=680>

Websites of more organisations on HIV AIDS related issues :

The Global Network of People Living with HIV AIDS
<http://www.gnpplus.net/cms/index.php>

International Community of Women living with HIV AIDS
<http://www.icw.org/>

The Coalition on Children Affected by HIV AIDS
www.ccaba.org

Lifeboat films
www.lifeboatfilms.org

Global Fund to fight AIDS, tuberculosis and Malaria
<http://www.theglobalfund.org/fr>

Global Action For Children (US)
<http://www.globalactionforchildren.org>

International Council of AIDS Service Organizations (ICASO)
<http://www.icaso.org>

International HIV/AIDS Alliance (UK)
<http://www.ovcsupport.net>

OSI Orphelins Sida International
<http://www.orphelins-sida.org>
 Blog OSI Bouaké
<http://osi.bouake.free.fr>

Our Experience as a Foster Family!

by Hugo and Sharon Castro

The background

For 20 years ABANSA has provided integral assistance to children and adolescents at social risk in Venezuela. Today, we work in 8 States of the country, and we assist a total population of 200 children and adolescents. Our work is mainly carried out through “casas hogares” (group homes). Ten to twelve children are accommodated per home, receiving integral assistance and care from a couple (foster parents) and from two support ladies who work as the children’s aunts. We also have a rural school in the border with Colombia, where we provide education to children from both countries who have never received formal education.

In Venezuela there is a total population of 23 million people, of which 60% is under 18 years of age. Besides, it is estimated that a population of over 60% lives in extreme poverty, with a high percentage working in the informal trade sector.

In the year 2000, the new childhood legislation based on the UN Convention came into force. It is called LOPNA (Ley Orgánica de Protección del Niño y del Adolescente). This new law eliminates the INAM (Instituto Nacional de Menor) and creates the new protection system made up of the national council for children and adolescents’ rights, state and municipal councils, as well as protection councils and protection courts.

This legislation promotes foster care above children’s placement in

institutions. However, in practice, this line of action has not found enough support from the civil society. That is why the number of foster families is yet very scarce. In late 2006, ABANSA has started a campaign to recruit more families willing to foster these kids in their homes.

There are two states where this programme has proved more successful: Barcelona (Anzoátegui), and in the metropolitan area of Caracas.

Our story

We met at the founding moment of ABANSA, in December 1985. Sharon is the organisation’s president’s daughter, Ms. Elda Quiroz de Lizcano. And Hugo is a doctor. We met during the initial fund-raising activities for the Organisation. From the onset, Sharon worked as carer of the first group of children, until the first foster family appeared: the Gómez couple. Two years after that, we got married. Within a month of our marriage, we received the first group of 7 kids, to whom we became the “affection parents” (as we call foster parents here), and we keep doing it! Our biological children live together with our foster children. During these 18 years of marriage, a total of 62 children and adolescents have shared their lives with us, with a permanency period of between 3 months and 10 years, since the cause of their coming into care was not resolved, or because their families disappeared. During all this time, we have tried to meet all of our children’s needs, such as their feeling of belonging, their identity, acceptance, justice



and the fight against discrimination, and justice. A thorough work has been achieved as regards discipline, adjusting it to the different ages. Sharon and I have always tried to set up a team, and all our children see us united and in full agreement.

We have also received support from volunteers, who have helped us in areas like recreation, education, transport, and promotion of the organisation for the search of funds. And, in this way, our children luckily have many aunts and uncles constantly caring for their welfare.

At present, we live with our 4 biological daughters and 9 foster kids: Dayerlin (1), Eliber (2), Mariangel, Israel and Yeiker (3), Francisco David (5), Diana Carolina (6), and Maria Catherine (7). Eliber, Israel and Diana are siblings.

(remark from Tony)
the Family picture is too low in resolution for bigger display



Our daughters are Raquel (11), Dulce (15), Joyce (16), and Sharito (17).

Given that most of our children stay for quite long terms in our family (over a year, as an average), separation is painful for everybody. But we have learned to establish a preparation period with the foster child and our biological daughters so that leaving is as painfree as possible.

Very few children have been adopted. Most of them have returned to their birth parents (60%

of the cases), or some close relative once they have become of age. Some others have been transferred to other centres or farms belonging to our association, where they have reached adulthood, and from where they always keep telephone contact with us.

We can say that they have all been protected (sometimes saved from death!), fed and taken care of, as well as educated in the best possible way, so that they learn values and love to God and their neighbour. They have also received formal education and recreation. In December, they are loaded with gifts from friends and colleagues!

Today we are considering the possibility of serving as trainers in the foster care programme at a different level, starting where the project is about to be funded (and this is what we will be dealing with in the next couple of days in the city of Valencia!).

Greetings from Venezuela!



The NGO ABANSA

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Some of the Q4C most important facts:

- ✓ Around 600 persons have been involved in the development of the standards, including over 300 interviewees (Storytellers)
- ✓ The 1st European Congress "Quality4Children" was visited by over 450 participants from 40 countries. (for documentation on the congress go to www.quality4children.info)
- ✓ Young people from Q4C and the project team contributed to the development of the "UN Guidelines for children without parental care".

DEVELOPING EUROPE'S FOSTERING TRAINING (DEFT)

DEFT is a European project involving partners from Sweden, England, Austria, Poland, Italy and IFCO (International Foster Care Organization), working together to develop an accredited "Training of Trainers" programme. The project, that run between October 2005 and September 2007, aims at providing fostering professionals with the skills needed to deliver high-quality training to foster carers, incorporating the participation of foster carers at every stage. Further information is available from: www.deft-project.eu

Quality 4 Children Standards

for Out-of-Home Child Care in Europe

Development of quality standards for Out-of-Home Child Care in Europe

Each child and youth without parental care has to be given the chance to shape his/her future in order to become a self-reliant, self-responsible and participating member of society, through living in a supportive, protective and caring environment, which promotes his/her full potential.

- Quality4Children's vision

Quality4Children (Q4C) has been engaged for nearly three years with developing quality standards for out-of-home child care in Europe. The final version of the standards will be ready in the coming months.

The international organisations IFCO, FICE and SOS Children's Villages launched the project Q4C in March 2004. One of the project's major approaches is to ensure the participation of persons directly involved in the out-of-home child care; this includes among others, children, adults who once lived in

care and caregivers.

The level of participation of young people in Q4C goes further more than interviewing them: Q4C has youth representatives in its steering group as well as in the project's national teams.

The Q4C standards are not based on the knowledge of social scientists; they are based on the personal experiences of people involved in the out-of-home child care: the "storytellers". During the project's first phase, over 300 "storytellers" from almost 30 countries were asked to share their good practices. The information collected mainly consisted of personal views, expectations and experiences while involved in the out-of-care process.

Q4C is conscious that children and young adults are experts in the quality of their care. Half of the "storytellers" that collaborated in the project by sharing their stories were children, young adults or were in care at some point in their life.

The project's actual phase consists of the data analysis and the

development of the standards. The stories were gathered, analysed and clustered in themes. Those themes, together with data samples (Quotations from the stories) were the base that the Q4C national teams used to develop a draft paper on the quality standards. The first draft was worked out from November 2005 until June 2006; this version was sent to the storytellers in summer 2006 in order to get feedback from them. It was of special importance for the project to know if the storytellers could identify their stories in the standards.

From October 2006 until February 2007, a team in charge of the standard content incorporated the storytellers' feedback and is currently revising and editing the standards. The final product will be the text version of the Q4C Standards which will be published in the project's website (www.quality4children.info) in spring 2007, shortly after this, a printed version of the standards will be available.

IFCO "East-East Network" Regional Training Seminar Bratislava, June 4-7 2006

Developing Foster Care in CEE/CIS/Baltic - Learning Together



1: The view of the main hall from the seat of a participant.

2: The conference registration stand: Lubka Semrincova with the team of volunteers from our Slovakian partner, Smile as a Gift

3. IFCO youth after a full conference day.

4: International experts are very serious people.

5. Exchanging business cards. Poland and Croatia are getting closer. That is what IFCO does!



IFCO regional training seminars

Did you know?
Besides biennial international conferences like the one in New Zealand this year, IFCO also orga-

nizes regional training seminars. Last year a very successful such seminar took place in Bratislava, the capital of Slovakia, organized

by our Slovak partner organization Smile as a Gift. This year a similar training seminar is in planning, for Malta.

Stay tuned for IFCO updates and more information. Next year you can be the one appearing on this cover!

IFCO 2007
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