



THE REPUBLIC OF UGANDA

# Integrated Care for Orphans & Other Vulnerable Children



A Toolkit for Community Service Providers





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# Foreword

The Government of Uganda is working through the Ministry of Gender, Labour and Social Development (MGLSD) to provide guidance on OVC programming. At the national level the *National OVC Policy* (NOP) defines the framework for OVC assistance, while the *National Strategic Programme Plan of Interventions* (NSPPI) provides guidelines for OVC programmes. The National OVC Steering Committee (NOSC) and the Technical Resource Committee (TRC) are the MGLSD-led bodies that provide oversight of OVC initiatives.

Meanwhile, many groups and organizations at the grassroots level are implementing activities and projects for OVC with limited knowledge of the guiding principles and core programme areas recommended in the NSPPI. While many of these organizations are providing excellent services, others are struggling. Guidelines and other practical information that would enable them to implement activities and services that reflect the NOP and the NSPPI are urgently needed.

MGLSD is working with partners to develop and disseminate materials that will strengthen delivery of district and community based OVC interventions. These include the NOP and NSPPI, a training manual: *Integrated Care for Orphans and Other Vulnerable Children: Training Manual for Community Service Providers*, and a comprehensive monitoring and evaluation plan. This “Toolkit for Community Service Providers” is a companion volume to the OVC Training Manual and contains practical information and tools to help Community Service Providers translate the guidelines into action.

The toolkit was developed using a highly participatory process. The MGLSD OVC Technical Review Committee (TRC) led the process and provided input into the content of the Toolkit through Thematic Working Groups (TWG). The draft toolkit was pre-tested with district based Community Development Officers, Probation and Social Welfare Officers, and CBO and NGO representatives. National level stakeholders reviewed and commented on the draft during a stakeholders meeting held in November 2005.

The Ministry gratefully acknowledges the support of all the stakeholders who contributed to this important “Toolkit” and especially the AIDS/HIV Integrated Model (AIM) Programme. Finally we acknowledge the Community Service Providers who are working with few tools and little reward on behalf of Uganda’s vulnerable children and households.

**Minister of State for Youth and Children’s Affairs**

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# Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AIM	AIDS/HIV Integrated Model District Programme
CBO	Community-based organisation
CDO	Community Development Officer
COPE	Complementary Opportunities for Primary Education
DCO	District Cooperative Officer
FBO	Faith-based organisation
FEW	Financial Extension Worker
HH	Household
HIV	Human immunodeficiency virus
IGA	Income-generating activity
LC	Local Council
MFI	Microfinance institution
MGLSD	Ministry of Gender, Labour and Social Development
NGO	Non-governmental organisation
NSPPI	National Strategic Programme Plan of Interventions
ORS	Oral rehydration salts
OVC	Orphans and other vulnerable children
PWSO	Probation and Social Welfare Officer
ROSCA	Rotating savings and credit association
SACCO	Savings and credit cooperative
SCA	Secretary for Children
TB	Tuberculosis
UAC	Uganda AIDS Commission
UPE	Universal Primary Education
VS&LA	Village Savings and Loan Association

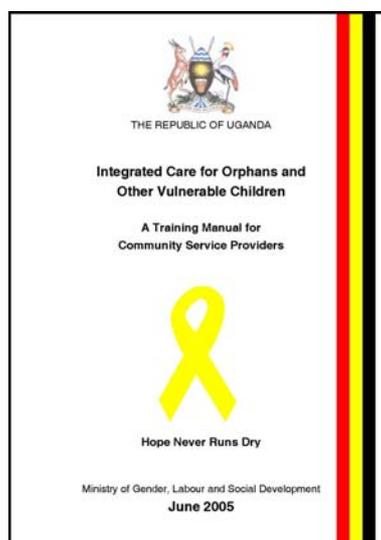


# Introduction

## Reason for developing the Toolkit

Communities and local organisations in Uganda have found innovative ways to support orphans and other vulnerable children (OVC), often with very few resources. This Toolkit was developed to share practical ideas that work, in the form of tools from the field in Uganda and around the world. It includes step-by-step guides, sample documents, needs assessment checklists, monitoring and evaluation indicators, programme models, behaviour change messages, and suggestions for further resources.

The Toolkit is best used together with the MGLSD's ***Integrated Care for Orphans and Other Vulnerable Children: Training Manual for Community Service Providers***, which includes comprehensive descriptions and guidelines for all the core programme areas of support to vulnerable children and households. This Toolkit is a practical “how to” guide for selected OVC planning and support activities described in the Training Manual.



## Intended audience for the Toolkit

The Toolkit is designed for OVC service providers at the community level, including community-based organisations (CBO), faith-based organisations (FBO) and non-governmental organisations (NGO). It can also be used by people providing technical assistance and support to these organisations, such as district Community Development Officers (CDO) or Probation and Social Welfare Officers (PSWO).



## Ways to use the Toolkit

OVC service providers can use the Toolkit to:

- ⦿ Improve existing OVC services.
- ⦿ Plan new activities.
- ⦿ Work more effectively with communities, volunteers and OVC.
- ⦿ Monitor and evaluate their OVC services.
- ⦿ Learn about and apply the National OVC Policy that guides OVC programmes around the country.

## How the Toolkit was developed

The toolkit borrows liberally from many excellent resources which are cited in the bibliography at the end. It was developed by the OVC Secretariat of the Ministry of Gender, Labour and Social Development (MGLSD) with support from the AIDS/HIV Integrated Model (AIM) District Programme. It was developed collaboratively with thematic working groups composed of OVC programme implementers and other stakeholders, and with the Technical Resource Committee of the MGLSD OVC Secretariat. The guidelines in the Toolkit are based on the National Strategic Programme Plan of Interventions (NSPPI).





# Section 1

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## *Overview of OVC policy in Uganda*





# Overview

## Situation of OVC in Uganda

The Situation Analysis of Orphans in Uganda (MGLSD/UAC 2002) estimates that there are more than 2 million orphans in Uganda. One of every five children is orphaned, and most are between 6 and 15 years of age. One in four households in Uganda includes at least one orphan. In Ugandan culture, the extended family and community have traditionally taken care of orphans. However, the orphan crisis has now overburdened households, and many communities are finding it too difficult to give orphans the care and support they need.

With the added burdens of poverty, HIV/AIDS and armed conflict, many communities are facing a crisis situation. The Government of Uganda and its partners are working to help households meet the financial, social, psychological, educational, and health needs of the children they support.

The Ministry of Gender, Labour and Social Development (MGLSD) in Uganda develops policies related to children and youth. Within MGLSD, the Orphans and Other Vulnerable Children (OVC) Secretariat has developed a plan (The National Strategic Programme Plan of Interventions or NSPPI) to guide service providers to help OVC in Uganda to reach their full potential.

## Defining OVC

An **orphan** is a person below the age of 18 years who has lost one or both parents.

A **vulnerable child** is a person below the age of 18 living in a situation that exposes him or her to significant physical, emotional or mental harm, such as:

- ⦿ Child-headed households
- ⦿ Street children
- ⦿ Child living in institutions
- ⦿ Child affected by conflict, war or natural disaster
- ⦿ Child with psychosocial or physical vulnerability
- ⦿ Unsupervised children and child labourers



## Values, mission and vision of the National OVC Policy

All services for orphans and other vulnerable children should start from the values of **love, care and compassion**.

OVC service providers help the country achieve the **vision** of a society where all children live to their full potential and their rights are protected.

The National OVC Policy and NSPPI give service providers all over the country a common framework so that they can work together to reach this vision.

## Guiding principles for working with OVC

The MGLSD Strategic Programme Plan (the NSPPI) outlines guiding principles for service providers working with orphans and other vulnerable children. When you design, plan and implement services for orphans and other vulnerable children, use these guiding principles to make sure your services are effective and appropriate.

1. Protect and realize the human rights of orphans and other vulnerable children.
2. Promote care-giving by family and community.
3. Give priority to the most vulnerable children and households.
4. Reduce vulnerability by providing help quickly while taking care to make the vulnerable children and households stronger.
5. Support community initiatives first.
6. Provide support fairly to both boys and girls.
7. Respect orphans and other vulnerable children and provide opportunities for their meaningful participation in programme decisions.
8. Reduce stigma: promote community acceptance and support for orphans and other vulnerable children.
9. Encourage participation of orphans and other vulnerable children and their families.
10. Support partnerships to increase availability of quality services for vulnerable children and households.



11. Link services for vulnerable children and households to make them integrated and holistic.
12. Support local government structures responsible for orphans and other vulnerable children.
13. Design activities to match the needs of orphans and other vulnerable children according to age.

## Core programme areas of OVC support

Community-level OVC programmes provide services to support the most vulnerable children and their households. These organisations should link with other services in the area to integrate care and support for vulnerable children and households.

The NSPPI lists the following core OVC programme areas:

1. **Socioeconomic security:** Activities that help vulnerable children and households have enough income or resources to meet basic needs (such as shelter, health, nutrition and schooling costs).
2. **Food security and nutrition:** Activities that support vulnerable children and households to have adequate, balanced meals at all times.
3. **Urgent care and support:** Meeting basic needs such as food, shelter and clothing in emergency situations.
4. **Reducing the impact of conflict on OVC:** Activities to help reintegrate orphans and other vulnerable children and their families uprooted by armed conflict.
5. **Education:** Activities to help vulnerable children access formal education, alternative education programmes, or vocational training.
6. **Psychosocial support:** Psychological and emotional support for vulnerable children and households to help them to cope.
7. **Health:** Activities to help vulnerable children and their households access appropriate health care and stay healthy.
8. **Child protection and legal support:** Activities to help communities understand the rights of children, protect vulnerable children from abuse, neglect and exploitation, and give vulnerable children access to legal assistance with property and guardianship.



**Section 3** of this Toolkit provides detailed information and step-by-step guides for activities in each of these core programme areas.

## Role of community service providers

Community service providers strengthen community capacity to support and advocate for vulnerable children and their households. They help vulnerable children and households to make their own decisions and help themselves. They support communities to take the lead in their own strategies for OVC care.

### TOOL → Roles in supporting OVC

#### Children can:

- ⊙ Work with CBOs and NGOs to identify their needs and suggest ways to meet them.
- ⊙ Take part in planning and conducting activities to improve the situation of vulnerable children and households.
- ⊙ Help other vulnerable children and households.
- ⊙ Promote positive attitudes toward vulnerable children and households in their community.

#### Caregivers can:

- ⊙ Provide basic needs to vulnerable children and households.
- ⊙ Give vulnerable children love, care, guidance and support.
- ⊙ Plan ahead for the welfare of all children in the household.
- ⊙ Find sources of support for the children in their care.

#### Community members can:

- ⊙ Identify vulnerable children and households and find out their needs.
- ⊙ Give vulnerable children love, care, guidance and support.
- ⊙ Mobilise resources for support of vulnerable children and households.
- ⊙ Help vulnerable children and households link up with support services.



### Roles in Supporting OVC (continued)

#### **CBOs, FBOs, NGOs can:**

- ⦿ Facilitate communities and households to plan activities to support for vulnerable children and households.
- ⦿ Organise and train community volunteers.
- ⦿ Give material support to households.
- ⦿ Build capacity of communities, caregivers and vulnerable children and households.
- ⦿ Link with government and other service providers to make partnerships to support vulnerable children and households.
- ⦿ Advocate for rights of vulnerable children and households.

In summary, the situation of orphans and other vulnerable children in Uganda today is at a crisis level. The numbers of children and their many needs have stretched the resources of households and communities. Community service providers can play a critical role in linking individuals in need with resources in the community, and helping vulnerable children and households access an integrated, comprehensive set of services.



# Section 2

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## *Community action planning*



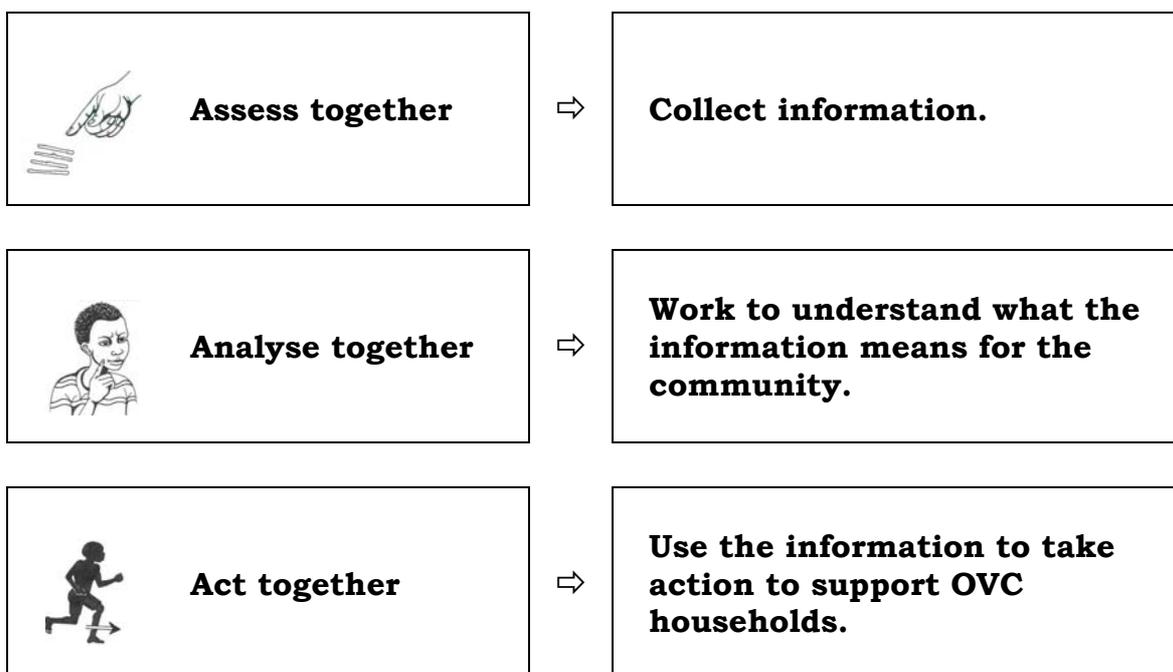


# Community action planning

OVC service providers should work with and support communities to care for their orphans and other vulnerable children. This section of the Toolkit: explains a simple community action planning process called the Triple 'A' Approach; gives step-by-step instructions for participatory planning activities; offers a guide to making a work plan; outlines a process and provides sample tools for monitoring and evaluation; and gives guidelines on how to partner with other service providers to strengthen the network of support for vulnerable children and households.

## The Triple 'A' Approach: Assess - Analyse - Act

The Triple 'A' Approach is an effective way to assess and plan with the community. The Triple 'A' Approach can help community-based organisations, together with the community, **assess** and **analyse** their situation to determine the best **actions** to solve community problems. The Triple 'A' Approach is not just a series of steps - it is a cycle. Once you have begun to take **action** you must continually return to the **assessment** stage as you monitor your activities. This might lead you to change your actions to be more effective, which will lead you to assess once more.





## The Triple 'A' Approach: Assess - Analyse - Act (continued)

OVC service providers can use the 3 steps of the Triple 'A' Approach to work with the community to:

- ⦿ Identify existing resources (including family and community strengths) and weaknesses.
- ⦿ Identify the most vulnerable children and households for assistance.
- ⦿ Support children, families and existing resources in the community to provide care, support and protection for the most vulnerable members of the community.

### Planning together with the community

When using the Triple 'A' Approach to design programmes for vulnerable children and households, it is important to involve **stakeholders**. Organisations should always follow the proper protocols and procedures when starting to work in a community.

#### TOOL → Key stakeholders to meet when starting work for OVC

Village level	Parish level	Sub-county level	District level
<p style="text-align: center;">↓</p> <p>Meet with Local Council 1 (LC1) chairperson and community members to discuss the possible OVC programme and to find out more about vulnerable children and households in the community.</p>	<p style="text-align: center;">↓</p> <p>Meet with LC2 Chairperson and parish chief to discuss your proposed OVC programme and the needs of vulnerable children and households in the parish.</p>	<p style="text-align: center;">↓</p> <p>Meet with the LC3 Chairperson and Sub-county Chief to ensure that needs of community are to be addressed by the proposed programme. Obtain a letter of authority to introduce you to the parishes/ villages in which you are going to work.</p>	<p style="text-align: center;">↓</p> <p>Meet with the and Community Development Officer (CDO) and Probation and Social Welfare Officer (PWSO) to make sure the programme is in line with the district development plan and national policies.</p>



### *Key stakeholders to meet when starting work for OVC (continued)*

Below are other groups who may have information, experience and ideas that could help to understand the situation of vulnerable children living in the community:

- ⊙ Traditional/Religious leaders
- ⊙ Women/Youth groups
- ⊙ Teachers
- ⊙ Child Rights Activists
- ⊙ Community volunteers
- ⊙ Children

### *Create an OVC Committee*

Forming an **OVC Committee** at the parish level is a good way to involve community members in planning and implementing OVC programmes. The main roles of the Committee are to:

- ⊙ Work with CBOs to select vulnerable children and households to receive assistance.
- ⊙ Provide guidance and support to OVC programmes in a community.

Committee members should be well-respected, concerned local people willing to volunteer their time and expertise. Members should be chosen to represent the entire community, with an equal number of male and female members if possible.

#### **TOOL → Criteria for selecting OVC Committee members**

- ⊙ Are trusted and respected by the community.
- ⊙ Live within easy reach of the families being visited.
- ⊙ Have worked to support the cause of children.
- ⊙ Are experienced in visiting needy families and offering moral and physical support.
- ⊙ Can keep the OVC's private family issues private.
- ⊙ Are willing to volunteer time to visit and counsel families.
- ⊙ Are able to volunteer time to be trained in the OVC integrated approach.
- ⊙ Can communicate well with children and adults.



### *Mobilize community volunteers*

Volunteers can effectively provide useful services to households in the community. The OVC Committee can choose community volunteers to visit households, mentor children, conduct outreach activities in the community, and help carry out other services. Volunteers should be chosen using the same criteria as for Committee members. See **Criteria for selecting OVC Committee members** on page 8.

Trained community volunteers can provide:

- ⊙ **Practical support:** child-minding, health care, home visits, help with planting, weeding, harvesting or food processing.
- ⊙ **Material support:** food, school uniforms, books, fees, bed nets and drugs, repairing homesteads, supplying garden tools such as hoes, slashing knives.
- ⊙ **Emotional support:** listening to and sharing problems, counselling, peer mentoring for vulnerable children and households.
- ⊙ **Educational support:** homework supervision, vocational training, agricultural training.
- ⊙ **Recreational support:** sports, story-telling, art, drama, music.
- ⊙ **Legal support:** guidance on inheritance procedures and will-making, guardianship arrangements, joint planning for vulnerable children and households receiving small loans.
- ⊙ **Cultural and religious support:** help for vulnerable children and household members to recognise and learn about local beliefs, behaviour, norms or rituals.
- ⊙ **Guidance on water and sanitation:** education about or construction of low-cost water and sanitation facilities.
- ⊙ **Health Promotion:** education about preventative and primary health care, support for access to immunisation services.



## Sensitise the community

Sensitisation of community members is often necessary before you begin working in a community. Sensitisation may be the first step in assessing the situation and is also a key method to support the core areas described in **Section 3**. To conduct an effective sensitisation event with a group to change their attitudes and behaviours, the CBO needs to plan carefully.

Below are steps to follow for a successful sensitisation event.

### TOOL → Steps to conduct a sensitisation

#### 1. Decide on your objective.

What do you want to achieve with this sensitisation? What attitudes or behaviours do you wish to promote?

*Example:* To reduce stigma faced by vulnerable children at school so that they are more likely to enrol.

#### 2. Choose the target group of people to sensitise.

Choose the right group of people who will help you achieve your objective.

*Example:* Who is the source of stigma at the school? Is it the pupils, or also teachers? You may want to invite both pupils and teachers, or have different events for each.

#### 3. Decide on the message you want this group to understand.

The message should:

- Relate to people's lives.
- Be convincing.
- Appeal to their emotions.
- Give practical suggestions for actions a person can take.

*Example:* Instead of saying, "Have loving care for orphans," it is more effective to give a specific action idea: "Visit an orphan's home regularly to show you care."

#### 4. Invite local experts to participate.

It helps to have someone who is very familiar with the issue be part of the event – a health worker, extension officer, or teacher.

*Example:* Invite the District Probation and Social Welfare Officer to help you plan the event and give you up to date information about the OVC situation in the area.



## Steps to conduct a sensitisation (continued)

### 5. Decide on the best method for reaching this target group.

What is a good way to communicate with this group? What will be convincing to them?

*Tip:* Relate the message to the local setting. Try to find local people who can speak about the issue from personal experience. Use facts and figures from the local area. Use words and examples that are familiar to the community.

Pick a method that keeps the audience interested and entertained. Some activities to include in a sensitisation include drama, songs, dance, radio, picture stories, testimonials or personal stories, or film (ask your district Community Development Officer about borrowing a film projector and generator).

Be sure to include time to interact with the group (Stop the drama in the middle and discuss what should happen next; answer questions about the topic).

*Example:* School-going children may understand the message about stigma more easily if they hear the story of a child like them who has been bullied at school. Drama or film shows will keep their attention.

Teachers may be more convinced if they hear about how serious the problem is, such as how many vulnerable children fail to enrol in school in their district. Invite a teacher who has succeeded in making her classroom friendly to vulnerable children to share how she did it.

### 6. Make a plan for what will happen at the sensitisation.

What will happen? Who will speak, in what order? What equipment and materials will you need?

### 7. Keep records of what was done, and follow up to find out if it was effective.

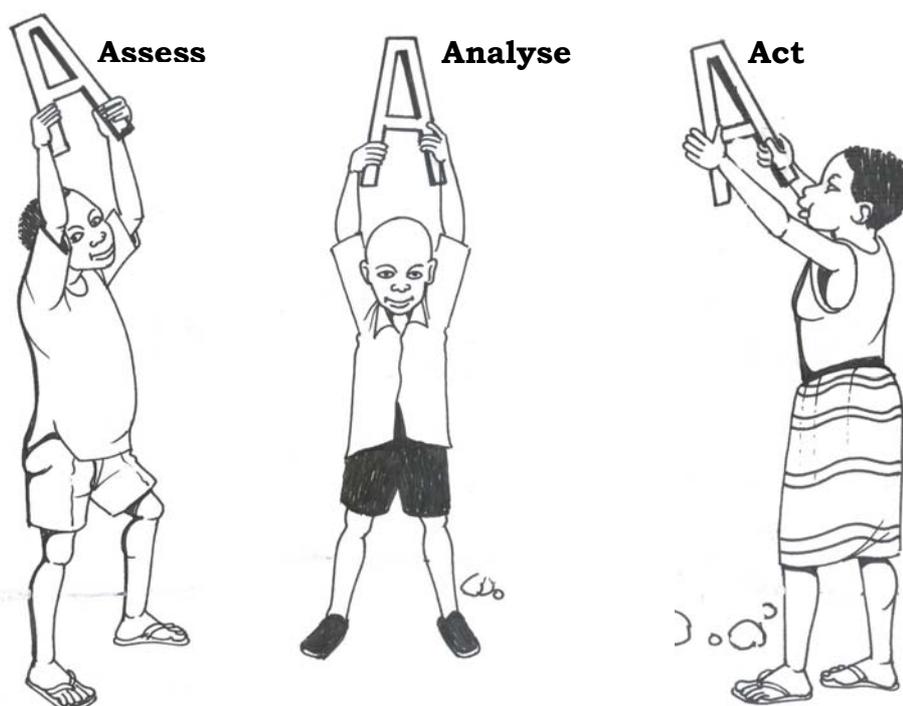
Keep a record of how many people attended the event. Afterward, find out whether you achieved your objective.

*Example:* Interview teachers at the local school to find out whether attitudes toward orphans have changed.

You are now ready to begin the **Triple 'A' Approach to the community action planning process**, see page 12.



## The triple 'A' approach to community action planning



### Stage 1: Assess together

Assessment is the first step in the Triple 'A' Approach. During the Assessment step, the community, stakeholders, and service providers work together to identify problems and solutions. Community members discuss what is happening in their community and share knowledge, experiences, and concerns. Also note that you will need to regularly return to the assessment stage even if you have already started working in the community. This is known as monitoring and evaluation.

If the community is not aware of problems involving vulnerable children and households, OVC service providers may need to conduct sensitisation to increase awareness and strengthen local efforts. See **Steps to conduct a sensitisation** on page 10.

Keep in mind that some information about OVC households is sensitive and private. Sensitise people working with vulnerable children and households on respecting their confidentiality and how to avoid stigmatising these households.

There are many ways to promote discussion and get information on the situation of vulnerable children and households. Service providers should use a mix of methods to get a full picture of the situation.



### What to assess

You will need many different kinds of information to create a full picture of the OVC situation.

- ⦿ Some information is in the form of numbers you can count (quantitative) – examples: How many vulnerable children are attending school? What percent of OVC are female?
- ⦿ Some information is in the form of concepts and ideas (qualitative) – example: Reasons why some girls do not go to school.

Both of these kinds of information are very important to understanding the status of the most vulnerable children and households and what their needs are.

### Key questions

The service provider should guide the assessment process so that key questions are answered. For vulnerable children and households these would include:

- ⦿ Which children and households in the community are most vulnerable?
- ⦿ What are the most urgent problems and needs?
- ⦿ How are some vulnerable children and households already coping?
- ⦿ What community, family, cultural, and religious structures are already supporting vulnerable children?
- ⦿ What practices do *not* support children?
- ⦿ What resources are available locally?
- ⦿ What are the priority actions the community can take?

For each of the Core Programme Areas, **Section 3** lists some more specific assessment questions to ask when planning a new programme. The following tool contains a sample of background questions to ask.



## TOOL → Sample questions to assess situation of OVCs

### To learn what the community thinks children need ask:

- ⊙ What is “childhood”? What is “adulthood”?
- ⊙ Do adults and children have different needs? What are the different needs?
- ⊙ What do children need from their parents or caregivers?

### To learn what the community understands by “vulnerable” ask:

- ⊙ What makes a child ‘vulnerable’? Is there another word that you use to describe ‘vulnerable’?
- ⊙ What can help a child to be less vulnerable?
- ⊙ Who is most vulnerable (who needs protection, care and support) in your community?

### To understand community attitudes and practices about OVC ask:

- ⊙ How does the community feel about vulnerable children and households? (Ask about positive and negative feelings.)
- ⊙ What community, family, and cultural practices already exist to protect, care, and support vulnerable children and households? What practices may be harmful to vulnerable children and households?
- ⊙ Who talks to children? Who do children talk to?
- ⊙ Are the numbers (or needs) of vulnerable children and households growing? Why?

### To learn about the characteristics of the community ask:

- ⊙ What is the average size of households?
- ⊙ What is the main source of income in the community, i.e. farming, fishing, formal employment?
- ⊙ What role do churches and schools play in the community?
- ⊙ Are there many unsupported children or orphans in the community? How many orphans do you know of?

**Tool: Sample Questions to Assess Situation of OVC (continued)****To assess the community's strengths and resources ask:**

- ⦿ Does the community work together? How?
- ⦿ What are the major strengths within the community?
- ⦿ Are there any active community projects, groups or clubs? If so, what are they doing? Are they successful?

**To learn about the community's problems and barriers ask:**

- ⦿ What are the major problems in the community?
- ⦿ How does the community solve problems?

**How to assess: Approaches**

In order to assess issues related to vulnerable children and households in the community, service providers and communities should choose the tools and approaches that fit their interests and skills, but remember to use several different approaches to get a rounded picture.

Below are some assessment tools, which are commonly used in the assessment stage:

- ⦿ Data review
- ⦿ Observation
- ⦿ Interviews
- ⦿ Focus group discussion
- ⦿ Social mapping
- ⦿ Wealth ranking



## Participatory Rural Appraisal

Participatory Rural Appraisal (PRA) is conducting community assessment with the full involvement (or ‘participation’) of community members. Each of the following steps should be carried out in the most participatory manner possible.

### *Data review*

The first step in assessing the situation of vulnerable children and households in your community is to gather basic information. Information on the situation in your district or community may already exist. Try to find data such as:

- ⦿ Number of vulnerable children and households in the community
- ⦿ Number of child-headed households
- ⦿ Number of households with orphans or other vulnerable children
- ⦿ Number of children in institutions
- ⦿ HIV prevalence rates
- ⦿ Food security and nutritional status
- ⦿ School enrolment and completion rates
- ⦿ Proportion of boys and girls attending school

### *Observation method*

Collecting information from observation or ‘seeing’ something is the simplest data collection method. Observation can be done by making home visits, walking around the community, or observing groups who provide services for vulnerable children and their families.

Observation must be well planned in order to be useful. Use the instructions below to help you organise an observation session. Remember that you want to observe the real situation in your community so you should encourage community members to do things as they always do while you are observing. Service providers should always try to combine observation with at least one other data collection method.



### TOOL → Steps in conducting planned observation

1. Decide what information should be collected through observation. Make a checklist or simple guidelines to help you keep track of what you see.
2. Choose an appropriate observer or group of observers to work with.
3. Collect and record the observations.
4. Find time to discuss the observations that were recorded. Summarise the findings and share them with the appropriate groups.

For example, if you walk around the community with a small group of children, you can ask and observe:

- ⊙ What are the important places in the community (from their point of view)?
- ⊙ Where do they spend their time?
- ⊙ Are there places they especially like?
- ⊙ Are there places they are afraid to go?



### *Interview method*

Interviewing is a way of collecting information by asking questions directed to either an individual or a group, depending on the subject under discussion. Interviews can help you find out opinions, experiences, priorities, attitudes, and reasons for behaviours.

When you conduct interviews, follow these guidelines:

- ⦿ Decide what information you need from the interview. Develop a list of questions to guide the interview.
- ⦿ Ask questions that will encourage the person to give detailed answers, not a simple yes or no.
- ⦿ Give the person time to think about your questions. Let them do most of the talking.
- ⦿ Be polite and respectful; do not offer your opinion or judgment about statements made by the person.
- ⦿ Take detailed notes of the interview and summarise the information in a short report.
- ⦿ Use other assessment methods, including focus group discussions or surveys, to compare the feedback and suggestions from the people you have interviewed with those from other parts of the community.

### *Focus group discussion method*

A focus group brings together a small group of people (usually 8 to 10) for a group interview. Usually the group members share something in common (for example the group could be all girls, all adolescent vulnerable children, or all school teachers). The guidelines are similar to those for interviews with one person. Some special issues to consider:

- ⦿ Ask participants to agree to treat each other with respect and to hold personal information in confidence.
- ⦿ Try to make time for each person in the group to respond to questions; don't let one person dominate the group.



## *Social mapping*

A social map is a simple locally made map that shows where people live and where important features in the village - such as roads, water, schools, health centres, and private clinics - are located. Social mapping is an exercise in which community members draw a map of the village on a blackboard, paper, or on the ground. A social map for OVC services can show where the most vulnerable children and households are located and where possible resources are located.

### **TOOL → Steps in making a social map**

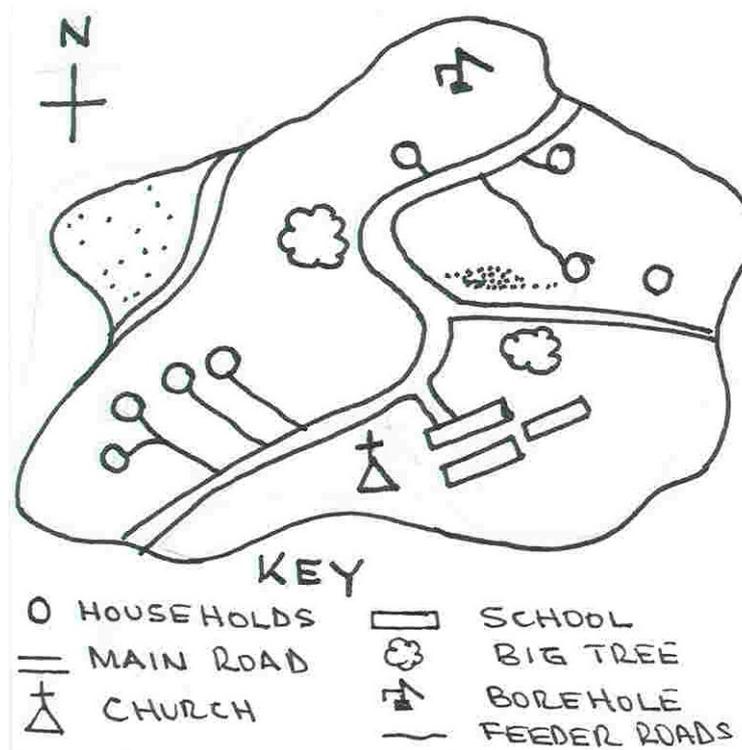
Use the instructions below as a guide to help a community group prepare a social map. Note: The facilitator should not ask any questions while the group is preparing their map; the facilitator should only observe the process.

1. Be clear about what information you are looking for before you start.
2. Bring together the group of people who will help draw the map. Explain the purpose of the exercise and agree on definitions. (For example: what is a household, what does OVC mean.) It may be best to make different maps with several different groups to get a balanced view.
3. Discussion: Ask participants to describe the area where they live, emphasising the information needed related to vulnerable children and households.
  - How big is your community?
  - How many households live here?
  - What services are available here?
  - Where are the vulnerable households located?
4. Prepare the map: While the group is describing their community, ask them to draw these details on a map using a stick and an open space on the ground or several large sheets of paper glued together. Encourage the group to use labels or symbols to identify different elements of the community.



### Steps in making a social map (continued)

*Example:* A rectangle '▭' can show the location of the schools, and a triangle '△' can show the location of the health centre. Different categories of vulnerable children and households can be shown using different symbols, or other local materials such as stones or beads.



5. Identify important areas: When the map is finished, ask the participants to present it and explain the labels they have used. The facilitator can ask questions at this time to learn about important issues related to vulnerable children and households:
  - Are there any places where children are more vulnerable?
  - How has the situation changed over the past 5 years?
  - How do you think the situation will change in the next 5 years?
  
6. Protect the map: If the map was prepared on the ground, ask a member of the group to make a copy on paper. Store the map in a safe place so that it can be used at a later time.



## *Wealth ranking*

Wealth ranking (or well-being analysis) is a tool that we can use to understand how a community defines poverty, and to help community members to group or rank the households in their village according to their means. Discussions with community members will bring out how they identify local persons with wealth and persons living in poverty. When working with vulnerable children and households, this tool will help communities choose the most needy or vulnerable households to participate in programmes. It can also help identify persons who may be able to help with resources.

### **TOOL → Steps in conducting wealth ranking**

1. Community members write the names of each household in the village on a card - 1 household per card. These names can be taken from the village social map above. As with social mapping, it is best to do this exercise with several different groups to get an accurate picture.
2. Participants go through all the cards and discuss each household. They sort the household cards into 3 piles depending on how well-off they are thought to be: the poorest, the wealthiest, and those in the middle.
3. Participants write down or discuss reasons for putting each of the three groups of households together.
4. Ask participants for reasons that an individual or household may move from one group to another (i.e. becoming worse off or better off).
5. Compare the answers from all groups to arrive at average wealth categories.
6. At the end of the exercise, ask one participant to write the categories and household names onto a piece of paper. This information can be used to guide selection of the most vulnerable children or households in the village.



## The Triple 'A' Approach (continued)



### Stage 2: Analyse together

Analysis is the second step in the Triple 'A' Approach. In this stage, the CBO or service provider gathers all the information they collected during assessment and organises and summarises it so that they have a clear and complete picture of the situation.

Once the notes and data from your assessment activities are gathered, you group similar ideas or observations together to identify the majority views. Some analysis tools are listed below.

An important part of the Analysis stage is **feedback to the community** when the team who has conducted the assessment reports the findings back to the community leaders and members. For community and district leaders, a written report can be helpful. For the general community, a meeting or workshop where the findings are explained is best.

For each of the OVC core programme areas, **Section 3** of this Toolkit gives some examples of common needs and issues found through analysis.

### Analysis tools

Once the main issues have been identified, you will still need to prioritise them and think about how to address them. The section below contains participatory tools that may help communities analyse information from the assessment stage. The tools are:

- ⦿ Problem Tree Analysis
- ⦿ Pair-wise Ranking



### *Problem tree analysis*

People often look at the signs of a problem without thinking about the root causes of those problems. Problem Tree Analysis is an approach that helps communities and other groups break down big problems into smaller issues making them more easily understood. The Problem Tree is an image of a tree, with signs of the problem shown by the branches and the causes shown in the roots. Participants trace the source of the problem and work together to find solutions to these root causes. Addressing root causes of problems results in longer-term solutions than addressing only the outward signs of problems.

#### **TOOL → Steps for conducting problem tree analysis**

1. Participants start by listing the major problems in the community. Then they choose the most urgent or worrisome problem from this list.
2. The facilitator asks someone to draw the simple outline of a tree on the ground or on paper (*see example below*).
3. Place an object, draw a symbol, or write a word to represent the problem on the “trunk” of the tree.

*In the example below, the group has chosen ‘low girl child education’ as a major problem.*

4. Participants should discuss and list the signs of this problem in the community. These will be indicated on the tree as branches or as leaves.
5. Participants then discuss how this problem has come about. They mark the causes they identify on the tree as a first layer of roots.

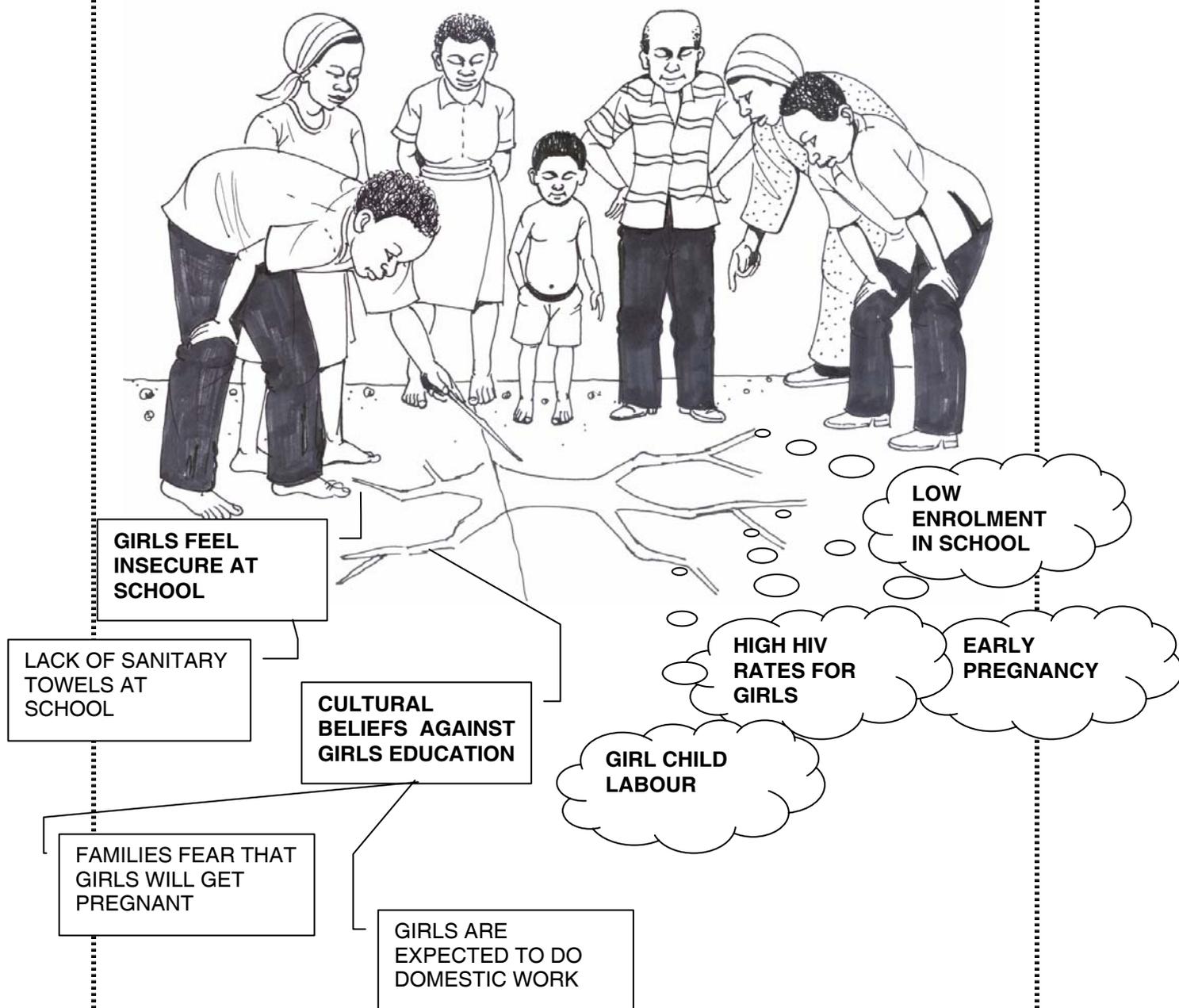
*In the example, participants listed 2 main problems in the first layer – i.e. **girls feel insecure at school**; and **cultural beliefs against girls’ education**.*

6. For each of the causes identified, continue to ask ‘why’, and mark each deeper cause as a deeper root.

*Under ‘**girls feel insecure at school**’, participants listed bullying and lack of separate latrines for girls; while for ‘**cultural beliefs against girls education**’, participants listed girls needed for domestic work; and families fear girls will get pregnant. See illustration on the following page.*



## Steps for conducting problem tree analysis (continued)



7. Draw lines to connect the deeper causes to the first layer causes to represent the roots of the problem tree.
8. When done, make sure the Problem Tree has been recorded on a piece of paper for future reference.
9. Use the Problem Tree to guide action planning that addresses the root causes of problems.



### Pair-wise ranking

Pair-wise ranking is an exercise to help a group come to agreement on priorities for action. It asks the group to compare advantages and disadvantages of different choices.

#### TOOL → Steps for conducting pair-wise ranking

1. Participants review the major issues coming out of the community assessment. The group makes a list of all the major issues that need to be considered as priorities for action.
2. These choices should be narrowed down to a maximum of 6 that all agree are the top priorities.

*In the example below, participants came up with the following four issues:*

- *Households do not have adequate food.*
- *Households lack fees for education.*
- *Households have no access to recreation facilities.*
- *Some children are being severely beaten by their guardians.*

3. Participants then draw a table with all the choices listed across the top and again down the left side as in the example below. If you are working with a community group and some members do not read well, use pictures instead of words.

*In the example below the food problem is represented by a drawing of maize, lack of school fees by a book, lack of recreation options by a musical instrument – an adungo, and child abuse by a drawing of a scolding hand.*

Most urgent OVC problem	Food	Education	Recreation	Child abuse
Child abuse 				
Recreation 				
Education 				
Food 				



### Steps for conducting pair-wise ranking (continued)

- For the first box in the table, participants compare the first item in the row across the top with the first item in the column on the left. They discuss which of these 2 items is a more urgent problem affecting vulnerable children and households.

*For example in the matrix below, the first box is comparing food and child abuse. The group discussed which was a more urgent problem in the community and decided on “lack of food”. The facilitator then entered a picture of food in the first box.*

- Repeat the process until all the pairs of problems or choices are compared with each other. Since we only need to compare each pair once, and we never need to compare an item with itself, we block off the boxes that are not needed.

Most urgent OVC problem	Food	Education	Recreation	Child abuse
Child abuse 				
Recreation 				
Education 				
Food 				

- Once all items have been compared with each other, the number of times each item is chosen is counted. The item with the highest number ranks no.1, the item with the second highest ranks no.2, and so on. The facilitator can then arrange the scores in a table to show what the priority ranking



**Steps for conducting pair-wise ranking (continued)**

<b>Item</b>	<b>Score</b>	<b>Rank</b>
Food	3	1 <sup>st</sup> priority
Education	2	2 <sup>nd</sup> priority
Child Abuse	1	3 <sup>rd</sup> priority
Recreation	0	4 <sup>th</sup> priority

*In this example, you can see that there are 3 pictures of maize, 2 pictures of books and one of the hand. Food comes out as the most urgent OVC problem, education was next urgent problem, child abuse was no.3, and recreation came last with a score of 0.*

Discuss the result with the group. Do they agree that the top-ranked problem is the highest priority? The top priority issues can then be considered during planning for action.



## The Triple 'A' Approach (continued)



### Stage 3: Take action together

Taking action, the final step of the Triple 'A' Approach, is when you work with the community to deal with the problems you have identified. Actions are based on the information you found in the Assessment Stage. The CBO or service provider facilitates the process, helping the community to move to action.

In this stage the service provider will work with partners to develop a work plan and a plan for monitoring the activities to be conducted.

Remember, the community is the most valuable resource in helping vulnerable children and households. When you strengthen the community's capacity for problem solving, you help them organise action, mobilise resources and set realistic action plans.

#### Designing a project or activity

If the action you decide to take is complex you will need to take time to carefully design your project. The project design will be based on the assessment and analysis you have conducted in Triple 'A' Approach Stages 1 and 2. An essential part of designing a project is to set goals and objectives that explain what you are trying to achieve. This also makes it easier to monitor your activities as you can check how you are progressing toward your goal.

#### Developing a work plan

A work plan is a useful guide to coordinate the actions of a team. Work planning has many benefits, including:

- ⦿ Promoting teamwork and cooperation.
- ⦿ Communicating the activities to be carried out by others.
- ⦿ Setting clear expectations, deadlines and roles for team members.
- ⦿ Encouraging people to work toward challenging but realistic targets.
- ⦿ Providing a sense of accomplishment when the group achieves its targets.



### Developing a work plan (continued)

A work plan is a document developed by service providers in collaboration with partners to help coordinate activities. The work plan explains (1) what activities need to be completed, (2) when each activity needs to be completed, and (3) who is responsible for each activity. It helps people to understand their responsibilities and to organise their time according to these expectations.

#### TOOL → Steps to effective work planning

##### 1. Identify and list programme activities.

Identify activities based on the information from the assessment and analysis you conducted in Triple 'A' Approach Stages 1 and 2 to help you:

- ⦿ **Choose activities:** What kinds of activities can you do to help solve the most urgent problems of vulnerable children and households in the community?
- ⦿ **Prioritise activities:** What are the most important actions to address those problems? What are the easiest or best things to start doing?
- ⦿ **Identify resources:** Identify any resources, skills, training or partners that can help.
- ⦿ **Identify Barriers:** Identify any barriers that might prevent the action from being successful. Make plans or strategies to overcome these obstacles.

##### 2. Schedule activities and identify the person responsible.

Use a table, like the one below, to plan when to conduct each activity. Be realistic about the time needed to conduct each activity and be sure to include time for planning and coordination. Keep the local calendar of events in mind.

See the **sample work plan** on the following page.



## Steps to effective work planning (continued)

### Sample work plan

Activity	Person responsible	Jan	Feb	Mar	Apr	May	Jun
Hold community meeting to discuss OVC needs	John and Patience	X					
Identify most needy in community	John and Patience	X					
Recruit volunteers for home visits	Elizabeth		X	X			
Train volunteers	Elizabeth				X		
Supervision and follow-up with volunteers	Elizabeth					X	X

### 3. Share the work plan.

When each person has access to the work plan, they understand what is required of them and they can support each other to complete their assigned tasks on time.

- ⊙ Meet with the local stakeholders to share the project work plan. Ask them to review the plan and advise you of conflicts or problems you may not have considered. You should adjust your plan to reflect their input wherever possible.
- ⊙ Once you have finalised your plan, give a copy to the community leaders, the Community Development Officer, and the Probation and Social Welfare Officer so they may support the project.

### 4. Use the work plan.

Choose a time each month to review the work plan. This will help service providers to plan and implement activities in a timely way that is convenient for community members and other stakeholders.

- ⊙ Looking ahead at the next month's or the next quarter's planned activities will help service providers to prepare in time.
- ⊙ Looking back at what was planned compared to what was accomplished can show where changes need to be made. Where necessary, make changes to the work plan so that the activities that were not completed on schedule are completed at another appropriate time.



## Monitoring and evaluation

Monitoring and evaluation (M&E) is the way a programme checks on how it is performing and learns what improvements are needed. M&E is part of the continuous project cycle and uses techniques from the **Assess** Stage of the Triple ‘A’ Approach periodically during the Action Stage. Some specialized assessment techniques are described below to monitor progress toward project goals, objectives and targets.

**Monitoring** is the regular collection and analysis of data about programme activities to make sure the project is on track toward its targets. Monitoring is for use in day-to-day management and decision-making.

**Evaluation** is collection and analysis of data at a particular point (such as midway or at the end of a project) to judge whether or not the project has met its goals. Managers, donors and communities can evaluate a project to decide whether the approach is working and what it has achieved.

**Indicators** are the elements or measures that a programme or project wants to track. The goal of a project might be very complex (such as: “to improve the well-being of vulnerable children and households in the district”) so simple measures are created to “give an indication” of progress toward the goal or objective. That is, indicators measure what goes into a programme or project and what comes out of it.

M&E systems are based on the understanding that for a programme or project to achieve its goals, **inputs** such as money and personnel time must be available. Inputs will result in project **outputs** such as trained OVC counsellors. These outputs are often the result of specific **processes**, such as training sessions.



If outputs are effective, the programme or project is likely to have positive short-term effects or **outcomes** such as increased number of vulnerable children completing primary school or later age at first sex among vulnerable children. These positive short-term outcomes should lead to changes in the longer term **impact** of programmes.



### Who the information is for

Monitoring and evaluation tracks progress toward goals and objectives at different levels. At the **highest levels**, countries and regions want to assess whether programmes are improving the well-being of the whole population. Collecting this information requires large surveys or censuses and it is usually done by government agencies every five to ten years. Sample indicators for this level are: Infant mortality rate, HIV prevalence, and Life expectancy.

At the **second level**, programmes and government departments want to track “people-level” impact indicators. This information is also difficult and expensive to collect and is usually done by large programmes or government departments. Second-level data doesn’t show directly how well-being has improved, but it shows how the population is doing in adopting better practices or in using services that are expected to lead to improved well-being. Sample second-level indicators are: immunization coverage, use of insecticide treated bed nets, and reported condom use.

At the **third level** (individual **project or activity level**), managers will want to track both process indicators and outcome indicators. Information from monitoring and evaluation at this level helps managers to know what is working and what needs to be changed in the programme. In addition, some donors may require reporting on specific indicators.

**Outcome indicators:** Outcome indicators measure progress toward a desired impact. Sample outcome indicators include: Percentage of vulnerable children who use vocational skills acquired through the programme, Percentage of vulnerable children participating in peer group activities, and Percentage of vulnerable children completing primary education.

**Process indicators:** Process indicators measure the degree to which activities have been implemented. Sample process indicators include: Number of community volunteers trained in OVC counselling, Number of care givers trained in appropriate care techniques for chronically ill and vulnerable children, Number of community leaders sensitized, and Number of households receiving emergency supplies.

In Uganda, the Ministry of Gender, Labour and Social Development is developing the *National Framework for Monitoring and Evaluation of OVC Programmes*. This M&E framework is not yet complete but will identify indicators to be tracked at all levels. OVC service providers will be asked to report on certain indicators on a regular basis and the framework will provide tools and clarify reporting structures.

This Toolkit focuses on indicators that will help service providers monitor their activities in the community.



## *Steps to monitoring and evaluation*

The process of monitoring and evaluation includes the following steps:

1. Identify the data to collect.
2. Collect data.
3. Organise and summarise the data.
4. Make comparisons using the information to see what it means.
5. Use the information to plan for action.

### **1. Identify the data you need to collect.**

Project managers must decide what information is necessary to keep track of progress toward project goals. It is best to select indicators and plan for data collection at the beginning of a project during the planning stage. It is best to use indicators that are recommended at the national level so that OVC programme data are consistent and comparable.

Other indicators you select will depend on what specific activities you will be conducting and what core programme areas your project is working on. In **Section 3** of the Toolkit, some sample indicators are given for each core programme area. These indicators are recommended by the MGLSD OVC Secretariat and will be found in a box at the end of each core programme area section.

- ⦿ See **Sample indicators for socioeconomic services** on page 56.
- ⦿ See **Sample indicators for food security and nutrition** on page 63.
- ⦿ See **Sample indicators for urgent care and support** on page 67.
- ⦿ See **Sample indicators for reducing the impact of conflict** on page 74.
- ⦿ See **Sample indicators for OVC education** on page 80.
- ⦿ See **Sample indicators for psychosocial support services** on page 94.
- ⦿ See **Sample indicators for health of OVC** on page 103.



*Steps to monitoring and evaluation (continued)***2. Collect data.**

You can collect information for monitoring and evaluation in many ways. **Stage 1: Assess together** on page 12 explains how to do focus groups, interviews, etc. An important source of information that is often missed by new project managers is records from the project itself. **Project Records** are the source of all data on process indicators. Service providers should record all essential information, keep documents in order, and store documents safely so that they can find what they need when it is time to report.

NOTE: Remember that information about vulnerable children and their households can be sensitive so make sure the information is kept private!

*Kinds of Project Records:*

- ⦿ Home visit reports, see **Sample reporting format for home visits** on page 39.
- ⦿ Attendance lists for meetings, sensitisation activities and trainings.
- ⦿ Register of clients and services provided to each, see **Sample register of OVC activities** on page 40.
- ⦿ Register of items supplied (number of textbooks, emergency food rations, etc.)

**3. Organise and summarise the data.**

To understand what is going on in your programme, you will need to gather your information together and sort it out. To get an idea of the number of vulnerable children and households your programme reaches and the types of services they receive, you can collect data in a form like the table on the following page. Your table should show the services your programme provides.


**TOOL → Sample table for organising and summarising OVC data**

Month:	Male	Female	Total
<b>Total number of OVC served (new only)</b>			
<i>Out of the total number of OVC served, record the number receiving each of these services:</i>			
<b>Income-generating activity support</b>			
<b>Life skills education</b>			
<b>Psychosocial support</b>			
<b>School-based interventions</b>			
<b>Vocational skills training</b>			
<b>Other (specify):</b>			

For information that cannot be easily counted in numbers, such as the results of interviews and observations, you still need to summarise it.

*Example:* **From a focus group discussion with teachers:** How many teachers out of those in the group said that girls should receive an equal education to boys? **From interviews with home visitors:** Which needs of vulnerable children and households were mentioned most often?

**4. Make comparisons using the information to see what it means.**

The data you collect can help you see how well your programme is performing.

**Compare data over time:** This will show you trends in your programme. For example,

- ⊙ Are you reaching more or fewer vulnerable children and households since last quarter?
- ⊙ Are school attendance rates changing for the vulnerable children you serve?



<p><b>4. Make comparisons using the information to see what it means.</b></p>
-------------------------------------------------------------------------------

**(continued)**

**Compare data among different groups of OVC served:** This helps you see which groups are benefiting most from the services. This can help you to improve services so that they reach all the groups you want to serve.

- ⊙ Are boys and girls taking part equally in income-generating activities?
- ⊙ Are households in rural areas receiving the same number of home visits as households in the towns?

**Compare data among different volunteers or programme sites:** This shows you which parts of your programme are performing well, and which need improvement.

- ⊙ Which volunteers are reaching all of their assigned households on schedule? Which ones are failing to do so?
- ⊙ Which programme site is organising the most sensitisation meetings? Which site is organising the fewest meetings?

**Find out about attitudes, practices and reasons for behaviour:** Use the results of interviews, focus groups and observation to understand how people's attitudes and practices affect the success of your programmes.

- ⊙ Do teachers agree that children with disabilities should be in the classroom? Are your sensitisation efforts having an effect on their attitudes?
- ⊙ Is your programme addressing the highest priority needs identified by vulnerable children and households, community members and home visitors?
- ⊙ If some home visitors are not reaching all the households they are assigned to visit, why is this happening?



## 5. Use the information to plan for action.

Monitoring and evaluation can answer questions such as:

- ⦿ What is working well in the programme?
- ⦿ What are problem areas?
- ⦿ Are you helping the vulnerable children and households that you want to reach?
- ⦿ What new issues are facing vulnerable children and households in your community?
- ⦿ Where do you need to put more resources?

The information you collect is not just for a report. You can put it to use to improve your programme. Some examples of ways you can use information to improve your programme:

- ⦿ Your CBO discovers that less than half of the volunteers visiting OVC households are giving nutrition counselling.

*Possible actions:* Train volunteers in nutrition counselling; emphasise importance of nutrition in your next meeting with the volunteers; give volunteers a picture pamphlet about good nutrition that helps guide them when counselling vulnerable children and households on home visits.

- ⦿ Through your record-keeping and interviews, you find out that only one third of the female children in your programme attend secondary school. More than half of the teachers you interviewed thought girls should stay at home after primary school to look after the house.

*Possible actions:* Give sensitisation workshops for teachers on the value of girls' education; mobilise community groups to donate school uniforms for girls to help with expenses; train home visitors in ways to encourage households to send girls to school.



## 5. Use the information to plan for action.

(continued)

### *Involving the community in monitoring and evaluation*

Community members can and should take part in programme monitoring and evaluation. They can be involved in different ways:

- ⊙ **Provide information:** Community members should always be consulted when monitoring and evaluating a programme. *Example:* a CBO can interview people in the community to find out changes in their knowledge, attitudes and behaviours since the programme started, or collect feedback on project activities.
- ⊙ **Collect data:** CBOs can train community members to use simple data collection instruments such as checklists or short surveys.
- ⊙ **Analyse the data and decide what it means:** Community groups can collect their own data. Then with guidance from a CBO, they can discuss the findings together and decide what this information tells them about their situation.
- ⊙ **Feedback to communities:** Share information from monitoring and evaluation with the community. Hold meetings and give short reports to local groups to share what your organisation has learned about issues facing the community, priority needs, programme achievements and areas needing more effort.

### Sample data collection forms

Record-keeping lets the CBO know whether its programmes are on track and helps to plan for the future. Keep a record of home visits and other activities. You can use the following tools for record-keeping:

- ⊙ **Sample report format for home visits** on page 39.
- ⊙ **Sample register of OVC activities** on page 40.



### TOOL → Sample report format for home visits

ID # of household: \_\_\_\_\_ No. of children in household: \_\_\_\_\_

Name of caregiver: \_\_\_\_\_

Date of visit: \_\_\_\_\_

Village: \_\_\_\_\_ Parish: \_\_\_\_\_

Sub-county: \_\_\_\_\_ District: \_\_\_\_\_

Has household been visited before?  Yes  No

Services provided on this visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken on issues of concern identified on previous visits:

\_\_\_\_\_

\_\_\_\_\_

New issues of concern identified during this visit:

\_\_\_\_\_

\_\_\_\_\_

Suggestions for further support for household:

\_\_\_\_\_

\_\_\_\_\_

Referrals made: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of home visitor: \_\_\_\_\_

To reduce the expense of photocopying, the home visitor can write out these guidelines on a sheet of paper and produce a hand written report; fill in a ledger at the office; or make a report in person to the manager.





## TOOL → Sample register of OVC activities

Area of operation: District \_\_\_\_\_ Sub-county/s \_\_\_\_\_ Parish \_\_\_\_\_ Village \_\_\_\_\_

Code/ ID No.	Name of child	Status (orphan, child-headed household)	No. of visits this month	Types of services offered (List quantity and/or specific type of service):					
				Books	Beddings/ clothing	Food	Training/ counselling	Others - specify	Referrals made

**Notes:**

1. Assign a code or ID number to each child and/or each household served, to make record-keeping and tracking easier.
2. List specific services provided. For example, if your organisation trained a child in home-based care, list title and date of training.
3. If a referral is made, list name of agency, reason for referral, and a contact name at the other agency if possible. Follow up on referrals within one or two weeks to make sure the child was able to access the service.



## Establishing partnerships to provide integrated OVC support

Vulnerable children and their households face an overwhelming range of needs that cannot be met by one organisation alone. Community-based organisations will succeed in meeting these needs, more effectively, if they work together. If all the organisations working in one community can use their resources to build up a complete network of services in all the core programme areas, vulnerable children and households will benefit. The following are guidelines for setting up partnerships with other CBOs.

### **TOOL → Steps to link up with a network of service providers**

#### **Step 1: Assess your organisation's objectives, strengths and gaps.**

- ⦿ What is your mission? What do you want to achieve?
- ⦿ What does your organisation do very well?
- ⦿ What needs of OVC is your organisation unable to cover?

#### **Step 2: Review other organisations active in your region or community.**

Make a list of other organisations providing services to vulnerable children and households in your target communities.

- ⦿ Include CBOs, FBOs, NGOs, government services (e.g. through health centres and schools), groups at churches and mosques, parent associations at schools, clan leaders and self-help groups.
- ⦿ Consider all the core programme areas (health, education, food security and nutrition, socioeconomic security, child protection, psychosocial needs, urgent care and support, and reducing the impact of conflict).
- ⦿ Ask your local Community Development Officer if they have a Referral Directory or list of organisations to help you get started.
- ⦿ Find out what services these organisations provide to vulnerable children and households. Which ones could help you fill the gaps that your organisation does not handle?

## Steps to link up with a network of service providers (continued)

### **Step 3: Contact other service providers.**

Reach out to service organisations that you think could help you fill gaps in available services. Share information about what you do and what they do. Try to identify common goals and areas where you could work together.

*Example:* If you help vulnerable children and households start income-generating activities, you might want your clients to link up with savings and credit groups to expand their businesses.

### **Step 4: Develop a Referral Network.**

One way to work together is to set up a system for referring clients to other organisations.

- ⦿ Looking at your list of organisations in the area, find out what criteria they use to select vulnerable children and households for services, what capacity they have to take referrals, and what their office hours and locations of service are. Share the same information about your organisation.
- ⦿ Make arrangements for the procedure to refer vulnerable children and households between your organisations in the future, including the name of a contact person.
- ⦿ Keep records of referrals your programme makes to other services. Follow up to make sure that the person referred has accessed the service.

### **Step 5: Plan and take action together.**

When your organisations have had time to get to know each other and understand each other's strengths and gaps, you can think about planning for joint activities:

- ⦿ Hold regular meetings to share information and plan for vulnerable children and households services and needs.
- ⦿ Seek funding together for a joint project.
- ⦿ Identify the gaps in OVC service that no one is addressing in the community, and work together to find ways to fill these gaps.





# Section 3

## *Implementing OVC programmes*





# Implementing OVC programmes

This section provides guidelines for starting and implementing activities in support of vulnerable children and households in the community.

## Choosing OVC for assistance

Community service providers should give priority to children, both orphans and non-orphans, who are living on their own without care or support from an adult. Where possible, these children should be reunited with their family or linked to an adult caregiver. In all cases, support for OVC should be directed at the households that have the greatest needs. The national policy for OVC recommends that programmes use the following criteria when selecting households to assist.

### TOOL → Criteria for choosing the most vulnerable households

#### (1) Head of household is:

- Below age 18 (child)
- Single
- Widowed
- Female
- Older

OR

#### (2) Member of household is:

- Chronically ill
- Living with a disability

OR

#### (3) Household is:

- One of the neediest in the community
- Affected by conflict or natural disaster.
- Located in a hard-to-reach area (poor access to services).

The **OVC Committee** or other community members should take the lead in identifying OVC who need help and prioritising the most vulnerable households. See **Create an OVC Committee** on page 8.



## Organizing activities under the 8 core programme areas

This section provides information on conducting activities in each core programme area (CPA). Each section contains a number of tools or materials to help organisations to implement interventions for vulnerable children and their households.

Most organisations focus on only one or a few of these services. Then they work with other service providers in the area to make sure that vulnerable children and households have a network of comprehensive support. However, all programme staff and volunteers need to be aware of the full range of OVC needs. When visiting a home, ask about how the household is getting along in all of these areas. See **Checklist for home visitors** on page 45.

This section covers the following core programme areas:

1. Socioeconomic security
2. Food security and nutrition
3. Care and support
4. Reducing the impact of conflict on vulnerable children and households
5. Education
6. Psychosocial support
7. Health
8. Child protection and legal support

For each core programme area, this section provides guidelines for carrying out each of the three stages of the Triple 'A' approach:



**Assessment (stage 1):** Information to find out before planning an activity.



**Analysis (stage 2):** Common needs and issues which are likely to be found through assessment.



**Action (stage 3)** Practical suggestions and tools for carrying out activities, and indicators for monitoring and evaluation.



## Home visitors

Home visitors can play a key role in OVC services. These community volunteers can help link vulnerable children and their households to services, help identify and meet immediate needs, and generally check in on the status of these vulnerable households.

Each time a home visitor goes to a household, he or she should check on the overall status of all children and adults living there. Even if a visit is for one purpose, such as delivering school books, the visitor should still look at other areas of need, such as food, health and psychosocial well-being. To help home visitors carry out their tasks, the checklist below is a guide. You can use this guide to train home visitors, and they can carry a copy with them as a job aid.

### TOOL → Checklist for home visitors

#### **1. Identify the most urgent needs first.**

- ⊙ Is anyone in need of immediate medical attention?
- ⊙ Did everyone in the household eat today? Is there food in the house?
- ⊙ Are there children who seem to be suffering abuse or neglect?
- ⊙ Does each child have clothing and bedding?

**Then observe and ask about the following as time allows:**

#### **2. Socioeconomic security.**

- ⊙ Are vulnerable children in this household involved in income-generating activities? What is it? Is it profitable?
- ⊙ Do vulnerable children in the household receive additional support from caregivers, relatives and neighbours?
- ⊙ Have any household members been trained in business management?
- ⊙ Do any household members participate in savings and credit groups?



### Checklist for home visitors (continued)

#### **3. Food security and Nutrition.**

- ⊙ How many meals in a day do the children in this household eat?
- ⊙ Do vulnerable children in this household regularly get a variety of foods such as maize meal, beans, fruits and vegetables?
- ⊙ Does the household have any food stored?
- ⊙ What does the household do when there is not enough food?

#### **4. Care and support for vulnerable children and households.**

- ⊙ Are there any immediate material needs in the house – food, medicine, soap, school materials and uniforms, etc.?

#### **5. OVC access to education.**

- ⊙ Are all children in the household enrolled in school? Does this include orphans, girls, children with disabilities?
- ⊙ How many days in the last month did each child attend school?
- ⊙ Are any household members attending nonformal education or vocational training?

#### **6. Psychosocial support issues affecting OVC.**

- ⊙ Do any members of the household have difficulty in sleeping, eating or cry frequently?
- ⊙ Do household members have access to trained counsellors?



**Checklist for home visitors (continued)****7. Health status of OVC.**

- ⊙ Were any children in the household sick in the last month?
- ⊙ What did they suffer from? What steps were taken?
- ⊙ Are all children in the household fully immunised? Check health cards if possible.
- ⊙ Does the household have a clean source of water? Is there a latrine?

**8. Child protection and legal support.**

- ⊙ Are there protection or other legal concerns needing follow-up?
- ⊙ Do parents have a plan for guardianship for their children? Do they have a will?

*If household is in a location affected by armed conflict:*

- ⊙ How has armed conflict affected children in this household? (*disability, injury, forced recruitment*)
- ⊙ Is any household member a formerly abducted child soldier? Displaced by conflict? Searching for a family member?



## Core programme areas

### 1 Socioeconomic security for OVC

Socioeconomic security is a household's ability to meet its basic needs. It means a household has an adequate income.

In a community that has socioeconomic security:

- ⦿ Each household should have an income-generating activity.
- ⦿ Each person should be able to meet their basic needs: food, clothing, housing.
- ⦿ Each person should have access to social services such as education and health.
- ⦿ Each household should be able to control the resources they have.
- ⦿ Each household should be able to save some money e.g. in a savings box, microfinance institution or bank.



#### Assessment of socioeconomic security status of OVC

Before you plan activities to improve socioeconomic security, find out the following information:

- ⦿ What assets and financial resources are available to the household?
- ⦿ What socioeconomic support is available from caregivers, relatives and neighbours?
- ⦿ What opportunities for business skills development and IGA training are available to vulnerable children and households?
- ⦿ What are the possible markets for goods and services produced by OVC income-generating activities?
- ⦿ What financial support systems such as microfinance institutions (MFIs) and savings and credit groups are available to vulnerable children and households?





### **Analysis of common needs related to OVC socioeconomic security**

Vulnerable children and households commonly face these problems with socioeconomic security:

- ⦿ Vulnerable children and their caregivers often suffer from ill health which makes it hard for them to work to earn a living.
- ⦿ Relatives may try to grab family property that was left behind for the children and widow.
- ⦿ OVC households lack capital to invest in tools, seeds, livestock and other means to earn income.
- ⦿ Vulnerable children and households often sell off family property to cover other costs, leaving them with no assets.
- ⦿ Savings groups and microfinance institutions avoid including OVC households in their programmes because they do not think they are a good risk.



### **Actions to improve the socioeconomic security of OVC**

- ⦿ Work with community leaders to ensure that vulnerable children and households benefit from any training programmes in business skills or farm management that take place.
- ⦿ Help children and their caregivers to take on income-generating activities that are appropriate for their situation (ill-health, lack of capital and labour).
- ⦿ Educate households about savings and credit options in the community and their rights and responsibilities as a financial services consumer.
- ⦿ Link households with appropriate microfinance institutions in the community.
- ⦿ Encourage communities to provide farm labour for vulnerable children and caregivers when they are ill.



## Income-generating activities for vulnerable children and their caregivers

Income-generating activities (IGAs) are aimed at strengthening economic security and reducing vulnerability to poverty faced by many households with vulnerable children.

### *Advantages of engaging in income-generating activities*

- ⦿ Help older vulnerable children and caregivers provide for the basic needs (food, clothing, housing, education, health) of the household.
- ⦿ Provide steady income to vulnerable households.
- ⦿ Create profit that can be saved for hard times.
- ⦿ Make it easier for the household to stay together.

### *Examples of small scale enterprises for OVC and their households*

- ⦿ Animal husbandry: free-range poultry, piggery
- ⦿ Baking/food service
- ⦿ Brick-making
- ⦿ Crop cultivation
- ⦿ Grocery
- ⦿ Hair salon
- ⦿ Tailoring



### *Considerations in planning IGAs for OVC and their caregivers*

- ⦿ The OVC Committee or other key community members should be involved in choosing IGAs appropriate for the area and identifying households in the most need of IGA assistance.
- ⦿ Involve households and children in choosing projects.
- ⦿ IGAs should be simple and should not require too much labour or resources, to fit the capacity of vulnerable children and households who will manage them.
- ⦿ It may be better to choose IGAs that can be started with in-kind capital, e.g. livestock instead of cash.
- ⦿ Vulnerable children and their households may need help in choosing an appropriate IGA.
- ⦿ IGAs for OVC households should, ideally, return profits in a short time.
- ⦿ Households should be trained in managing IGAs on the job, e.g. through an apprenticeship scheme.
- ⦿ Households considering IGAs should be trained in business creation and management.
- ⦿ Households may also need training and support at first to manage the finances of the IGA, e.g. to calculate cash flow.
- ⦿ Choose goods to produce that are used on a regular basis by the community.



## Promoting savings for OVC and their households

People who are familiar with and trust one another may form a group to pool or save money. OVC households may benefit from such groups to participate in small savings and credit schemes.

Managing a savings and credit scheme, however, requires competent outside training and guidance. In most districts, there is an organisation that trains people how to form and manage a savings and credit group. Contact a local financial institution or the district **Financial Extension Worker (FEW)** for more information.

Some savings and credit organisations and microfinance institutions may not be able to meet the special needs of vulnerable children and households. It is important to ask financial service providers careful questions about their products and social mission. Ask community members who have saved or borrowed with these institutions if they think they are safe, free with information, and friendly to vulnerable children and households.

### *How to include OVC households in savings and credit activities*

Since vulnerable children and their households may not have access to formal savings and loan institutions like banks, communities can help ensure that they get access to traditional savings groups or other microfinance systems, if appropriate. Special considerations for vulnerable children and households include:

- ⦿ Households considering microfinance services should be aware of their rights as well as their responsibilities as a financial services consumer.
- ⦿ Households can look for loans in kind, e.g. livestock revolving scheme.
- ⦿ Communities can establish savings funds to help vulnerable children and households pay for education, apprenticeships or vocational training.
- ⦿ Households should know the advantages and disadvantages of the different kinds of savings and microfinance services. They should find out about the terms and reputation of a savings or lending service before taking part.



## TOOL → Choosing a financial service

### Type of service:

**Rotating savings and credit association (ROCSA)** – also known as “merry go rounds” or “cash rounds”:

Organised around a community or workplace. Members meet and give contributions to a different member each week or month.

*Things to think about before joining:*

- ⊙ You should know and trust the other members of the ROSCA.
- ⊙ Remember that you could be the last person on the list to receive the pay-out.
- ⊙ If one member fails to pay before you get your contribution, you are likely to lose out.
- ⊙ Emergencies are not catered for.

**Savings and credit cooperative (SACCO):** These are user-formed, owned and operated. They are organised around a parish, district, activity or profession (for example, farmers or teachers)

*Things to think about before joining:*

- ⊙ Find out about the SACCO’s policies. Does the SACCO really practice its the policies?
- ⊙ When did it hold its last general meeting?
- ⊙ Savings are not insured. This means if the SACCO fails, you will not get your money back.
- ⊙ Every district has a District Cooperative Officer (DCO) who can tell you if the SACCO is registered and has yearly audits to make sure its books are in order. If it is not registered, you should be cautious.

### **Village Savings and Loan Associations (VS&LA):**

These are self-selected groups of 20-30 members. All members save a set amount each week. Short term loans are given with the group deciding the order and priority.



## Tool → Choosing a financial service (continued)

### **Village Savings and Loan Associations (VS&LA) (continued):**

*Things to think about before joining:*

- ⊙ VS&LA are low risk financial services for the very poor.
- ⊙ They are good for literate and non-literate members.
- ⊙ Members must be trained over 8 months or longer.
- ⊙ All savings, fees, and interest stay in the group and in the village.
- ⊙ VS&LA often become strong groups which can then move to advocacy or other activities.
- ⊙ These groups can easily start a welfare fund to cope with member emergencies.

### **Microfinance institution (MFI):**

MFIs provide financial services to people who cannot gain access to formal banks. MFIs often give credit to groups who guarantee each other.

*Things to think about before joining:*

For group loans:

- ⊙ Group members guarantee the loans of other members.
- ⊙ You will need to go to regular group meetings.
- ⊙ You risk having to pay back loans of group members who fail to pay.
- ⊙ Find out whether savings held by the MFI are insured. If they are not insured and the MFI closes, you may not get your money back.

### **Moneylender**

*Things to think about before joining:*

- ⊙ The rate of interest is high.
- ⊙ They may require a guarantee such as an animal or a bicycle that is worth more than the value of the loan.
- ⊙ Are they registered under the Moneylender Act?

*Note:* It is illegal for the moneylender to ask for a sales contract to be signed as a condition of the loan.



### *How to include OVC households in savings and credit activities (continued)*

The following are tips for OVC households who are thinking of taking a loan or joining a savings scheme. You can use these tips to help OVC households choose a safe way to save or borrow money, and to help them protect themselves from taking on debt they cannot repay.

#### **TOOL → Tips for clients of loans or savings schemes**

##### **Before you sign for a loan, ask yourself:**

- ⊙ Do I really need a loan, or is there some other way I can raise or save the money?
- ⊙ How am I going to pay this loan back?
- ⊙ How much money will I have to pay each month, and what will be the total amount of interest and fees that I pay?
- ⊙ What will happen if I make my repayments late?
- ⊙ What will happen if I fail to pay back the loan?
- ⊙ What will happen if I fall sick or die?
- ⊙ If borrowing with a group: What is the group's responsibility if a member fails to repay, falls ill or dies?

##### **Loans are NOT the answer if:**

- ⊙ You have no investment opportunity (if you have no way to make your money grow through a business or income-generating activity).
- ⊙ You are already struggling with many other debts.

*Remember, savings is a better long-term plan than borrowing for most people, most of the time.*

##### **What to find out about a savings scheme:**

- ⊙ Is the savings organisation well known and well respected?
- ⊙ Will my savings be insured? (It is safer to choose a scheme that is insured.)
- ⊙ What fees are taken out of my savings?
- ⊙ What happens in case of death? Will my children or dependents be able to take over my share of the savings?



## Monitoring and evaluating socioeconomic services for OVC

It is important to get an idea about the progress and success of the actions you have put in place for socioeconomic security. Below are indicators you may use in assessing socioeconomic services:

### **TOOL → Sample indicators for socioeconomic services**

- ⦿ Number of vulnerable youth who join an apprenticeship or internship program.
- ⦿ Number of caregivers and vulnerable children trained in income generation or business management.
- ⦿ Number of IGA started.
- ⦿ Number of vulnerable households joining a savings and credit group.
- ⦿ Number of vulnerable households taking a loan from an MFI.
- ⦿ Number of elderly and sick caregivers who are assisted with farm labour.

## ② Food security and nutrition

OVC households often find it hard to provide enough food and proper nutrition for all household members on a daily basis. When adults in the household are ill for long periods of time, they are not able to look after their crops on the farm, prepare proper meals, or earn money to buy food. They may often find themselves with low food reserves to meet the needs of all family members.

### Food security

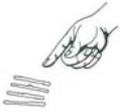
Food security means that people have access to enough food to meet their nutritional needs in order to live a productive and healthy life. Service providers and OVC programmes should try to see that these standards are met:

#### **Standards for food security for OVC households:**

- ⦿ Food must be available, or supplied through household production, or supplied by food assistance (short-term).
- ⦿ Food should be accessible to the household. This may depend on income available to the household; distribution of income in the household; or price of food.



- ⦿ Every household should have at least 2 meals per day.
- ⦿ Each household should be able to cultivate a garden for food.
- ⦿ Each household should have a balanced diet from locally available foodstuffs.



### **Assessment of the food security situation at community level**

When planning activities to improve food security for vulnerable children and households, find out the following information:

- ⦿ What are the causes of food insecurity?
- ⦿ What support networks in the extended family and the community do vulnerable children and households draw on when food is scarce? How well do they work?
- ⦿ What land do OVC households have available for farming or gardening?
- ⦿ Do OVC households have access to seeds and other inputs for growing food?
- ⦿ What farming extension and training programmes are available to the community?
- ⦿ How do OVC households store food and seeds?
- ⦿ Do household members have the strength to farm or work outside the home?



### **Analysis of common reasons for food insecurity of OVC**

Your assessment may find the following:

- ⦿ OVC households lack farming skills to grow enough food.
- ⦿ They lack land to grow food.
- ⦿ They lack seeds and fertilisers to improve their farming output.
- ⦿ They lack cash to invest in food production.
- ⦿ They lack resources and knowledge for storing food, especially for the dry season.
- ⦿ They face labour shortages.



## Actions to improve food security for OVC

Strategies for increased food production:

- ⊙ Help vulnerable children and households to access local farming extension workers, community volunteers or youth groups to learn more about food production.
- ⊙ Encourage vulnerable children and households to choose high-yield, improved varieties of crops and animal breeds that require less intensive inputs or less labour.
- ⊙ Encourage vulnerable children and households to store as much food and seed as possible after harvesting, and to construct granaries for proper storage.
- ⊙ Promote local efforts for food assistance e.g. through school or community gardens.
- ⊙ Help vulnerable children and households to take part in any food-for-work schemes in the area.
- ⊙ Promote use of labour-saving devices e.g. ox-plough cultivation instead of hoes (see next page)
- ⊙ Approach microfinance institutions for loans to buy productive assets such as hoes, axes, seeds or livestock.

### TOOL → Seed storage and preservation

Saving seeds from the household's own crops saves money. It also helps to preserve the traditional crop varieties that grow locally. The following are steps to raise awareness of traditional practices for collecting and storing seeds for future use.

- ⊙ Start when the seeds are mature and drying in the field.
- ⊙ Choose healthy seeds; do not pick seeds that are small, damaged or have a funny shape.
- ⊙ Choose a variety of seeds, particularly from plants with desirable characteristics.
- ⊙ Make sure the seeds are well dried before you store them.
- ⊙ Store seeds in the coolest place possible.
- ⊙ Protect the seeds from moisture.
- ⊙ Mix with ashes to protect them from weevils.



## Labour-saving technologies and practices

Because of illness and other problems, OVC households often do not have enough labour to maintain their farming activities. Some ways to solve this problem are:

- ⊙ Work together in informal groups.
- ⊙ Exchange labour with neighbours.
- ⊙ Make in-kind (instead of cash) payments for labour.

Households can also reduce the amount of labour needed to maintain their farming and other activities in these ways:

- ⊙ Change to lighter tools that are easier for women, older children and elderly people to use.
- ⊙ Use more efficient tools and equipment. For example - use animals for ploughing or transport; cook using fuel-efficient stoves, and collect roof water for use around the house.
- ⊙ Choose crops which need less labour than traditional crops.
- ⊙ Use mulch or plastic sheets to keep weeds down and avoid the need for extra tilling.

Planting woodlots (as a source of wood fuel) and improving access to sources of water to reduce time spent on carrying wood or fetching water.

## Nutrition

Nutrition is the way the body uses food for growth, energy and health. Low or unbalanced intake of food can lead to malnutrition. It is important for vulnerable children, especially those with HIV/AIDS, to eat several different types of food every day.

A good diet is made up of these three types of food.

- ⊙ **Body building foods are foods with lots of protein:** such as beans, eggs, fish, ground nuts, meat, milk, peas, and simsim.
- ⊙ **Protective foods contain vitamins and minerals:** these are fruits and vegetables such as mango, pawpaw, green vegetables, carrots, and pumpkin.
- ⊙ **Energy-giving foods are rich in carbohydrates.** Examples include bread, maize, posho, matooke, millet, rice, sorghum, Irish and sweet potatoes, and yams.

A good diet also includes drinking at least 4 cups per day of safe water. See **Practical ways to make water safe** on page 98.



### Assessment of the nutritional status of OVC in your community

To plan for activities to improve nutrition among vulnerable children and households, find out the following information:

- ⦿ What do people in the community know about nutrition?
- ⦿ What are the common eating habits of the community?
- ⦿ How many meals a day do vulnerable children eat? What types of food do they eat daily?
- ⦿ What sources of fuel for cooking are available to vulnerable children households?
- ⦿ What are the common food handling practices in the community?



### Analysis of the common nutrition needs of OVC

OVC households often face these nutrition problems:

- ⦿ Lack of money to buy food.
- ⦿ Difficulty preparing food because they lack wood for fuel, cannot access water, etc.
- ⦿ Low quantity of foods may be available.
- ⦿ Limited variety of foods, leading to eating of the same food at most meals.





## Actions to improve nutrition for OVC

### Increase food intake and educate about the importance of a balanced diet:

- ⦿ Promote a balanced diet of body-building, protective and energy-giving foods through nutrition counselling.
- ⦿ Tell OVC households which local foods make up a balanced diet.
- ⦿ Promote backyard farming (including sack farming), especially to produce vegetables.
- ⦿ Promote watering and mulching of gardens to preserve or increase soil moisture.
- ⦿ Provide emergency food distributions to households with urgent needs.
- ⦿ Identify poor families in the community who have healthy children and ask them to teach others about their diet

### Promote fuel conservation

- ⦿ Encourage use of time-saving cooking methods such as mixing foods in one dish instead of cooking separate dishes (commonly called *katogo* or *mugoyo*).
- ⦿ Explain that soaking dry legumes overnight will make them cook faster and take less wood fuel for cooking.
- ⦿ Help vulnerable children and households to make fuel-saving stoves. You can get more information from community development workers.
- ⦿ Tell vulnerable children and households about alternative sources of fuel, e.g. dry animal dung; coffee husks; maize husks.

### Promote safe food handling

Households can prevent food and water-borne illnesses by promoting hygiene and food and water safety. See **Checklist for safe food handling practices** on the next page.

**TOOL → Checklist for safe food handling practices**

- ⦿ Always wash hands with soap before preparing, handling and eating food, after using the latrine or toilet, and after cleaning small children.
- ⦿ Wash and keep food preparation surfaces, pots and pans, spoons, knives, forks and dishes clean.
- ⦿ Drink boiled or bottled water.
- ⦿ Wash all fruit and vegetables with clean water before eating, cooking or serving.
- ⦿ Do not eat spoiled or rotten food.
- ⦿ Do not eat raw eggs or foods that contain raw eggs.
- ⦿ Ensure all food is cooked thoroughly, especially meat and chicken.
- ⦿ Serve all food immediately after cooking, especially if it cannot be kept hot.
- ⦿ Avoid storing cooked food unless you have a refrigerator – or heat leftover food very well before eating.
- ⦿ Keep foods covered and stored away from insects, flies, rats or other animals.
- ⦿ Do not use bottles with teats to feed infants; use a cup instead.



## Nutritional needs of OVC living with HIV/AIDS

- ⊙ Caregivers of vulnerable children infected with HIV/AIDS should know that good nutrition can help keep the child healthier. People living with HIV/AIDS are more vulnerable to the ill effects of poor nutrition on health.
- ⊙ Encourage vulnerable children and households to eat a variety of nutritious, low-cost and readily available foods such as beans, groundnuts and passion fruits.
- ⊙ Promote vegetable gardening to provide needed vitamins for HIV/AIDS-affected family members. Vegetable gardening can also be an income-generating activity.
- ⊙ Illness due to HIV/AIDS makes it harder for vulnerable children and their households to keep up food production, preparation and earning money for buying food while at the same time their needs are greater.

## Monitoring and evaluating nutrition and food security services

To get an idea about the progress and success of the actions you have put in place for nutrition and food security for vulnerable children and households, you can collect information on indicators like these:

### **TOOL → Sample indicators for nutrition and food security**

- ⊙ Number of children and households eating at least three meals a day, including items from all three food groups.
- ⊙ Number of children and households receiving counselling in good nutrition and safe food handling.
- ⊙ Number of households with farming facilities producing vegetables.
- ⊙ Number of households using fuel-saving stoves.
- ⊙ Number of vulnerable households accessing farming or animal husbandry extension support.
- ⊙ Number of households receiving improved seeds for planting.
- ⊙ Number of households using less labour-intensive farming techniques.
- ⊙ Number of households with safe food handling practices.
- ⊙ Number of households receiving equipment to facilitate household food production.



## Core programme areas (continued)

### 3 Urgent care and support for OVC

Service providers working in this core programme area help OVC households meet their most basic needs (such as food, clothing, bedding and shelter) in emergencies and on a short term basis. Organizations should always work to make the family or community stronger and able to care for themselves in the long run. However, in extremely difficult cases, when there is no caregiver, no food, clothing or shelter, or a household member has a disability, an organisation may need to provide direct support for a period of time.



#### Assessment of urgent care and support for OVC

When planning activities to provide urgent care and support for OVC households, find out the following information:

- ⦿ Which OVC households need urgent care and support in the community?
- ⦿ What are the most important needs of those households?
- ⦿ What groups or organisations in the community are already providing urgent care and support?



#### Analysis of common urgent care and support needs of OVC

Your assessment may find that:

- ⦿ Many households do not have access to basic needs such as food, shelter, or clothing.
- ⦿ Community members may not be aware that some households need urgent care and support.
- ⦿ Community volunteers or committees to assist vulnerable children are few or not in place.
- ⦿ Communities do not have a fair way to identify and choose the most vulnerable children and households.
- ⦿ Children with disabilities need special care and support, such as crutches, wheelchairs or hearing aids.





### Actions to improve urgent care and support services for OVC

Urgent care and support for vulnerable children and households should be handled through volunteers who know the most vulnerable children and households and where they are located in the village. Volunteers can be organised as a Village Committee, church group, cooperative society or burial society. Community organisations can:

- ⦿ Work with volunteers to sensitise communities about the need for urgent care and support for vulnerable children and households.
- ⦿ Conduct home visits to identify vulnerable children and households who are in need of urgent care and support. See **Sample report format for home visits** on page 39.
- ⦿ Ensure that needy vulnerable children and their caregivers receive short-term care and support packages (food, clothing, bedding).
- ⦿ Help communities to improve shelter, water and sanitation for vulnerable children and their households in the longer term. See **Providing proper housing for OVC** on the following page.
- ⦿ Help get support devices to disabled children or caregivers (wheelchairs, hearing aids).
- ⦿ Assist communities to resettle or find alternative care for vulnerable children if needed.



## Providing food assistance to OVC

In vulnerable communities, there may not be enough food aid to give to all the households that need it. It is important to involve the community in deciding which households are the neediest. (See **Criteria for Selecting the most vulnerable households** on page 43.)

To plan for emergency food distribution, find out the following information about households in need:

- ⊙ Type of food needed, and what is available.
- ⊙ Number of people in the targeted household.
- ⊙ Status of the vulnerable children: age, chronic illness, disability.
- ⊙ Distance from the food distribution centres.
- ⊙ How the food will be transported to the homes.
- ⊙ Resources needed to prepare the food, e.g. cooking pots, firewood.

See Food security and nutrition on page 56 for more detail.

## Providing proper housing for OVC

Vulnerable children and households often lack the skills or resources to put up or maintain proper housing. Relatives, friends or community volunteers should help vulnerable households to improve the standard of their housing if this is the case. Ideally, every household in the community should have the following:

- ⊙ **Permanent shelter:** a structure that has a non-leaking roof, doors, windows and good ventilation.
- ⊙ **Latrine:** each latrine should have a pit, which should be kept clean and covered.
- ⊙ **Bath shelter:** a private place for bathing with proper drainage.
- ⊙ **Animal pens (as needed):** pens should be kept far from the household water supply and be cleaned regularly.
- ⊙ **Rubbish pit(s):** there should be separate pits for rubbish to be burnt, for food scraps and for manure (if the household is raising animals).
- ⊙ **Utensil rack:** there should be a simple rack to hold cups, plates and utensils for drying after washing.
- ⊙ **Kitchen:** Each household should have a clean, well-built kitchen area where food is prepared and stored.



## Monitoring and evaluating urgent care and support for OVC

To track the progress and success of programme activities for urgent care and support, you can collect information on indicators like these:

### **TOOL → Sample indicators: Urgent care and support for OVC**

- ⊙ Number of community members sensitised on OVC urgent care and support needs.
- ⊙ Number of home visitors trained.
- ⊙ Number of home visits made.
- ⊙ Number of households receiving emergency supplies.
- ⊙ Number of items distributed of each type (e.g. food, fuel, blankets, clothing).
- ⊙ Number of vulnerable households helped to improve shelter, water and sanitation facilities.
- ⊙ Number of disabled children or caregivers supplied with support devices (wheelchairs, crutches, hearing aids).
- ⊙ Number of caregivers trained (by type of training).

## ➕ Reducing the impact of conflict on OVC

Armed conflict in some parts Uganda has led to great suffering for communities. Many families have been affected by armed conflict, abduction, forced movement to camps or to other countries, death and separation of family members. These communities have faced disruption of services like education, health, water and sanitation, and food production. Children are especially affected, with some being forced into armed combat as child soldiers or sex slaves.

Communities and organisations must work together to reduce the impact of armed conflict and to ensure that key social services reach vulnerable families.



### Assessment of the impact of armed conflict on OVC

When planning services for children and households affected by armed conflict, find out the following information:

- ⦿ Where are the most vulnerable households located: in camps? Displaced to other villages?
- ⦿ How safe are these households? What protection is available to them?
- ⦿ What access do children and households have to food production or food assistance?
- ⦿ What social services are available to these households, including health and education?
- ⦿ How many households have been affected by violence? Sexual abuse and rape? Abduction of children by armed forces?
- ⦿ How many households are seeking lost members?
- ⦿ Who is driving the conflict? Are there ways of resolving the conflict?



### Analysis of the common needs of OVC affected by conflict

Common issues that vulnerable children and households face in armed conflict:

- ⦿ Children are killed or die in large numbers due to violence, hunger and disease.
- ⦿ Children suffer sexual abuse, rape, unwanted pregnancies and sexually transmitted diseases, including HIV/AIDS.
- ⦿ Many people must move into camps, and children are often separated from their families.
- ⦿ Diseases such as measles, diarrhoea, cholera, pneumonia and tuberculosis are common. There are also many cases of injury from fighting, bombs, bullets, or landmines.
- ⦿ Health services break down, and there are not enough health workers or facilities.
- ⦿ Children suffer from malnutrition due to food shortages and illness from drinking unsafe water.





### Analysis of the common needs of OVC affected by conflict

(continued)

- ⊙ Children's schooling is interrupted.
- ⊙ Children suffer grief, loss and psychological abuse. If separated from their families, they lose the love and support from caregivers.
- ⊙ Children may be forced into the conflict as child soldiers, messengers and sex slaves and forced to commit crimes and acts of violence against the population.



### Actions to address the impact of armed conflict on OVC

To reduce the impact of armed conflict on vulnerable children and households, communities and organisations can:

- ⊙ Sensitise communities about care and support needs of children in conflict and human rights.
- ⊙ Trace and reintegrate displaced children. See **Step-by-step guide for family tracing and reunification** on page 71.
- ⊙ Provide safe areas for vulnerable children and households.
- ⊙ Provide health and education services.
- ⊙ Encourage vulnerable children and households affected by conflict to re-enter the formal school system or join vocational or skills training courses.
- ⊙ Counsel vulnerable children and help them re-establish stable and trusting relationships.
- ⊙ Work to demobilise child soldiers and help them rejoin normal family and community routines.
- ⊙ Refer affected children to other services they may require.
- ⊙ Promote peace and conflict resolution at the community level.



## Health services in conflict situations

Some activities to support health services in communities affected by conflict:

- ⦿ Provide clean water, sanitation, shelter, and proper nutrition.
- ⦿ Mobilise parents and caregivers to re-establish and participate in immunisation.
- ⦿ Support vulnerable children who are disabled by conflict to receive basic health services like physical therapy, crutches and artificial limbs.
- ⦿ Promote the use of mobile clinics and outreaches to extend treatment for people who cannot travel through insecure areas.
- ⦿ Train and equip volunteers to provide basic health care in the absence of trained health workers.

## Education in conflict situations

Providing education for children affected by conflict is an important way to help them recover a normal life, despite continued violence. Both parents and teachers should be involved in the process since they are equally affected by the conflict. Some strategies to re-establish education services in communities affected by conflict include the following:

- ⦿ Encourage local leaders, teachers, school committees and parents or caregivers to mobilise for education of all children in their area or camp.
- ⦿ Where necessary, find alternative sites for classrooms in safe areas, and regularly change locations of schools (in order to avoid possible attacks).
- ⦿ Neighbouring homes could form home study groups to reduce risks, especially for girls who have to walk to distant schools.
- ⦿ Teachers need to look out for children showing signs of psychosocial distress, and offer them counselling or referral for more serious problems.



## Family tracing and reunification

Family tracing and reunification involves resettling a child in a home with parents, guardians, relatives or foster parents. Below is a step-by-step guide on how to work with displaced children to help them find family members or a caring home situation.

### **TOOL → Step-by-step guide to family tracing and reunification**

1. After establishing a relationship with the child, explain that you would like to help trace his/her family and relatives. Explain that one way to do this is to draw pictures (maps) of where the child lived before the separation. You can show other children's maps or present your own drawing as an example.
2. Provide the child with a piece of paper and a pencil or coloured pencils. Draw a small house in the middle of the paper. Explain that this is his or her house. Now ask the child to draw all the places around the house that he or she used to go to.
3. After you have made sure that the child understands the exercise, allow him or her time to draw without interruption. Be patient and encouraging.
4. Once the child finishes, ask about all the places on the drawing. If the child can write, ask him or her to label each place; otherwise, label the places for him or her.
5. Now ask if the child has forgotten any place or person. (Use probing questions such as, "Did you ever visit a neighbouring town?" "Where did you play with friends?" "Where did your parents go to work?") Ask the child to add each place and person to the map as they are mentioned. (At any time in the exercise, a child may mention a new place. Always allow the child time to add each new place or person. This activity should not be rushed.)
6. Once the drawing is finished, ask the child to mark all the places that he or she liked best with a particular colour of pencil or sticker. Compliment the child on his or her effort.



### Step-by-step guide to family tracing/ reunification (continued)

7. It is now time to interview. Begin by explaining to the child that you would like to learn more about his or her drawing and that you would like to ask some questions.
8. Begin with the best-liked places that the child listed.

Sample discussion guide:

“Tell me about this place. Why do you like it?”

“What did you do there?” (Ask probing questions for information about activities, the reason for visits, etc.)

“Who did you visit there?” (Ask probing questions for information about relationships, nicknames, etc.)

“How often did you visit this place?” (Determine whether it was frequently, sometimes, or rarely.)

What is your favourite memory of this place?”

9. Repeat *step 8* with all other places indicated on the drawing.
10. When the interview has been completed, review with the child what you have learned from the map and explain how this information might be used for tracing. Thank the child for his or her time.
11. When possible, make a copy of the map for the child. Maps can be revisited several times, and the child can be re-interviewed if the social worker feels that more information can be obtained.
12. Using all the information learned in the interview and map, try to find the child’s home.



## TOOL → Visiting the home of a displaced child

If you are successful at finding the child's home, a service provider should make a home visit to assess the situation before bringing the child.

### During the home visit:

- ⦿ Talk to various people within the home and the neighbours.
- ⦿ Ask questions of the Local Council.
- ⦿ Record all relevant information.

### Assess the family circumstances. Important issues to consider include:

- ⦿ Number of children in the family.
- ⦿ Occupation of parents or guardians.
- ⦿ Physical condition of the home.
- ⦿ Parent or guardian's attitudes towards the child.
- ⦿ Changes that took place while the child was away.
- ⦿ Whether the family is willing to take on the child and under what conditions.

If the assessment shows that the family is willing and able to take the child, you can now bring the child to join the family. The process should not be rushed, and you should tell child what is happening.

Make regular follow-up visits to assess how the child is settling down.





## Monitoring and evaluating activities to reduce the impact of conflict

Below are indicators you may use to assess how your interventions have helped to reduce the impact of armed conflict on vulnerable children and households.

### **TOOL → Sample indicators: Reducing the impact of conflict**

- ⦿ Number of children who have been moved to safe areas with access to health and education services.
- ⦿ Number of children served by mobile health clinics.
- ⦿ Number of children participating in home study groups or other alternative education sites.
- ⦿ Number of separated children who have successfully been reunited with their families.
- ⦿ Number of children affected by conflict who are receiving counselling.
- ⦿ Number of child soldiers who are safely demobilised.
- ⦿ Number of community members or leaders sensitized about needs of children in conflict and human rights.
- ⦿ Number of health, social or military workers trained in the appropriate handling of war affected children and households.
- ⦿ Community has a mechanism for peaceful conflict resolution (yes/no).



## 5 Education for OVC

Basic education allows children to live a better, more productive life, and increases their choices and opportunities for the future. In the long term, if vulnerable children acquire skills and training, they will be in a better position to support themselves and their families. Access to basic education should also lead to improved socioeconomic status for vulnerable households and enable them to take on more responsibilities in their community.

Standards for OVC access to education:

- ⦿ All children of school-going age (aged 6 and above) should be in school.
- ⦿ Older children should be in secondary school, vocational school, nonformal education or other skills-development opportunities.
- ⦿ Young children not yet of school age should have access to early childhood centres, with space and items for play.



### Assessment of OVC access to education

When planning activities to support education for vulnerable children, find out the following information:

- ⦿ What schools are located in the community?
- ⦿ How far are schools from OVC households?
- ⦿ What are the schools' enrolment and retention rates for vulnerable children?
- ⦿ What nonformal and vocational education opportunities are available in the community?
- ⦿ What early childhood learning opportunities are available to children under age 6?
- ⦿ Can schools meet the needs of children with disabilities?
- ⦿ How are children who are living with or affected by HIV/AIDS treated by teachers or students in schools? Is there stigma?



### Analysis of the common education needs of OVC

Your assessment may find the following issues that affect education opportunities for vulnerable children:

- ⦿ Children fail to attend school or drop out because of other responsibilities, including childcare, taking care of ill household members, or working to support the household.
- ⦿ Children lack money for school fees and necessities such as uniforms and books.
- ⦿ Children suffer ill health and malnutrition, making it difficult to attend school and study.
- ⦿ Children have difficulty focusing on their studies because of stress and worries.
- ⦿ Households may choose not to send girls and children with disabilities to school. If they do attend school, these groups of children may face stigma or an unsafe environment.
- ⦿ Children face stigma and discrimination in school, especially if they are affected by HIV/AIDS.

Some strategies to help vulnerable children access educational opportunities include the following:

- ⦿ Community members could set up support schemes to pay for school fees and school materials.
- ⦿ Organise home visits for children out-of-school to find out what barriers keep the child from attending, and to help the household find ways to send them.
- ⦿ Organise community members to help with household and agricultural work so that children are free to go to school.
- ⦿ Set up school-based monitoring of children at risk of dropping out of school.
- ⦿ Identify adult mentors in the community who can support education for children and help them with school work.
- ⦿ Provide nonformal and vocational education programmes for older children and adult caregivers.
- ⦿ Set up community-run early learning centres to meet the needs of children under school age.
- ⦿ Sensitise teachers and community members to the importance of schooling for girls, children with disabilities and children affected by HIV/AIDS.



## Community involvement in OVC education

Community members play an important part in developing better schools for all children in their area. Encourage parents and caregivers to attend meetings at the school, inspect school facilities, make physical or financial contributions, and keep teachers motivated. Community involvement should focus on the following issues:

- ⦿ Making sure vulnerable children can enrol in school and attend, and monitoring their daily attendance.
- ⦿ Enrolling girls in school and supporting them to attend regularly.
- ⦿ Enrolling children with disabilities in school.

The following section gives guidelines to assist communities in starting up nonformal education programmes, promoting education of the girl child, including children with disabilities in school and making education available to children affected by HIV/AIDS.

### *Nonformal education for OVC*

Although the Universal Primary Education (UPE) programme is meant to insure that all children in Uganda are enrolled in school for basic education, some children still do not benefit, including many vulnerable children. To meet the needs of children who have been left out of the formal schooling system, some districts have set up community-based nonformal education through a programme called Complementary Opportunities for Primary Education (COPE).

COPE schools target older children aged 10 to 16 years who have never attended formal school or who dropped out, especially girls and children with disabilities.

The three-year programme prepares children to read, write and use numbers to a level that they can lead a productive life. Some COPE students transition into formal education at Primary 6 level.



## Complementary Opportunities for Primary Education (COPE)

### *Helping the community establish a COPE centre*

Service providers trained in the approach can help a community set up a COPE programme. The community should follow these steps:

- ⦿ **Step 1:** Contact the District Education Officer to find out about how to set up the programme, access teacher training and receive the COPE curriculum manual.
- ⦿ **Step 2:** Set up a Management Committee made up of community members to start up and run the COPE Centre.
- ⦿ **Step 3:** The Committee will identify a location for the COPE Centre, link up with the district education authorities, identify students and a teacher, and raise funds for the teacher's allowances. (In some cases, the government may fund the teacher's position.)

There are other nonformal education models that can benefit vulnerable children in Uganda. Contact the district authorities for help with making these opportunities available in your area.

### **Strategies to promote girl child education**

Girls are kept out of school by some caregivers to perform household domestic work or to look after younger children. There is a great need to raise community awareness on the importance of girls' education.

Setting up early childhood care programmes for young children can free older girls from childcare responsibilities so that they can go to school.

Making schools safer is another strategy to help girls attend school. Safe schools do the following:

- ⦿ Provide separate latrines for boys and girls to ensure the privacy and safety of girls.
- ⦿ Provide girls with sanitary towels or materials to make them in an emergency.
- ⦿ Protect girls from bullying, physical abuse and sexual exploitation.
- ⦿ Link up with individuals and organisations that deal in child protection services to reduce violence or sexual abuse.

Girls can also take steps to protect themselves and avoid risky situations. All children, especially girls, can benefit from safe schools. See **Stay safe at school** on the following page, for messages you can teach young people.



### TOOL → Girls: Stay safe at school

- ⦿ If you take books to a teacher's house, only go in a group.
- ⦿ Move to and from school with a group of friends.
- ⦿ Do not accept gifts from people who are not closely related to you.
- ⦿ If something happens to you, tell an adult you trust.
- ⦿ Be assertive by saying "No!"
- ⦿ If attacked, make a loud noise or fight hard.

### How to enrol and retain children with special needs in school

Children with special needs are those that require special attention and more care compared to other children. They may be physically disabled (with impaired vision, hearing, or movement) or mentally retarded. Such children face unique challenges to reach school or to stay in school and learn. Since it is a basic right for all children to attend school, children with special needs should be included to benefit from the normal school system.

Below are some suggestions for caregivers, communities, school authorities or pupils to ensure they get access to education:

- ⦿ Sensitise caregivers about the need to send all children in the household to school, including children with disabilities.
- ⦿ Teach students not to bully and shame them; all children have the right to a safe learning environment.
- ⦿ Encourage volunteers, including young people from neighbouring homes, to help children with disabilities in moving to and from school and doing class work.
- ⦿ Help communities to raise funds for equipment such as wheelchairs or eye glasses.
- ⦿ Make classrooms and latrines accessible to children using wheelchairs by constructing ramps, slopes, or wider entrances.
- ⦿ School authorities and community leaders should keep records of children with disabilities in the school and community, and monitor their progress.
- ⦿ Help the community to advocate for trained special needs teachers from the district.



## Strategies to include children affected by HIV/AIDS in education

A number of vulnerable children are affected by HIV/AIDS, having lost a parent or being infected themselves. It is important for the entire school community to ensure such children attend school and learn like other children. Help schools to:

- ⦿ Help children affected by HIV/AIDS feel free with other pupils. Treat them as you would treat other children.
- ⦿ Share notes or explain to them any topics they miss when ill.
- ⦿ Help these pupils not to feel isolated or have self-stigma.
- ⦿ Promote the inclusion of HIV-positive children in regular early childhood activities.
- ⦿ Teachers should give their students correct information about HIV/AIDS and how it is transmitted. Lack of correct information leads to stigma.
- ⦿ Set up a system in school to provide vulnerable children with guidance and counselling services.
- ⦿ Hold classroom discussions on issues of HIV/AIDS and stigma.

## Monitoring and evaluating education activities for OVC

To get an idea about the progress and success of interventions for OVC education, you can collect information on indicators like these:

### TOOL → Sample indicators for OVC education

- ⦿ Number of vulnerable children enrolled in primary and secondary schools.
- ⦿ Number of vulnerable children assisted with school related expenses.
- ⦿ Number of out-of-school vulnerable children who return to school.
- ⦿ Number of vulnerable children enrolled in nonformal education or vocational training.
- ⦿ Number of vulnerable children attending early childhood learning centres.



### Sample indicators for OVC education (continued)

- ⦿ Number of teachers trained in ways to support enrolment, retention and achievement of OVC in school.
- ⦿ Number of people attending sensitisation events or workshops for promotion of education for OVC.
- ⦿ Number of girls enrolled in primary and secondary school.
- ⦿ Number of children with special needs enrolled in primary and secondary school.
- ⦿ Number of vulnerable children assisted on a regular basis by adult mentors.
- ⦿ Number of teachers trained in education-related needs of vulnerable children.
- ⦿ Percentage of OVC who complete primary and/or secondary education.
- ⦿ Percentage of OVC who successfully transition to secondary school.





## Core programme areas (continued)

### 6 Psychosocial support for OVC

Psychosocial support helps vulnerable children and their caregivers to cope with mental and emotional challenges. Children face illness or death of parents, armed conflict, living in camps, living in extreme poverty, or abuse. The psychological effects of these problems may make it hard for them to take part in everyday activities, such as going to school, playing or working around the house.

Psychosocial support can help a child to:

- ⦿ Make sense of their bad experiences.
- ⦿ Accept and live with strong feelings brought about by difficult situations.
- ⦿ Move forward with their lives and contribute to their communities.

Standards for psychosocial support:

- ⦿ Community members should be aware of psychosocial needs of traumatised children and services to support them.
- ⦿ All cases of child abuse should be reported to authorities or to community counsellors.
- ⦿ Adults should be role models and mentors for vulnerable children in their immediate neighbourhood.
- ⦿ Adults should promote psychosocial well-being of children by showing them love and concern and listening to them.



#### Assessment of psychosocial support issues affecting OVC

When planning activities to address the psychosocial needs of vulnerable children, find out:

- ⦿ How many vulnerable children in the community show signs of suffering severe psychosocial difficulties?
- ⦿ How many vulnerable children have access to trained counsellors?
- ⦿ What recreational activities are available to vulnerable children?
- ⦿ How common are domestic abuse and alcoholism in the community?





### Analysis of common psychosocial needs of OVC

Common psychosocial issues among OVC:

- ⦿ Children may be stigmatised, resulting in isolation and loneliness.
- ⦿ Children often have to take on responsibilities and roles they are not prepared for (labour, childcare, early marriage).
- ⦿ Children often feel sad, lonely, or unable to cope with the death or illness of their parents.
- ⦿ Children affected by conflict situations may be seriously traumatised and unable to sleep, concentrate or function normally.
- ⦿ Children may lack the love, care, and guidance they need to develop as responsible members of the community, especially if their caregivers are ill or absent.



### Actions to improve psychosocial support for OVC

Psychosocial support should be appropriate for the child's background, age, cultural practices and resources available in the community. Adults who work with vulnerable children need skills to communicate with children to help them overcome the difficult situations they are facing. The following are suggested activities:

- ⦿ Provide counselling for children and their caregivers by trained counsellors. Untrained community members can also help by listening to the child and showing him or her love and concern.
- ⦿ Prepare adult volunteers to serve as guides, role models, or "mentors," to vulnerable children in their community.
- ⦿ Prepare older children and youth for child-to-child peer activities with vulnerable children.
- ⦿ Form peer support groups and set up recreational activities for vulnerable children.
- ⦿ Create awareness in the community about child protection issues. See **Possible actions to take in case of child abuse** on page 112.
- ⦿ Sensitise the community about the negative effects of stigma and discrimination on the psychological well-being of children.
- ⦿ Support cultural practices such as ritual cleansing if appropriate and acceptable to the community.



## Communicating with children

To help children communicate about their experiences and feelings, use creative, non-threatening methods that are appropriate to the child's age and level of development. Drawing, story-telling, drama or plays can all be used to help vulnerable children talk about problems and solutions.

A counsellor providing psychosocial support to vulnerable children should have well-developed strategies to improve communication with children. Below are some strategies that may be used in counselling sessions for children.

### TOOL → Tips for communicating with children

**Listen carefully with interest:** Focus on the current situation. Do not focus on earlier mistakes.

For example: *"I feel that right now you want me to just listen to you."*

**Be gentle, kind and encouraging:** Recognise the child's efforts.

For example: *"You have worked so long and hard on this activity."*

**If a child is dishonest, listen and try to understand why:** Talk about how you feel about the child's situation or actions.

For example: *"I feel..."* or *"I'm disappointed when..."*

**Help children to solve problems:** Encourage the child to find solutions to problems.

For example: *"It's your choice"* or *"What can I do to help you?"*

**Involve children in play activities to help them express their feelings:** Help the child recognise his/her emotions.

For example: *"It sounds like you were really disappointed..."*

**Do not lecture or teach, but be a helper:** Reassure the child that he/she can find the right solutions.

For example: *"I know that you will be responsible."*

**Encourage:** Focus on the positive.

For example: *"You can do it"* or *"You make me happy when..."*

**Encourage expression of feelings:** Ask more questions when you are not sure.

For example: *"Tell me more about..."*



### *Using drawings to facilitate communication*

Drawing pictures may be an easier way for children to communicate their emotional state than speaking about it.

- ⦿ Give children pencils, colours, paper etc.
- ⦿ Ask the children to draw something related to the issue you would like them to explore. For example, *“Draw a picture of a time you were sick.”*
- ⦿ Gently follow up by asking the children to describe what is happening in their drawings.
- ⦿ Use open-ended questions to encourage them to talk more about what they have drawn and why. For example, *“How do the people in the drawing feel about what is happening?”*

### *Using stories to facilitate communication*

Telling stories can help children to resolve problems. When children are finding it difficult to talk about painful issues, listening to a story about someone in a similar situation can be very comforting. When you use stories, it is helpful to remember the following:

- ⦿ Use a familiar story to communicate a message to the child.
- ⦿ Avoid using real names or events.
- ⦿ At the end of the story, encourage the child to talk about what happened. For example, ask about the message of the story to check that the child has understood it.
- ⦿ Ask the children to make up their own stories, based on a topic that you give them. For example, *“Tell me a story about a little girl who lives in your village.”*



### *Using play to facilitate communication*

Playing is an important way that children explore their feelings about events and make sense of their world. When children play, they act out certain roles, which help us to understand what they are feeling.

- ⦿ Give the child a variety of play materials (things like boxes, string, sticks that are locally available).
- ⦿ Ask the children to show you parts of their life using the play materials. For example: “*Show me what you like to do with your family.*” While the child is using the objects to show you, you can also ask him or her to describe to you what is happening.
- ⦿ Follow and observe what the child is doing and do not take over the play. Make comments if you want to check understanding, for example: say “*I see that the mama doll is so sick that she cannot get out of bed*” and see if the child disagrees.
- ⦿ If the child stops and cannot go on, ask him or her questions such as, “*What is happening next?*” or “*Tell me about this person.*” These questions can help them to continue.



### **Adult role models or “mentors”**

Vulnerable children often lack caregivers and responsible adults in their lives who can teach them values and skills, look out for them, and help them meet their needs. Adults from the community can volunteer to be “mentors” to vulnerable children to fill this important need. A mentor is an adult who acts as a guide and role model for a younger person.



## TOOL → Steps for setting up a mentoring programme

### Getting started

- ⊙ Assign a coordinator who can set up the mentoring programme and who will stay in contact with the mentors. The coordinator will help them link vulnerable children with services.
- ⊙ The mentoring programme could be connected with other services like home visit volunteers.
- ⊙ Get help from the OVC Committee or other community leaders to choose mentors. They should be well known to the community, well respected, and responsible.
- ⊙ Be sure to protect the child's safety. Assign men to mentor boys and women to mentor girls. Coordinators should make spot-checks, and supervise mentoring meetings.
- ⊙ Hold regular meetings with all mentors to share about how it is going, solve problems, and inform them about new resources or services for OVC.
- ⊙ Plan group events for all mentors and OVC in the community, such as informative, fun health fairs, sensitisations, dramas, etc. Invite teachers or health workers.

### Things the mentor can do with the child:

- ⊙ Be a good listener.
- ⊙ Be a role model.
- ⊙ Ask the child about his/her health, schooling and emotional state.
- ⊙ Help the child solve problems and access services when needed. For example, go with the child to the health unit; help the child find sponsorship for school fees.
- ⊙ Play with the child.
- ⊙ Teach the child practical skills such as farming or cooking healthy foods that the child's parents would have taught them.



## Steps for setting up a mentoring programme (continued)

### Responsibilities of the mentor:

- ⦿ Visit the child at least once a week.
- ⦿ Keep the appointments you make with the child. If you will not be able to make a planned visit, tell the child in advance.
- ⦿ If you take the child somewhere, tell the caregiver or an older child in the household where you are going.
- ⦿ Schedule your visits so that they do not interfere with the child's responsibilities for school, work, childcare, farming or household tasks. You could offer to help the child with some of these duties in order to spend time together.
- ⦿ Agree to be a mentor for a set period such as one year so that the child can rely on you. Many OVC have lost caregivers and other loved ones, so it is important for them to have someone they can rely on. However, in some cases it may also be helpful to act as a mentor for a shorter period while a child is going through a crisis.
- ⦿ If you must end the mentoring relationship early for unavoidable reasons, tell the child in advance and explain why.
- ⦿ Keep the mentor programme coordinator informed about the child's needs and what you have done to help them.



## Child-to-child peer support

Older children and youth in the community can help care for other children. A community service provider can recruit and prepare children to get involved in care and support for the most vulnerable children.

By helping their peers, children take an active role in their communities, gain a better understanding of the situation of OVC living among them, and reduce stigma.

How to set up child-to-child peer support:

- ⦿ Peer helpers could be organised through school clubs or peer education groups in the local area.
- ⦿ Children could also arrange to pair up with adult volunteers who make visits to homes. They can play with the children in the house so that the adult caregiver is free to talk with the adult visitor.
- ⦿ Be sure that peer helpers are safe. They should not visit a household alone.
- ⦿ An adult should supervise their activities and be available to help resolve problems.

Below are some suggested activities children can do to help their peers. This list can be used with children when preparing them for peer support.

### **TOOL → What can peer helpers do?**

#### **Be a friend to a child in need:**

- ⦿ Ask them about their lives and their feelings.
- ⦿ Talk or read to them, or tell each other stories.
- ⦿ Encourage them to be strong and do things for themselves.
- ⦿ Let the child know that you care about them.
- ⦿ Play together - make toys, games, make drawings.
- ⦿ Help with homework.
- ⦿ Walk with them to school.
- ⦿ Pray or attend church or mosque together.



## What can peer helpers do? (continued)

### Help them around the house with chores:

- ⦿ Help clean and sweep the house or compound.
- ⦿ Make the home as comfortable as possible.
- ⦿ Help them wash the clothes.
- ⦿ Chop and carry firewood.
- ⦿ Help with gardens or farming.
- ⦿ Bring water and food and help prepare it.
- ⦿ Play with younger children while adults or older children in the house take a rest or do other tasks.

### If they are sick:

- ⦿ Remind them to take medicines.
- ⦿ Help them take a walk outdoors.

### If their parent or loved one dies:

- ⦿ Help them find a trained counsellor or home-based care worker.
- ⦿ Reassure them that they are not to blame.
- ⦿ Bring food to the funeral.
- ⦿ Visit the home with other schoolmates to show your support.
- ⦿ If the child's family has a memory box or keepsakes from the person who died, look at it together and talk about it.



## Alcohol abuse

Alcohol is a problem in many communities. Abuse of alcohol can contribute to poverty, illness, domestic violence and child abuse in a household. OVC service providers may find it difficult to help a household if the family is facing alcohol problems. Service providers should know these basic facts about alcohol and have some resources to help households affected by alcohol abuse.

### TOOL → Basic facts about alcohol abuse

**What is alcoholism?** Alcoholism is a disease. People who are affected often show the following signs:

- ⊙ **Craving:** They feel a strong need, or urge to drink.
- ⊙ **Poor self-control:** They are unable to limit their drinking.
- ⊙ **Physical dependence:** They experience nausea, sweating, shakiness, and anxiety, when alcohol use is stopped, or after a period of heavy drinking.
- ⊙ **Tolerance:** They need to consume larger and larger amounts of alcohol in order to feel its effects.

**What are the risks to children if parents or guardians drink too much?**

Children who live in households where alcohol is abused face the following risks:

- ⊙ Violence.
- ⊙ Sexual abuse.
- ⊙ Psychological and emotional problems from the lack of structure and discipline in their household.
- ⊙ Lack of basic necessities such as food and clothing if their parent or guardian is unable to work.
- ⊙ Health hazards, including accidents and injuries.
- ⊙ Lack of parental guidance or supervision since parent or guardian may be forgetful or even unconscious for long periods of time.
- ⊙ Children may copy their parent or guardian's behaviour and begin abusing alcohol.
- ⊙ Isolation from the community and feelings of shame.



## Basic facts about alcohol abuse (continued)

### What are the dangers of alcohol to children who drink?

- ⦿ Effects of alcohol are stronger on young people because of their smaller size and tolerance.
- ⦿ Alcohol can interfere with normal growth and development.
- ⦿ Drinking can make people do things they would normally consider wrong or dangerous.

### How can you know if someone has an alcohol problem?

Often people who have drinking problems don't realise it or refuse to accept it. However, if the person will honestly answer the following questions, and answers 'YES' to any of them, it can indicate that the problem is serious.

- ⦿ Have you ever felt you should cut down on your drinking?
- ⦿ Have people annoyed you by criticising your drinking?
- ⦿ Have you ever felt bad or guilty about your drinking?
- ⦿ Have you ever had a drink first thing in the morning to calm your nerves or to get rid of a hangover?

### What can people do to stop abusing alcohol?

- ⦿ Take a firm decision to stop consuming alcohol.
- ⦿ Learn to say "No!" Explain that you want to lead a healthy lifestyle and be in position to reach your ambitions in life.
- ⦿ Do not keep friends who will pressurize you to consume alcohol; instead get friends who will have a positive impact in your life.
- ⦿ Change your habits and lifestyle to avoid temptations.
- ⦿ Set targets (e.g. not drinking for 1 week) and reward yourself when you achieve your target. If you fail, start again. It is difficult to stop completely on the first try.
- ⦿ Get support from district resource people or groups. Your local health unit or Community Development Officer may be able to refer you to a support group such as Alcoholics Anonymous (AA) in your area.



## TOOL → Support groups

### **Alcoholics Anonymous support groups can be found in:**

- ⊙ Kampala
- ⊙ Mbarara
- ⊙ Gulu
- ⊙ Fort Portal
- ⊙ Masaka
- ⊙ Kasese
- ⊙ Jinja
- ⊙ Mbale
- ⊙ Kabale

*(List compiled December 2005.)*

### **Psychosocial support for OVC affected by HIV/AIDS**

Children who are living with HIV face psychological and emotional challenges. They need help to deal with these challenges, to live positively and prepare for their future. The following should be considered while providing psychosocial support for this group:

- ⊙ Children living with HIV may face discrimination and stigma from other children.
- ⊙ When counselling vulnerable children, be open and truthful in answering their questions and worries about the future.
- ⊙ Some children need help preparing emotionally for ill-health or death of a parent or caregiver.
- ⊙ Respect their confidentiality and carry out counselling in a private space.
- ⊙ Give them a chance for recreation and playing together with other children - through children's clubs, sports clubs, etc.
- ⊙ Involve the child in decisions about his or her future and listen to him/her.



## Monitoring and evaluating psychosocial support services

To track how your programme is performing, collect data on indicators like these:

### **TOOL → Sample indicators for psychosocial support services**

- ⦿ Number of CBO staff and volunteers trained in counselling skills, particularly for working with children.
- ⦿ Number of psychosocial counselling sessions held with OVC (or families or caregivers).
- ⦿ Number of volunteers trained as mentors for OVC.
- ⦿ Number of mentoring relationships established.
- ⦿ Number of older children trained to provide child-to-child peer support.
- ⦿ Number of OVC peer support groups formed.
- ⦿ Number of community members sensitised about alcoholism or other factors that affect the psychological wellbeing of OVC.

## 7 Health for OVC

Good health is the physical, mental and emotional well-being of a person. Children need to have access to preventive care such as immunisation, as well as treatment of illnesses. OVC who lack an adult caregiver often receive less attention when sick and may miss out on health services. This makes them even more vulnerable to diseases and infections.

Standards for OVC good health:

- ⦿ Each OVC household should maintain a clean environment.
- ⦿ OVC should know how to maintain personal hygiene in their beddings, clothing and bodies.
- ⦿ All children should be immunised and immunisation records/cards kept safely.
- ⦿ Sick children should be treated early and taken to the nearest health centre or hospital in a timely way.
- ⦿ Children should eat a well-balanced diet to fight illness.
- ⦿ All households should be able to access clean drinking water and have clean utensils.





### Assessment of the health status of OVC

When planning activities to support OVC health, find out the following information:

- ⦿ How many health units are located in the area? How close are they to the most vulnerable children and households?
- ⦿ What are the community care and support systems for children who are sick?
- ⦿ What information on health and hygiene is provided to vulnerable households?
- ⦿ Do households have access to safe drinking water and knowledge about how to make water safer?
- ⦿ Are children fully immunised?
- ⦿ What HIV/AIDS counselling and testing services are available to vulnerable children and households?



### Analysis of the common health needs of OVC

Many vulnerable children and households face the following health problems:

- ⦿ They have limited or no transport to health units.
- ⦿ There are not enough trained health workers, health facilities or drugs in the community.
- ⦿ They lack money to pay for health services, drugs, or insecticide-treated bed nets.
- ⦿ They do not take part in immunisation and other preventive health activities.
- ⦿ They have limited access to HIV/AIDS counselling and testing.





### Actions for improvement of health for OVC

Below are some possible actions to take to address improvement of health for OVC:

- ⦿ Sensitise caregivers about free or subsidised medical services available in the community and assist them with transport to health posts.
- ⦿ Work with health centres to arrange outreach services in the community.
- ⦿ Pool resources or fundraise to pay for medical services and drugs for vulnerable children and households.
- ⦿ Train caregivers on good hygiene, maintaining a clean home environment, making water safe for drinking, and managing common illnesses in the home.
- ⦿ Help vulnerable children and households access immunisation services.
- ⦿ Help caregivers and OVC to link up with HIV/AIDS counselling and testing services.

### Promotion of personal hygiene for OVC

If children are neglected at home, the community and school should take responsibility for teaching them about good hygiene practices. Some good hygiene messages for children are:

- ⦿ Bathe every day using clean water, soap and a sponge. Be sure to clean arm pits and sexual organs.
- ⦿ Wash hands before every meal and after using the toilet.
- ⦿ Wash clothes and keep them clean, especially underwear, knickers and brassieres, handkerchiefs and stockings.
- ⦿ Brush the teeth and tongue using a toothbrush and tooth paste every morning and after every meal. This prevents tooth decay and bad smell.
- ⦿ Keep fingernails and hair short and clean.
- ⦿ Wash and comb hair regularly to prevent lice.



## Promotion of personal hygiene for OVC (continued)

### Benefits of good hygiene:

- ⊙ Prevents bad body smell or odour.
- ⊙ Prevents tooth decay.
- ⊙ Prevents eye and skin infections.
- ⊙ Keeps skin clean and prevents pimples.

### Consequences of poor hygiene:

- ⊙ Increased risk of:
  - Eye diseases
  - Lice
  - Pubic lice
  - Dandruff
  - Ring worm
  - Bad smell
  - Rashes and itching
  - Bacteria and fungal growth

## Maintaining proper home environment

Children and their caregivers may need guidance about the importance of a clean home environment to support good health. A clean home helps to prevent illnesses caused by germs and parasites. Everyone can take steps to keep the homestead clean and prevent illness, since many measures are cheap and affordable. These include:

- ⊙ Keeping the home environment clean by sweeping the house and compound; and washing all dirty utensils and clothes.
- ⊙ Constructing a proper latrine and keeping it clean and covered.
- ⊙ Putting water and soap outside the latrine for use to wash hands after using the latrine.
- ⊙ Constructing a drying rack for dishes.
- ⊙ Keeping animals away from the cooking area and water source.
- ⊙ Purifying drinking water and storing it covered.

Lack of safe water remains a major problem for many households in Uganda. Drinking unclean water can cause diarrhoea, cholera, worms and other illnesses. Clean water is especially important for people living with HIV/AIDS, who have weakened resistance to illness.

See **Practical ways to make water safe** on page 98 for tips for making water safe to drink. This information can be used to educate households. You can also contact a Community Development Officer for educational materials.



## TOOL → Practical ways to make water safe

**Storage and settlement:** If you have no other choices, the simplest way to improve water quality is to store it in a clean, closed container for at least one day. Solids and some germs will settle at the bottom of the container. Water nearer to the top of the container after one full day will be safer to drink.

*Disadvantages:* The water will not be completely safe to drink.

**Filtering:** Pour your water through a clean, folded piece of cotton cloth into a clean container. This will help remove solids and Guinea worm.

*Disadvantages:* The water will not be completely safe to drink.

**Boiling:** Boiling is the most commonly recommended way of purifying water. Boiling water for 1 minute kills most germs, including cholera. To kill all germs, however, you must boil the water for 10-12 minutes. After boiling, the water will be safe to drink.

*Disadvantages:* Uses up wood or other fuel; takes time.

**Chemical treatment:** Treating water with chemicals like chlorine (JIK) and iodine is one of the most effective ways to kill germs and make the water safe. The main challenge with chemical treatment is being sure of putting in the right amount. If the dose is too high, the water will taste bad. If the dose is too low, it will fail to kill the germs. Talk to your nearest Community Development Officer (CDO) for instructions on how to treat water correctly with chemicals.

*Disadvantages:* Chemicals can be costly or hard to find; measuring the right dose can be difficult.

**Storing water after treatment:** After treating your water, you need to store it safely to keep it clean.

- ⊙ Store water in a container with a narrow opening at the top that can be closed or covered, not an open bucket.
- ⊙ Avoid containers that may previously have held poisonous chemicals.
- ⊙ Keep the container covered to protect it from dust, animals, birds, or insects.
- ⊙ Do not put hands, cups or anything else into the water container. Use a container with a spigot or tap or from which water can be poured – like a jerry can.
- ⊙ Clean the container with soap at least once a week.



## Home-based management of common childhood diseases

Caregivers should be able to recognise when a child is ill and know the first steps to manage the illness. Giving the child appropriate care at home right away can keep the child's condition from getting worse and help the recovery take place more quickly. Sometimes it may take some time to access medical care at a health unit, so home management of the illness helps keep the child stable in the meantime.

### *Early signs of illness*

Common signs of illness in children are:

- ⦿ Loss of appetite (the child does not eat well).
- ⦿ High temperature (the child's body will be hotter than normal).
- ⦿ Sweating.
- ⦿ Crying frequently.
- ⦿ Lack of interest in playing.
- ⦿ Feeling weakness or pain.
- ⦿ Feeling cold and shaking.

### *Home management of fever*

An attack of fever may cause the child's body to be hot. If the fever is very high, it may lead to convulsions or fits. When the child has high fever:

- ⦿ Remove the child's clothes and wipe the body using a piece of cloth soaked in cool water, which lowers the body temperature.
- ⦿ Give the child plenty of fluids to drink.
- ⦿ If possible, give a dose of Paracetamol tablets.
- ⦿ If the body temperature does not go down, or if the child has a convulsion, take the child to the nearest health unit.





### *Home management of diarrhoea*

Diarrhoea is watery stool or faeces which comes 5 times or more in one day. Since diarrhoea takes water and nourishment out of the body, it can lead to dehydration and death if it is not managed well. Caregivers should:

- ⦿ Replace lost fluids with oral re-hydration salts (ORS).
- ⦿ Let the child eat small amounts of foods that will not irritate the stomach, like banana, rice and dry bread.

The child should be given frequent small sips of oral re-hydration salts as soon as the diarrhoea starts and at least each time the child passes stool. Below are instructions for preparing oral re-hydration salts. This can be used to educate households.

#### **TOOL → Preparing oral re-hydration salts to treat diarrhoea**

##### **If you use a packet of ORS from the pharmacy:**

- ⦿ Wash hands with soap and water.
- ⦿ Mix the ORS packet in one litre of boiled and cooled drinking water.
- ⦿ Give to the child as often as she or he has diarrhoea.

##### **If you make ORS at home:**

- ⦿ Wash your hands with soap and water.
- ⦿ Mix together 1 litre of clean drinking water, four thumb-and-finger pinches of salt, and two handfuls of sugar.

### *Prevention and treatment of malaria*

Malaria is an infection of the blood caused by a parasite spread by mosquitoes. Malaria can affect the brain and lead to fits and unconsciousness. If left untreated, it can cause death. People living with HIV/AIDS are especially at risk.

To prevent malaria in the household:

- ⦿ Sleep under a mosquito net (preferably insecticide-treated net).
- ⦿ Destroy mosquito breeding places such as stagnant water, old pits and broken bottles.



### *Prevention and treatment of malaria (continued)*

Treatment of malaria is best done at the health centre, where a blood test can be done to be sure it is malaria. The best drugs to treat malaria in Uganda include *Fansidar*, *Quinine*, and the new drug *Artemam* (which is very effective but must be used along with another antibiotic - usually *Fansidar*). It is important to follow the advice from the health worker and give the proper dosage - too much can be deadly, while too little will not cure the disease.

### *Common childhood immunisable diseases*

Immunisation is the best way to prevent a number of dangerous diseases for children. It saves many children's lives.

Serious childhood illnesses which are preventable by immunisation include tuberculosis, polio, diphtheria, whooping cough, tetanus (lockjaw), and measles.

Parents and caregivers of children should make sure to have young children immunised in their first year of life. Some vaccinations need more than one dose in order to work, so it is very important to follow the complete schedule.

#### **TOOL → Schedule for childhood immunisations**

To be fully protected from these illness until age 5, babies must be immunised five times in the first year of life. Take babies to health unit at these times:

- at birth
- at 6 weeks old
- at 10 weeks old
- at 14 weeks old
- at 9 months old

Each child should have an immunisation card from the health centre. Tell caregivers why it is important to keep the immunisation card in a safe place. The card is an important record of when the child next needs to be immunised. Schools also require children to have an up-to-date immunisation card in order to enrol in school.



## Children and HIV/AIDS

### *How do children get infected with HIV?*

Children can be infected with HIV in several ways:

- ⊙ HIV can be transmitted from an HIV positive mother during pregnancy, birth or breastfeeding. **“Mother-to-child transmission - MTCT”** is responsible for most HIV infection in children.
- ⊙ HIV can be transmitted to children through **transfusions with infected blood or injections** using equipment contaminated with infected blood.
- ⊙ HIV can be transmitted to children through **sexual abuse or unprotected sex** with an HIV positive person.

### *HIV counselling and testing for children*

Uganda’s *National Policy on HIV Counselling and Testing* states that HIV testing in children should only be done in the best interests of the child and only if appropriate counselling is available for the child and the caregiver.

#### **TOOL → Policy for HIV testing of children**

##### **Children aged...**

**Less than 18 months** need special testing called “PCR” (this stands for “Polymerase Chain Reaction”).

**Under 12 years** must get approval from the parent or guardian for the child to be tested.

**12 years and older** may receive HIV counselling and testing without telling their parent/guardian or getting their approval.

If a child tests HIV positive, the question of whether or not to inform them should be considered carefully. This should be discussed during counselling and the decision will depend on the situation, the age of the child, and on what counselling and support is available for children with HIV. As a general rule, children should be consulted, involved and given as much information as possible.



### *Reducing the impact of HIV/AIDS on OVC households*

Service providers can sensitise and mobilise communities and households on ways to reduce the impact of HIV/AIDS on OVC households.

- ⊙ Mother-to-child transmission can be reduced if pregnant women deliver at health centres that have a Prevention of Mother to Child Transmission (PMTCT) Programme which provides testing, medication, and advice on proper feeding of infants.
- ⊙ HIV/AIDS-affected children or parents/caregivers can be supported to access Septrin or anti-retroviral drugs (ART) and primary health care services.
- ⊙ Community action to prevent child sexual abuse and support abused children can reduce the number of children infected in this way. (See **Psychosocial support for OVC** on page 82.)
- ⊙ A home-based care programme can assist children in affected households to care for AIDS patients.

### **Monitoring and evaluating health services for OVC**

To track how your programme is performing, collect data on indicators like these:

#### **TOOL → Sample indicators for health of OVC**

- ⊙ Number of OVC who access health services when they fall sick.
- ⊙ Number of OVC households sensitised on good hygiene and safe water practices.
- ⊙ Number of caregivers trained in home management of illnesses.
- ⊙ Number of OVC fully immunised.
- ⊙ Number of OVC accessing HIV/AIDS counselling and testing services.
- ⊙ Number of OVC living with HIV/AIDS counselled in positive living.
- ⊙ Number of OVC households receiving medical assistance



## 8 Child protection and legal support for OVC

Child protection activities respond to situations in which rights of children are violated. These include abuse, neglect, and exposure to great risks and hazards. Communities can take action themselves, as well as seeking legal support through the court system. Violations of the rights of children can include:

- ⦿ **Physical abuse:** Physical injury of a child through actions such as burning, kicking and beating to harm a child.
- ⦿ **Psychological or emotional abuse:** Extreme forms of punishment that are not physical, such as keeping a child confined without food, use of threats or abusive language, or failure to give emotional support and love.
- ⦿ **Sexual abuse:** Inappropriate sexual behaviour with a child, such as defilement, indecent assault, sex trafficking, pornography or forced marriages.
- ⦿ **Child exploitation:** Using children in activities which benefit others such as in child labour or child prostitution.

Legal support is needed in issues involving adoption, fostering or inheritance or in any situation where laws are being broken. Community service providers should be familiar with The Children Statute and the Children's Act in order to be effective in helping vulnerable children access appropriate legal support.



### Assessment of child protection and legal support issues for OVC

When planning activities for child protection and legal support, find out the following information:

- ⦿ What forms of child abuse are common in the community and who commits them?
- ⦿ Are children in the community aware of their own rights?
- ⦿ What community structures are in place to support and protect children?
- ⦿ Are organisations aware of the appropriate steps to take to assist abused or neglected children?
- ⦿ Do children face stigma and discrimination in schools or the community?

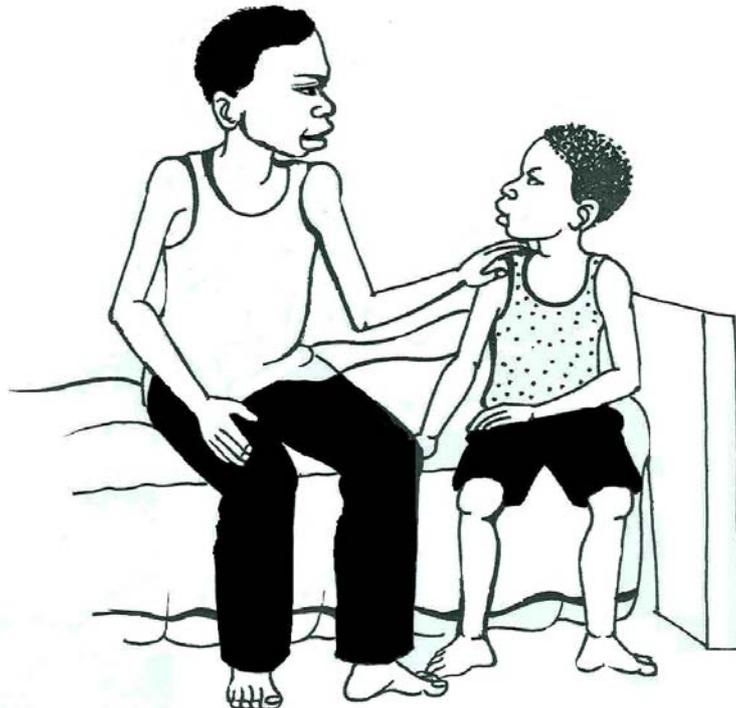




### Analysis of common OVC child protection and legal support needs

You may find the following issues related to the rights of children exist in the community:

- ⦿ Children suffer sexual abuse in their household or the community.
- ⦿ Children with disabilities face discrimination and stigmatisation at school.
- ⦿ Children suffer emotional and psychological abuse from their caregivers or community members.
- ⦿ Caregivers may neglect children by failing to provide basic needs to children, including health services and education.
- ⦿ Children are frequently beaten or punished badly by their caregivers.
- ⦿ Relatives often forcefully grab property of deceased parents from orphans.
- ⦿ Children may be forced to work at a young age to support the household.
- ⦿ Children living in conflict areas are sometimes abducted or forcefully recruited to serve in armies.
- ⦿ Children may be completely neglected or abandoned by their caregivers.





## Actions to improve child protection and legal support for OVC

To improve child protection and legal support for OVC and their households:

- ⊙ Create awareness among children and their caregivers about domestic violence, abuse and neglect. See **Steps to conduct a sensitisation** on page 10, and **Sample questions to assess situation of OVC** on page 14.
- ⊙ Raise community awareness of the signs and symptoms of child abuse, and how to report it to the authorities. See **How to recognize signs of abuse** on page 111.
- ⊙ Support authorities to move children out of dangerous situations into alternative care facilities or foster care.
- ⊙ Advocate for individual children's rights by following up cases of abuse, removal to foster care or property rights through the legal system and following up with the authorities to ensure that the case is resolved.
- ⊙ Sensitise communities to improve vital records for all children, especially birth, adoption, and death registration, and health and education records.
- ⊙ Help parents living with HIV/AIDS to make a will and plan for who will be the guardian of their children. See **Format for a will** on page 109.
- ⊙ Advocate for enforcement of property rights for children.

## Community actions for child protection and legal support

Community members and groups can play a role in protecting children from harm. They can:

- ⊙ Identify cases of abuse and neglect.
- ⊙ Report cases to the police or to the Probation Officer.
- ⊙ Help children get medical attention if needed.
- ⊙ Help the child and family to find solutions and access services such as counselling, treatment for alcoholism, etc.



## Community actions for child protection and legal support (continued)

CBOs can sensitise and mobilise community groups about issues of child protection, working with:

- ⦿ Teachers and students at school.
- ⦿ Child welfare or child rights organisations.
- ⦿ Traditional healers.
- ⦿ Religious groups and leaders.
- ⦿ Extended family members and clan leaders.
- ⦿ Self-help groups such as widows associations, youth clubs.
- ⦿ Burial societies.

## Birth registration procedures

It is important for caregivers to make sure all children in their care have birth registration. They should keep birth certificates in a safe place. The advantages of registration are:

- ⦿ The child is recognised as a citizen.
- ⦿ The Local Council knows how many children need services in the local area, such as education, immunisation, and other community development services.
- ⦿ It can help the local authority to find out about and take action on violations of children's rights.

At community level, birth registration is handled by the Local Council (LC), especially the LC1 Chairperson. Registered children will receive a birth certificate.

## Planning for guardianship of children

If a parent is seriously ill, a community service provider can help him or her make plans for what will happen to the children if he/she should die. Some suggestions include the following:

- ⦿ Teach children practical skills (like farming and cooking) to your children.
- ⦿ Make a plan for who will care for your children (the guardian), and tell your child who they will stay with. Make sure that relatives or other people know the plan and have contact information for the guardians (mobile number, location of home).



## Will-making

Another step that seriously ill parents can take is to make a will. A will is a document that explains what a person would like to happen after his or her death. It may be written in any language. When a person makes a will, the people named in it are protected by the law, and the final wishes of the deceased can be defended. Other people will not be allowed to grab items left for the persons named in the will.

To be legal, a will must include the following information:

- ⦿ Personal particulars – name, place of birth and residence, address, date of birth and marital status of the owner of the will who is called the *Testator*.
- ⦿ Names of all children, male and female, and the names of their fathers and mothers.
- ⦿ List of all personal property that is to be distributed.
- ⦿ Instructions for who should receive the property. These are the *Beneficiaries*. The person can direct that some property is divided among different people (for example, the plot of land to be divided, half to the son and half to the daughter).
- ⦿ Name of the *Executor* of the will, the person entrusted to make sure all the instructions of the will are met.
- ⦿ The person(s) to be legally responsible for the children. This is the *Guardian*.
- ⦿ List of debts or loans and names of the people who owe/are owed money.
- ⦿ Funeral and burial wishes of the Testator.
- ⦿ The date when the will was made.
- ⦿ Signature (or thumb print) of the Testator - *preferably on each page*.
- ⦿ The signature of at least two witnesses – *These witnesses should not be strangers*.

A will must provide for the widow or widower and any child under the age of 18 years. If this is not done, the will may not be considered legal.

On the next page is a simple format for making a will.





**TOOL → Format for a will**

Date \_\_\_\_\_

Names (in full) of Testator \_\_\_\_\_

Born at (place) \_\_\_\_\_ Now living at \_\_\_\_\_

Working as \_\_\_\_\_ Employed by \_\_\_\_\_

*I am making this as last my last will. It replaces any other wills made by me. I have made this will voluntarily without any pressure while I am in sound mind.*

My father is (name) \_\_\_\_\_ of (place) \_\_\_\_\_

My mother is (name) \_\_\_\_\_ of (place) \_\_\_\_\_

I belong to \_\_\_\_\_ clan, of \_\_\_\_\_ tribe

I was born on (date) \_\_\_\_\_ at (place) \_\_\_\_\_

My wife/wives/husband is/are (name) \_\_\_\_\_

married on (date/dates) \_\_\_\_\_

**Below are my children:** (add more lines on back if more children)

Name	Male/female	Age	Name of other parent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have chosen (name of child) \_\_\_\_\_ as my heir.

**The following will be the Executor of my will** *(the person entrusted to make sure all the wishes expressed in this will are met):*

Name: \_\_\_\_\_

Address: \_\_\_\_\_





**Format for a will (continued)**

**The following will be the Guardian(s) of my children** *(the person legally entrusted to be their caregiver):*

Name	Address
_____	_____
_____	_____

I have distributed my property to the following people *(Beneficiaries):*

Name	Property	Relationship	Any conditions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I wish to be buried at (place) \_\_\_\_\_ in \_\_\_\_\_ district.

You may add anything else you wish (or do not wish) to be done at your burial or after your death.

\_\_\_\_\_

\_\_\_\_\_

Any other necessary information or message to your children:

\_\_\_\_\_

Made on this day \_\_\_\_\_ of (year) \_\_\_\_\_

Full names	Signature or thumb print
_____	_____

**Witnessed by** (at least two people known to you):

Name	Residence	Relationship	Signature or thumbprint
_____	_____	_____	_____
_____	_____	_____	_____



## How to recognise signs of child abuse

Caregivers, teachers, health workers and other community members should always look out for signs of sexual, physical or psychological child abuse. The following are possible signs of child abuse:

### *Signs of physical abuse*

The child:

- ⊙ Has unusual injuries (burns, bites, bruises) in various stages of healing that can't be explained.
- ⊙ Is unusually violent, fearful, or sad.

### *Signs of sexual abuse*

The child:

- ⊙ Has unexplained difficulty in walking.
- ⊙ Shows a lack of trust in adults.
- ⊙ Has unexplained, sudden fear.
- ⊙ Has information about sex and sexuality that is inappropriate for the child's age.
- ⊙ Tries to involve other children in sexual activity.
- ⊙ Has nightmares and sleeplessness.
- ⊙ Suddenly withdraws and is depressed.
- ⊙ Fears or avoids familiar places.
- ⊙ Becomes rude or bitter.
- ⊙ Wishes to die or tries to commit suicide.
- ⊙ Is pregnant.
- ⊙ Has a sexually transmitted infection.

### *Signs of psychological abuse*

The child:

- ⊙ Has delayed mental or emotional development.
- ⊙ Is excessively anxious.
- ⊙ Has delayed speech or sudden speech disorder.
- ⊙ Fears new situations.
- ⊙ Has low self-esteem.
- ⊙ Makes inappropriate emotional responses to painful situations.



### *Signs of psychological abuse (continued)*

- ⊙ Has extreme behaviour (too passive or too aggressive).
- ⊙ Abuses drug or alcohol.
- ⊙ Regularly runs away from school or home.
- ⊙ Shows sudden under-achievement or lack of concentration.
- ⊙ Displays attention-seeking behaviour.
- ⊙ Wishes to die or tries to commit suicide.

### **TOOL → Possible actions to take in case of child abuse**

#### **The child should...**

- ⊙ Immediately tell someone they trust.
- ⊙ Not listen to advice or threats about keeping quiet.
- ⊙ Keep all evidence by not bathing or washing clothes they were wearing at the time of incident.
- ⊙ Report to the nearest police unit.
- ⊙ Go for medical examination.
- ⊙ Not fear to give evidence.

#### **Parents, guardians and community members should...**

- ⊙ Listen to the child's story.
- ⊙ Show the child that they care.
- ⊙ Not deny the problem.
- ⊙ Not accept to settle the matter out of court.
- ⊙ Not intimidate or scare the child but rather, show willingness to help.
- ⊙ Tell the child he/she is not to blame.
- ⊙ Report the matter to police immediately.
- ⊙ Take the child for medical examination.
- ⊙ Take the child for counselling and emotional support.



## Removal of OVC from dangerous situations

There are choices for children who are seriously harmed. If the household is unsafe, a child can be removed to a foster home by appropriate authorities.

- ⊙ Fostering is the temporary care of a child. *Formal fostering* is making legal arrangement to take temporary care of a child. *Informal fostering* is the temporary care of a child who is a relative. The Children Statute does not require a relative of a child to go through the legal fostering procedures.
- ⊙ Adoption is a permanent relationship, with the child having the status of a biological child to the adult caregiver.

A care order is a legal order which places a child with a foster parent/home or approved children's home. A care order is only allowed when all other methods of helping the child have failed and the child needs to be removed from where they are staying.

## Legal support for OVC by local authorities

All local authorities have a duty to protect the well-being of children in their area. Key people active at the community level are:

**Secretary for Children:** Chosen from among the members of the Local Council, the Secretary for Children is responsible for matters concerning children. The Secretary for Children is involved in:

- ⊙ Protecting property belonging to orphans.
- ⊙ Ensuring that children attend school.
- ⊙ Ensuring that children receive proper care and support.
- ⊙ Registering children with disabilities and ensuring they receive proper care.
- ⊙ Monitoring to ensure that children receive immunisation services.
- ⊙ Receiving reports of child abuse and taking action (e.g. summoning persons responsible for the abuse).

**Probation and Social Welfare Officer (PSWO):** The PSWO is the focal person for everything related to children in the district. He/she is involved in:

- ⊙ Working with relatives of children in distress.
- ⊙ Working with police, judges, health workers and teachers to resolve problems with children's rights.



## Legal support for OVC by local authorities (continued)

If a child's case cannot be resolved by the Secretary for Children or Probation and Social Welfare Officer, it is referred to higher levels.

A community-based organisation can play an important role by following up a case, checking regularly with the Secretary for Children or the PSWO to make sure it is moving forward, and taking it to the next level of court if it is not resolved. The levels of courts are:



## Monitoring and evaluating child protection services

To track how your programme is performing, collect data on indicators like these:

### **TOOL → Sample indicators for child protection & legal support**

- ⊙ Number of community members attending sensitisation workshops on child protection and child abuse.
- ⊙ Number of cases of child neglect or child abuse reported, and how they were resolved.
- ⊙ Number of parents assisted to make a will and to establish guardianship of their children.
- ⊙ Number of OVC property disputes in which the CBO advocated for the child, and how they were resolved.





# Section 4

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## *Training in OVC programmes*





# Training in OVC programmes

Training builds knowledge and skills that can help individuals, communities and organisations to improve protection, care and support services for vulnerable children and households. To be effective, training must be carefully planned.



## Assessment of training needs

The first step is to find out what training is needed. Some information you should find out includes:

- ⦿ What do you want the participants to know and do?
- ⦿ Who should be trained to improve the performance of your programme? (Community volunteers? CBO staff? Volunteer supervisors?)
- ⦿ What skills and knowledge do the training participants already have in this area?
- ⦿ What are the gaps in their performance?
- ⦿ What support and follow-up will be available for training participants to help them apply their new skills after the training?

Sometimes training is not the answer. When you assess performance gaps, look at other support systems that may need to be in place. *For example:* If you find that community volunteers are not making home visits often enough, look into it further to see what the source of the problem is. Do they need training in home-visiting skills? Or do they need incentives like public appreciation of their efforts? Or do they lack funds for transport? Often, training has to be supported with other inputs.



## Analysis of common training needs

To provide effective support to vulnerable children and households, there are several different groups of people who need skills development. These include children themselves, community members and staff of community-based organisations, faith-based organisations, and non-governmental organisations. .

Here are examples of common training needs for these groups:

### **Vulnerable children and households:**

To help people live healthier and more independent lives, trainings can build skills such as:

- ⦿ Management of income-generating activities.
- ⦿ Farming and gardening skills.
- ⦿ Home-based care of people living with HIV/AIDS.
- ⦿ Life skills (social and personal, such as avoiding risky behaviours and taking good health decisions).
- ⦿ Proper nutrition.
- ⦿ How to make a will.

### **Community members:**

To ensure that community members and groups have the knowledge and skills to support vulnerable children and households effectively, trainings can build their skills in:

- ⦿ Community mobilisation and sensitisation.
- ⦿ Reducing stigma.
- ⦿ Awareness of the special needs of children with disabilities.
- ⦿ Awareness of sexual abuse and other violations of children's rights.
- ⦿ Understanding the importance of education for all children.



## Staff and volunteers of community-based organisations (CBOs/ FBOs/ NGOs)

To ensure that they have the knowledge and skills to support OVC, vulnerable households and the community effectively, trainings can build their skills in:

- ⦿ Making home visits.
- ⦿ Mentoring of vulnerable children.
- ⦿ How to train community members using participatory methods.
- ⦿ Management and supervision of community volunteers.
- ⦿ Project management skills.
- ⦿ Specific skills for core program areas like promoting income-generating activities, sensitising communities, protecting children's rights, helping families make memory books, etc.



### Actions to help you plan a training

If you are planning a training for community members, volunteers or your own staff, you will need to do the following.

## Planning a training

1. Decide on the goal and learning objectives of the training.
2. Select participants to be trained.
3. Find and adapt materials for the training. See **Available training materials and resources for trainers** on page 122.
4. Select the trainers.
5. Arrange logistics for the training.
6. Conduct the training.
7. Evaluate the training.
8. Prepare and distribute the training report.
9. Follow up and support the training participants.



## Choosing and adapting training materials for your programme

When you choose training materials to use, it is important to adapt them so that they will be appropriate for your community and your programme. Work with the trainer to do the following:

- ⦿ Use a local language if needed; substitute local terms and names.
- ⦿ Use examples, case studies, and images that are typical of the local area.
- ⦿ Check that the handouts, posters, or manuals are at a level that participants will understand according to their education and experience.
- ⦿ Adjust the timing of training sessions so that you can spend the most time on the skills that are the most important for your programme objectives.

## Evaluate and follow up with training participants

### During the training

Evaluate the training each day as well as at the end. This information will help the trainer find out:

- ⦿ How the training participants feel about the training, what they found useful, and what needs improvement, so that the trainer can make improvements in the next session.
- ⦿ What the training participants have learned, so that the trainer can spend more time on those skills that the group does not yet understand.

For participants with low literacy skills, choose evaluation methods that do not require reading and writing. Some examples are given on the next page.



## TOOL → Activities to evaluate a training

**Mood meter:** Draw a thermometer on large sheet of paper. Tell participants that the top of the meter shows that they are feeling good about the day's training; the bottom shows that they are feeling low. Ask each person to put a tick mark on the meter to represent his or her mood. After everyone has made a mark, ask a few volunteers to explain why they felt good or bad about the training. You can repeat this activity on multiple days and compare the results to see the trend. (*Simpler version: Draw the meter on the ground and ask participants to place small stones on it to show their mood.*)

**Pictures:** Ask participants to draw a picture showing one thing they appreciated from the training. Then invite each person to show and explain their picture to the whole group.

**Role play:** Tell participants to work in pairs or threes. Ask each group to role play one important thing they have learned in the training. Give the participants a little time to prepare in their groups, and then invite them to role play in front of the class.

**Question of the day:** Ask training participants a question and ask them to write or say their answer. Examples: "What was the most useful thing you learned today? What is one thing you would change about today? How will you put into use what you learned today?"

**Team competition:** Divide the training participants into two teams. Each team takes a turn asking the other team a question testing their knowledge of the day's lessons. (Example: "List two ways to treat diarrhoea in the home.") The teams receive points for correctly answering questions.

### After the training

Follow-up after the training gives support and feedback to the participants to help them apply what they have learned. All the effort put into the training may be lost if participants do not have support to answer questions and solve problems when they apply their new skills.



### **After the training (continued)**

There are many ways to provide follow-up support:

- ⦿ Develop a partner system, where a more experienced person in the community provides support to a less experienced person.
- ⦿ Organise field visits and exchanges where individuals can observe each other using their new skills and provide feedback.
- ⦿ Organise group meetings where individuals can share their experiences and learn from each other.
- ⦿ Plan a short refresher training to give individuals more advanced skills.
- ⦿ Provide support supervision.

When conducting follow-up activities, be sure to document and collect information about how participants are using what they learned, and what difficulties they face. This information can help you improve the training for the next time, or plan other activities to support them if needed.

### **Available training materials and resources for trainers**

MGLSD, together with other stakeholders, have developed many good resources that you can use for training. You may be able to get copies from district officers or NGOs in your area. Start a library at your facility so that staff and other organisations can access these resources. Use the list below to identify materials that might be helpful to you:

#### **Training manuals for OVC service providers**

- ⦿ Uganda. Ministry of Gender, Labour, and Social Development. 2005. *Promoting Integrated Care for Orphans and other Vulnerable Children: A trainers' manual for community workers and volunteers*. Kampala.
- ⦿ Uganda. Ministry of Gender, Labour and Social Development. 2005. *A Holistic Approach to Psychosocial Support: A Training Manual for Care Givers of Orphans and other Vulnerable Children in Uganda*. Kampala: UNICEF.



### **National policies and guidelines for OVC**

- ⦿ The Republic of Uganda. The Children Statute 1996, Simplified Version: English. Kampala: UNICEF.
- ⦿ Uganda. Ministry of Gender, Labour, and Social Development. 2004. National Strategic Programme Plan of Interventions 2004/5-2008/9. Kampala.
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Consult the **Bibliography**, on the following page to help you identify and access free copies of other helpful resources.



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