

Objectives

The following are the objectives of the Conference:

- ✓ To improve knowledge on Family Based Care for Children through sharing information and experiences
- ✓ To enhance the legislative and policy environment to support Family Based Care for Children in Africa
- ✓ To improve skills of actors in the provision of Family Based Care for Children in Africa

Sub-Themes

- ✓ Role of Communities in Family Based Care
- ✓ Age and Gender perspectives in Family Based Care
- ✓ Policy and Legislative Frameworks providing for Family Based Care
- ✓ Different Forms of Interventions, Practices and Experiences in Family Based Care
- ✓ Institutional Care to Family Based Care
- ✓ Standards and the Role of Monitoring in Family Based Care

KEY SPEAKERS

Laurent Mbanda, PhD



Dr Laurent Mbanda, a Rwandese, is the Africa Regional Vice president, Compassion International. A graduate of Kenya Highlands Bible College, Mbanda has completed coursework for his M.A in

Missiology from Fuller Seminary, holds an M.A in Christian Education from Denver Seminary and a PhD from Trinity International University.

His fulltime work efforts with faith based organizations started in 1980 as a Country Director with Campus Crusade. In 1990, he moved to Virginia where he served as Africa Director for Christian Aid, working with indigenous faith-based organizations.

While at Compassion, Dr Mbanda has served as the Associated Area Director of Programs, Senior Program Development Specialist, International Program Development Director, Vice President of Program Development and Area Director for East Africa.

Bep van Sloten



Bep van Sloten is an Independent Consultant and Trainer in Child and Youth Care and Coordinator of the Better Care Network, Netherlands. Started as foster parent and teacher of child

care workers, she got involved in policy making on family based care in the Netherlands and internationally in different countries.

Bep has developed training programmes for foster parents, delivered training of trainers and advised NGOs, FBOs and Governments about policies and support programmes for children without parental care. In Africa she works as consultant in Namibia, advising the Ministry on standards and policy for children in residential, kinship and foster care.

Prof. Jaap Doek



Prof Jaap E. Doek is emeritus professor of Law (Family and Juvenile Law) at the Vrije Universiteit in Amsterdam since July 2004. He has been the Dean of the Law Faculty at the Vrije Universiteit

(1988 -1992). From 1998 to 2003 he was professor of Juvenile law at the University of Leiden. Currently he is a deputy justice in the Court of Appeal of Amsterdam.

Prof Doek has been a member of the UN Committee on the Rights of the Child (CRC) (1999 - 2007) and a Chairperson of the

Committee (2001-2007). Prof. Doek received the Distinguished Service Award (1996) from the International Society for the Prevention of Child Abuse and Neglect and from that same Society the C. Henry Kempe Lectureship in 2006. In 2005 he received the International Social Justice Award from the Ambedkar Center for Justice and Peace in India and in 2007 the Raoul Wallenberg Humanitarian Award of the Old Dominion University (Norfolk, Virginia USA). He published numerous books and articles on various topics in the area of children's rights and family law.

Stephen Ucembe



Stephen Ucembe lived for 18 years in an orphanage since the age of 6. He has a Bachelors degree in Social Work and is currently pursuing MA in Child Development. Stephen is

a social work manager, working for Feed the Children – Kenya, an international Christian non-governmental organization. His role entails intervention on issues of child abuse, neglect and exploitation and family support services. In addition, he

has a wide work experience on issues of adoption, foster care and personal experience on institutional care.

Currently, Mr Ucembe has started a Kenya Care Leavers Network, an informal network whose objective is to bring together young people who have left or exited institutional care for social, emotional support and to assist them lead normal, independent lives in the society. Stephen is a board member of the International Foster Care Organisation (IFCO) as well as youth committee member.

David Lamin



David Franco Missamie Lamin was born in 1967 in the Eastern province of Sierra Leone. He attended Fourah Bay College, University of

Sierra Leone for a Bachelor of Arts degree in Geography and Sociology in 1988. He is a dramatist, play write and worked as an Assistant Director, Kailondo Theatre, Bo Branch.

In 1996, he worked with Theatre for Development – Peace Building and Reconciliation. He has also worked at the International Rescue Committee as a deputy program coordinator and as the Reintegration Officer with UNICEF Sierra Leone. In addition, Lamin has also worked as a Child Protection Consultant, UNICEF Sri Lanka and S/Leone. Currently, he works as a Child Protection Officer, UNICEF Sierra Leone.

Monica Woodhouse



Monica has worked in the social welfare field for over 30 years. The many years of first-hand work experience with vulnerable children in rural and deep rural communities,

resulted in the development of a shelter for Orphans and Vulnerable Children. Monica further developed with a team of professionals the total Give a Child a Family Foster Care program as a solution to the growing impact of HIV/AIDS on children

and Communities as a model of excellence for replication throughout Africa and other developing countries.

She is an international speaker. She has also featured in two National TV programmes in South Africa and Sweden. Monica has received several awards for the programme development of Give a Child a Family. She is a mother of 5 girls, 3 of her own and 2 fostered who are a permanent part of the family. Presently, Monica is the Director of Family Based Care, Training, Replication and Development at Give a Child a Family, South Africa.

Dr Douglas Lackey



Dr Douglas Lackey is the Regional Advocacy and Communications Manager, HelpAge International, Africa Regional Development Centre, Nairobi, Kenya. He has been involved in

issues of international development for over 30 years.

In the past three years, Dr Lackey led the HelpAge Regional Advocacy Initiative to ensure regional and national HIV and AIDS policies and strategies are addressing the

impact of HIV and AIDS on older people in Eastern and Southern Africa. Prior to that, he was the HelpAge Regional Programme Manager for South East Europe based in Slovenia. Dr Lackey has worked for Save the Children in senior management positions in Sudan, South East Asia Regional Office in Bangkok and the Regional Office for the Caucasus and Central Asia in Tbilisi, Georgia. Dr Lackey was also at one time the Deputy Director General for the African Medical and Research Foundation based in Nairobi.

George Nyakora, PhD



George Nyakora is a Kenyan and a child rights, monitoring and evaluation and human resource specialist by profession.

George has been involved in building capacity of the

NGO sub-sector on matters of advocacy touching on utilization of devolved funds from the central government by local communities to improve their livelihoods and rights based programming, children issues, prevention of abandonment, long term development, conflict resolution.

Others include HIV/AIDS and promotion of community-based care for HIV

positive children and adults, relief and rehabilitation work linked to long term development, accelerated learning for street children, governance in civil society and local philanthropy.

George is currently the Human Resource and Organizational Development advisor / Training Director for SOS-Kinderdorf International East Africa and is also a registered part time consultant with Virtual HR specializing in strategic planning and development. He also acts as a resource person for Africa-Wide Movement for Children.

Helena Obeng Asamoah



Helena Obeng Asamoah holds an M.A. in Human Resources Management from the University of Cape Coast and a Graduate Diploma in Social Administration from the University of

Ghana.

She is a social worker and Assistant Director at the Department of Social Welfare

in Accra. Her job experience spans a period of 31 years. This includes working at Psychiatric Hospital in Ghana liaising patients with their families and employers. She was also in charge of a vocational training school and later became the Director of Osu Children's Home, which is the largest residential home in Ghana. She is currently the National Coordinator of Care Reform Initiative established to regulate the establishment of residential homes and encourage family-based care for children in institutions.

WORKSHOP ABSTRACTS

POLICY AND LEGISLATIVE FRAMEWORKS PROVIDING FOR FAMILY BASED CARE

Harnessing political influence and partnership: a child sensitive social protection response in Katsina state, Nigeria

Dr Victoria Isiramen, Child Protection Specialist, UNICEF – Kaduna, Nigeria

With the economic melt down, increasing numbers of children are falling into the vulnerability and poverty crack. Families and communities have lost their coping mechanisms. The Wife of the Katsina state governor has the political influence and commitment to mobilize support for OVC. Various donor agencies have provided varying degrees of support targeted at OVC in Katsina state. The challenge is how many OVC are in Katsina state, who are they and where do they live? How does the state ensure that support is reaching the people that deserve these supports most?

Overall Goal

Create an OVC data base so as to have accurate information on the numbers, categories, location and specific needs of OVC. Thus appropriate support and interventions can be well targeted at those who need it most.

Design and Method

OVC steering committee involved as the planning unit to ensure government structure is leading the process. Massive, high level strategic advocacy with Local Government chairmen, traditional, religious leaders, community members and families to get their buy in and financial support. Advocacy was lead by the Wife of the state Governor who is an OVC champion. Survey covered 34,000 households (an average of 1000 households in each of the 34 Local Government Areas). 340 Interviewers selected from LGA (10/LGA) trained to conduct the survey

Preliminary results

34,000 household OVC, 10,000 almajiris, 500 children in institutional child care centers, and 34,000 caregivers identified. The remuneration paid the 340 interviewers over a period of 2 weeks served as a conditional cash transfer grant and thus a poverty alleviation measure. The survey served as an entry point for awareness creation on issues of OVC in the 34 LGA Selected households have an average of 10 children under 18 years, but only the most child vulnerable is selected. Faced with this locally generated evidence, policy makers are committed to making a change

Conclusion and Recommendations

In-depth analysis of survey is still on going. Analysis shall further categorize OVC into 3 degrees of vulnerability, so that interventions can be prioritized. This data base will ensure that at least 340,000 children in 34,000 households in Katsina state will not slip through the viscous cycle of poverty and vulnerability during the current economic slowdown. The process of the survey itself has created a high level of awareness and awakened duty bearers to their responsibilities.

The timing of the survey coincides with the preparation for flag off of political campaigns. This has helped budgetary allocations and commitment. LG officials therefore have so far matched UNICEF funding. The special interest showed by the Katsina state First lady provided high level of political will and leveraged human and financial resources. The strategic involvement of key influential figures and the timing of interventions to coincide with campaign periods are major indicators of success for child sensitive social protection interventions.

A continuum of care for the most vulnerable in Namibia

Helena Andjamba, Director, Child Welfare, Ministry of Gender, Equality and Child Welfare (MGECW) Namibia

Over a quarter of children (26%, DHS 2006) in Namibia are OVCs with over 250,000 children struggling to access critical services. There are limited alternative care options available to provide a continuum of care for the most vulnerable children and current apartheid era Namibian alternative care practices are outdated and western in focus, unable to respond.

Response:

The Ministry of Gender Equality and Child Welfare (MGECW) is a new Ministry. It spearheaded the finalisation of the multi-sectoral OVC NPA for OVCs. Recognising their limited capacities to respond to the crisis affecting children, a human resource and capacity gap analysis took place in 2007. As a result 100 social workers at national and regional level and 112 constituency level child care workers were approved.

With alternative care oversight responsibilities, the Ministry undertook an alternative care assessment. The assessment recommended, amongst others:

- i) Child care legislation is changed to accommodate foster care as a formal option to institutional care, that informal arrangements are classified as 'kinship care',
- ii) Minimum standards are developed for Residential Child Care Facilities (RCCF);
- iii) Social welfare systems are invested in to strengthen management of alternative care systems.

As a result the MGECW developed minimum RCCF standards. This was a participatory process and designed to assist stakeholders to establish, maintain and manage high quality care services for children in Namibia.

MGECW is undertaking a comprehensive review of the Child Care and Protection Bill (CCPB). The Bill replaces the Children's Act of 1960 and legislates many aspects of child care and protection, including adoption, foster care, kinship care, alternative care, trafficking and child court procedures. A review of the Child Welfare Grants (conditional cash transfers), which include Maintenance and Foster Care Grants is also underway. This is exploring the effectiveness of the grants so that the Government takes measures to ensure all vulnerable children benefit.

To investigate current foster care systems and identify locally appropriate alternative care models the support has commenced a foster care study. Consultations have taken place with children, carers and stakeholders highlighting the need to move towards an African model of family based care through supported kinship care.

The initial alternative care study, development of RCCF minimum standards, foster care study and grant effectiveness study findings will be incorporated into the CCPB ensuring that alternative care systems are strengthened to provide a continuum of care with strengthened family based care. These results have been achieved by a close donor partnership between UNICEF and PACT/PEPFAR to support MGECW.

Lessons Learned:

- ✘ Developing a continuum of care in the African context should incorporate the views of traditional leaders and authorities at community level;
- ✘ Coordination of services provided by NGOs should take place through regional MGECW offices staffed with people who understand local culture and language
- ✘ It is important to regulate foreign donors, whose inputs and funds are welcome, to prevent isolated operations at times in conflict with national policies and actions.
- ✘ Namibians can care for their own children – there is no need for 'Madonnas'.

Conclusion

Efforts led by the Ministry of Gender Equality and Child Welfare to respond to the burgeoning number of orphans and vulnerable children are beginning to create the framework for a continuum

of care. The HR capacity gap analysis, alternative care assessment, foster care study, grant effectiveness study, development of RCCF minimum standards, and child care legislation are beginning to converge together to create the opportunity for a rights based response that strengthens Namibia's capacities to look after its own children.

Alternative places of care: children's rights perspective in Swaziland

Mr Mandla Vincent Mazibuko, Save the Children Swaziland

What I did

On behalf of Save the Children Swaziland, I analyzed the re-affirmation by United Nations Convention on the Rights of the Child that it is in the overriding interest of children to be brought up in their own families, viewed the capacity of the Swazi family's primary responsibility to protect and care for the child in the context of HIV/AIDS rates, poverty and economic decline, explored the Swazi government/state's responsibility to protect and support the child-family relationship and provide special protection for the child's family environment, used the four principles of the United Nations Convention of the Child; namely survival and development, best interest of the child, child participation and non-discrimination to assess and evaluate the services offered by places of alternative care in Swaziland and established whether or not, institutions providing places of alternative care had child protection policies.

The strategy I used

Save the Children Swaziland conducted a national dialogue on places of alternative care for purposes of information sharing and validation of policy and programmatic issues and concerns in Swaziland. Participants were senior government officials from the Department of Social Welfare, National Children's Coordination Unit (both responsible for social protection, policy formulation and enforcement) for purposes of child protection and welfare. Implementers of the places of care intervention came from government, the church, international child-care organizations and private sectors. Both government and civil society presented on their approaches, success/achievements, challenges and ideas for the way forward.

Conclusion (what I achieved)

Due to a number of reasons, the demand for places of alternative care is on the increase and justified. A reasonable number of implementers of the alternative places of care interventions exist in Swaziland. However, there are a number of challenges. These include lack of comprehensive legal framework (pending Children Protection and Welfare bill) as well as standards and procedures for places of alternative care in Swaziland. Further, the government lacks capacity to enforce existing laws and conventions pertaining to the rights of the child. Others are lack of child protection policies for institutions providing alternative places of care and limited budgetary allocation for alternative places of care.

There is need to review and update the national child protection laws in line with regional and international human rights instruments e.g. CRC and ACRWC and the country's constitution. Legislations and policies that deny children their rights to social protection without parental/caregivers consent should be abolished. Advocating for integrated and comprehensive pro-child policies, laws and adequate budget allocation of resources for children at all levels is the way to go. Ensure political will and commitment talk to each other in principle and practice. It is important that children without parental care participate in decisions that affect them such as those concerning their care and inheritance.

Fazendo valer o direito à convivência familiar e comunitária - *Forcing the right of living in family based care*

Claudia Cabral, Directora Executiva, Terra dos Homens - ABTH, Brazil

No Brasil, dois marcos importantes e recentes na Assistência Social e na área de Direitos Humanos da criança e do adolescente do país têm como centralidade a família e o direito fundamental à convivência familiar e comunitária: a Política Nacional de Assistência Social e o Plano Nacional de

Promoção, Proteção e Defesa do Direito de Crianças e Adolescentes à Convivência Familiar e Comunitária (PNCFC).

O PNCFC foi uma construção conjunta de representantes de todos os poderes e esferas de governo, da sociedade civil organizada e de organismos internacionais, baseada na legislação e normativas atuais, em especial o Projeto de Diretrizes das Nações Unidas sobre emprego e condições adequadas de cuidados alternativos com crianças. Eu, Claudia Cabral, com experiência acumulada no tema¹, fui consultora convidada pelo UNICEF para colaborar na construção do PNCFC.

O PNCFC foi o resultado da necessidade de investimento na desinstitucionalização e no trabalho com famílias em base comunitária no Brasil, atestada por dados de uma pesquisa nacional² sobre a situação dos abrigos que mostravam: 86,7% das crianças e adolescentes tinham família; 58,2% deles mantinham vínculos familiares; apenas 10,7% estavam judicialmente em condições de serem adotados. Nesse contexto, o PNCFC enfoca o trabalho com a família de origem e alternativas à institucionalização e prevê, dentre outras ações, a elaboração de parâmetros para funcionamento de programas com esses fins.

Com o objetivo geral de colocar em prática o PNCFC, em parceria com o UNICEF, propomos a criação de um Grupo de Trabalho (GT) Nacional Pró-convivência Familiar e Comunitária. Este GT conta hoje com representação de **todos** os estados brasileiros, através de Organizações Governamentais, Não-Governamentais e Operadores do Sistema de Garantia de Direitos (SGD). O GT se reúne em encontros itinerantes e mantém contato permanente através de um grupo de e-mails.

De novembro de 2005 a julho de 2009, foram realizados 16 encontros com os seguintes resultados principais:

- ✓ Cerca de 5 mil participantes e 420 veiculações na mídia. Mais de 200 atores do SGD fizeram parte de discussões temáticas enriquecendo os encontros;
- ✓ Formação de 16 GTs estaduais/ municipais/regionais, ou seja, mais da metade do país constituiu movimentos para implementação do PNCFC;
- ✓ Construção sistematização, publicação e distribuição para todos os municípios do país de parâmetros mínimos para implementação das modalidades de atendimento: Apoio Sociofamiliar em base comunitária, Acolhimento Familiar e Institucional. Este conteúdo estimulou a deliberação de políticas municipais de atendimento e norteou as "Orientações técnicas para serviços de acolhimento", normativa do Ministério do Desenvolvimento Social e Combate à Fome, onde há menção da importante colaboração do GT Nacional.

Pretendo, através dessa experiência, mostrar a importância de que os governos elaborem políticas e planos nacionais - centrados nas Diretrizes das Nações Unidas sobre emprego e condições adequadas de cuidados alternativos com crianças - com a participação de todos os atores do SGD e que sejam disseminados e operados nos estados e municípios, onde de fato a criança se encontra. A experiência do Brasil tem sido referência na América Latina e pode ser disseminada no continente africano.

In Brazil, two recent and important landmarks in Social Assistance and in the area of human rights of children and adolescents in the country have centered on the family and the fundamental right to living together with the family and community: the National Policy for Social Assistance and the National Plan for Promotion, Protection and Defense of the Right of Children and Adolescents to living together with the Family and Community (PNCFC).

The PNCFC is a joint structure of representatives of all the powers and spheres of the government, civil society organizations and international organizations, based on current legislation and

¹ Ver currículo.

² IPEA/DISOC (2003). Levantamento Nacional de Abrigos para Crianças e Adolescentes da Rede SAC.

standards, in particular the Draft United Nations Guidelines on employment and adequate conditions of alternative care for children.

The PNCFC was the result of the need for investment in deinstitutionalization and in working with families on community basis in Brazil, confirmed by data from a national survey on the situation of shelters that showed: 86.7% of children and adolescents had family, 58, 2% of them maintained family ties; only 10.7% were legally able to be adopted. In this context, PNCFC focuses on working with the family of origin and alternatives to institutionalization and provides, among other actions, the development of parameters for operation of programs to these ends. With the overall objective of putting into practice the PNCFC in partnership with UNICEF, we proposed the creation of a national Working Group (WG) which is in favor of living together with the Family and Community.

This (WG) now has representation from all Brazilian states, through Governmental Organizations, Non-Governmental Organizations and Operators of Systems that Guarantee Rights (SGR). The WG travel to meet and maintains permanent contact through group e-mails. From November 2005 to July 2009, there were 16 meetings held with the following main results:

- ✓ Around 5 thousand participants and 420 mediums in the media. More than 200 stakeholders took part in the SGR theme discussions enriching the meetings;
- ✓ Training of 16 WGs in states / municipals / regions, that is to say more than half the country has made moves to implement the PNCFC;
- ✓ Construction, systematization, publication and distribution to all municipalities in the country of minimum parameters for implementation of the modalities of care: social-family support in community-based foster care, acceptable at a family and Institutional level. This content has stimulated the deliberation of municipal policies of service and guided the "Technical Guidelines for hosting services," attributed to the Ministry of Social Development and Hunger Alleviation, where there is mention of the important contribution of the national WG.

The paper explains the importance of developing policies and plans by governments - focusing on the United Nations Guidelines on employment and adequate conditions of alternative care for children - with the participation of all stakeholders in the SGR and are disseminated and operated in the states and municipalities, where in fact the child is. The experience of Brazil has been standard in Latin America and may be disseminated in Africa.

FROM INSTITUTIONAL CARE TO FAMILY BASED CARE

Children belong in families - moving children from institutional to family based care

Hilda Ouma, Child Re-integration Program Manager, Samaritan's Purse International Relief, Nairobi, Kenya

As increasing numbers of children are left vulnerable in Kenya due to poverty, disease, displacement and famine, the numbers of children being placed in residential care is increasing. This is despite studies demonstrating that long-term institutionalization causes permanent psychological, social and cultural damage to children.

However, initial research in the Nairobi area showed that many Charitable Children's Institutions (CCIs) were accepting of the idea of reintegration, but lacked the technical and financial capacity to do so. Consequently Samaritan's Purse (SP) Kenya began a project in 2008 to meet this need and to build the capacity of CCIs to develop and sustain their own reintegration programs.

Over the past year, SP Kenya built the reintegration capacity of four CCIs, including developing gate keeping processes for admission, reintegration of children back to family based care and providing aftercare. A total of 40 children, aged from 5 - 14 years, were successfully reintegrated back into their families.

Strategies Used:

- Staff and management training on organizational development, reintegration models, child counselling, family therapy and child protection.
- Conducting child/ family assessments to identify the push factors and develop interventions to address these.
- Building community support structures once children returned to their families so that children are not dependent on the CCI post reintegration.
- Provision of psychosocial, medical, spiritual and educational support both during and after return to families.
- Provision of emotional support, parental education and economic strengthening programs for parents and guardians.
- Granting a reintegration kit to children which, included school supplies and fees, food packages and house renovation.
- Facilitating regular learning forums for the targeted CCIs for purposes of sharing experiences and learning from each other's experience of reintegration.
- Liaising with the Kenyan Government and UNICEF who are also supportive of reintegration for CCIs.

Achievements

- 40 children were placed back home successfully from four CCIs.
- All four of the CCIs developed the internal capacity to run a reintegration project within their CCI. They learned how to prepare children to return to their families, how to work with guardians and parents, and how to provide after care services.
- The four CCIs learned how to develop better assessment procedures in order to limit the numbers of children coming into their centres and to determine the push factors so that rehabilitation during institutionalization can be more targeted and effective.
- The centers redesigned their organizational policies so that their core business became reintegration. This included readjustments in the areas of budgeting, human resource, admissions, child protection and rehabilitation.
- Community support structures, involving local churches, schools, community leaders and extended family, were developed in order to ensure that families had local support to assist them during and after reintegration.
- A 2 day learning forum was held with 54 participants from 21 CCIs attending. The four CCIs shared their successes and challenges on reintegration which helped to encourage other CCIs to begin reintegration.

Foster care program

Sylvia Beukes, Director, Hope's Promise Orphan Ministries, Namibia

This abstract describes the foster care program in Rehoboth, Namibia. Hopes Promise Orphan Ministries Namibia (HPOMN) initiated a formal foster care program in 2003 with five families and seventeen children. Since then, the number has grown to twelve families and 70 children. **HPOMN** is a Christian, humanitarian aid organization reflecting God's heart in redeeming the lives of orphaned and vulnerable children by placing the children in a Christian family. The primary area of focus is placing HIV+/AIDS affected and infected orphaned and vulnerable children with qualified, trained foster families within Namibia, specifically the program operates in Brandies, Swakopmund, Rehoboth and Windhoek.

Strategic Approach

HPOMN provides food, clothing, shelter, medical care and education to each child in our care. Supporting focus areas include: foster care training for parents and families; counselling for affected children and their foster families; occupational training and self-support/income-generation program for affected women; and, pre-primary and primary schools. As a registered welfare organization, HPOMN aims to care emotionally, physically, spiritually, and mentally for the children and families entrusted to us. HPOMN provides and oversees long-term care within

qualified families, for abandoned, deprived, neglected, abused and orphaned children. Children's care is integrated into a family that is a functioning part of their community of residence.

By placing children into the context of a HPOMN family the child immediately has the opportunity for individual love and recognition, physical protection, medical services, counselling, psycho-social services, food, clothing, shelter and education. Though the term "foster care" usually implies a temporary situation, 90% of the children in the care of HPOMN are placed with the expectation of permanency in their families of placement.

The HPOMN Foster Care programme is based on the belief that a family unit and parent model are the most desirable for child rearing. The foster family provides a supportive, healthy atmosphere that facilitates positive functioning for the child. Foster care is viewed as supplemental care when the child's natural family is unable or unwilling to assume full responsibility for the child and the child becomes vulnerable. HPOMN, in partnership with government, is responsible for placing children in foster homes best suited to their needs and for providing financial and emotional support to the families.

Results

- Retention: from 2003-2008, HPOMN have placed 47 children in long term foster care, 90% of those children have been in those homes for two years or longer.
- Psychosocial: increase socialization with peers and adults and improvement in academic performance.
- Safety: decrease in instances of peer violence and/or acting out behaviour.
- Charitable giving: increase by a minimum of 20% each year since inception.
- Successful implementation of training modules for parents and staff.

Including the excluded through family based care

Diarmuid O Neill, Retrak

Retrak began working with full-time street children in Uganda in 1994 with, football and feeding the main points of contact. We learned that trust is a vital ingredient in helping street children move on and that each child's journey from home to street is unique and rarely simple. Believing that a safe family was the preferred outcome for every child we began the process of reunification³. To date, in Uganda, Ethiopia & Kenya we have reunified a thousand children. Our reunification success rate is 77%; but at an enormous cost in human and financial resources.

Integral to success in Uganda is Retrak's half-way home, providing family based care for 20 children for a limited period on their journey back to their family or foster placements under Retrak's own informal foster care scheme. In addition to education and vocational training, small business start up grants provide the street children with a means to meet their own economic needs. This resource intensive approach of halfway home, education/training and foster care evolved with experience. It was borne out recently in Retrak's survey of street children in Ethiopia when 64% cited economic hardship and poverty as a reason they were on the street; 43% death of a parent and 30% family breakdown. This demonstrates the cogent role of family care and economic support of the family in preventing children migrating to the streets.

Solutions as detailed above require robust objective evidence to promote them. Whilst we understood our environment, we had scant data with which to substantiate our claims. Accordingly, we have developed a database⁴ to collect field and assessment data so we can analyze failures and replicate successes and drive management processes.

Retrak is convinced that family based care is the vehicle for addressing the problems of most street children. This is underpinned by three essential components: 1. Building a trusting relationship

³ UNHCR (May '08), *Determining the best interests of the child*, states that "...family reunification, wherever feasible, should generally be regarded as being in the best interests of the child."

⁴ Retrak can show demonstration screens of the database at the conference if necessary.

with each child⁵; 2. Long term commitment, recognizing that a child's journey is individual and unique; 3. the importance of relevant data. We urgently require both a paradigm and a resource shift. The former to recognize that anything we do with children has to be built on trust, and repairing the child's view of the adult world, and that in turn forces a resource shift because this process takes time. Otherwise we may not prevent the prediction that we are creating "...prime targets for those prepared to use violence as a political weapon. The street children of today can be the guerrillas and terrorists of tomorrow."⁶ Those children will make up the majority of the population in Africa by 2018. What other choices do we have? Family based care is the only option, but it comes at a cost. A price we can ill afford not to pay⁷.

Role of Communities in Family Based Care

Role of communities in family based care

Mr Kalungi John Ggayi, Orphans Community Based Organization, Rakai, Uganda

In many parts of Africa, some children do not have a family to look after them and have no idea of a normal family life. Extended families are increasingly unable to act as a safety net for children. The role of communities in provision of family based care for children is therefore increasingly becoming more and more important today than ever before.

Orphans Community Based Organisation (OCBO), an indigenous NGO operating in Rakai districts of Uganda will share her experiences in integrating the community in the nurturing of children in 199 villages. OCBO's mission is to foster community based initiatives that promote charity and social justice with preference to orphans and other vulnerable children.

What OCBO did?

- Data was collected and showed detachment from communities leading to child headed households. There are 969 CHHs in Rakai district. People are living like "poles" not as a "forest."
- Child protection committees and caregivers are supported to provide alternative care within the homes - Community parenting. 23 child protection committees are functional. These provide safety nets for childcare and bridge the broken parent-child bondage.
- Revival of traditional child rearing practices - Promoting of Indigenous initiative like communal gardening to ensure food security for the less privileged children. 12 community gardens were set up.
- Education, especially apprenticeship training has been done using Local Artisans. 42 VTCs established and benefit between 5 and 10 trainees at a time.
- Restoration of community responsibility and the spirit of voluntarism through community training. Dialogue meetings are emphasized.
- Social security support. 100 IGAs for the children were supported. These help to keep children around their homes instead of migrating to urban centres in search of a livelihood. The communities help in supervision and the provision of feeds in cases of animal husbandry related projects.

Strategy Used

- Mapping of existing local structures such as community solidarity groups, community owned ECD centres and establishing new ones i.e. child protection committees where they do not exist.

⁵ C. Jewett, (1984) "A child who has never experienced a stable and secure relationship with a caretaker, or has somehow not learned to trust adults is even more at risk." *Helping children cope with separation and loss.*

⁶ Prof. P.A. Kopoka (Apr 2000), *the problem of street children in Africa: An ignored tragedy.* Paper presented at an International conference on Street Children & Street Children's health in East Africa.

⁷Dr. V. I. Fahlberg, (1994), *A Child's journey through placement.*

- Joint Planning with communities is essential and has been shown to produce the best results.
- Networking with existing community structures and working with CSOs creating ownership and sustainability.
- Reawakening of the traditional indigenous knowledge of child rearing.
- Conducting regular dialogue meetings with stakeholders/communities.

Conclusion/Achievements

- Children have a fall back position (where to go in case of anything) i.e. Individuals and groups/ "friends of children"
- Advocacy for the vulnerable children by the committees and friends of children is on the increase. The spirit of voluntarism is gradually holding ground.
- An average of 148 young people graduate annually with saleable practical skills for their self reliance.
- Mobilisation of resources for the children locally. E.g. Food harvested from the communal gardens is shared by the children.
- Indigenous knowledge (IK) of care based on traditional family and community structures is slowly being awakened, appreciated and replicated to the surroundings.

Posterity cannot grow on a scattered generation - if children don't belong to the community, they will remain scattered and hence no tomorrow.

Enhancing community capacity to support family based care

Brighton Gwezera, Knowledge Development and Exchange Manager, Regional Psychosocial Support Initiative (REPSSI), Zimbabwe

The triple impact of HIV and AIDS, poverty and conflict is felt by millions of children and families in East and Southern Africa, leading to unprecedented catastrophe in the region. AIDS in Africa has transformed orphaning into a large scale and long term "chronic" problem⁸. This situation puts great strain on individuals, family and community care and support capacity, especially in the area of emotional and social wellbeing. There is a critical need to ameliorate the adverse effects of HIV and AIDS, poverty and conflict on the psychosocial wellbeing of affected children and youth in East and Southern Africa. The result of the crisis is a growing number of children that have weakened traditional child security and social protection mechanisms. The psychosocial needs of children affected by HIV and AIDS, poverty and conflict are therefore enormous and have many causes and contributing factors.

In the past, many traditional cultures found in Africa were blessed with values and numerous practices that protected the psychosocial well being of children. Some of these still exist and are helping mitigate the impact of HIV and AIDS, poverty and conflict in East and Southern Africa. For instance, one value in many African cultures is that every child belongs to the community. As an expression of this value, the extended family and community act as a safety net for vulnerable children. However, with growing urbanization and cross-pollination of cultures in a globalized world, many of these positive cultural practices have been lost and some continue to be eroded. There is need to build awareness and to mobilize communities in order to support the most vulnerable children and their caregivers. In order to achieve this REPSSI developed the Journey of Life (JoL) tool.

This tool was developed to encourage reflection, dialogue, and action among all people who interact with children and can contribute to their care, support, and protection. The JoL helps communities to support children (and their care-givers) deal with the challenges that they face, including death, poverty and family disintegration. The tool uses pictures and the metaphor of life as a journey to highlight the challenges that are faced by children, their families and communities.

⁸ Hunter, S & Williamson, J (2000) Children on the brink - updated estimates and recommendations for intervention., Washington DC: USAID.

This presentation will share findings from the JoL assessment and lessons learned through the learning exchange visits conducted by Master Trainers. The assessment looked at various issues including:

- Analysis of the JoL manuals (relevance of content, appropriateness of methods, suitability of images),
- The JoL training process (facilitators, learning experience, training methods, and adaptations),
- The use of JoL at community level

Strengthening community participation in family based care for OVC: A case of ICOBI in Uganda

Bosco Turyamureeba, Capacity Building Officer, OVC Project

ICOBI is implementing an OVC Project in the Districts of Mbarara and Bushenyi in South Western Region of Uganda. The Project that is targeting 15,000 OVC and their households promotes family centered care and support approaches to ensure a sustainable response. In this Project ICOBI has sensitized community members about their possible roles towards the improvement of life of the OVC and their households in their respective communities. The Project used the community to put in place a child care committee at village level and at parish level to register all OVC households in their villages and later through community meetings rank and select the neediest for the Project to start supporting. Through this presentation, I will be able to share with conference participants the benefits of active community involvement and how the community can contribute towards the wellbeing of Orphans and other vulnerable children at community and family level.

Methodology

The Project adopted a participatory process to promote OVC support at community and Family levels. This was eased by the sensitization meetings the Project social workers organised at parish level and with the help of local council leaders organised similar meetings at village level to select volunteers named Child Care Committee Leaders to help the village register and select most needy OVC for support.

The establishment of the community structures in all the villages where the Project is operating helped the community to understand the Project objectives and most importantly the roles of the community members in supporting the OVC. This was supplemented by the radio programs on a weekly basis in a local language to educate the community about how they can collaborate with ICOBI to make a positive difference in the lives of OVC.

Achievements

The OVC Project has established and strengthened community structures for the care and support of OVC in a sustainable manner. The community structures have been trained about OVC programming issues and their respective roles and responsibilities in the OVC programs. Currently the OVC Project has 205 Child Care Committee Leaders and 1,925 Child Care Committee members (representing villages) in the project area

The Child Care Committees have mobilized communities at parish level to contribute for the wellbeing of OVC interms of shelter items like poles, and other local materials. Over 300 OVC households have received in kind support from the community members to help the needy OVC households in the past 3 months through community meetings organised at parish level. They have sensitized the caregivers about the benefits of OVC education at household level and conducted home visits to offer psychosocial support.

The community members have further mobilized OVC households for group formation to be able to engage in income generating activities with support from the Project. Through the same groups the OVC caregivers are sensitized about food and nutrition aspects for children and also promotion of children rights through obtaining birth certificates.

The community that helped identify the neediest OVC households has actively come up to contribute to them to improve their living conditions. This has been a very positive trend in

strengthening the roles of the community in supporting OVC and a clear sign of how the response to OVC problems can be sustained and also owned by the community.

Children on the move: the challenges of providing care

Lynette Mudekunya, Director of Programmes, Save the Children UK,

Following a crisis of out migration and forced return across the border between South Africa and Zimbabwe, child protection organizations, international agencies, OVC donors, and academic institution, and the host country government were all challenged to protect the best interests of displaced and migrant children along the border. The challenges were many, ranging from the provision of basic, immediate services, to issues of communications and coordination that would yield more durable solutions. Ultimately, the shared goal of these varied stakeholders was to protect children's rights and to work towards family centered care, be it in the receiving country or in the process upon their return to Zimbabwe.

This panel will review experience from the child protection programming on the border and also report on challenges and successes through interagency communication and coordination. It will draw upon earlier research in the region focused on displaced and migrant children and more recently, a report on a regional child protection workshop held at the University of Witwatersrand last May. Finally, the panel will highlight some of the follow-up activities that include both action research and stronger coordination efforts.

The panel will address the following issues:

- 1) The complexity and dynamic nature of human displacement, with particular attention to children and adolescents
- 2) Review basic protection services for children in an emergency, with attention to the potential long-term consequences of short-term decisions
- 3) The provision of sibling integrity
- 4) Specific concerns about age and gender
- 5) Issues of coordination around basic care services while ensuring minimum standards of care
- 6) Attention to the push and pull factors that affect children's decisions, from seeking family reunification to those seeking employment. The interface with human trafficking and risks of ongoing abuse and exploitation.

From burial societies to mutual aid organizations

Francesca Stuer, Family Health International (FHI), Ethiopia

Local idirs (traditional burial societies) offer the best hope for sustaining child protection and support services established by Family Health International (FHI) in collaboration with government, local nongovernmental organizations (NGOs), and idirs in 14 major Ethiopian cities. Idirs, local community associations of 500 to 3,000 member households, are perfectly positioned to promote mutual support and child protection at the household and neighborhood levels. The challenge is that idirs historically have functioned exclusively as burial societies, collecting small amounts from member families as "insurance" to pay for proper burial and mourning rites when someone dies. For idirs to become mutual-aid societies for the living and to take on a protective role for the children in their communities, their leadership must undergo a sea-change, and other partners need to support this change with capacity building, mentorship, exposure opportunities, and start-up funds. Since 2003, FHI and its partners have worked with Idirs to build capacity, support implementation and provide oversight of project activities at the community level.

Implementation approach

As HIV caused more deaths within their communities, many idirs started to recognize that their burial-society role was inadequate. FHI first worked with partners to organize sensitization meetings for idirs and to provide short-term training on HIV/AIDS and community mobilization. Gradually the idirs decided to change their bylaws to accommodate more mutual-aid and child protection activities. The process took many months and required additional training in care for

OVC and PLHA, leadership, and program and financial management. It also required extensive consultation with membership and kebele (commune) representatives.

Results

Now over 200 idirs have modified their bylaws. In the past year they have directly provided support services to over 126,382 children. With capacity built through FHI's support, most can develop project plans and mobilize resources locally to sustain their efforts. FHI's technical assistance partnership with idirs continues, and their active leadership is steadily growing in terms of ensuring protection and care for OVC, managing community home-based care and support services, educating community members on needs of children and PLHA, advocating against stigma and discrimination and gender-based violence, and leveraging resources from local communities and government AIDS offices. Results from a just concluded qualitative evaluation using participatory rapid appraisal techniques and case studies, have shown noteworthy changes resulting from the engagement of Idirs. Idirs, because of the dignity and recognition accorded to them by their communities, have played a catalytic role in engaging and changing their communities from ones that discriminated and stigmatized OVC and PLHA to accepting communities that directly engage in support for OVC and PLHA and marshal resources. Study participants state as key results of this program improved quality of life of OVC, restoration of hope, reduced school drop out rates as a result of reduction in stigma and discrimination and material support provided by Idirs, and legal protection of OVC.

Recommendations

To sustain and strengthen communities' ability to address the impacts of poverty and HIV/AIDS, it is crucial to continue to build the capacity of community-based organizations such as Idirs.

Mobilizing Communities/families for OVC support - Kaduna, Nigeria

Dr Victoria Isiramen, Child Protection Specialist UNICEF Kaduna, Nigeria

How do duty bearers mobilize community support and resources to support OVC in Kaduna? The overall goal of the project was to identify and strengthen the capacity of community-based organizations, families and communities to protect and care for orphans and vulnerable children in 6 communities.

Objectives

- (i) Identify and strengthen capacity of 3 community based organizations to support OVC in 6 communities
- (ii) Mobilize LG officials, communities and families to identify and support 20 households with 120 most vulnerable children in 6 communities (total of 120 households/720 OVC)
- (iii) Identify the rights based needs of the OVC and mobilize government and community support initiatives to address the needs in a sustainable manner.

Methodology

Upstream Strategies

Upstream strategies were advocacy with legislators and policy makers for budgetary allocation to support OVC, the development of work plan for OVC in line with the OVC National Plan of Action and advocacy for passage of the Child Rights Law.

Down Stream Strategies

Down stream strategies were capacity development of 4 community based organizations for OVC support, sensitization and mobilization meetings with community leaders and families, participatory Action Research/Baseline survey to identify OVC using community determined selection criteria. In depth interviews with OVC and caregivers to identify right based needs of OVC. Interventions to address needs identified, M/E structures put in place.

Results

Upstream Results

Policy makers at state and LG level aware of OVC issues, commit to sustained support to strengthen OVC structures and systems. High levels of awareness and sensitivity to the issues of most vulnerable children in communities and commitment to passage of the Child Rights Law OVC Coordination structures identified, multi-sectoral work plans and committees in place to support sustained budgetary allocations commitment towards development of sector plans

Downstream Results

Six (6) Communities aware of the issues of vulnerability of children, mobilized and committed to support rights based support of OVC, 711 OVC/120 care givers, identified, 711 OC/120 care givers community leaders and teachers (including 60 OVC) in 6 focus communities of Kaduna state acquire skills and knowledge on various types of support for OVC. The skills acquired include:

- ✓ Home based care for addressing nutritional and health care support, psychosocial support and hygiene Life skills and civic education for older OVC.
- ✓ Six (6) OVC support groups in place and acquire skills for managing micro credit/cooperative groups. Support/cooperative utilizing income generating equipments supplied to provide resources for the care of OVC.

Sustainability and Scale Up Plans

Child Protection networks and children's councils established in the 6 communities to monitor activities of OVC support group. Through operation of cooperative group and income generation activities, support groups have funds for nutritional, health and educational support of OVC. The NGOs with support of the Ministry of Women Affairs and Social Development conduct monitoring activities in the 6 communities Based on the success story of this intervention the Ministry was able to mobilize global funds and have replicated the same intervention in 6 additional communities.

Promotion of community Based participatory child health and development (CHD) in Moyamba District, Sierra Leone

Ibrahim Kamara, CHO, CTCM & H, DCM& H, MHCA, Health Advisor, Plan Sierra Leone

Description: Plan Sierra Leone is implementing a four-year EC/Plan UK funded CHD project in Moyamba District, Sierra Leone. The project within the district works with 87 community health committees (CHCs), 87 mothers/grandmothers' groups (MGGs), 10 pilot fathers' groups (PFGs), 285 community-based health service providers (CBHSPs) in 87 peripheral health unit (PHU) catchment communities; 876 teachers in 438 pre- and primary schools; 1 children's forum (CF), 438 school health clubs (SHCs) and school management committees (SMCs) formed/reactivated to support implementation of the project's community-based component. The project target includes 46,000 children <5 years of age; 13,550 pregnant women, and 271,000 people including 82,803 school children as final beneficiaries in the district.

Strategy: The collaborating partners/stakeholders/targets especially the community-based groups are trained on CHD focusing on family/home-based child care (orphans inclusive), stimulation and development regarded as better means of holistic child care, development, prevention and protection (HCCDPP) in African settings. Communities are enabled to lead decision making on issues that affect them and their children with priority on home-based HCCDPP and support. The project builds community confidence, provides support and services encouraging their improved utilization, ownership and sustainability through the use of CHD competence process that changes mindset on expert mentality; promotes facilitation skills, knowledge management, self evaluation, planning, monitoring and resource mobilization.

Achievements/Conclusion: Mid way through the project, community groups including CHCs, mothers/grandmothers/fathers' groups, SHCs, and CBHSPs apply developmental screening tools, counsel and support mothers/caregivers to stimulate the cognitive, physical, mental, behavioural and social development of their children. The groups actively support HCCDPP of under fives especially in their early childhood (traditionally regarded as a woman's job). Children in SHCs and the CF use child-to-child and child-to-adult approaches and children's radio programs; the CBHSPs use static/outreach clinics/home visits and community meetings while the CHCs and

mothers/grandmothers/fathers' groups use by-laws, community meetings, home visits, personal/face-to-face contacts to support each other in their HCCDPP. Therefore, the MOHS now shows greater integration of home-based HCCDPP for < 5 children in Moyamba. Consequently 87 PHU communities now undertake participatory planning, M & E using the competence process with increased home-based HCCDPP, effective utilization of health services; knowledge and skills in child care-giving; community involvement, participation, ownership and sustainability of CHD interventions; prioritised use of locally made toys in PHUs/schools/homes. Thus leading to: effective functioning of 87 CHCs, 87 MGGs, 10 PFGs, 438 SHCs, and 1 CF and improved home-based HCCDPP with 25% <5 mortality reduction in Moyamba District, Sierra Leone.

In conclusion, Integrated CHD interventions focusing on family/home-based and active community participation in Moyamba, Sierra Leone has proved to be a workable and replicable strategy for child survival/HCCDPP. Thus prevention and protection against child abuse and neglect in Africa can be better achieved through such integrated CHD interventions.

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DIFFERENT FORMS OF INTERVENTIONS, PRACTICES AND EXPERIENCES IN FAMILY BASED CARE

Adoption in Australia: trends and outcomes

Trudy Rosenwald, Adoption Consultant and Counselor, Asian Pacific International Adoption Forum, Australia

Adoption has always been a Family Based Care option for Australian children in need of an alternative family, traditionally in the form of customary family care among the Indigenous peoples and since 1896 under modern adoption laws. The modern form of adoption has been practised alongside institutionalisation and, since the 1950s, family-based foster care. Laws for intercountry adoption developed in the 1970s following the airlift of Vietnamese children to Australia at the end of the Vietnam War. Australia signed and ratified the 1993 Hague Convention on Intercountry Adoption in 1998. A brief overview will be provided of the demographic trends in the estimated 103,000 adoptions in Australia since 1969, including over 10,000 intercountry adoptions. Few Australian studies on the outcomes of domestic and intercountry adoptions seem to have been published. A brief summary of available research results will be presented, including the presenter's own longitudinal study on intercountry adoption in Western Australia (WA).

The longitudinal survey of the well-being of intercountry adoptees in WA started in 1993 and is the first of its kind in Australia. At the first data collection point, the sample included over 80 percent of the estimated 354 4- to 16-year-old intercountry adoptees in WA. At the second stage, started in 2003, information on the well-being and identities of over half the estimated WA population of 14- to 26-year-old intercountry adoptees was provided by parents and adoptees. This stage also included a comparison group of non-adopted migrant peers and their parents. In the first stage it was found that, according to their parents, the large majority of the intercountry adoptees were doing at least as well as their non-adopted peers in the general WA population.

In the second stage, most of the adolescent and young adult adoptees were reportedly happy, healthy in body and mind and comfortable within themselves about who, what and where they were at the data collection point. Although their overall level of well-being seemed to have declined since childhood, it remained comparable to their non-adopted peers in the general Australian population. Few significant differences were found between the adoptees and their non-adopted migrant peers. Some of the unexpected findings of the study will be highlighted, including the mostly weak and non-significant relationships between well-being and identity factors.

The Experience of AVSI in implementing programs: giving a new face to OVC in institutions: the case of AVSI

Rita Larok, Monitoring and Evaluation Coordinator, AVSI OVC Regional Programme, Uganda

AVSI Foundation is an international NGO implementing a 5 year OVC project funded through PEPFAR and private funds). The project, ending in June 2010 supports over 14,000 OVC and their family members in Uganda, Rwanda, Kenya and Ivory Coast through a two-pronged approach (directly and through partners)

AVSI's approach to care for orphans and vulnerable children in all settings has always centered upon the family, taking into consideration its resources and its constraints, with a high degree of participation. AVSI has seen time and time again that in order to grow a child needs to understand his value and to know that he is important for someone. Any child, and in particular one who is abandoned or orphaned, will always look for a place and people to belong to. In fact, it is only through a relationship of love and belonging that a child can be educated and grow well into adulthood. AVSI recognizes that every family is a resource for a child and thus uses households to identify OVC, observe their needs and resources, plan tailored interventions, and implement and monitor the development of each child and family. Interventions include external support as only part of the answer; the family and community are encouraged to be the first lien of response. AVSI's support includes child-level interventions to ensure school attendance and achievement, basic health care and psychosocial support and indirect activities which improve the family and community environment for the OVC. These include psychosocial support for parents/guardians through counseling, trainings, nurturing a supportive family environment, economic strengthening (small business trainings and IGA support), and sensitizations.

AVSI also recognizes exceptions requiring institutionalization of children. In these cases, we encourage transitional institutionalization-children live there temporarily, while processes to facilitate re-integration take place. AVSI calls these homes, "**welcoming homes**" to make children feel welcome. Herein we allude to our partners homes; **Baldo Children's Home in Kenya (BCH)**, **Don Bosco Children and Life Mission (CAL)** and **Our Lady of Peace Children's Ark (MAR) in Uganda**, to deeply explore the welcoming home concept. AVSI offers technical guidance and financial support to these homes.

The homes aside from providing a safe haven for the children also provide a wide range of other services. The children are taught life skills, provided with all the basic necessities and above all given appropriate care, love and support. The homes also teach and involve the children in daily home chores, and most importantly impart very specific skills like baking, agriculture using improved yet cheap techniques, playing musical instruments- brass band, acrobatics, harvesting water, behavior among others. This has made the children very resourceful so that when they are adopted, they are indeed valuable to the family and have a positive influence in their new families who are often eager to adopt others. In liaison with the children's departments, legal systems and partners, issues of adoption, protection and other specialized services and support that the children may need are leveraged to enable the children receive holistic services.

A South African Example of the Process of Assessing Prospective Foster Parents

Mrs Nomvuyi Sukantaka Give a Child a Family, South Africa

If we were to use the same criteria that "first world" countries use to assess potential alternative carers in the community, we would have residential child care institutions overflowing with children. Our applicants would simply not meet their stringent criteria. By way of example: How does one measure the heat of the bath water in a rural setting, where there are few if any geysers? On the other hand, we have to have certain standards in place to protect children from further harm and neglect in the care of substitute families in the community. The question now is how do we find the balance between the two?

GCF has developed a programme that seems to address the delicate balance between adhering to international child safety standards in alternative family care assessments and the unique African

context in which we work. Our assessments are based on a Strengths Based Perspectiveⁱ and we have developed an assessment tool and method which addresses the two issues.

Assessing Potential Care Givers

Assessment is a process of trying to establish if a family is suitable to foster a child through gathering information, evaluating and giving information and by building a professional relationship in which a decision about fostering is taken together.ⁱⁱ

The Assessment Process used at GCF

- **Recruitment**
This is actively looking for people who are willing to be assessed as potential care givers.
- **Information Session**
Foster care is described in detail to potential applicants
- **Assessment (Screening)**
The intensive interviewing and information gathering stage of the process.
- **Training**
The foster parent training course is a non-negotiable step in the process for people to become foster parents.
- **Decision**
The decision of whether or not the applicants are suitable foster parents should not be taken unilaterally.
- **Matching**
A child in need of alternative care is matched to a screened and suitable family who would best meet the child's needs
- **Introduction**
Introducing a potential foster family to a child in need of alternative family based care.
- **Placement and post placement support**
Assessment and evaluation of the foster placement is continuous and the organization is obliged to visit the foster family and foster child at regular intervals.
- **Termination of Assessment**
Assessment comes to an end:
 - Once the foster placement ends
 - Or if the applicant withdraws their application to foster a child
 - Or if during the process of assessment it is established that the applicant is not suitable.

Conclusion

“Screening applicants for adoption or foster homes has life-altering consequences for the children involved and adults who are directly involved” – a realization that weighs heavily on those professionals responsible for guiding them through the process. Adoption and Foster Home workers are asked to play God with life's most vulnerable creations, yet incredibly, they have access to little in the way of specialized training, to prepare them for the task”.ⁱⁱⁱ

In line with the above quote, GCF has taken the responsibility seriously enough to spend almost a decade developing an assessment tool and process for assessing potential care givers

ⁱ Saleeby, D. (2002). *The strengths perspective in social work practice (3rd ed.)*. University of Kangan, NY: Allyn & Bacon.

ⁱⁱ Give a Child a Family (2009). *The effective assessment of prospective foster parents*. Working document. South Africa

ⁱⁱⁱ Dickerson, J.L. & Allen, M. (2007). *Adoptive and foster parent screening: A professional guide for evaluations*. New York, NY: Routledge.

Life-space and work: strengthening family care and support

Felix Mwale, Executive Director, Zambia Association of Child Care Work, Zambia

The HIV/AIDS pandemic has devastated families in Zambia leading to an unprecedented number of children with inadequate access to education, shelter, food and health care. Adequate resources need to be channeled to children, their families and their caregivers. Life-space work helps provide these resources.

Life-space work is based on Child and Youth care Workers working with children and their families within their communities. Life-space work support provides on-going, day-to-day care and support services. It facilitates opportunities for vulnerable families to connect with other families with the community to address problems. The life space work is derived from the Basic Qualification of Child and Youth Care work training.

The goal of this training is to develop trained community child and youth care workers to work effectively with children and families made vulnerable by HIV/AIDS and other factors. The course contributes to the development of a sound child and youth care foundation. It includes: self awareness; the transformation of the child and youth care field with specific focus on the developmental approach and strengths-based work; children's rights and responsibilities; attachment and relationship building; mastery and competence in the child and youth care context; assessment and programming; education and HIV/AIDS; independence and empowerment; generosity and Ubuntu; teamwork and moral development; professional relationships; restorative work; and applying theory to practice.

Process of Life-Space Work

The Life-space work begins with an outreach programme. The outreach is undertaken both on the street for those children who are found on the street and children who have been identified in the community in need of care by the Community Child and Youth care workers and taken to the facilities of care. Once they are in the facility, the child and youth care worker in partnership with the Department of Social Welfare start tracing the family members of the particular child and once the family is found assess the families' capacity in relation to provision of basic needs of the child. The home assessment includes finding families that live very near so as to ensure that those families become part and parcel of the response to this identified child in need of care. Once the home assessment is finalized, capacity building interventions are provided. The child is then reintegrated and the child and youth care workers continue to make follow-up visits. For example, the organizations, Lupwa LwaBumi Trust, have used the Life-space approach and within 3 years have reached 3,828 children, and 5,460 family members in 65 family circles.

Challenges

Many families do not have the capacity to provide basic needs to their children. However, due to limited financial resources, there are very few community child and youth care workers to reach this high demand. More workers are needed to support the families in need.

Conclusion

In order to implement this training, there must be trained skilled professionals -- personnel who are motivated, are able to work in the life space of the children and their families, and part of the community.

Encouraging family based care of children through the cash transfer: the Kenyan experience

Ahmed Hussein, Director of Children Services, Department of Children's Services, Kenya

This paper looks at efforts by the Kenya Government to encourage family based care of orphans and other vulnerable children through regular financial assistance by the government. We look at the scope of the programme, beneficiaries targeting methodologies, disbursement of the funds, administration of the programme and the outcome so far realized. Challenges of the programme are also considered.

In 2004, the government of Kenya launched monetary cash transfers to families with orphans and vulnerable children in a number of districts. The purpose was, and still remains, to encourage fostering and retention of orphans and vulnerable children within their families and communities and to promote their human capital development. This programme has over time proved immensely useful and continues to be expanded to more districts in the country. The expansion is both vertical (more districts) and horizontal (more households).

From an initial number of ten government and seven partners funded districts, the programme now (as at 2009 January) covers thirty government and twenty seven partners supported districts. At the onset, two hundred and seventy six needy households were put on the programme in each of the selected districts. This number has now been expanded to eight hundred and eleven households per selected district. Benefiting households have risen from twenty two thousand five hundred to thirty two thousand four hundred and forty.

Each household receives one thousand five hundred Kenya shillings (an equivalent of \$18) per month paid bimonthly. This money goes to the basic needs of children (health, food, registration and schooling) in the household.

Selection of districts to benefit is based on the national poverty index as provided by the Ministry of Planning and National Development. Districts with the highest incidence of poverty are targeted first. Not all households in the district are covered. Rather, within the same district, divisions and locations with the highest poverty incidence are again given priority.

Targeting of households in selected locations is done in partnership with local residents. Communities are sensitized on the selection criteria first before they are asked to apply for consideration. Once enrolled to benefit from the monthly allocation, the head of the household is expected to regularly furnish the government with evidence that children under their care are benefiting from the monetary cash. Members of the community are also sensitized and encouraged to report as to whether children in selected households are benefiting from the money.

Reports from the field show that families have taken the programme seriously. A number of heads of households have ingeniously used the money to start income generating projects. More and more families are now ready to take in orphans or vulnerable children. School attendance has improved among children in the programme. Indeed children in benefiting households are assured of at least a meal every day.

Due to the realization that such a safety net is immensely useful, the Department of Children Services has continued to seek more funding from the exchequer so as to reach more districts and households. Similarly, more partners have been encouraged by the success of the programme and are now supporting it financially.

Still there are areas that pose challenges. Monitoring and evaluation of the programme has neither been well coordinated nor effective. The number of households enrolled in the programme is too low compared with the number of needy households in the whole country. A few cases, needless to mention, do not put the money to correct use. These are some of the areas that we have to address as we continue to expand the programme to reach as many households as possible.

On the whole the orphans and vulnerable children cash transfer safety net has been greatly successful.

Facing the challenges of family based care for unaccompanied minors, separated children and children associated with armed forces and armed groups in Burundi

Miranda Armstrong, Coordinatrice du Programme Protection et Développement pour les Enfants et les jeunes, International Reçue Committee (IRC) Burundi

Burundi has recently emerged from a decade-long war that claimed 300,000 lives and forced over a million people to flee their homes. This is a key moment for post-conflict reconstruction in Burundi. Over the next 6 months, the last remaining refugee camp in Tanzania will close and preparations for the presidential elections in 2010 will intensify. To date, over 470,000 people have returned from refugee camps in Tanzania and other countries, an estimated 50% of whom are children and youth. The majority of these young people have grown up in Tanzania, have little or no memory of life in Burundi, and no idea how they will reintegrate.

Since 2003, IRC Burundi has been the lead NGO engaged in reunifying repatriated and expelled unaccompanied minors (UAM) and separated children (SC) with members of their immediate family, extended family or, where family tracing is negative, placing them in an alternative care arrangement. IRC also reunified and reintegrated 243 children associated with armed forces and armed groups (CAAFAG) between 2004 and 2006. IRC provides short-term assistance for housing, medical care, food, and non-food items and obtaining proper documentation. To support their longer term reintegration, IRC also assists children to return to school, provides livelihood opportunities and follows up their cases with the support of Community Protection Focal Points.

Following over 5 years of work that has seen the successful family reunification and reintegration of over 4,000 UAM, SC and CAAFAG into Burundian society, IRC decided to undertake a small research-evaluation in order to analyze the impact of their interventions and to learn lessons for the final phase of reintegration. Using databases from 2004 and 2005, the research team randomly selected a group of 60 ex-beneficiaries living in Makamba Province. Interviews were undertaken with each child as well as another member of the family or community. Although the sample size is small, and the geographic area limited, results from this research-evaluation provide interesting insights into what works for family reintegration in the Burundian context and how lessons learned from these experiences can help IRC, and the Burundian Government, to find durable solutions for the last remaining cases.

The major results of the research-evaluation are that 67% of the children interviewed are well reintegrated into their family and community. However, the research also showed that children reunified with their extended family are in a much more vulnerable position and are often not treated in the same way as other children in the family. The issue of inheritance and land in Burundi is also extremely delicate, particularly for boys, and means that their longer-term reintegration is precarious. In terms of programming for the future, it is essential that IRC: works to strengthen community-based protection mechanisms; builds the capacity of local authorities to provide follow-up for vulnerable children; provides timely support for children to return to school or enroll in professional training; and ensures that family disputes are resolved and children who have lost their mothers and fathers have the possibility to claim their rightful inheritance.

Giving a family to the orphan in an African Muslim society: SOS children's villages in Tunisia

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In Tunisia, the government took several measures in order to take care of the orphans, although Islam forbids the adoption of children. One of the most successful experiences was the settlement of SOS Children's Villages in many regions of the country. In fact, generations of abandoned orphans

found new families inside the framework of SOS Children's Villages. They grew up and are now heading their own families. This sociological study tries to evaluate the experience of SOS Children's Villages in Tunisia.

The objective of the study is to find answers to the following questions: to what extent was the experience of SOS Children's Villages a success in Tunisia? Was it just an alternative to the restrictions imposed by Islam on children adoption? Can the SOS Children's Villages families replace the natural ones? How are the ancient pensioners of the SOS Children's Villages using their experience in growing today their own children? Why wasn't SOS Children's Villages so successful in other African countries? What can we learn from the Tunisian experience? What was the reaction of the local religious communities?

The research is organized into three sections. The first one examines the specificities of the SOS Children's Villages project in Tunisia, evaluating the results and comparing to what has been done in other African countries. The second part discusses the main problems to which SOS Children's Villages were confronted to in an African Muslim society, such as Tunisia. The last part of the paper proposes a series of recommendations in order to permit to SOS Children's Villages to continue its mission in a society characterized by individualization, religious contest, disappearance of the Arab extended family, and in general rapid changing family patterns.

The reflection will be based on a literature review, but mainly on a survey conducted in some of the villages settled in Tunisia by SOS Children's Villages.

OVC mapping and directory project: prioritizing the children

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Background and Implementation Approach

Knowledge is power and many families and institutions responsible for the emotional and physical care of children lack knowledge about community and governmental resources for vulnerable children. The National Action Plan for Orphans and Other Children Made Vulnerable by HIV and AIDS South Africa 2006-2008 specifically set as an objective the development of a coordinated national database to remedy this type of situation. This tool is to support national policies, strategies and programmes and linkage with other relevant databases of services provided by numerous government departments in order to increase the number of OVC receiving comprehensive services. Population Council, under USAID's PEPFAR mechanism and in partnership with the Department of Social Development, was selected to do this within a two year period. Our approach has been to focus on registered Non-Profit Organizations and develop a province-specific, efficient, useful, widely-disseminated and sustainable directory, for service providers, youth, caregivers, and data managers.

Analysis Design and Methods

In order to effectively address the needs of diverse target audiences such as NPO staff, community caregivers, sibling-headed households and government staff, four formats were identified for the directory: hard copy, web service, CD-Rom, and Short Message Service. In addition, the web service has a unique, strategic planning function based on GIS capability with appropriate socio-economic data which enables users to understand existing conditions and develop projections. In year 1 a needs assessment in six provinces, involving 184 individuals, and nine provincial seminars specifically designed for HIV and AIDS government focal persons, along with key NGO staff, provided opportunities for feedback as to the utility of each format.

Results

Key findings from these processes that will inform the further development and dissemination of the directory, including the identification of additional areas of enquiry that will foster sustainability, are as follows: the need for accuracy of information, with respect to services and viability of an organization, is central to the decision as to whether or not to use a service provider; geographical availability plays an important role in determining use of a provider; identification of specific services offered is important; and specific areas of service for OVC, availability of

information in multiple languages and the inclusion of relevant, but smaller, non-NPOs is desirable.

Other key findings included: a preference for the hard copy format; barriers to technology for most groups as a limitation for accessing the web service; a preference for the Short Message Service, especially for rural residents; the need for a clear communication strategy; and the importance of methods by which to update the directory.

Conclusions

This model represents an innovative programme that has acknowledged regional best practice in terms of care and support for OVC and the role of various media in communicating with different audiences. It provides a specific, replicable methodology to ensure that the directory as a tool has maximum utilisation through promotion within existing networks. Key partnerships were designed to address some of the issues of sustainability that have affected previous efforts in this area.

AGE AND GENDER PERSPECTIVES IN FAMILY BASED CARE

Parenting at cross roads, repositioning parents /caregivers as primary educators and providers

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A study (2005) to investigate the relationship between gender socialization, children's rights and vulnerability to abuse and HIV/AIDS in the context of Early Childhood Development (ECD) was conducted in Rakai - Uganda, a district where the first HIV/AIDS case was first diagnosed in Uganda in 1982. Rakai at the time of study was a more complex society in which community parenting had tremendously declined. Family based socialization patterns were under immense pressure from poverty, changing livelihoods and HIV/AIDS.

The media was exerting its influence on children and adults through FM radio stations while HIV/AIDS posed a serious threat to children too. While some of the information was beneficial, some was misleading and a danger to children. The position of parents as primary educators and providers and primary caregivers has shifted from parents to the experts. Parents were seen as deficient in their parenting roles and blamed for the situation of their children. The community child protective environment was shattered raising the danger of defilement, child neglect and other forms of abuse, all of which was a testimony to evaporation of social coherence and collective responsibilities and obligations towards one another. Besides, the formal education system tended to prioritize knowledge at the expense of other aspects of children's behavior and attitudinal traits. The tradition parental or pedagogical approaches were indeed insufficient to face the contemporary challenges and influences to which children were exposed.

This paper will share the good practices that emerged from the 3 years project implementation to address the gaps identified in the study, that include diffusing gender roles that induce "learned helplessness" a process through which the socially constructed famine and masculine identities alongside their attributes are consciously inculcated into, and internalized by children. There was also a need of imparting social skills into children that included among others; self awareness, self esteem, self confidence, self control, effective communication, making informed decisions and expectations of more fulfilling rewards if present gratification (including the sexual) were to be postponed.

It will emphasize the need for repositioning parents as primary educators and providers as well as rediscovery and utilization of indigenous knowledge in the present day child care environment, which creates conditions for community development by reinforcing the value of Indigenous knowledge, rekindling processes of intergenerational teaching and learning, increasing social cohesion, and securing community commitment to create programs of support for children and families.

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Gender asymmetries in OVC care by older persons in Uganda: URAA's experience

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Older persons are defined as those aged 60 years and above. They constitute 6% of Uganda's population, of which 53% are female while 47% are male; and are projected to reach 20% the total population in Uganda by 2025.

In Uganda, older persons increasingly face new roles of providing support and care; and contribute immensely to the wellbeing of children, particularly those infected and affected by HIV/AIDS, and the orphaned. 69% of older persons are household heads, taking care of orphans and other vulnerable children (OVC), comprising 13.7% of all people below 18 years.ⁱⁱⁱ Due to socio-cultural orientation which assigns women the childcare responsibility, older women are expected, more willing, and better caretakers of OVC than older men, even in households headed by older men. This role however becomes complicated with age, HIV/AIDS, poverty, and, socio-political strife.

Challenges faced by older persons in OVC care emanate from their reduced capacity to work; proneness to chronic illness; weakening capacity of social support systems; and, absence of social protection mechanisms for vulnerable groups such as OVC and older persons. Older women are more constrained in caring for OVC due to lack of property ownership and inheritance rights, and depend on men or communities for OVC support. Older widows also miss out on spousal support in sustaining themselves and their dependants. Older men feel stigmatised when they take care of children as they are branded as "doing women's work"; and are socio-culturally ill prepared to do so anyway. Thus they either neglect the OVC or perform this role poorly.

URAA's response (interventions) to this burden of care facilitates acquisition and sustainability of basic requirements for affected households. They include shelter, water and sanitation, nutrition, and, income generation projects; as well as capacity building of older persons' groups and policy engagement processes intended to highlight the need for government policies and programs to respond to this burden. Evidence indicates that older women are not only better carers of OVC, but are more responsive to program initiatives. They use the resources provided to primarily improve OVC wellbeing. Older men are more reluctant to participate, highly biased, lazy and uncooperative; and view the support provided as primarily intended to enhance them personally and only attend to OVC as a secondary obligation.

In order to achieve her objectives, URAA's strategies include community mobilisation to garner voluntary community support for older persons, especially in construction of shelters; working with community-based older persons groups to identify needs and determine appropriate interventions; establishment of home-based caregivers' initiatives among households headed by older persons; passing on of income generating items from one beneficiary household to the next; and, advocacy, research, documentation, and, dissemination of lessons learned and best practices.

URAA's beneficiaries include 41% male and 59% female older carers of OVC. There is overall improvement in income generation and acquisition of basic necessities in these households. Through the home-based caregivers' initiative, older persons, receive peer support in providing shelter, raising, feeding, and counselling OVC.

The potentialities of the grandparents in child rearing: the role of mentorship and coaching in parenting in Rural Kenya

Vundi Nason and Tina Mueni, Scott Theological College, Kenya

In money based economy people quickly brand others as economic dependants if they are not in any income earning work. This is the predicament the grandparents find themselves in mostly. However, the grandparents can have a big potential in effective child-rearing; a potential to be tapped. The old are gold. The grandparents are people with immeasurable experiences, wisdom, knowledge, and great mastery. They can effectively play the role of mentorship to our children today since their outside engagements are minimal. In mentorship they can offer support to children from troubled and unstable backgrounds; provide emotional support and guidance to the increasing orphans in our society. Using their experiences they can help the children to develop needed life skills.

Grandparents become foster parents when true parents die. This helps to rear the children in a complete family environment and thus ensure the children of a healthy and successful childhood. With their presence, they can help to change those children who could with troubled behaviours like drug abuse. This paper attempts to explore the potentialities of the grandparents in mentoring and coaching the children. Owing to their immense experiences, wisdom, mastery and knowledge, the study assumes that their potentiality can be readily tapped especially these times the parents are very busy in activities that are of economic gain or dead.

The Problem Statement

Child rearing is a big responsibility; it requires many fronts in order to succeed. One of the fronts is mentorship which in child rearing becomes utterly indispensable. The study will thus investigate the potentialities of the grandparents becoming mentors and coaches to the children.

Research Question

The main research question for study is to investigate the potentials possessed by the grandparents in mentoring and coaching the children and thus assist the parents in bringing up the children. There will be specific questions too:-

1. What potentials do the grandparents possess that can be used in child bringing up children?
2. To what extent is the society willing to use those potentialities possessed by the grandparents?
3. What are the barriers if any, which bar the grandparents from assisting in parenting the children?
4. To what degree are the young parents willing to partner with the grandparents in parenting their children?
5. If any, how much are the grandparents willing to assist in parenting?

Objective

The objective of the study is to establish the potentials of the grandparents in assisting in parenting and the readiness of the young parents to make use of the potentials possessed by the grandparents.

STANDARDS AND THE ROLE OF MONITORING IN FAMILY BASED CARE

International standards for the protection of children without adequate parental care

Kendra Gregson, UNICEF and Ghazal Keshavarzian, Senior Coordinator, Better Care Network, New York

The proposed presentation will discuss the international standards for children without adequate parental care and their application in Africa.

Standards development

Worldwide millions of children are currently in, or in need of, out-of-home care. Often times, the care is provided under conditions that do not correspond to the best interests and other rights of the child. There is a need to monitor and oversee the protection of these children.

In 2004, UNICEF and International Social Services initiated a research and advocacy program calling for the development of international standards for improving the protection of children without parental care. This resulted in the Committee on the Rights of the Child 2005 Day of General Discussion recommendations calling on the UN, Governments and civil society partners: "to prepare a set of international standards for the protection and alternative care of children without parental care for the UN General Assembly to consider and adopt."

Following these recommendations, a first draft of the guidelines was developed by an NGO Working Group on Children without Parental Care and submitted to the CRC for review in 2006. The reviewed guidelines were further strengthened and refined in a series of inter-governmental meetings in various regions hosted by the Brazilian Government. These consultations culminated in a resolution of the Human Rights Council in June 2009 to transmit the draft Guidelines to the UN General Assembly with a view to their adoption in November 2009.

Scope

The Guidelines for the Alternative Care of Children apply to the use and conditions of alternative care for all persons under the age of 18 years, regardless of the care setting and of its formal or informal nature, with due regard to both the important role played by the extended family and community and the obligations of States for all children not in the care of their parents or legal and customary caregivers, as set out in the CRC.

The Guidelines set out to:

- support efforts to preserve or re-establish the family unit and where this is not possible or in the best interests of the child, to identify and provide the most suitable forms of alternative child care under conditions that promote the child's development;
- encourage governments to assume their responsibilities and obligations towards children without parental care;
- encourage all concerned with child care to fully take into account the Guidelines in their policies, decisions, and activities.

Application

The draft of these Guidelines has already served as a model for a number of countries in their push towards better serving children. In Chile, the nationally-implemented SENAMA program, modeled after the Guidelines, is committed to deinstitutionalization through family preservation and kinship care. In Namibia, the recently launched minimum standards for residential care took into account the Guidelines during the drafting process. By drawing on different country examples and the consultation process, the presentation will discuss how the Guidelines can serve as an international standard mechanism to help facilitate establishment of policies and procedures for authorities and professionals in Africa.

Rationale for monitoring family based alternative care placements

Monica Woodhouse, Director, Family Based Care, Training and Development, Give a Child a Family, South Africa

Monitoring, quite simply, is about keeping track of what is happening on an ongoing basis. For the purposes of this abstract, it is specifically about tracking the progress of the placement of a child in community based family care. The child's placement is evaluated on an ongoing basis through the regular and systematic monitoring of the placement. The primary purpose of monitoring is to ensure that the "best interests of the child" ⁱⁱⁱ are being upheld.

It is sincerely hoped that the families with whom vulnerable children have been placed, have been thoroughly and properly assessed and found suitable to take care of a child in need of alternative care. Assessment, however, does not stop here. It is very much part of the monitoring function of those who have placed a child in alternative family based care. Monitoring can take place in a variety of ways, and is crucial in the provision of post placement support for a child who has been placed in alternative care. Some of the ways in which a placement can be monitored are as follows.

- Telephonic contact with the care givers and/ or the child
- Home visits to the child and/or care givers
- Visiting the child's school
- In a group meeting with care givers and/or children (Family Conferencing, support groups, working groups, sustainable income groups)
- Forums – Parents and Children's (being biological and foster children)
- Ongoing training and development

The point to stress is that monitoring implies **contact** with the person or people being monitored, on an **ongoing basis**. It is not a **once off activity**. Monitoring also implies that the contact be **recorded and reported**. This requires an effective and up to date administrative system, enabling children's case files to be kept safely and updated regularly. This is to track the progress of the child's placement, and to ensure continuity of service delivery, over a period of time.

The benefits of adequate and sufficient monitoring are as follows:

For the child:

- The child's basic needs are being met
- The placement is in the best interests of the child
- The child's voice is being heard
- Any need for psychosocial or other support is identified at an early stage
- The child's adjustment to the alternative family is assessed

For the alternative care family:

- The family's voice is being heard
- Support is available for dealing with a child with broken attachments.
- Particular needs of the placement are addressed
- Potential placement breakdowns are prevented
- Any need for psychosocial or other support is identified at an early stage

For the organization:

- Accountability to the state bodies responsible for the rights of children
- Reporting to funders
- Placement stability and less time spent on crisis management

For the government:

- If there is a state linked financial reward to the placement, monitoring can ensure that these financial rewards are used for what they were intended
- Children requiring alternative care are able to remain in family based care, which is far more cost effective than institutional care

Failure to monitor the placements of children in alternative family based care leads to devastating consequences for the child, families and society concerned in general:

- Placement breakdowns and multiple broken attachments for the child
- A sense of deep failure for the caregivers and a reluctance to take in another child
- Exposure of the child to possible abuse and neglect

CONCLUSION

Monitoring is essential to the long term placement stability of the child and family. This requires a team approach to monitoring as child rearing is a “collective communal responsibility”– dividing the task and multiplying the success.

Monitoring and evaluation processes in family based care for children

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The widespread and high levels of poverty, coupled with the socioeconomic impact of the devastating HIV/AIDS pandemic, present a major and disabling handicap to the well-being and welfare of children in the slums of Nakuru District. The children from poor families lack access to basic human needs such as food, water, shelter and basic social services such as education, health care and sanitation. They lack adequate family support systems and live in environments where there is a breakdown in traditional cultural values and the rule of law.

The Child of Destiny Development Project (CDDP), in partnership with Compassion International Kenya (CIK) helps to change the life of a needy child by providing them with opportunities to grow and develop holistically. The project is responsible for the day-to-day activities that affect children’s lives with the understanding that children grow in the context of families. The child’s family is core to the program hence the project monitors the child through home visits and keeps family communication with the staff open.

The main objective of the study was to carry out an evaluation of the impact of family monitoring on the education, health, physical, social and spiritual development of the children. A descriptive survey was carried out of a randomly selected representative sample of 60 families. Questionnaire interview schedules were the main instruments used in the study. The data was summarized and analyzed using descriptive statistics and presented as percentages, frequency distribution tables and graphical presentations with an additional commentary to clarify the findings.

The findings from the study show that currently all the children attend school regularly compared to when only 48% were regular attendees before joining the program. All the parents agreed that the children are in school because the project monitors their school attendance and performance. For 60% of the children, their academic performance has improved largely due to extra tuition by project staff. The health status of 90% of the families has improved above average mostly due to the continuous monitoring by the project staff, accessibility to health care and medical screenings twice a year. Families living with H.I.V get nutritional supplements, prompt treatment for any ailments and continuous monitoring. They have found acceptance and love and are able to live happier. Overall more than 50% of the children are well adjusted, uphold Christian values, have good social skills, high self esteem, are respectful, responsible and with good language due to the continuous interaction and involvement with the project staff members.

The Saturday program and home visitations twice a year have been very critical to the success of the project because it has kept parents accountable. The parents ensure that children are in school, provide a stable home environment for the children and care for their children better.

The CDDP is making a great impact in the lives of the children. The interest in the lives of these children by concerned adults has renewed a sense of hope for them, making them resilient and motivated to defeat their circumstances.

Who takes care of vulnerable children in Uganda? orphans and vulnerable children living arrangements

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Although orphans may be the most vulnerable children, there are equally other vulnerable children who have attracted less attention. This paper focuses its analysis on living arrangement of the different types of vulnerable children. The analysis was based on three data sources namely the 2002 Uganda population and Housing Census, the 2005/6 Uganda National Household Survey (UNHS) and the 2006 Uganda Demographic and Health Survey (UDHS).

Objective

The objective of this paper was to find out the living arrangements of vulnerable children in Uganda. Specifically, the paper looked at: who do vulnerable children stay with? The vulnerable children considered were orphaned children, children in marriages, child mothers, working children, child labour and disabled children.

Results

The 2002 census showed that most of the orphaned children stayed with one of the surviving parents, 55.8% of the children stayed with relatives and only 2.4% with non-relatives. The data further showed that one third of orphaned children stayed with grandparents (UNHS 28.3%; UDHS 29.0%). Double and maternal orphans had the highest proportion of spouses compared to paternal orphans. Paternal orphans continue to stay with their mothers (Census 52.6%; UNHS 51.0%; UDHS 47.0%) than maternal orphans who continue to stay with their fathers (Census 36.8%; UNHS 42.1%; UDHS 40.0%). Among the children enumerated as non-household population, the proportion of orphans was far more than that of non-orphans. More than half the children in Orphanage/reformatory institutions were orphans. The non-household populations with higher proportions of orphans were the homeless (39.5%), children in prison (39.1%) and children in religious institutions (29.6%). Non-household populations with lower orphan population below the national total were children in the barracks(9.1%), children in medical institutions (14.7%), children in refugee camps (16.0%) and children among the floating population (nomads; 19.5%). Variations were observed between paternal and maternal orphans.

The relationship to the household head shows that among the child mothers, 2.5% were heading the households they lived in compared to <1% among the non-child mothers. In relation to age category of the household head in which child mothers lived, the study showed that 3.8% of child mothers lived in households that were headed by either themselves or their male spouses who were also children. CHH had twice as many male children as there were female children. More than 50,000 children in Uganda were employed as servants. Of these, 66.5% were employed for pay and 4.8% were employed on own account, implying 30% were servants to the head but not paid. The proportion of boys working was more than that of girls irrespective of whether the child was orphan or non-orphan. The proportion of children engaged in child labour was highest among those staying with own parents. The proportion of disabled children was higher in FHH than in MHH. For other forms of vulnerability, 3 in 10 of the child mothers were married, 2 in 10 of children stayed in female headed households and a total of 80,000 children stayed in child headed households.

In summary, these findings showed that extended family structure still existed with only 2% of the children who stayed with persons they were not related to. Most CHH were headed by orphans and were on the increase.

