

## **Annex to Conference Report of Violence Against Children in All Care Settings: Africa Expert Consultation**



**June 21-22, 2017  
Nairobi, Kenya**

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**OPENING REMARKS BY THE DIRECTOR OF CHILDREN'S SERVICES, MR. NOAH M. O. SANGANYI, HSC DURING THE VIOLENCE AGAINST CHILDREN IN ALL CARE SETTINGS EXPERT CONSULTATION HELD FROM 21ST TO 22ND JUNE 2017 AT JACARANDA HOTEL, NAIROBI KENYA**

**Salutations recognizing key personalities**

**Better Care Network**

**ACPF**

**Key speakers**

**Distinguished Guests,**

**Ladies and Gentlemen,**

**KARIBUNI KENYA**

I am delighted to be part of this important forum of experts to discuss violence against children in all care settings in Africa and come up with key regional recommendations targeted at various duty bearers including the African Union and governments.

I wish to thank the organizers for choosing Kenya to host this important activity and on the behalf of the Government I warmly welcome you to our country.

Generally, in traditional African society, parents, the extended family and communities played important roles in the care and protection of children. Due to varied reasons including urbanization and HIV/AIDS, this social safety net has weakened and in some instances completely broken down.

The family is the best environment for the full/ideal growth and development of the child. Evidence from studies shows that strong and stable families are the best form of support and protection for children. The UNCRC ,which all the African States represented here have ratified, in its preamble recognizes the special place of the family, “as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children”. Indeed in Kenya, the Constitution also adheres to this tenet by recognizing the family as “the natural and fundamental unit of society and the necessary basis of social order” and provides that it “shall enjoy the recognition and protection of the State”.

However, for families to provide quality care and also retain their children, they need to be empowered and supported. This ensures that family separation is prevented through social protection programmes, family economic empowerment, Free Primary Education, Bursaries, ARVs to keep HIV infected parents alive, capacity building of community workers to support families, among others.

Unfortunately, it is still within the family environment that some children experience violence. This is in the form of physical, sexual, emotional and neglect. Indeed a national survey undertaken by the Government of Kenya in conjunction with UNICEF and CDC in 2010 revealed that the main perpetrators of violence against children were parents, siblings, other family members/relatives and neighbours.



We also acknowledge that not all children live with their families. Due to issues such as death, migration for employment, divorce, and child abuse, many children are placed in alternative care. While they are placed in alternative care with the intention of protecting them, we know that such children can be exposed to Violence.

Further, children leaving alternative care require special attention. Depending on duration of stay in alternative care and how reintegration is undertaken, such children may face stigma, discrimination and violence.

Despite all these challenges in providing care to children, there is hope, hope that as duty bearers we can change the situation of the children in this continent. We can do this through providing parental skills, supporting families and strengthening efforts to monitor the quality of care through implementation of the UN Guidelines for the Alternative Care for Children and the National Guidelines for Alternative Care.

Aftercare services should be enhanced through visitation by social workers, provision of Psycho Social Support, material assistance, support groups and networks.

It is my hope that this meeting will develop practical recommendations on how we can collectively deal with the issues of violence against children in all care settings.

I wish you all fruitful discussions.

With these remarks, I declare this forum officially opened.

**THANK YOU.**

## Violence against Children and care expert consultation - Opening address

It is very gratifying to look around and see so many people here today. Your presence here represents a promise to what I know will be a great conference. Today, I would like to remind us all, during all of the presentations, the discussions during tea break and the things we plan, that we remind ourselves who we are doing this for.

We are here today on behalf of Africa's children—especially those that have survived violence against children, those that are in alternative care, and those like me, who have lived through violence, through residential care and have left care. As we seek to address Violence against Children it is critical we understand its intensity, nature and repercussions and that we understand this through the lens of children or young adults like me who have experienced this directly.

I stand before you today to bring to light the experience of children who should not spend a lifetime trying to forget a few minutes of their childhood.

Today I wanted to share a little bit of my own story to shed light on how VAC and Care are so intertwined and why we must address both if we want to do better for children. Growing up as a child wasn't easy for me. At a tender age I witnessed violence happen in our very own home. My father would come late at night and quarrel over nothing and everything. I cannot count the number of times mum cried from being battered. She would cry and make statements like, 'the day you wake up and find me gone, just walk up the hill to your grand mum's.' We would all cry helplessly not knowing who to turn to or what to say to her.

Today I see children run to hug their daddy after work and what comes to my mind is how my siblings and I would act at the sight of my dad. My sister would pick books and pretend to do assignments. I would look for anything to do even if it meant redoing clean dishes just to avoid any engagement with him. The earliest he would show up was 9pm. A few minutes to 9 pm we would all coil up in fear of the unknown. Countless times he threatened to kill mum who later scampered for safety to an unknown destination for a number of years. We needed care, we needed love. We needed safety.

Landing in an orphanage seemed the greatest transition in my life. We would never have to fear every time 9pm approached. Nothing ever felt as safe as this, only to realize later, the book never changed, the topic did. On many occasions there was not enough food for all of the children. Food would run out when we were barely half the queue. The rest would sleep hungry and wait for the next day. There are times when all we had for lunch was a carrot per child. We did not have classes; we had rooms

that doubled up as dormitories and classrooms. When morning came we would gather mattresses in one corner and sit on the floor for lessons. There were only a few desks and chairs available. The majority would sit on the floor and place the books on the laps while writing. The living conditions were deplorable.

If no one had acted to improve my situation, I could still be mingling with rats which was the order of the day, scabies on me and so much more. Believe me, as someone who has survived violence, it never leaves you the same. The repercussions are grave and damaging. However, I am not what I went through: I am the courage that escaped, the spark that lit the fire as so many child survivors are.

The World Health Organization's definition of violence is all forms of physical or emotional ill treatment, sexual abuse, neglect resulting to actual or potential harm to a child's health, survival, development or dignity. A report received by UNICEF shows every 5 minutes a child dies from violence.

Think of this, as we sit here today, a child has been defiled by a stranger. Another one is being bullied by a school prefect. One has been abandoned to the mysteries of the streets, a girl somewhere in Maasai land is going through FGM. These children could be your sister, your brother, your grandchild, your niece or nephew and if not your relatives, they are your fellow human beings entitled to human rights. Distinguished child protection professionals and stakeholders, Children's rights are human rights!

It is one thing to have a problem and another thing to know there is a problem and not do anything about it. Some may think it is none of their business but trust me, violence against children and care is all our business. All of us here today can and should make a change. We must make a change. What can we as individuals, as organizations, as child rights based institutions do to bring about this change? Let's be determined in our effort to be the change.

I finish by quoting "People ask, how can a person abuse a child?" I ask, 'how can so many good people like you do nothing about it?'

Thank you

# CHILD MARRIAGE AND VIOLENCE AGAINST CHILDREN (VAC): AFRICA EXPERT CONSULTATION ON VIOLENCE AGAINST CHILDREN IN ALL CARE SETTINGS

*Ruth Koshal, Senior Africa Engagement Officer, Girls Not Brides*  
Nairobi, Kenya  
20 June 2017

Each year, **15 million girls** are married before the age of 18.

**700**  
MILLION  
WOMEN

Over 700 million women alive today were married before 18 -  
**nearly 10% the world's population**



- **45%** of girls under age 18 are married in **South Asia**;
- **39%** in **sub-Saharan Africa**;
- **23%** in **Latin America and the Caribbean**;
- **18%** in the **Middle East and North Africa**;
- and in some communities in Europe and North America.



If there is no reduction **1.2 billion girls will be married as children by 2050** – equivalent to the entire population of India.

Child marriage happens across countries,  
cultures, regions, religions, in stable and fragile  
contexts

Prevalence rates (% of women 20-24 years old first married or in union before they were 18)

01	Niger	76%
02	Central African Republic	68%
03	Chad	68%
04	Mali	55%
05	Burkina Faso	52%
06	Guinea	52%
07	Bangladesh	52%
08	South Sudan	52%
09	Mozambique	48%
10	India	47%

Highest absolute numbers (number of women 20-24 years old who were married before they were 18)<sup>9</sup>

01	India	26,610,000
02	Bangladesh	3,931,000
03	Nigeria	3,306,000
04	Brazil	2,928,000
05	Ethiopia	1,974,000
06	Pakistan	1,875,000
07	Indonesia	1,408,000
08	Mexico	1,282,000
09	Democratic Republic of the Congo	1,274,000
10	Tanzania	887,000

# What is the impact?

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**Health:** complications during pregnancy & childbirth, increases risk of HIV, and impacts children's health

**Violence:** physical, sexual, emotional abuse

**Education:** schooling often ends with marriage

**Poverty:** traps girls and families in a vicious cycle for generations

**Inequality:** limit future work and decision making; violates girls' rights



A young girl with dark hair in a ponytail, wearing a yellow sari with a white border, stands in a field of tall grass. She is looking towards the right. The background shows a sunset with a large tree on the left and a line of trees in the distance. The sky is a mix of orange and blue.

# What will it take to<sup>11</sup> end child marriage?

- Empowering girls
- Mobilising families and communities
- Providing services
- Establishing and implementing laws and policies

## What do we know about child marriage and VAC?

- Child marriage is a form of VAC which disproportionately affects girls
- Denies rights to health, safety, and education.
- Girls suffer from intimate partner violence, including sexual, physical, psychological and emotional violence.
- The greater the age different between girls and husbands, greater intimate partner violence
- E.g. Bangladesh, Uganda, Tanzania, and Zimbabwe, around 50% married girls aged 15-19 years experienced physical, sexual or emotional violence; 70% in DRC and Equatorial Guinea
- In 2012, 75% early marriages Juba, South Sudan involved rape

# What do we know about child marriage and VAC<sup>12</sup>?

- Globally 44% girls aged 15-19 think a husband or partner is justified in hitting or beating his wife or partner. In Africa and the Middle East this figure is above half
- Child brides suffer from a range of harmful consequences:
  - Physical, sexual, emotional and psychological violence
  - Increased risk of HIV and other STD
  - Complications in pregnancy and childbirth
  - Girls with no education are 3 times likely to marry by 18 as those with a secondary or higher education
  - E.g. Malawi 2/3 of women with no education were child brides compared 5% with secondary school or higher
  - Economic consequences e.g. preliminary research from the World Bank and ICRW indicates in Niger, eliminating child marriage could, between 2014 – 2030, lead to benefits of more than \$25 billion.

# How is child marriage a push factor that results in family separation or placement into alternative care?<sup>14</sup>

- Currently lack of evidence and data on child marriage, a form of VAC being a push factor resulting in family separation or placement into alternative care
- Safe and confidential shelters sometimes required to protect girls from child marriage and FGM
- Girls who are survivors of child marriage or are at risk of becoming child brides often need safe accommodation and access to protection services.
- Girls who require long-term housing are referred to a halfway house e.g. Women for Afghan Women

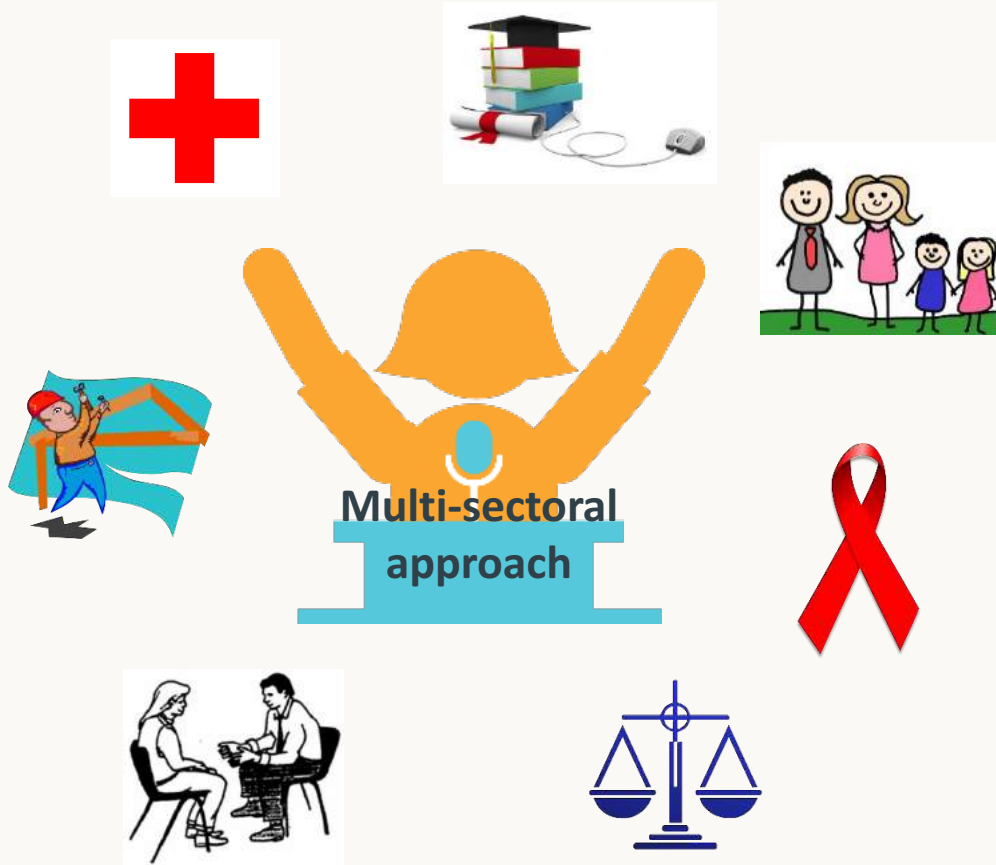
# What indicators and data are required?

Indicator	Data Source and Notes
% of women (married and unmarried) aged 15-49 subjected to physical or sexual violence in the last 12 months/at some time in their lifetime by an intimate partner/persons other than an intimate partner	Data are collected and made publically available by UNICEF and DHS. Country-specific sources may provide relevant data for 15-18 year olds. More localised data could be collected via community-or programme-level surveys.
Total and age-specific rate of women (married and unmarried) subjected to psychological violence in the last 12 months/at some time in their lifetime by an intimate partner	Data are collected and made publically available by DHS. Country-specific sources may provide relevant data for 15-18 year olds. More localised data could be collected via community- or programme-level surveys.
% of adolescent girls (married and unmarried) who feel confident in their ability to report and seek help with violence	A survey of individuals in the target population.
Number of child marriages that were investigated by the police/prosecuted by the law/resulted in a conviction.	A confidential review of police and court records.



Existence of a national strategy and plan of action to address gender-based violence that includes provisions for prevention of child marriage and other harmful traditional practices.	Review national legislation and legislative debates, where available. Review statements by cognisant ministers or other responsible national ministers.
Consultations with the target population on accessing services for child survivors of violence against children	<p>Qualitative: # of services for child gender-based violence survivors conducting consultations with the target population to accessing the service x100</p> <p>Quantitative: A survey of individuals in the target population, including information on the types of barriers children experience in accessing services for gender-based violence. Results should be disaggregated by sex and age.</p>

# What indicators and data are required?



1. Increase research on the links between child marriage and VAC
2. Recognise and prioritise adolescent girls as a key population to target VAC programming
3. Link VAC programming with multi-sectoral initiatives to end child marriage and empower girls

Policy Frameworks or Programming Interventions  
to address child marriage and VAC

- **There is still very little comprehensive research on the causal links.** It is therefore vital that **research is funded to expand and strengthen the evidence base** so as to design more effective VAC and sexual and reproductive health and rights programmes for adolescent girls.
- Research is also required to **better understand the diverse needs of girls**
- Further **evaluation of programmes working to end child marriage**

**BUT the need for increased research should not hinder the action that is needed NOW to start integrating child marriage-related interventions in vac programming!**



**Increase research on the links between child marriage and VAC**





- Efforts to target adolescent girls with VAC programmes must also **involve families and communities**
- Men and boys need to be **engaged and empowered as positive agents of change** in addressing harmful gender and societal norms and promoting gender equality

**Recognise and prioritise adolescent girls as a key population to target in VAC programming**

- A number of countries are developing **national strategies, plans of action, and campaigns to tackle child marriage** across multiple sectors including health, education, employment and justice
- Other countries are exploring ways **to integrate child marriage interventions** into existing government policies and programmes across sectors.
- It is vital that **comprehensive child marriage and VAC programmes are linked to multi-sectoral initiatives** to end child marriage, particularly those focused on **sexual and reproductive health interventions for adolescent girls** and their sexual partners

**Link VAC programming with multi-sectoral national initiatives to end child marriage and empower girls**



- **Global and regional level:** Technical input, leveraging funding, joint advocacy, research, designing tools to support stakeholders working at national levels (e.g. capacity building, advocacy tools, etc.)
- **National level:** Work together across sectors e.g. ensuring everyone is at the same table to coordinate multi-sectoral efforts to address VAC and child marriage

# How can we work together?

# Prevention Strategies

## Prevention Strategies

- Mobilise and sensitise communities and individuals about the harmful effects of child marriage
- Create positive change at the individual and community levels around attitudes towards the value of girls in society, as well as create an enabling legal environment for ending the practice
- Provide girls and their families with viable alternatives to child marriage, including economic support and opportunities, as well as an education, particularly tied to the development of marketable skills
- Shift harmful beliefs around the acceptability of child marriage and other forms of violence, as well as promote positive role models for men and women

# Response Strategies

- Screening and response programmes, community mobilisation campaigns, and services such as legal aid, counselling, and shelters for at-risk girls, can protect married girls and mitigate additional violence faced by child brides.
- Including men and boys in prevention and response efforts.
- Sensitisation and mobilisation programmes that educate men and boys about gender-based violence should also include attention to the harms of child marriage, encourage them to champion women's and girls' rights, and teach them couple communication skills and peaceful disagreement resolution techniques

# Elimination of Structural Barriers

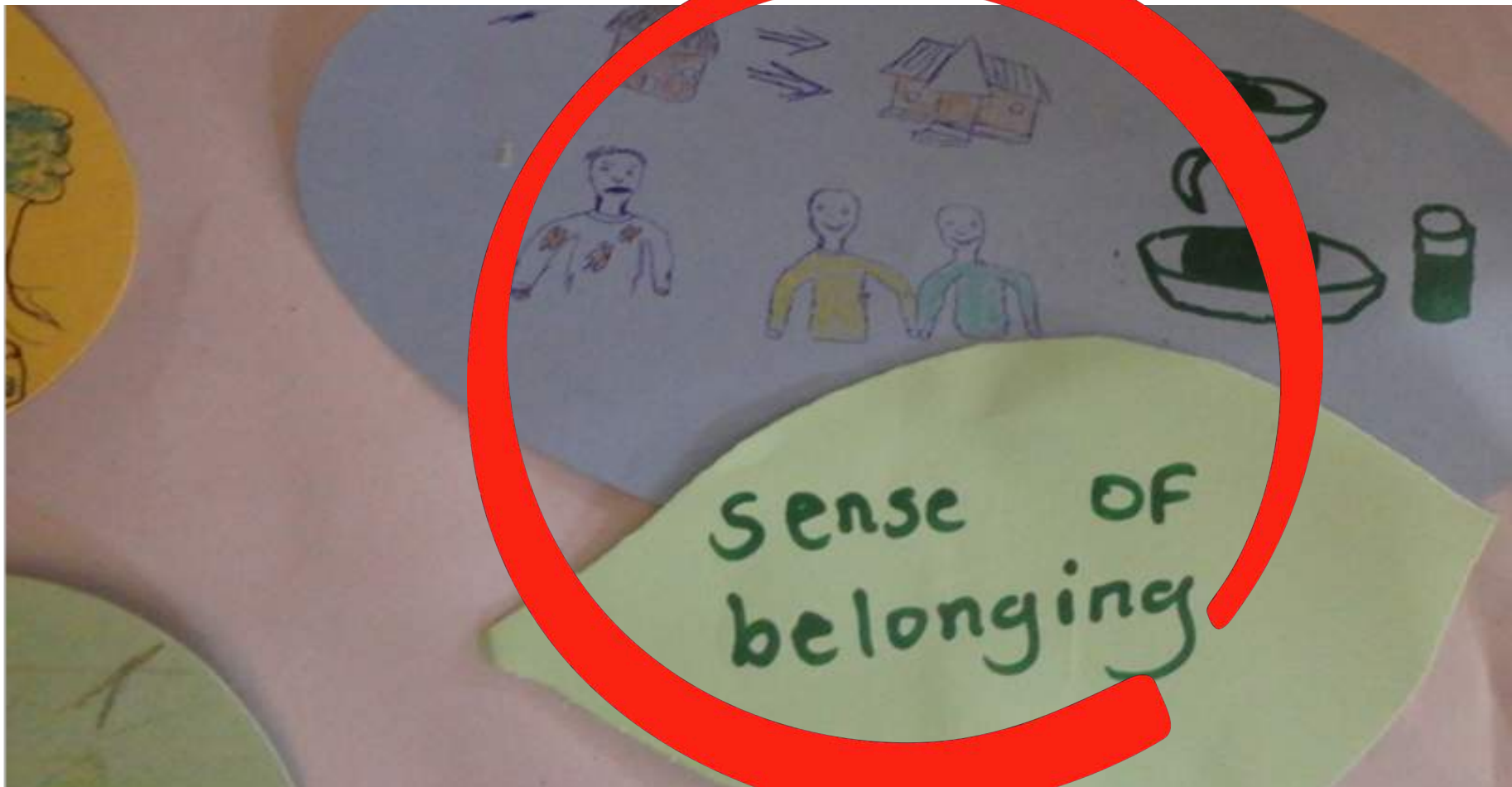
- Address structural barriers to girls' safety, such as marriage-related legal structures, laws, and policies
- Improving birth and marriage registration processes, which are vital for civic access to services, enacting or enforcing minimum age of marriage laws, and closing legal loopholes around parental consent and customary laws
- Promote laws and policies related to inheritance, asset ownership, economic entitlement, and family law
- Girls need access to justice through legal-aid and paralegal professionals who are educated on the issue of child marriage and the needs of married adolescents



**Save the Children**



# Key Findings Related to VAC in Kinship Care in East Africa





# Introduction

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A Save the Children participatory research on kinship care (2015) in Ethiopia, Kenya and Zanzibar

The research aimed to build knowledge on endogenous care practices within families and communities, especially informal kinship care, in order to increase the care and protection of children.

## Research Objectives

- To increase understanding of the magnitude and characteristics of kinship care
- To increase understanding of the experiences (positive and negative) of children living in kinship care.
- To increase understanding of male and female caregivers perspectives and experiences
- To identify and analyse the extent to which existing laws, policies relate to children living in kinship care and/or prevention of family separation.
- To develop policy and practice recommendations to prevent family separation and support family strengthening efforts

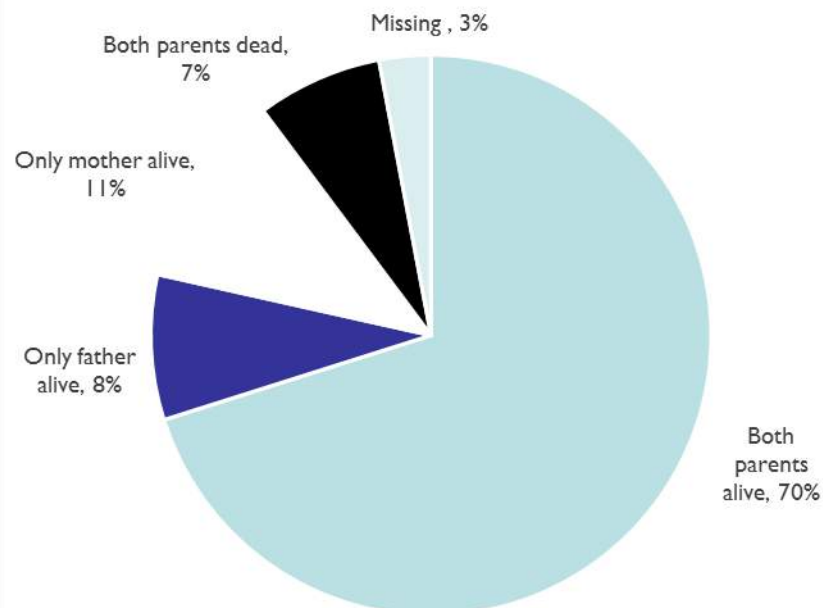
# How findings of the full report is organized

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1. Legal, policy, plans and data concerning kinship care
2. Traditional practices, trends in kinship care and influencing factors
3. Positive and negative experiences of girls and boys living in kinship care, and protection and risk factors influencing outcomes
4. Children and caregivers support needs, and the availability of such support
5. Policy and practice recommendations

- In Ethiopia (DHS 2011) 71% of children (age 0-17) live with both biological parents. 14% live with their biological mother only and 3% with only their biological father. **A significant percentage of children (11%) live in households without their biological parent**
- In Kenya (DHS 2003) 58% of children live with both biological parents. 26% live with their biological mother only, and 3% live with their biological father. **A significant percentage of children (11%) do not live with either biological parent**
- In Tanzania (DHS 2010) 58% of children aged 0-17 are living with both biological parents. 19% are living with their biological mother only and 6% are living with only their biological father. **A significant percentage of children (17%) do not live with either biological parent**

PERCENT DISTRIBUTION OF CHILDREN 0-17 IN ETHIOPIA NOT LIVING WITH A BIOLOGICAL PARENT, ACCORDING TO SURVIVAL STATUS OF PARENT



# Factors contributing to kinship care

- ☐ Traditional, socio cultural and religious practices
- ☐ Family poverty
- ☐ Lack of access to secondary education and health services
- ☐ Urbanisation and migration
- ☐ Displacement due to conflict/disasters
- ☐ Family breakdown (divorce, polygamy, alcohol abuse)
- ☐ HIV/ AIDS, death of parent (s), other illness



# Positive and negative experiences of **girls and boys**<sup>31</sup> living in kinship care



- ❖ Proper love and care and a sense of belonging
- ❖ Fair treatment
- ❖ Guidance and discipline
- ❖ Fulfilment of basic needs and access to education
- ❖ Appropriate responsibilities
- ❖ Freedom of expression
- ❖ Preservation of family identity and inheritance
- ❖ Communication & wider support



- ❖ Lack of parental care
- ❖ Discrimination and unfair treatment
- ❖ Mistreatment and abuse
- ❖ Challenges in meeting basic needs
- ❖ Too much workload
- ❖ Limited voice
- ❖ Lack of information and inheritance
- ❖ Isolation

# Caregiver experiences



- ❖ Caring for children prestigious and blessing from God
- ❖ Importance of family love, responsibility and sense of belonging
- ❖ Kinship care as a social security investment
- ❖ Child supports household and work
- ❖ Family name and inheritance



- ❖ Caregiver struggle to provide child basic needs due to economic difficulties
- ❖ Sense of obligation, duty and resentment about using existing family resources
- ❖ Insufficient support from family or community
- ❖ When the child seems ungrateful
- ❖ Fears about inheritance

# Protective and risk factors influencing outcomes

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- Choice or obligation to care for a child which is influenced by patriarchal or matriarchal decision making processes
- Motivation to care for the child and the degree of "closeness" between the child and caregiver
- Families' financial situation
- Child's behaviour – being polite and hardworking or undisciplined
- Regular communication and support with parents or other relatives
- Child's individual circumstances (e.g. child born out of wedlock, child with disability) and community reactions.

# A few key recommendations

- Children have a **sense of belonging** in their families. There is family unity, no discrimination among children and no child feels isolated.
- **Strengthening child protection systems** (national laws, policies, guidelines) and community based systems to increase identification, monitoring and response to kinship care families and prevention of family separation.
- Children are protected. There is zero tolerance for any form of violence against children.
- Children have **opportunities to play**.
- **Strengthen children's participation** and non-discrimination





## Visioning Tree Exercise in Kenya

# THANK YOU



**Save the Children**

# VAC IN RESIDENTIAL CARE IN AFRICA

Kelley Bunkers, Maestral

With input from Delia Pop, Hope and Homes for Children

June 21, 2017

“children must be treated with dignity and respect at all times, and must benefit from effective protection from abuse, neglect, and all forms of exploitation, whether on the part of care providers, peers or third parties.”

UN General Assembly (2010). Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, (Section II Article 13).

# WHAT WE KNOW ABOUT RESIDENTIAL CARE IN AFRICA



- Residential care is **expanding with limited oversight** in many countries across the continent despite a relatively strong legal and policy framework.
- **National studies** in some countries help paint a portrait, although not complete, of residential care facilities, children in care, reasons for placement, existing care workforce, gatekeeping and reintegration efforts. Still lacking in majority of countries.
- **Considered the first response** rather than part of a range of care options. **Limited gatekeeping in place** to determine if placement is actually **necessary and appropriate**.
- **Children placed for various reasons** including poverty\*, access to education or health services, disabilities, abuse, and a belief that “things are better in an institution.”

They require a strict prohibition of all disciplinary measures and behaviour management constituting torture, cruel, inhuman or degrading treatment as well as other forms of physical or psychological violence.

UN General Assembly (2010). Guidelines for the Alternative Care of Children. Adopted by the General Assembly, 24 February 2010, A/RES/64/142 (Article 96).



# WHAT WE KNOW ABOUT VAC IN RESIDENTIAL CARE

The nascent evidence base on VAC in residential care in Africa illustrates:

- **Physical and emotional maltreatment** of children by caregivers, peers and other adults is a **frequent occurrence** in residential care.
- Many **children entering** residential care have already lived through violence, abuse, exploitation or neglect. **Separation from families** can in and of itself be a traumatic experience.
- **Exposure to VAC before placement** and subsequent experience of VAC in residential care increases likelihood of engaging in violent behaviour. **Violence is cyclical.**





# WHAT WE KNOW ABOUT VAC IN RESIDENTIAL CARE



**Peer on peer violence:** “Lack of privacy and respect for cultural identity, frustration, overcrowding, and a failure to separate particularly vulnerable children from older, more aggressive children often lead to peer-on-peer violence. Staff may sanction or encourage peer abuse amongst children – either to maintain control or simply for amusement” (Pinheiro 2006).

**Risk is also posed by visitors and volunteers:** This includes the risk posed by people who are granted access to the children without any child protection measures.

**Higher rates of mental health issues** including depression and aggressive behaviour.

# INSTITUTIONAL CARE AS A FORM OF VAC

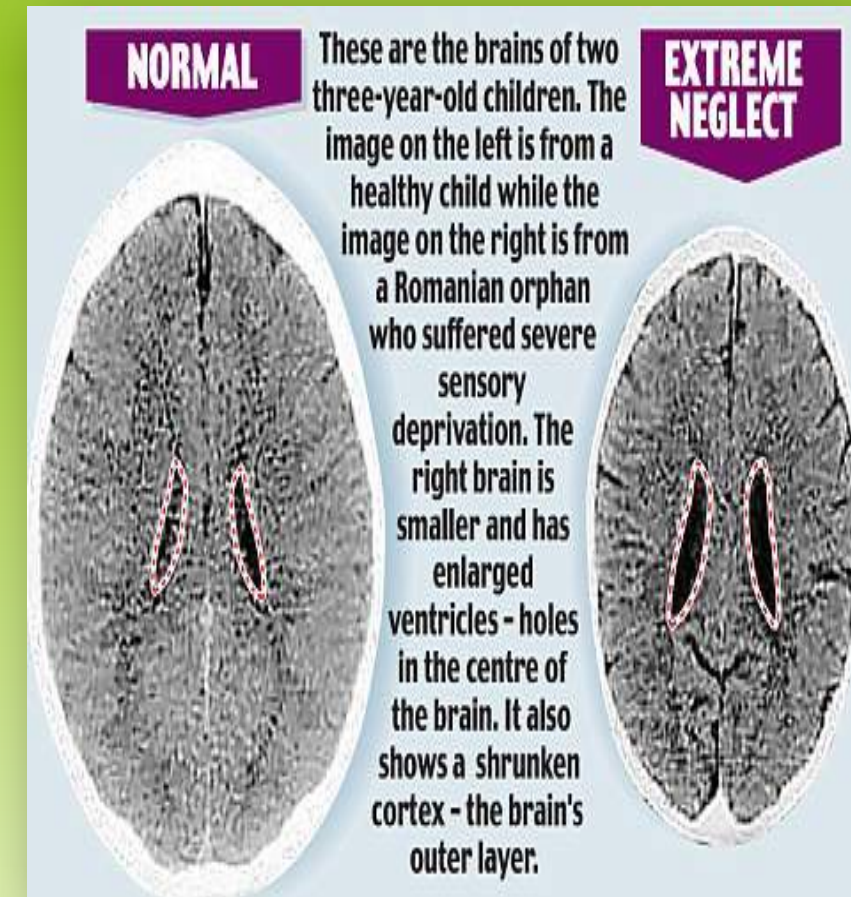
Sherr (2017) recognizes two types of violence against children.

- 1) Commission: VAC actively perpetrated; and
- 2) Omission: meaning the intentional withholding of attention and care as seen in neglect.

Globally, the topic of neglect, has been identified as a leading contributor to longer term negative impact on cognitive, emotional and physical development.

Van IJzendoorn (2011) has proposed the term “**structural neglect**” to describe what is often found in institutional care settings. This includes the trifecta of:

- 1) **infrastructure issues** (i.e., the structure of a building such as large scale dormitory like settings;
- 2) **staffing patterns** (i.e., shifts); and
- 3) **limited and inadequate child and caregiver interactions** frequently due to low caregiver to child ratios.



# FAILURE OF THE REGULATORY FRAMEWORK TO PROTECT AND RESPOND<sup>44</sup>

## **Violence against children largely underreported**

- Fear of repercussions
- Lack of child safeguarding procedures
- Who to report it to

## **Limited oversight by mandated authority**

- Unregulated expansion of RCFs
- Poor to non existent gatekeeping mechanisms
- Weak structures and workforce to collect data, monitor and hold facilities and staff accountable.

Abuse in institutions is confirmed, yet the paucity of studies looking at this, monitoring this or even asking the children is lamentable.

(Sherr, 2017)

# WHAT TO DO

- **Registration of all residential care facilities** in order to ensure government oversight including ensuring **moratoria on the set up of new** institutional care facilities.
- Create effective **gate-keeping mechanisms** and prevention measures (family support, etc.) to avoid unnecessary placement of children in care.
- Place special attention to **ending the practice of residential care for children under the age of three.**
- **Ensure** all residential care facilities are meeting **the national accepted standards** and that there is **resourced and supported workforce to monitor and sanction.**
- **Conduct further research** to understand the magnitude of the issue of VAC and care in residential care facilities and its characteristics across the continent.



A photograph showing the soles of several feet of people sitting on the ground. The feet are of various sizes and are positioned in a way that they are all visible. The ground is sandy and there are some dry leaves scattered around. The text "THANK YOU" is overlaid in the center of the image.

# THANK YOU



A photograph of a group of children in a refugee camp. In the foreground, a young boy in an orange and black striped shirt and a yellow skirt is hula hooping with a multi-colored hoop. He is looking towards the camera with a slight smile. In the background, several other children are also hula hooping, some with colorful hoops. They are standing on a dirt ground under a blue sky with white clouds. The overall scene depicts a moment of play and activity in a refugee setting.

## VAC and Alternative care in refugee settings

## Overview of the situation

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- An estimated 70 per cent of the refugees are children. As of 15 May 2017, of the total South Sudanese refugee population 1 million are children.
- Of the 1 million children, a total of 75,000 South Sudanese refugee children have been registered as unaccompanied or separated
- 6,831 Burundi UASC refugee children – total Burundi refugee population is 360,000 out of which 56% are children
- High mobility of the population
- In camps refugees / urban refugees
- Separation trends:
  - Separation before the fleeing
  - Children became separated during the population movement
  - Intentional separation to access services such as education
  - As a negative coping mechanism e.g. child labour



# Alternative care forms for refugee children in the emergency <sup>49</sup>

- Emergency shelters until foster care families are identified
- Family based care arrangements:
  - spontaneous care arrangements (Ethiopia, Uganda)
  - foster family (Rwanda, Kenya, Tanzania)
  - kinship care arrangements
  - customary care arrangements
  - Supported child head household
- Community/Group care
  - Integrated shelter – (Ethiopia(Shire); Uganda)
  - Independent living arrangements
- Institutional care of UASC children is not used as an alternative in the region and not promoted by UNHCR

# The process of placement in Family Care Arrangement

- Identification of the child in need of alternative car:
  - Upon arrival in the reception center: registration of UASC and referral to child protection partners (BIA)
  - Once in camp or urban area: through self referral, community, partners - best interest assessment conducted to assess protection risks, tracing needs, etc
- Child counselled on his/her placement
- Identification of foster care givers through community, spontaneous care.
- Social worker assess the foster parents and the care arrangement (interview, home visits) and provide counseling to the foster parents on their role and responsibility
- In some cases placement orders are required
- Support to the foster family
- Monitoring of the care arrangement

# Challenges in providing care for refugee children

- Children have experienced traumatic events in their country of origin and during the fleeing
- Overwhelming number of UASC are in need of temporary care arrangements until their family is successfully traced and children can be reunified with them (if in their best interest)
- Identification of foster family in a timely manner
- Refugee families already in a vulnerable situation
- Particular context such as Shire where majority of population is single young males– lack of foster families
- Logistical issue (locating the children in the refugee camps for follow up purposes)
- Limited resources to expedite tracing and reunification of UASC
- National alternative care policies not inclusive of refugee children

# What do we know about children in alternative care ?

- Often children under foster care are discriminated in the foster family example: being given the domestic tasks, no access to school
- Some children leave in to reunify with their family without partners/CPC being informed, and disappear.
- When cash grant is provided to foster family it can create tensions
- No evidence of the violence committed in AC but anecdotal data exists (no evidence of increased exposure to abuse in AC than with biological family)
- Shire example – children in family based care arrangements are found to be less inclined to move onward than those remaining in independent living or community based care—20% of children in AC either delay movement or stay with family.

## How to strengthen alternative care in emergency setting?

- Organizing better support for foster families: given the context and their vulnerability, families might not be ready/equipped to receive children having experienced traumatic events
- Involve the refugee community in the identification of foster families
- Need more robust monitoring mechanisms and more capacity to follow up on cases but also to identify and prevent cases of abuse and violence
- Reinforce collaboration between CPC and case workers, networks of foster parents
- Establishment of pre-selected foster care families

# Way forward!?

- Link with the national child protection system! Increase engagement with the national child protection system to include the particular needs of refugee children in its alternative care policies and regulations
- Identification of foster care family during registration ?
- Formalizing foster care ? depending on the context , not always appropriate in emergency context
- Emergency foster care system ?
- Use of material assistance and livelihood support to support foster families!
- Use of cash support for foster family?



# Social Protection as a Means of Preventing Family Separation

Presenter:  
Akua Boatemaa Duah  
Challenging Heights  
Ghana



# Presentation Outline

- Social protection in Ghana
- Social protection interventions that provide support to children
- LEAP
- JSDF
- In the absence of social protection support
- Benefits of Social Protection
- Positive and negative findings about Cash transfers (case studies)
- Conclusion

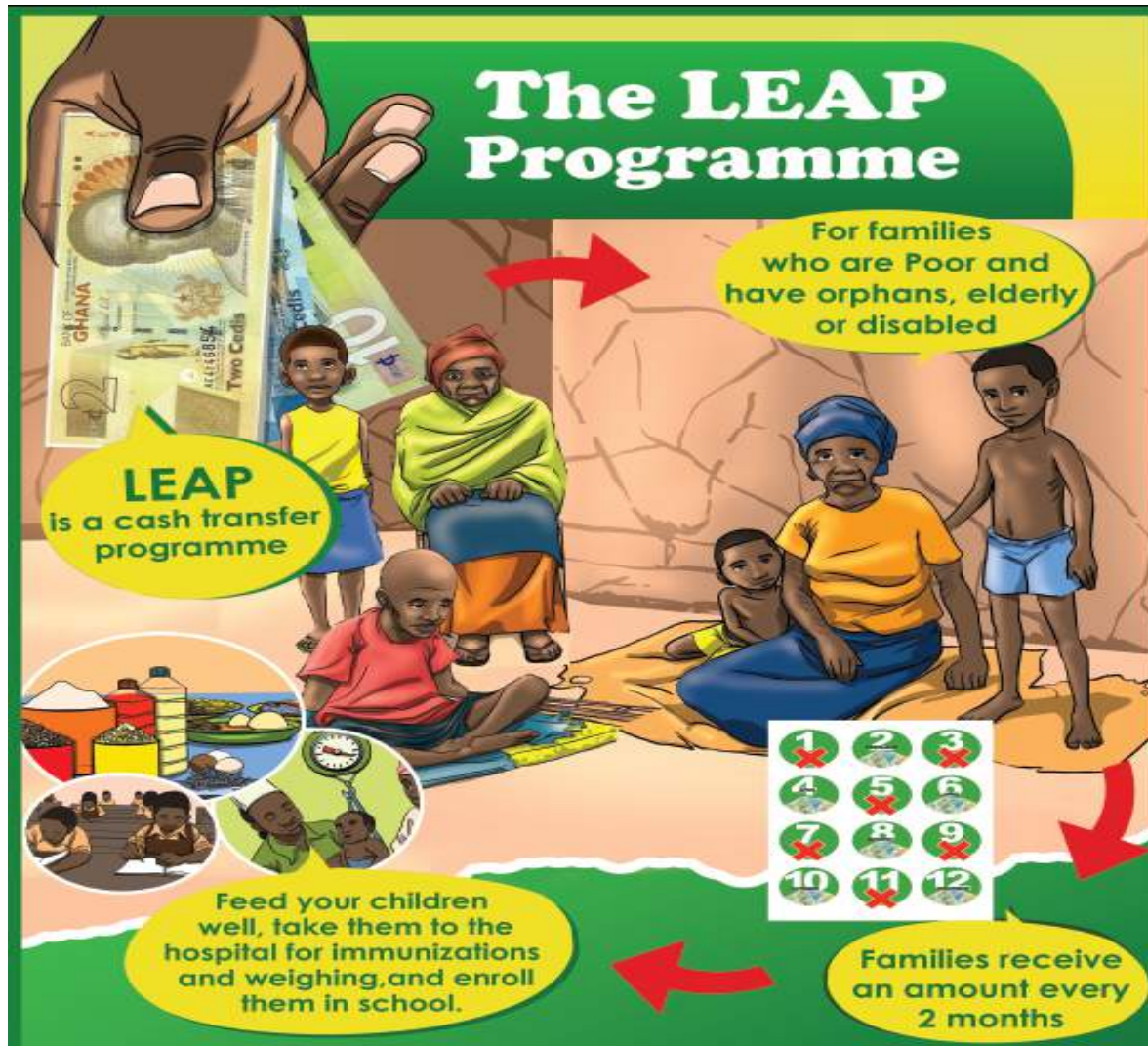
# Social Protection Definition

***Social protection in Ghana is defined as “a range of actions carried out by the state and other parties in response to vulnerability and poverty, which seek to guarantee relief for those sections of the population who for any reason are not able to provide for themselves”.***

# Social Protection that Provides Support to Children in Ghana

- **LEAP:** Livelihood Empowerment Against Poverty
- **LIPW:** Labour Intensive Public Works
- **JSDF:** Japanese Social Development Fund
- **GSFP:** Ghana School Feeding Program
- **ECG:** Education Capitation Grants
- **FEB:** Free Exercise Books
- **FSU:** Free School Uniform

# LEAP





# Japan Social Development Fund(JSDF)

This is a pilot support for rural income generation to target poor persons in the Upper East Region. **The objective of the JSDF Inclusion Pilot Project is to assist targeted poor persons, at least 50% whom should be women, to;**

- *Acquire technical and vocational skills.*
- *Acquire business management skills*
- *Access small grants to start or expand their livelihood activities*

# In the absence of social protection support<sup>61</sup>

When there is no support coming from anywhere for families who really need help, children begin to suffer because of:

- Overburdened parents
- Single parenting/divorced couples
- Quick tempered parents
- Embittered parents
- Frustrated parents
- Mean parents
- Careless and irresponsible parents



# In the absence of social protection support<sup>62</sup>

- Overburdened parents: Parents who feel overburdened by their responsibility may behave irresponsibly towards their wards.
- How?
  - Using corporal punishment
  - Denying them their basic needs
  - Forcing children into child labour
  - Introducing children into prostitution



# Benefits of Social Protection

## Preventing loss of parental care

*“It can be prevented if there is enough money and more rooms for the children. It can also be prevented with enough help from the LEAP programme”. [adult male, Ghana]*

## Transfers provide much needed support in providing foster/kinship care for children

*“It is a good thing. If a person loves a child and takes care of the child and then gets an incentive, it will help them to better care for the child.” [female adult, Ghana]*



# Benefits of Social Protection (comments from research)

- **Transfers improve carers' abilities to meet children's non-material needs**

*“In fact, the LEAP programme has made us become better parents and the children are always happy with their life as well”. [female adult, Ghana]*

*“Children are now attending school regularly” [male adult, Ghana]*

*“My mother does not send me to sell foodstuffs during school hours anymore because I don't pay school fees anymore” [male child, Ghana]*

# Benefits of Social Protection

- **Transfers prevents carers' from being abusive**

“My 5 children are not so annoying anymore”

[single mother, Ghana]

“I don't have to beat my children when they complain of hunger because now I can provide them with 3 square meals”

[disabled parent, Ghana]



# Negative Use of Social Protection

## Transfers can serve as a positive and perverse incentive

*“Provision of a cash transfer can be good and bad, good in the way that most of the children need help from the Government to achieve their aim, and it can be bad in that most of the parents will use the money to do their own thing. In most cases, parents use the money to buy expensive things for themselves and for their own children”. [male adult, Ghana]*

## Effects on quality of care differ between biological and non-biological children

*“The money given to non-biological child is less than that given to the biological child.” [female child, Ghana]*



# Conclusion

- Social protection can help to prevent loss of parental care, support family-based alternative care and improve child care and wellbeing.
- Effects can be optimised when social protection provides meaningful support, is well implemented and goes beyond cash.
- Adverse effects need to be mitigated by supplementing beneficiaries with different projects concurrently to improve their income and livelihood.



Department of Social Policy and Intervention

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**Franziska Meinck, Lucie Cluver & Sinovuyo Teen Team**

# **Child abuse prevention through parenting programmes**

**Better Care Network – Nairobi 21<sup>st</sup> June 2017**

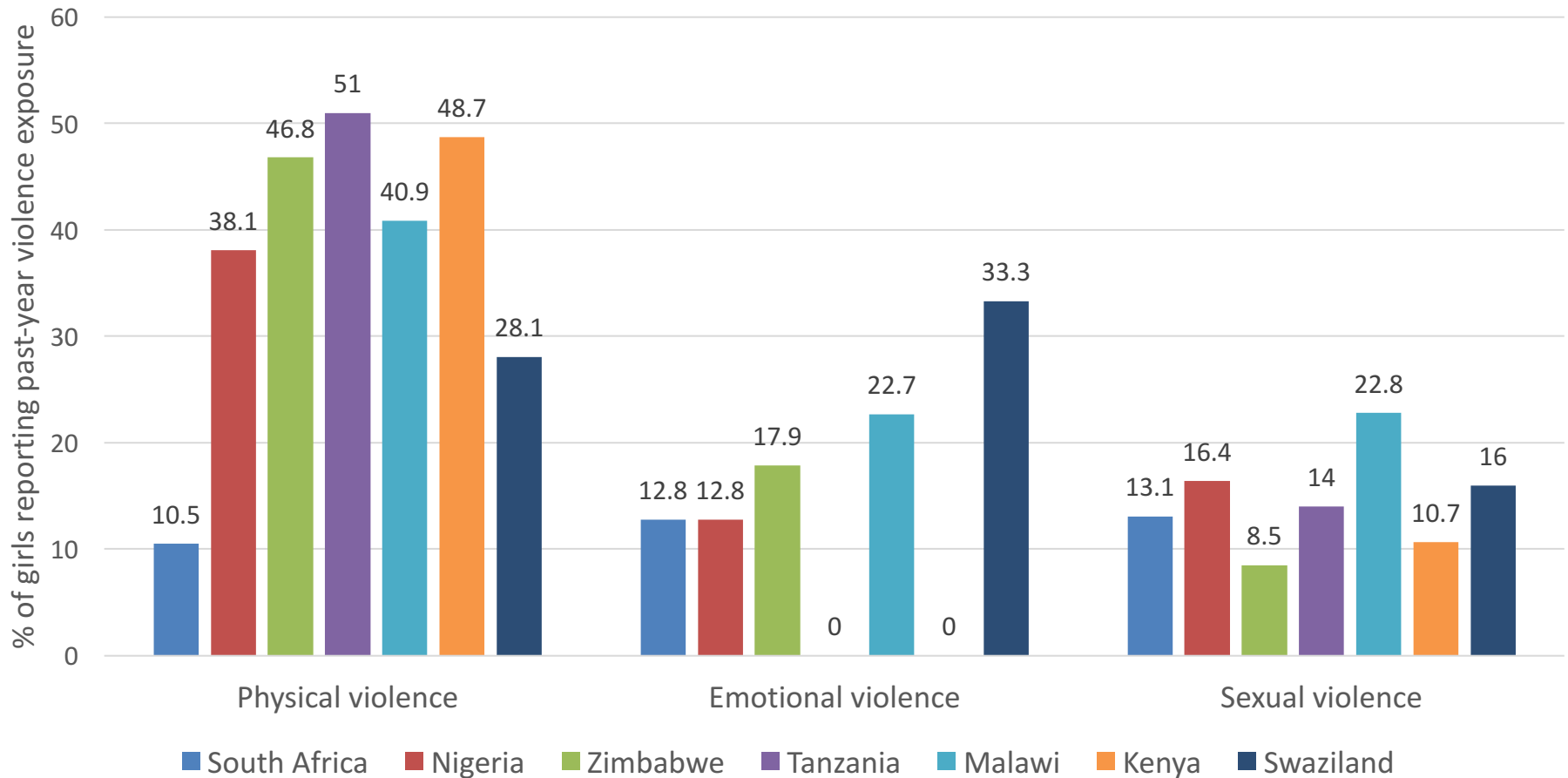
# Background

- Estimated 1 billion children annually victims of violence (Hillis et al 2016)
- Risk of intergenerational continuity (Widom et al 2015)
- Vast economic burden – 4.9% of GDP/2015 (ZAR196 billion) (Fang et al 2016)
- Little robust evidence for what works to prevent violence against children, parenting interventions effective (Mikton et al 2009)



# Past-year prevalence of violence against 13-17 year old girls in sub-Saharan Africa

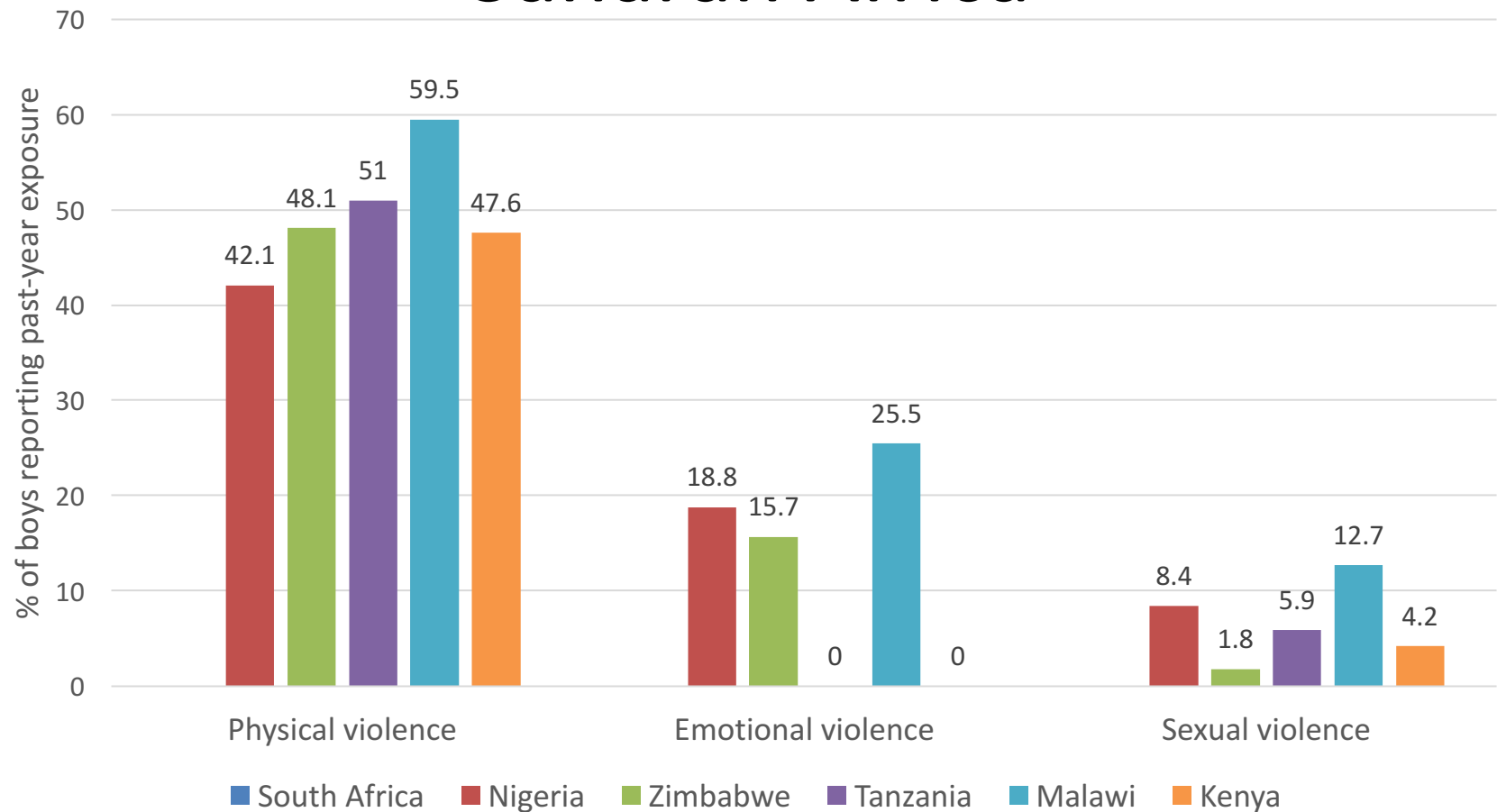
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Data: CDC Violence Against Children (VAC) studies (2007-2016), South Africa: from Optimus study (2016)

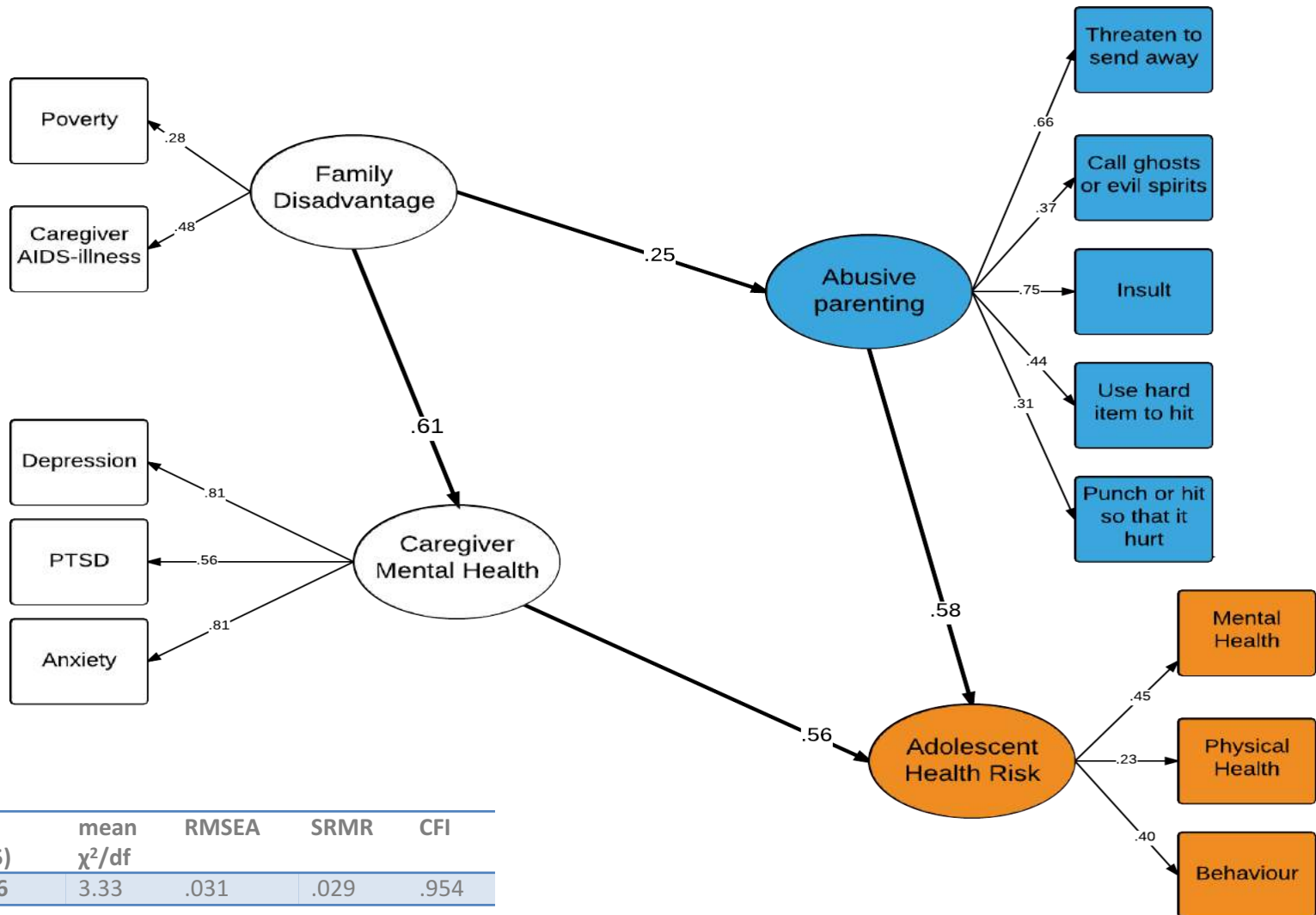
# Past-year prevalence of violence against 13-17 year old boys in sub-Saharan Africa

71



Data : CDC Violence Against Children (VAC) studies (2007-2016), South Africa data: Optimus study (2016)

# Abuse is important link to adolescent health risks



# Parenting for Lifelong Health (PLH)<sup>73</sup>



**social development**

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA



**basic education**

Department:  
Basic Education  
REPUBLIC OF SOUTH AFRICA



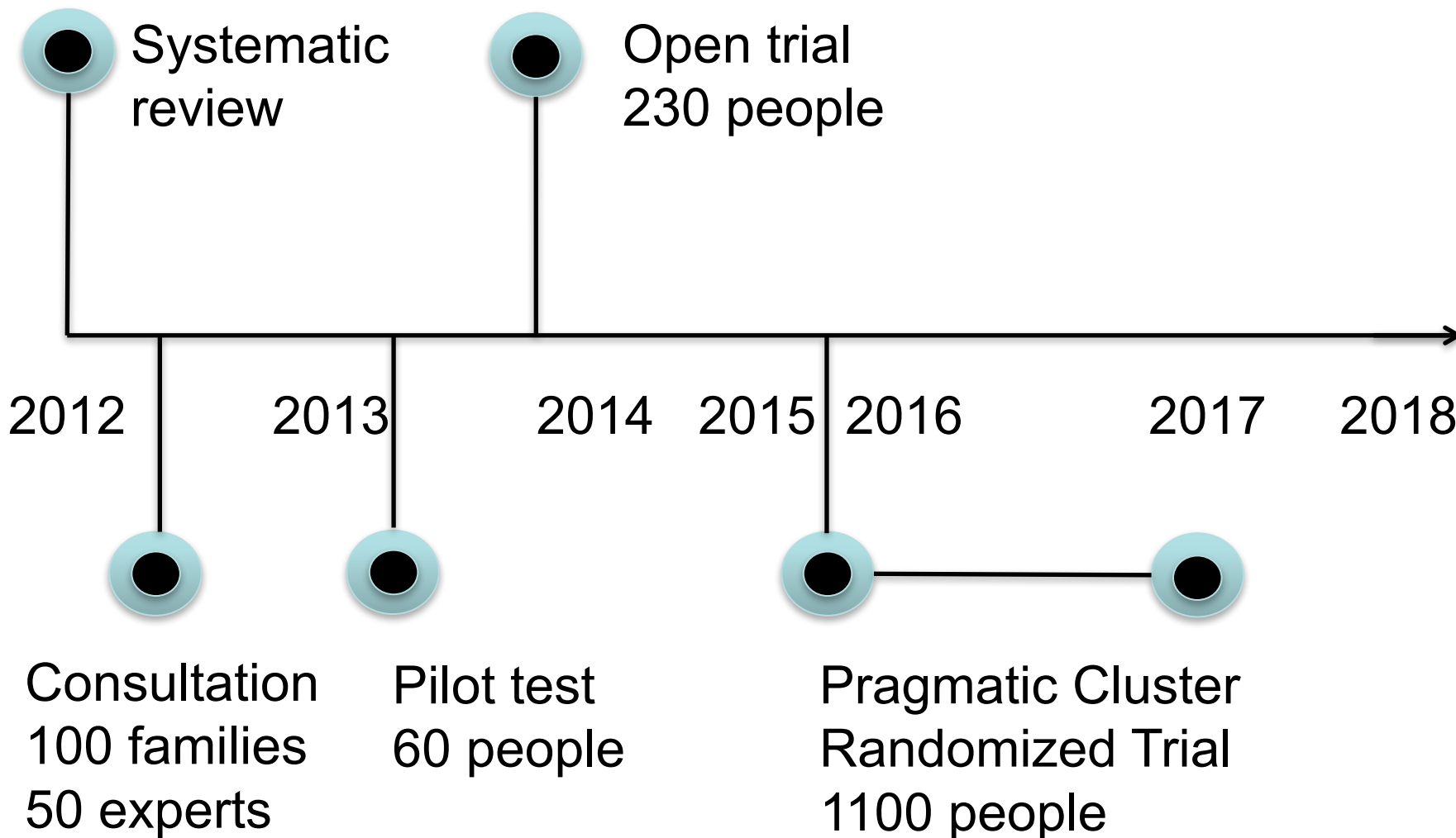
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•  
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

# WHO, UNICEF, USAID PARTNERS SCALE UP



14  
PARENT-TEEN  
WORKSHOPS



FAMILY HOME  
PRACTICE

PRAISE  
COMMUNICATE  
MANAGE ANGER

GROUP  
PROBLEM-  
SOLVING

NON-VIOLENT  
CONFLICT  
FAMILY BUDGETS



PLAN FOR TEEN  
SAFETY OUTSIDE





# REAL-WORLD RESEARCH (“PRAGMATIC TRIALS”)

**No exclusion criteria**  
all high-risk families  
included, even if  
serious problems e.g.  
alcohol abuse, mental  
health



**No equipment**  
except manual +  
paper. Sessions held  
in churches,  
community halls and  
outside.

**Programmes run by  
NGO** (Clowns Without  
Borders SA), training  
local community  
members & auxillary  
social workers



**No targeting of HIV-  
affected**  
Caregivers 30% HIV+,  
teens 18% HIV+, 14%  
maternal orphans

# FIRST PILOT PRE-POST RESULTS: 2013 (60 participants, deep rural SA)

<b>Sinovuyo Teens</b>	<b>Caregiver report</b>	<b>Child/teen report</b>
Reduced child abuse	p=.006, t=3.43**	p=.024, t=2.39*
Reduced rule-breaking/aggression	p=.003, t=3.21**	p=.005, t=3.07**
Reduced poor supervision	p=.001, t=3.86***	p=.006, t=2.98**
Reduced gender violence acceptability	p=.002, t=3.39**	p=.038, t=2.18*
Increased involved parenting	p<.001, t=-4.91***	p=.012, t=-2.69*
Increased positive parenting	p=.004, t=-3.17**	p=.025, t=-2.48*
Increased caregiver social support	p=.001, t=-3.69***	n/a
Increased teen social support	n/a	p<.001, t=-5.19***
No changes: non-violent discipline; inconsistent discipline		

# 2014 PRE-POST TEST

## (230 participants, rural and urban SA)

Sinovuyo Teens	Caregiver report	Child/teen report
Physical abuse	P<.001 t=4.22***	P<.001 t=4.97***
Emotional abuse	P<.001 t=4.84***	P<.001 t=3.79***
Neglect	P<.001 t=3.79***	P<.005 t=2.86**
Delinquent behavior (adolescent)	P<.001 t=4.89***	P<.001 t=4.32***

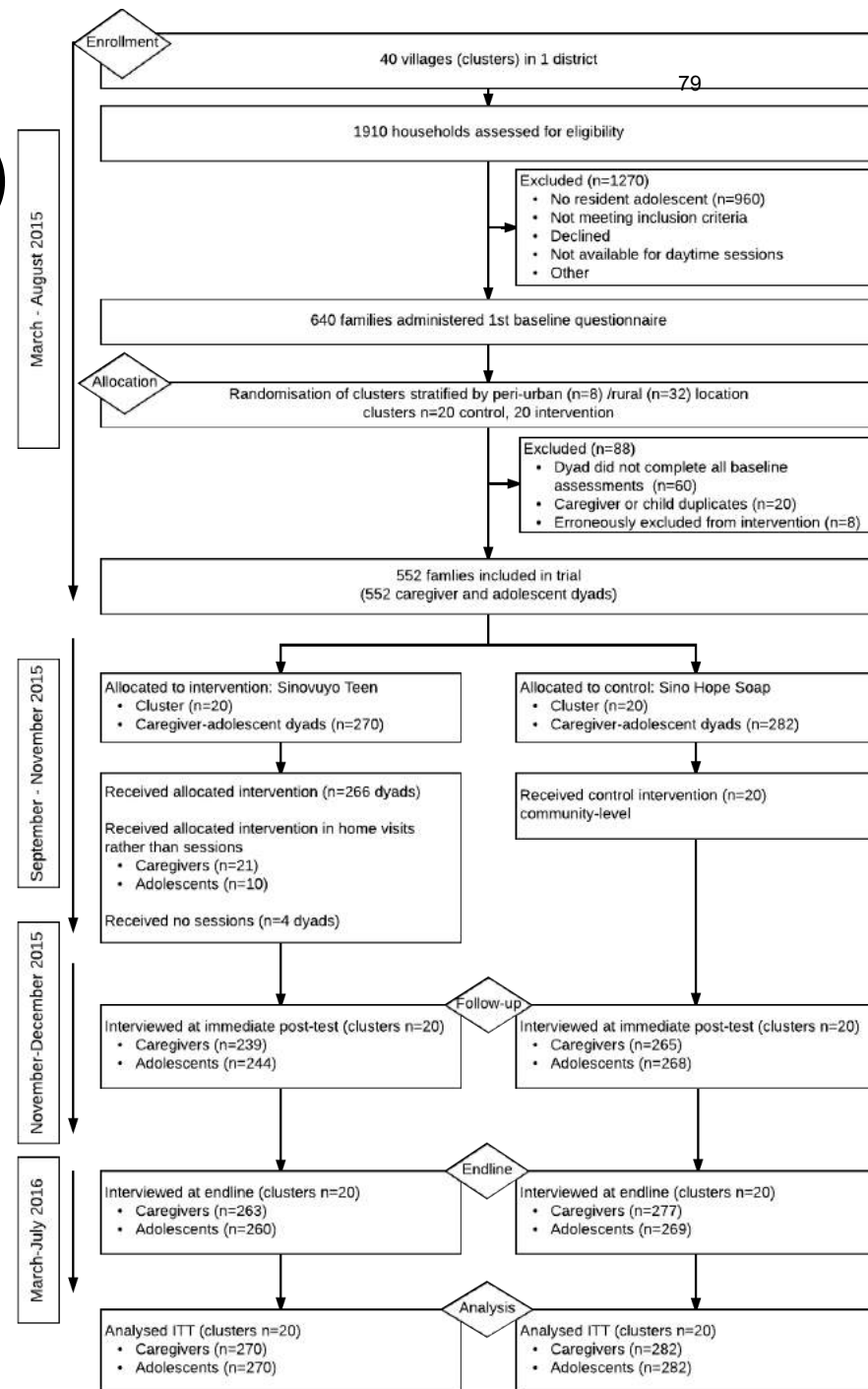
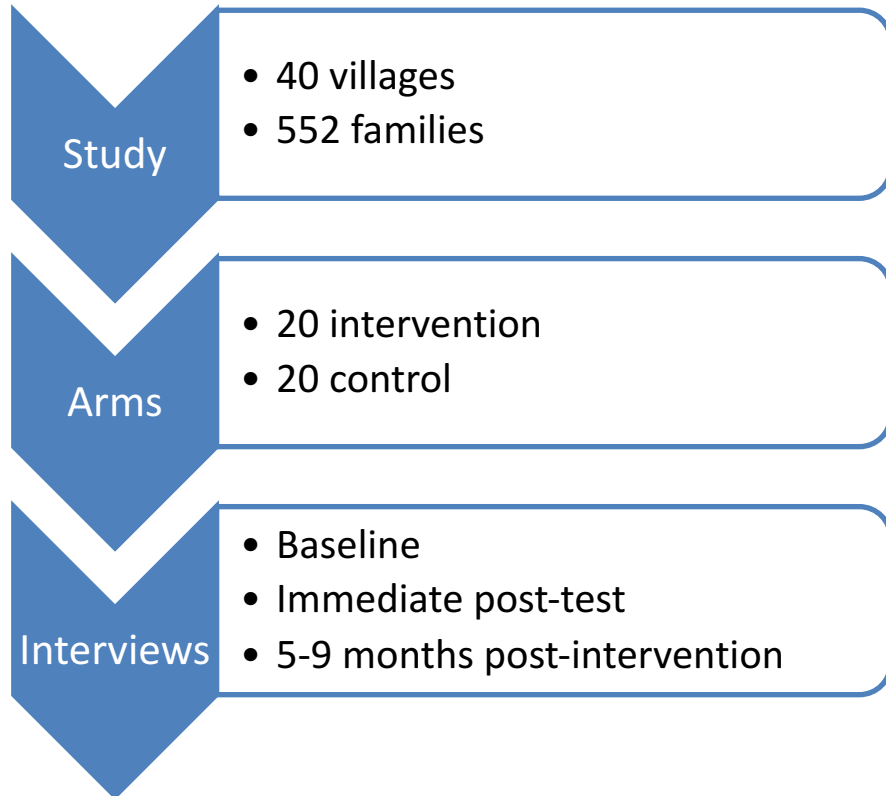
**Effect size: International Child Abuse Screening Tool: 75% reduction**

**Unanticipated community dissemination**

**Significant improvements in secondary outcomes:** caregiver and teen depression; parenting stress; caregiver negative coping strategies (drinking); poor supervision; inconsistent discipline; involved parenting; positive parenting; social support to caregivers; caregiver social support to teens; witnessing violence.

**No effects:** teen drug/alcohol use; teen social support from friends

# Cluster randomized trial: 2015/16 (1104 participants, peri-urban SA)



## POSITIVE EFFECTS



- Less abuse
- Less corporal punishment
- More positive parenting
- More involved parenting
- More parental supervision
- Less condoning of harsh punishment
- Less caregiver depression
- Less parenting stress
- More caregiver social support
- Less caregiver and adolescent substance use
- Less economic hardship
- More financial management
- More planning for risk avoidance

## NO DIFFERENCE

- Consistent discipline
- Neglect (borderline)
- Adolescent mental health
- Adolescent social support
- Adolescent behavior
- Exposure to community violence

## NEGATIVE EFFECTS





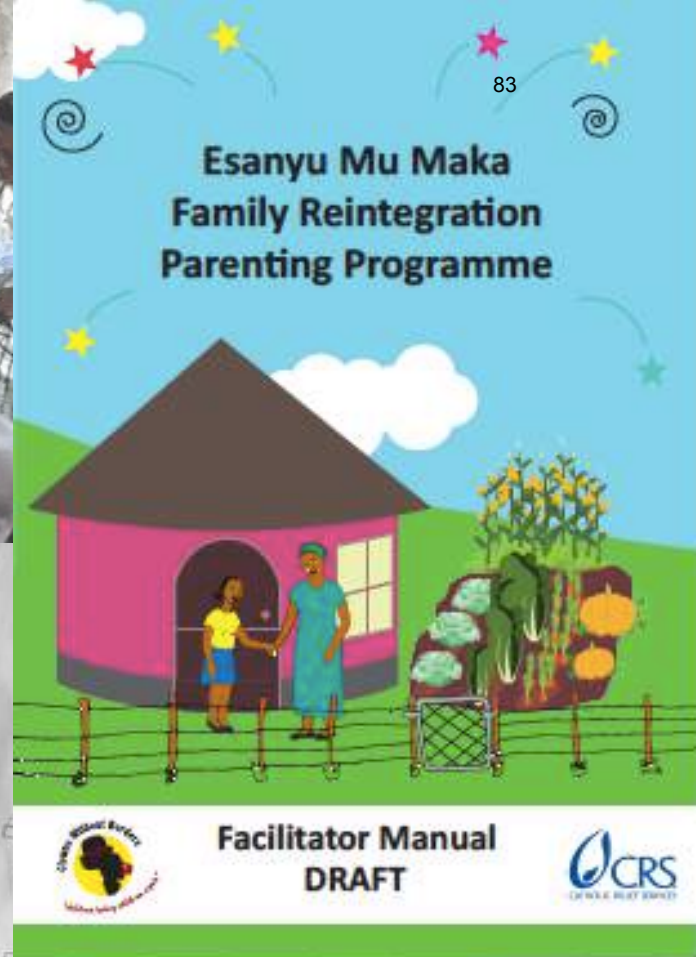
*‘What made it easy for me to go to Sinovuyo on Tuesdays was that whatever situation my home was in – I found love there. The two days I missed stressed me very much. I truly found friends there’ (Interview 39)*





*‘The thing I loved the most is learning to spend time with my mom, becoming close and talking about things... I never used to want to be at home. But now I find it important to spend time and be open with her. And tell her my problems.’ (Interview 58)*





## SINOYUYO TEEN FACILITATOR MANUAL

November 2015







# 150,000 families in Africa

84

## by end 2017

Democratic Republic of Congo	10,000
Uganda	21,000
Lesotho	30,000
South Africa	6,000
Kenya	40,000
Tanzania	35,000
Cameroon	450
South Sudan	500

# KEY THOUGHTS FOR SCALE-UP

(Doubt, Loening, Byrne – UNICEF Innocenti)

- **Cultural adaptation:** needs cultural relevance.
- **Service delivery** mechanisms & human resources: Embedding programmes with existing services requires strategic planning and logistical support.
- Functional relationships: Inter-sectoral relationships and **coordination are essential.**
- Policy context, clear government priorities and sustainable funding from outset.
- **Evidence** & Affordability: Research versus ‘real world’
- **Scale-up:** Need to balance quality, cost, and capacity to reach large population.



# Incredible Teens & Teams

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Lucie Cluver, Alice Redfern, Jenny Doubt, Sachin de Stone, Nasteha Saleh, Sally Medley, Daphnee Blanc, Phelisa Mphimphilashe, Kile Nocuza, Yulia Shenderovich, Rocio Herrero Romero, Tshiamo Petersen, Janina Steinert, Alexa Yakubovich, Catherine Ward, Lulu Ncobo, Jamie Lachman, Sibongile Tsoanyane, Heidi Loening, Jasmina Byrne, Lorraine Sherr, Lauren Kaplan, Frances Gardner, Camille Wittesdale, Ricardo Catanho, Sarah Hoeksma, Chris Mikton, Mark Boyes; Amogh Dhar Sharma, Anathi Buela, Babalwa Mkati, Boniswa Mvuma, Busisiwe Tusani, Carl Lombard, Cebo Solombela, Colleen Kelly, Cwayi Siyabonga, Deneo Sephulo, Divane Nzima, Eleanor Grace Annie Hinde, Feza Peter, Feziwe Mfini, Izidora Skracic, Jess McDonald, Jessica Sandelson, Julia Limba, Karen Odinga, Kerstin Petzold, Khanyisa Mbijekana, Kholiswa Mabizela, Lauren Parmley, Leonie Hoffmann, Lindani Ntenti (Chakla), Lonwabo Maki, Lonwabo Poni, Louis Pilard, Lungiswa Mzimeli, Mark Orkin, Marisa Casale, Mckenzie Berezin, Meryn Lechowicz, MiraJana Linkohr, Mzoxolo Cannon, Mzukisi Vusani, Nkosiyapha Sibanda, Nobathembu Butana, Nobathembu Homani, Nokuzola Mclean, Nolitha Tshatshu, Noluvuyo Tsoko, Nomlinganison Ngxobongwana,



Nomphelo Gixana, Nonzukiso Bokwe (Nzuki), Nozibele Mbewu, Nqanqa Simaya, Ntombizodwa Tsotso, Ntombomzi Nano, Nwabisa Dlova, Nwabisa Ngoma, Olivia O'Malley, Olwethu Madikane, Phakamami Kom, Phumlani Nonyukela, Pikolomzi Tshatshu, Portia Quntana, Ricardo Cantanho, Sarah Scott, Sibongile Vutu, Simphiwe James Mahl, (Stiti) Simphiwe Vimbayo, Siphokazi Keto, Siphokazi Xotyeni, Siyanda Mzdooshe, Sybil Majokweni, Thandeka Somlenze, Thanduyoho Peter, Thozamile Sakhela, Thure de Frenne, Unathi Gadlela, Unathi Simandla, Uviwe Ngubelanga, Veliswa Tokwe, Vince Evans Gutierrez, Vira Ameli, ViWe Banzi, Viwe Mzekelo, Viwe Xhotyeni, Vuyolwethu Banzi, Yanga Yiba, Yolanda Nase, Zikhona Capa, Zikhona Fihlani, Zolani Kievied Qibi, Lizzy Button, Melissa Pancoast, Mark Tomlinson, Lynne Murray, Peter Cooper, Inge Wessels, Theresa Kilbane, Judy Hutchings, Alessandra Guedes, Alexander Butchart, Bernadette Madrid, Sarah Skeen, Janina Jochim and Marguerite Marlow.



Funders: thank you.



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international



All results available on [www.youngcarers.org.za](http://www.youngcarers.org.za)

# Status of INSPIRE Implementation in Uganda

By James Kaboggoza  
Ministry of Gender, Labour and Social Development  
Uganda

- Introduction
- Implementation and enforcement of the law
- Norms and values
- Safe environments
- Parent and care giver
- Income and economic strengthening
- Response and support services
- Education and life skills.
- conclusion

## **Presentation outline**

- Inspire strategy has just been introduced in Uganda
- Although a lot of interventions which fit into the strategy are already being implemented
- We are happy as Uganda to have been chosen as pathfinder country by the world alliance to lead the fight against violence against children
- The strength that we have is that we are already ahead in some of the interventions to realize the inspire strategy outcome.
- Challenges like coordination, resource mobilization and efficient social welfare work force. have to be overcome.

## Introduction

- The Children act CAP 59 as amended in 2016
- OVC Policy (Currently under review)
- Child Labour Policy
- IECD Policy
- Uganda Child Helpline
- Child Policy (being developed)
- VACs survey and Action plan
- Gender policy

**Implementation and enforcement of Laws**



- National Action Plan on Child Sacrifice
- FGM Policy and action plan
- SGBV Policy and action plan
- National Strategy to End Child Marriage and Teenage Pregnancy

**Norms and Values**

- Banning Corporal punishment in schools and in other Residential institutions
- DREAMS
- Alternative care frame work
- National plan of action against csae
- Children and babies homes rules

**Safe environments**

- Parenting Guidelines
- A core program area in NSPPI 1 & NSPPI 2
- PSS Training Manual
- Community based mechanisms i.e., Para social workers, child protection committees at community level

**Parent and Caregiver support**

- SCORE Project
- VSLAs
- Skilling Uganda
- Core programme area in the OVC strategic plan 2

**Income and Economic Strengthening**

- Uganda Child Helpline
- case management system
- The Adolescent Girl Program
- Para social workers as the lowest community structure for Child Protection
- VACs survey and action plan

**Response and support services**



- UPE &USE Policy
- RTRR Guidelines
- Skilling Uganda
- Student Loan schemes
- Affirmative action for children with special needs.

**Education and Life skills**

- The struggle continues
- Strengthen coordination
- Use evidence to advocate for better resource allocation
- Strengthen the child protection system
- Continue to generate research and knowledge to improve our interventions.

## Conclusion

23 June 2017

# Care Reform within Ghana's Child Protection system

Emelia Allan

Chief Protection Specialist, Ghana

unicef  | for every child

# Outline of Presentation

- ✓ Situation of Child Protection in Ghana
- ✓ Care Reform Initiative in Ghana
- ✓ The Strengths and Gaps in Residential Care in Ghana
- ✓ The Ghana National Standards for Residential Care
- ✓ The systems strengthening approach
- ✓ Current Interventions
- ✓ Future Outlook

# Child Protection issues in Ghana

## 9 out of 10

children in Ghana are subject to some form of **physical or emotional abuse** on a regular basis



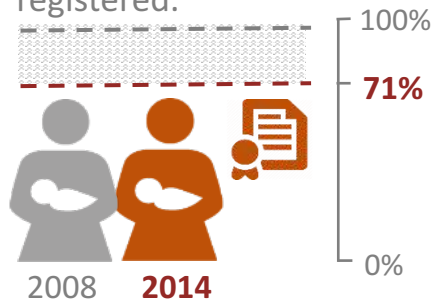
MICS 2011

## 2 out of 3

girls aged 15-19 experience **sexual violence** during past 3 years

DHS (2008)

**Birth registration has stagnated at 71%** for children under 5, meaning one third of children are not registered.



## 34%

of children were **beaten by a teacher at school** during the previous month



GoG / UNICEF Ghana: Child Protection Baseline Research 2014

Alternative care within Ghana's Child Protection system— **UNICEF** for every child



# Children in need of care and protection <sup>102</sup>



**17%** of children **do not live with biological parent**,

Most children in **informal foster- or kinship** arrangement



About **3,200** children in residential care  
(0.0004% of Ghana's children) – “orphanage”

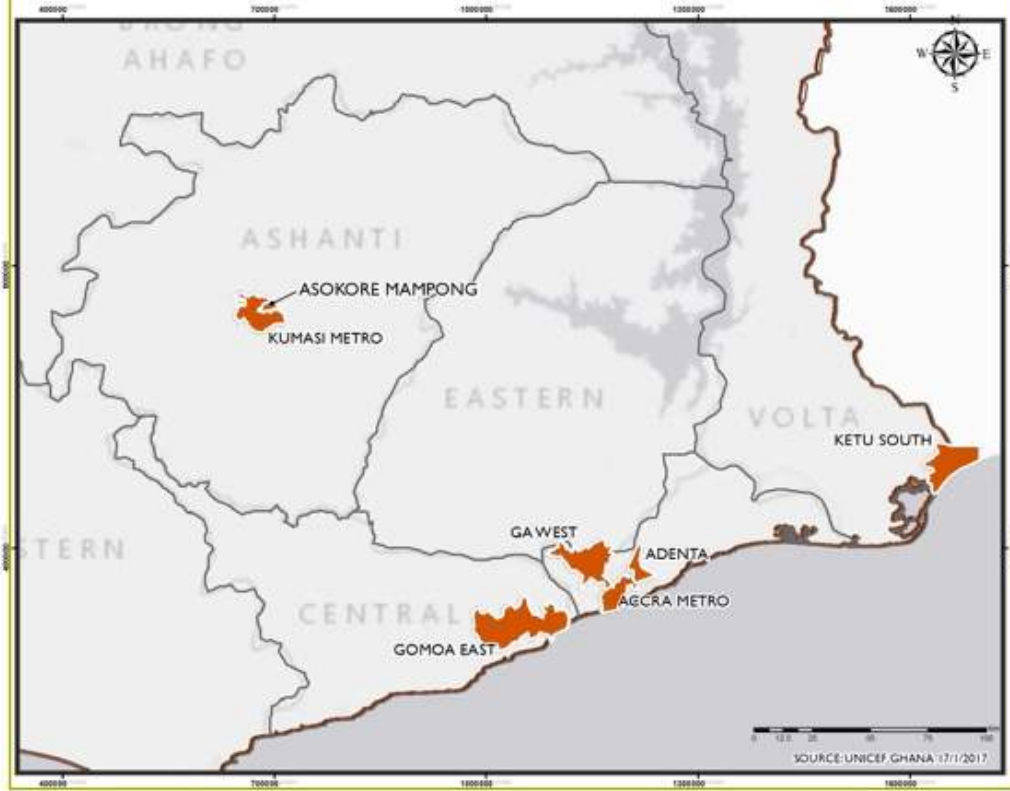
**85%** of them have at least one living parent

**Slow decrease** of children in residential care since Ghana's  
Care reform commenced in 2006 (estimated 4,000  
children) **but this is changing in 2016**

# Geographical concentration of children in residential care

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DISTRICTS WITH HIGH CONCENTRATION  
OF RHCs AND CHILDREN IN RHCs

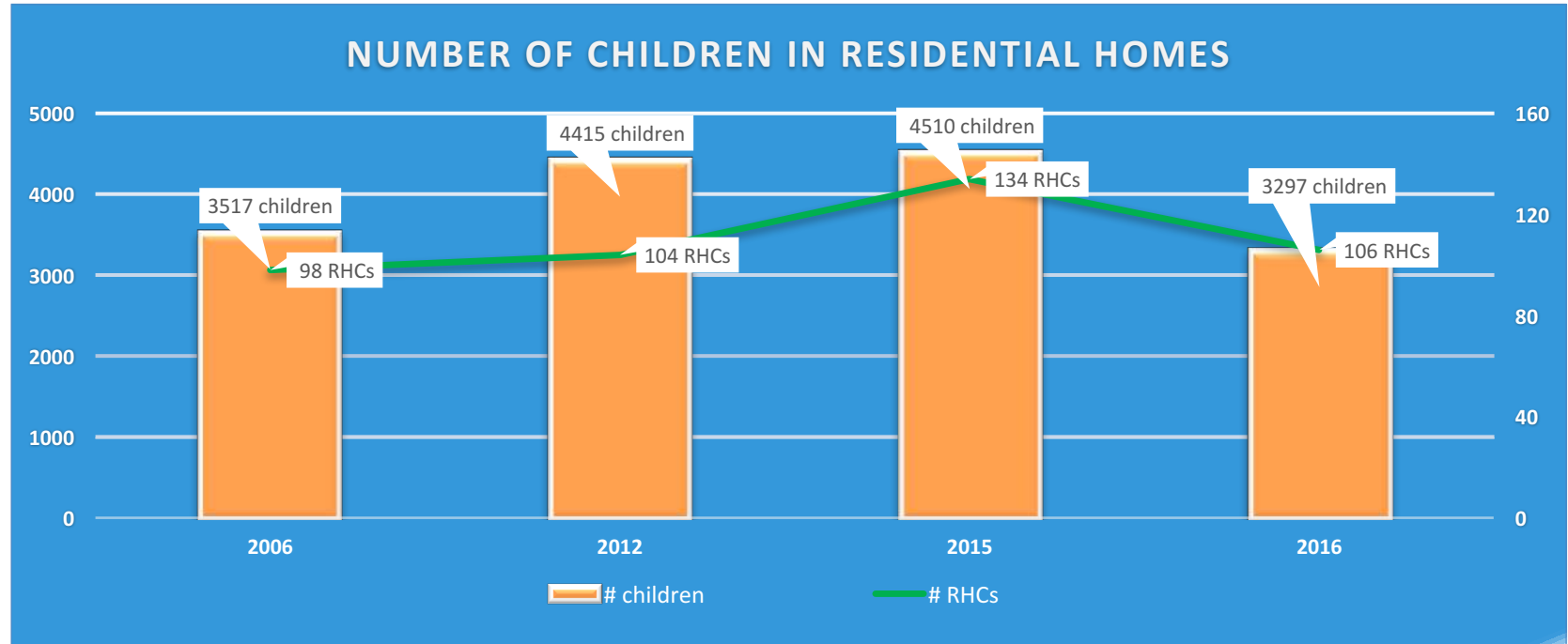


Residential facilities **exists in all regions** of Ghana **but** can be found in **only 57 out of 216 Districts**

High concentration in **seven districts referred to as 'hot spots'** (Mostly in the Southern half of the country). Targeting these will reach about 1/3 of the **3,200** children currently in residential care (2016 DSW data)

Institutional care does **not follow socio-economic patterns**

# Trend of Children in Residential Homes





*Children in a residential facility playing*

- The **Children's Act of 1998** mentions Standards for **Residential Homes**
- **Care Reform Initiative launched in 2006** with the objectives:
  - Promote **family based care**
  - Strengthen **gatekeeping** mechanisms
  - **Reintegration** of children
  - Prevention of unnecessary separation of children
  - Alternative to Residential homes (Adoption, foster care)

# Lessons learnt and recommendations from Country Care Profile (2015)

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## Country Care Profile

### Ghana



- Ghana's Care Reform is about **10 years old**
- Progress was made in early years with more than 1,500 children (**more than 40% of children**) reintegrated. Number of children was **not reducing** and the focus was narrow
- Needed to better address **underlying causes for family separation** and institutionalization of children
- **System strengthening approach** was seen as an opportunity to work more **preventative** and with a **broader coalition** of actors
- Addressing children in residential homes must be done within the **broader context of alternative care** and **child protection system reform**
- Recognition of informal care needed and reform should built on **positive indigenous models**
- Residential Homes are a **measure of last resort for children** and emphasized as part of the behavior and social change interventions



facilities differ from geographic area and include;

- Children rescued from child trafficking — **mostly Volta & Central**
- Children taken away from the street — **mostly Ashanti, Accra & Central**
- Children who are double orphans — **Central, Ashanti & Volta**
- Children abandoned - **Ashanti, Accra & Volta**
- Child Protection concerns (abuse, neglect etc) — **Ashanti, Accra, Volta & Central**
- Other reasons mentioned in all regions of study relate to vulnerabilities due to poverty, financial constraints and ill health of parents. This was mentioned in the majority



# The National Standards for Residential Care

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- Developed as part of the care reform initiative in 2010
- Ensures that, children in residential care facilities live in a supportive, protective and caring environment

The document is used:

- For ensuring **minimum standards** of care for children
  - a criteria for **accreditation** of facilities
  - **Supervision** by managers for the safety and development of children
  - **Monitoring** of facilities in line with provision of minimum standards

## General

### Strengths

- It provides minimum standards (guided by international and national frameworks) to guide the establishment and monitoring of residential care facilities
- Some district level offices are in regular contact with RHCs during admissions and reintegration, however this is not always done consistently

### Challenges

- Weakness is in the enforcement of these regulations
- Inadequate capacity of the social workforce
- Gaps in tracking residential homes and children in residential homes as well as reintegrated children – (the numbers usually do not just add up)



## Strengths

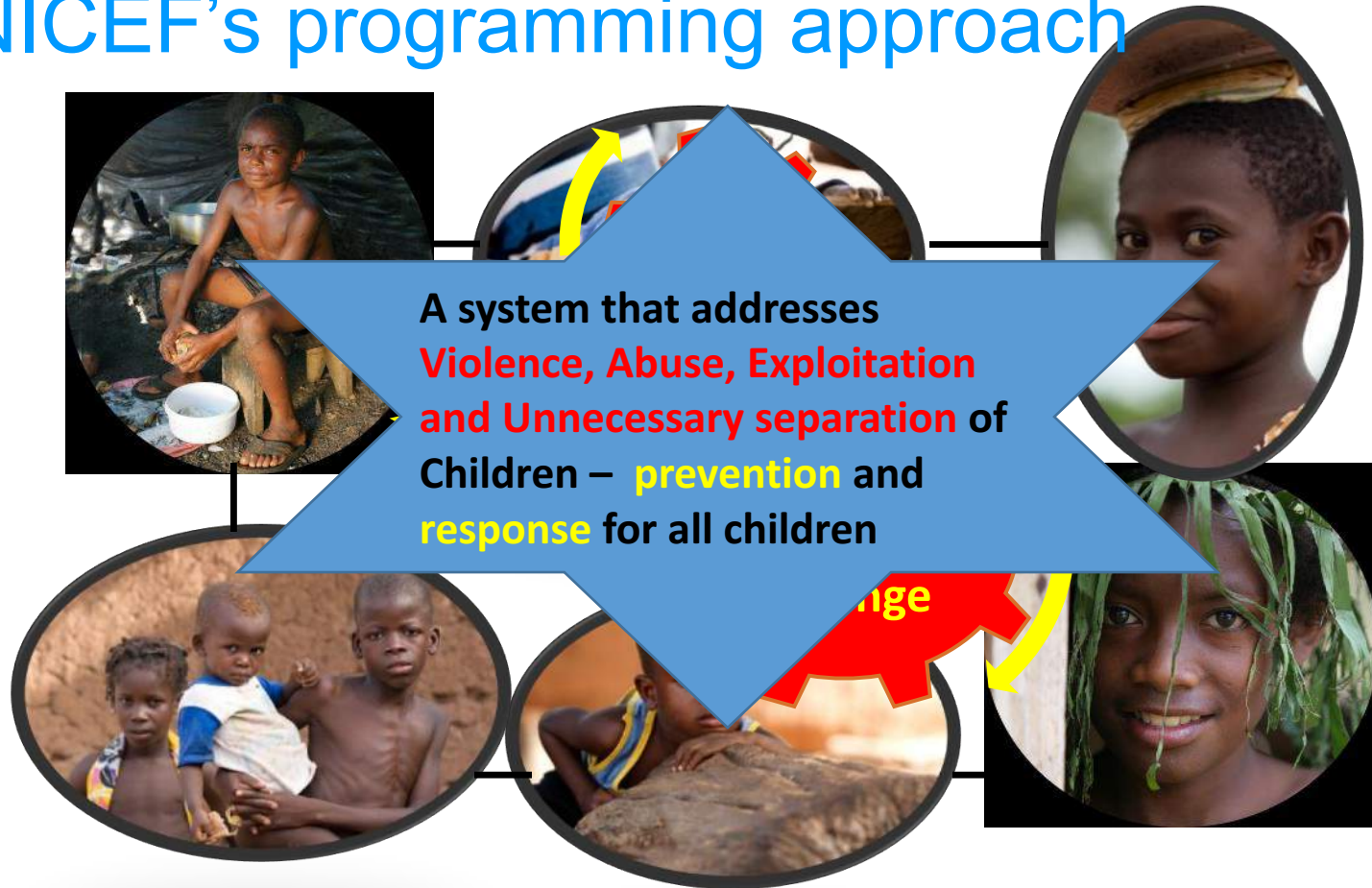
- The standards under behavior management tackles VAC with a reporting mechanism guiding children and guardians
- There is opportunity to study the situation of violence in residential facilities given these
- A code of conduct for staff and volunteers of residential homes is part of the standards
- The standards have a complaints mechanism indicating what children, relatives and staff should do if they have any complaints.

## Challenges

- Inadequate investment in training of managers of RHC on child care including behaviour management, or supervision
- The regulations do not talk about violence between children in the residential home which is usually an issue of concern
- Some managers and care givers tacitly support the use of corporal punishment and may apply to the children in their care

# Child Protection System strengthening - UNICEF's programming approach

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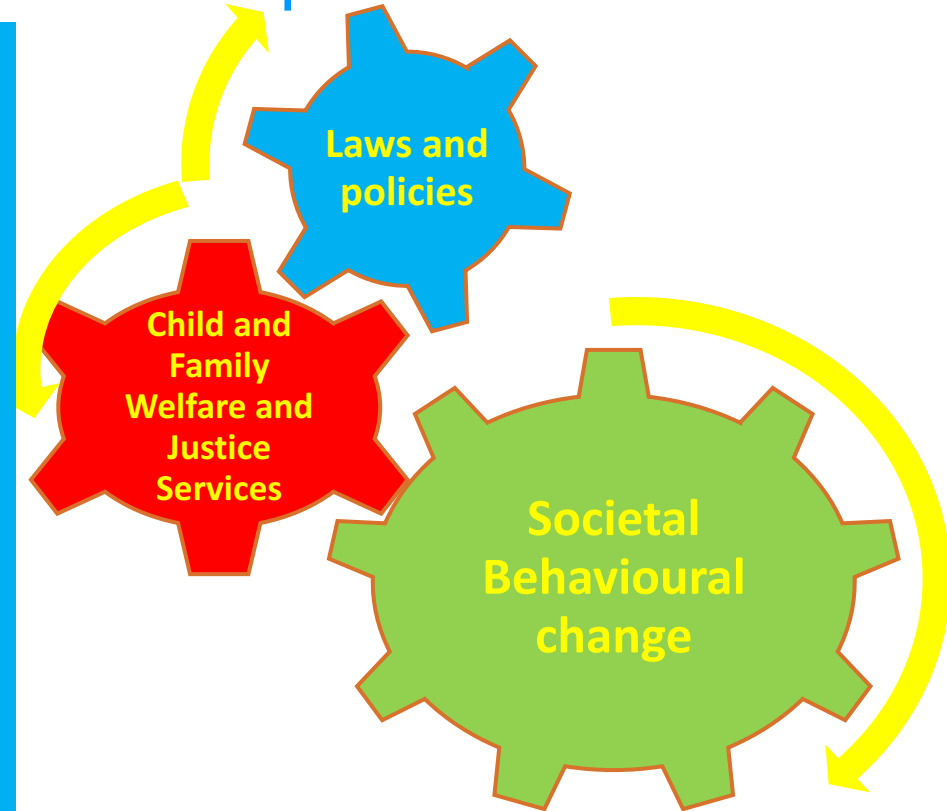
# Accelerating Ghana's Care Reform through system-strengthening – progress made and plans for 2017

## Policies, laws and regulations:

- **Child and Family Welfare Policy (2015)** stresses importance of family-based solutions for children in need of care and protection
- **Children's (Amendment) Act 2016** (Act 937)
- **Draft Foster care and Adoption Regulations;**
- **Hague Convention** accession

## Planned for 2017

- Passage of the Foster Care and Adoption Regulations
- Revision of the Standards for Residential Homes
- Develop a Road Map to close unlicense

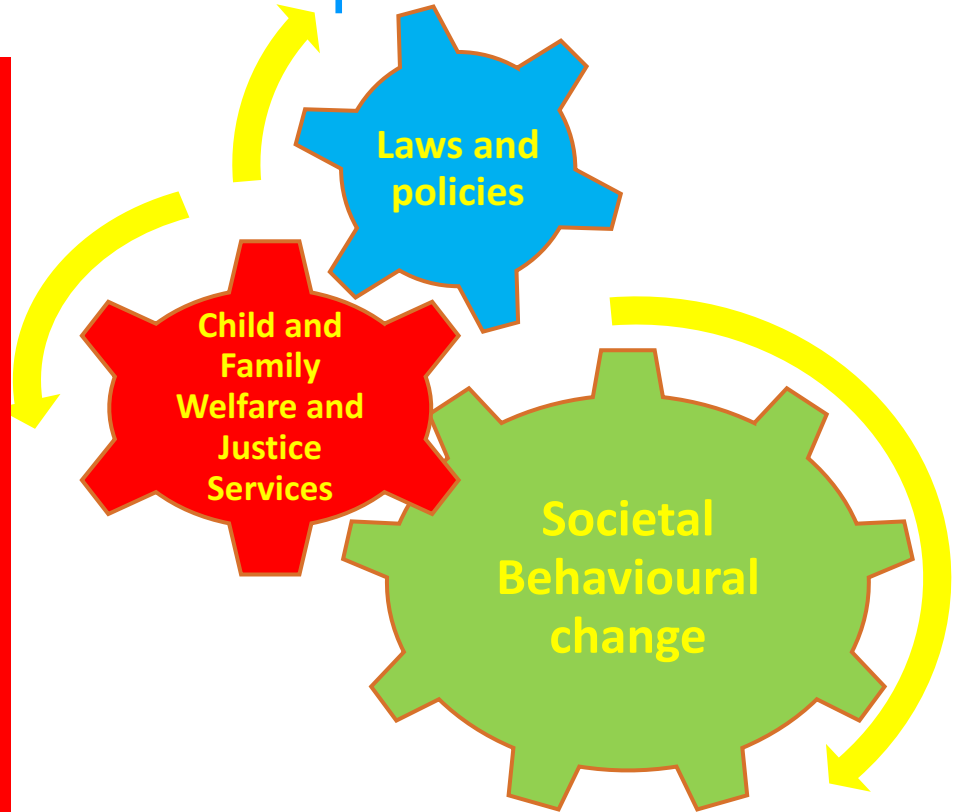


# Accelerating Ghana's Care Reform through system-strengthening – progress made and plans for 2017

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## Child and Family Welfare Services

- Long-term capacity-building through partnership with School of Social work and University of Development Studies for integration of child protection (*including alternative care*) in teaching and learning
- Integration of child protection (*including alternative care*) in curriculum for Police; Health and Education sectors
- Capacity building of DSW and stakeholders on case management, gatekeeping and reintegration of children

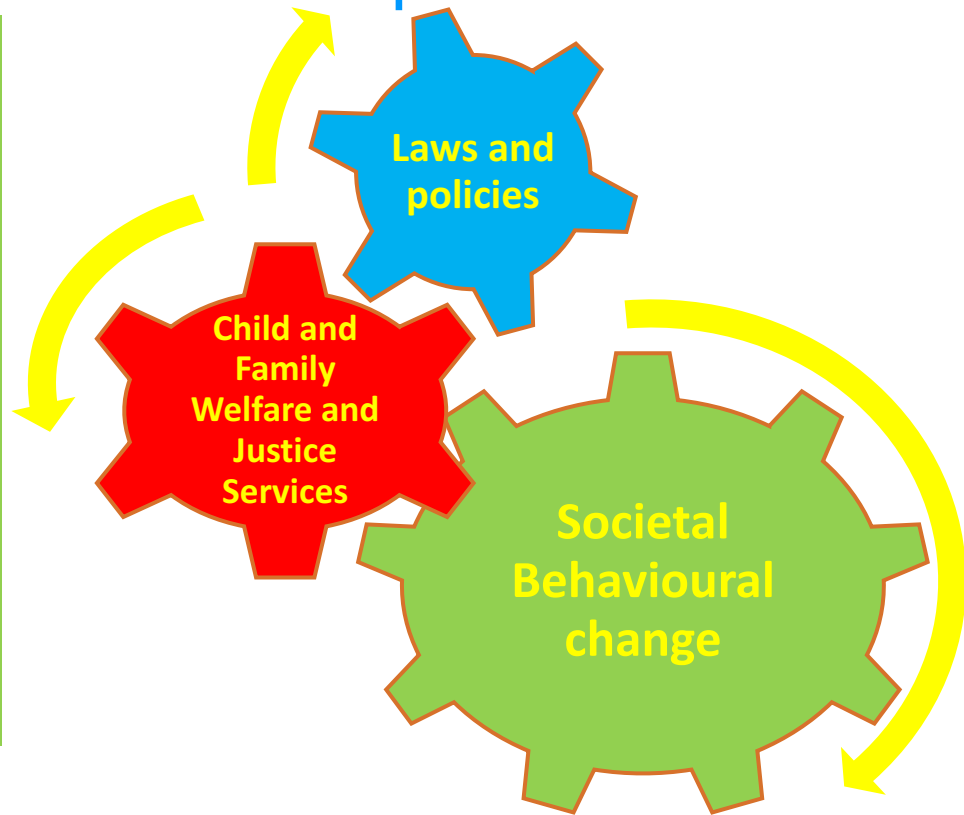


# Accelerating Ghana's Care Reform through system-strengthening – progress made and plans for 2017

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## Behavioural and Social Change

- Messages on “Importance of family” part of Communication Strategy, implemented by a coalition of actors under guidance by Department of Community Development
- Social drive ‘campaign’ conceptualized, brand under development - to be launched in 2017





The Child and Family Welfare Policy expects Social Welfare to work more **preventative** and more closely with **other sectors** and **informal actors**, **supporting** families, **preventing** child maltreatment, **unnecessary separation** and facilitate **reintegration**.

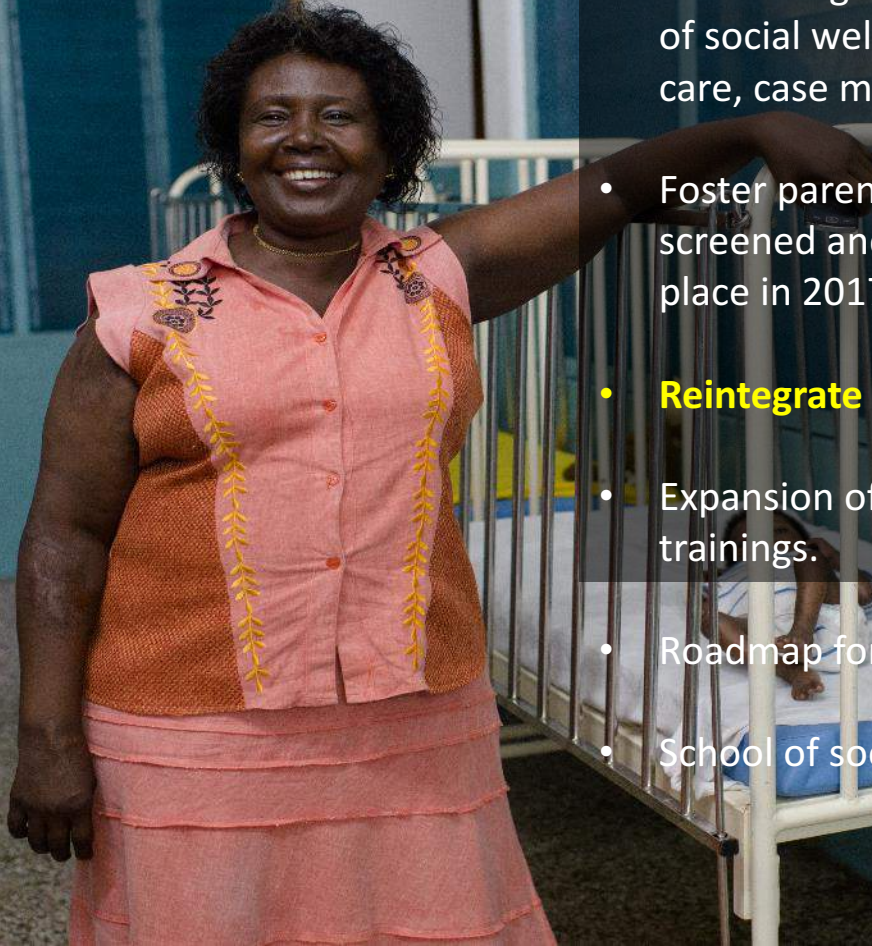
**Achievements in 2016:**

- Some 300 **(about 10%)** of children reintegrated
- Workforce strengthening and reform initiated in 20 districts with the aim of aligning social work practices with Policy expectations – led by ILGS/GoG



## Plans for 2017:

- Addressing **immediate training and capacity needs** of social welfare with targeted training on alternative care, case management in **7 priority districts**
- Foster parents identified (354 identified, yet to be screened and trained) and about **40 children** to be place in 2017
- **Reintegrate 300 children** to family based care
- Expansion of **foster care parent scheme** and trainings.
- Roadmap for **closing down residential homes**
- School of social work partnership







## Plans for 2017:

Pilot new 'real-time' system solution for **tracking** children in care, efficient **case management** and **monitor children's wellbeing post reintegration**

Opportunities to create synergies with social protection , monitoring LEAP

New partnership with **civil society organizations** to support Social Welfare in the process of follow-up on children's post-integration situation



**Plans for 2017:**

**traditional leaders and faith-based organizations** - a resourceful and with a role to

play in aiding formal service providers in finding local solutions to family challenges and reintegration processes and will be engaged in 2017

Ministry of Chieftaincy and Religious Affairs is leading engagement with traditional leaders **on child protection**



# Future outlook

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- 1:** Strengthen **social welfare workforce capacities** of the Department of Social Welfare and contribute to the professionalization of social work in Ghana;
- 2:** Support the Ministry of Gender, Children and Social Protection to strengthen the **formalized alternative care** system
- 3:** Support the Government of Ghana to develop formal gatekeeping structures to **prevent the unnecessary admission and readmission** of children into residential care and promote family-based care alternatives
- 4:** Strengthen **community-based child protection capacities** and linkages with the District Social Welfare Office to strengthen families and prevent unnecessary separation
- 5:** Develop and implement a national-level child care reform **monitoring & evaluation system**
- 6.** Scale up the **behavioral and social change** component of the program

# THANK YOU





# Strengthening the care workforce in how to prevent and respond to VAC and care



SOS CHILDREN'S  
VILLAGES  
INTERNATIONAL

Presented by

Beatrice Ongalo, Regional Core Care Co-worker Support Advisor –  
SOS Children's Villages International, Eastern & Southern Africa  
Region

21<sup>st</sup> June, 2017







“Workforce development is a key driver for care reform and developing the care workforce contributes in important ways to creating and sustaining the suitability of the care provided to children and young people in these settings, as defined by the Guidelines.”

*Herman Radler, FICE*



- Children without parental care are amongst the most vulnerable members of the society and as such become one of the most likely groups to have been exposed to violence.
- At least 1 in 6 children entering SOS Children's Villages Program has previously experienced violence
- Violence against children can impact on the child's survival, physical, physiological and mental health
- Violence is often a significant factor in break up of families and loss of family care



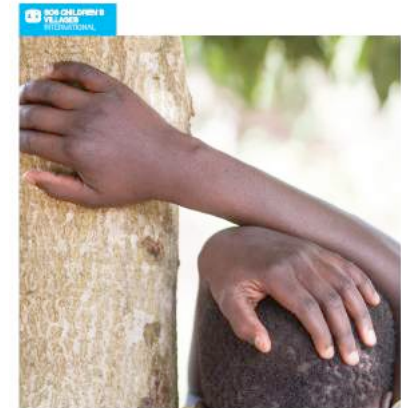
- The UN Alternative Care Guidelines highlight the importance of appropriate positive working conditions (No.114) and appropriate training for staff (No.115), including how to deal with challenging behavior (No.116) and how to respond to children with special needs (No.117).
- One of the problems in alternative (residential) care provision is the frequently low status of caring staff, reflected in low salaries and often inadequate training. Such conditions of work have a negative effect on motivation and on quality of care. They may also lead to high rates of staff turnover, further affecting the quality of care.



# What we stand for.....

SOS Children's Villages is committed to creating and maintaining a caring and protective environment which promotes its core values, and prevents and addresses child abuse and exploitation. We strongly condemn all forms of child abuse and exploitation, be it within or outside of our organization, and always respond to any case of proven, alleged or attempted abuse within our sphere of influence according to its nature. Efforts ensure that mechanisms are in place to raise awareness, aid prevention, encourage reporting and ease response.

THE RIGHT TO PROTECTION  
ENDING VIOLENCE  
AGAINST CHILDREN





# How to strengthen the workforce in alternative Care Settings?

## 1. Recruit the right Care worker

- a. The UN Alternative Care guidelines (No. 113) highlight the importance of ensuring a comprehensive and appropriate assessment of the would be care workers to determine their suitability
- b. Provide the Care worker with proper and updated Job description detailing their roles and responsibilities
- c. Orientation programs for staff

## 2. Providing the **workers with appropriate tools, policies and guidelines** to support them in carrying out their roles and responsibilities

## 3. **Training and workshops**; Pre and in-service training; Group trainings; Individualized; Mentoring and coaching

- Adaptation and use of diff. tools (like ICT Apps *eg. mobile train*)





#### **4. Provide clear support structures and systems**

- Clear guidelines in identifying, reporting and responding to issues of child maltreatment (the child protection policy)
- Focal persons and persons of trust to support in responding to Child maltreatment issues in every location

#### **5. Create an enabling environment**

- Regular staff meetings
- Open communication
- Participation and decision making

#### **6. Staff supervision and support**

- Monitor care worker – child ratios
- Staff motivation
- Staff welfare programs – to prevent stress and burnouts e.g. exercises, retreats, regular meetings
- Performance reviews and talks



6. Care Networks – provide forums for open discussions on issues of care
7. Regular reviews of the Care worker's working conditions
8. Access to information and support eg. Access to legal information, financial assistance, scholarships, assessment support for children with special needs, etc
9. Children, youth and community participation
10. Psychosocial support programs
  - Individual and family therapy
  - Peer support groups
  - Clinical supervision/briefing
  - Trauma therapy and support





Key features of “suitable” care relies on a well-equipped staff with the skills and competence that match children’s needs

Jennifer Davidson, CELCIS



*Thank  
you*



# **African regional consultation: Ending VAC in All Care Settings**

## **Global developments , persisting challenges and how the African region can advance progress**

**Kathryn Leslie**

**Office of the Special Representative of the Secretary-General  
on Violence against Children**

**Nairobi  
June, 2017**



- **UN Study on Violence against Children -2006 (VAC in different settings, including in care)**
- **Mandate of the Special Representative -2009**  
appointment of SRSG
- **Guidelines for the Alternative Care of Children-2009**
- **First Regional Expert consultation on VAC and Care- Brazil 2014**
- **Start of 2030 Agenda for Sustainable Development- 2015**

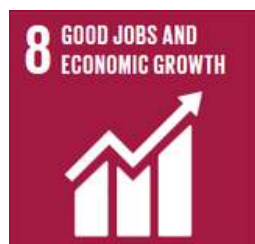




- 16.1** Reduce all forms of violence and related deaths
- 16.2** **End abuse, exploitation, trafficking, and all forms of violence against and torture of children**
- 16.3** Promote the rule of law and ensure access to justice



- 
- 5.2** Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking, and sexual and other types of exploitation
  - 5.3** Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation



- 
- 8.7** Elimination of the worst forms of child labour, including slavery, human trafficking, and recruitment and use of child soldiers, and by 2025 end child labour in all its forms



- 
- 4.a** Provide safe, non-violent, inclusive, and effective learning environments for all
  - 4.7** Ensure that all learners acquire knowledge...[for] promotion of a culture of peace and non-violence

# Global efforts and developments: growing evidence base

Evidence has been steadily strengthened with valuable **research and guidance, e.g.:**

- Estimating the number of children in formal alternative care (2017)
- The science of early adversity: is there a role for large institutions in the care of vulnerable children? Lancet, 2015
- FROM A WHISPER TO A SHOUT: A Call to end Violence Against Children in alternative care- 2014
- Implementation Handbook for the Guidelines on the Alternative Care of Children- 2012

# Global efforts and developments

- Development of evidenced-based tools to support states in national implementation efforts: **e.g. INSPIRE**
- **Global partnerships** established to support achievement of the SDG targets: Global Partnership to End VAC, Alliance 8.7 to end child labour





# Global efforts and developments:

## regional level

**Adoption of strong Regional Political Declarations and Regional Action Plans:**

- the **Association of Southeast Asian Nations (ASEAN)** and the **Council of Europe (CoE)** adopted new regional plans on violence against children aligned with the 2030 Agenda.
- League of Arab States (LAS)**, the **South Asia Initiative to End Violence against Children (SAIEVAC)** and the **High-level Authorities on Human Rights of the Southern Common Market (MERCOSUR)**, **AU 2063 + Children's Agenda 2040** promoting similar efforts

- Advocacy with States to prioritize this issue, including in the 21st Pan American Child Congress, held in Brazil (every 5 years)
- Brasilia, December 2014: first regional expert consultation on the elimination of violence against children in alternative care.
- Thematic Report on the Right of the Child to a Family issued by the Inter-American Commission on Human Rights

### as a result.....

- The 21st Pan American Child Congress **Resolution prioritizes the implementation of the Guidelines for Alternative Care** and the recommendations of the UNVAC study. Goals and indicators takes into account the recommendations of the Thematic Report on the Right of the Child to a Family
- **Key action was the promotion of the de-institutionalisation of children under three years of age**

## The Association of Southeast Asian Nations (ASEAN)

- First Regional Plan of Action on the Elimination of Violence against Children launched in 2016. Covering Brunei Darussalam, Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam for a period of ten years (2016-2025).
- Recognises children not living with their biological parents and in various forms of alternative care
- Includes a commitment to develop an ASEAN Guideline on non-violent approach to nurture, care, and development of children in all settings which has been concluded (led by Thailand)

## The Association of Southeast Asian Nations (ASEAN)

- **Prioritises prevention policies** and intervention measures to mitigate and address the underlying causes of all forms of violence against children and develop programmes to ensure all children receive appropriate care either from their own families, caregivers, or community/faith-based alternatives.
- **Promotes the deinstitutionalisation** of children especially those aged three years and under to reduce violence by strengthening the implementation of alternative family care services (e.g. adoption, foster and kinship care, and legal guardianship)
- Progress reviewed **periodically** by representatives from ASEAN Member States / Ministries for social affairs and welfare/ development through appropriate instruments and actions

# Persisting global challenges

- **Breaking the invisibility of violence (social acceptance)**
- **Weak focus on prevention, reactive and fragmented action**
- **Poor investments in human and financial resources**
- **Weak monitoring and evaluation of progress**
- **Weak national statistical capacity**





# Opportunities.....

**Primary responsibility for implementation lies with governments, who are expected to *promote a participatory, transparent and integrated process of follow-up and review of progress at national, regional and global level***

**High Level Political Forum (HLPF) is the central inter-governmental platform for follow-up and review at the global level**

**Follow-up and review processes at the HLPF must complement and be informed by national and regional reviews of progress**



**Provide support to country-level implementation:** regional and sub-regional frameworks can facilitate the effective translation of policies into concrete action at national level

**Promote identification of trends, lessons learned, good practices, gaps, and issues specific to the regions**

**Help boost regional cooperation and partnerships**

**Regional action indispensable to share experience, provide opportunities for mutual learning, and expertise and studies to assist national implementation processes and review progress**



**Products of regional reviews a key input for global HLPF review of progress**

**Using existing regional review mechanisms where possible, e.g. through regional entities and commissions**

And.....

**Regional human rights mechanisms (e.g. ACERWC + African Commission on Human and People's Rights) but the **SDGs** need to be effectively mainstreamed in their work and in concluding observations/recommendations to states parties**



# African regional consultation: Ending VAC in All Care Settings

- **Outcome** of this meeting will help build on regional lessons learned to support global understanding of the problem – and more importantly- what is being done to address it
- **Recommendations** and **Call to Action** will be an important contribution to the global effort



**THANK YOU!**

[srsg.violenceagainstchildren.org](https://srsg.violenceagainstchildren.org)

[twitter.com/srsgvac](https://twitter.com/srsgvac)





# THE MINIMUM STANDARDS ON COMPREHENSIVE SERVICES FOR CHILDREN AND YOUNG PEOPLE IN THE EAST AFRICAN COMMUNITY

Presentation to regional experts at the Violence against Children and Care meeting  
Nairobi, Kenya  
June 22, 2017

Rebecca Theuri, VAC Program Officer, Save the Children  
Isabel de Bruin Cardoso, consultant for East African Community

# Introduction

## Establishment, Objectives and Mission of EAC

- REC /IGO of R. of Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda
- EAC Treaty of 1999 and enforced in 2000
- Strengthen economic, social, cultural, political, technological, defense & security, legal & judicial affairs for sustainable development and jointly address sustainable development issues
- Widen and deepen integration to improve the quality of life of the people of EA through increased competitiveness, value added production, trade and investment

# Introduction

## Treaty Mandate, EAC Child Policy

### Article 120 (c)

“the Partner States undertake to closely co-operate amongst themselves in the field of social welfare with respect to, among others, “the development and adoption of a common approach towards disadvantaged and marginalized groups, including children, the youth, the elderly and persons with disabilities through rehabilitation and provision of, among others, foster homes, healthcare, education and training.”

- EAC Child Policy adopted in March 2016
- To provide a functional regional framework to facilitate the development, coordination and strengthening of national efforts geared towards the realisation of children's wellbeing.

# Brief Background – EAC Child Policy (2016)

## The 10 Priority Areas and Policy Statements:

- A Regional approach to ratification, domestication and implementation of international instruments
- Harmonization of national laws and policies to the African Charter and the UNCRC and other key international Child Rights instruments
- The Right to Citizenship and Identity
- Addressing cross border Child Rights violations
- Strengthening of national child protection systems and community mechanisms within the EAC region
- **An integrated approach to providing quality education, health and social protection to children**
- Child protection in conflict and emergency situations
- Resourcing of Child Welfare Services and Institutions
- Regional mechanism for monitoring, evaluation and reporting of child rights
- Child Participation



# Process

- Regional experts meeting (October 2016)
- Country consultations (November 2016)
- Regional Validation workshop (May 2017)
- Presentation of final draft for approval at the Sector Council meetings (August 2017)

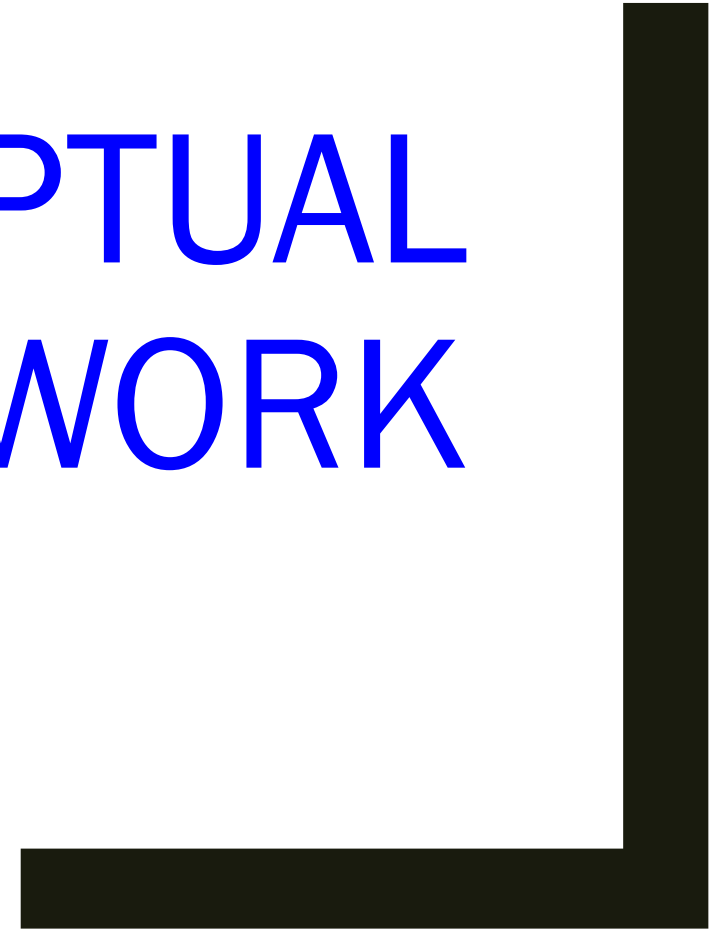
# Rationale of the Minimum Standards

- To support Partner States to **strengthen the design, implementation and review of national level standards** or packages of services for children and young people;
- To develop contextually appropriate, evidence-informed, strengths-based, and feasible strategies for EAC and its Partner States to inform the **operationalization of the EAC Child and Youth Policies** at regional and national levels;
- To **raise awareness and understanding of psychosocial wellbeing** and how this lens can help strengthen understanding of the type of services that are needed for children, young people and their families, at the different levels;
- **Facilitates progress towards meeting global, Africa-wide, and regional goals** on human and social development

# What are the Minimum Standards?

- Psychosocial wellbeing frames the understanding of who a 'well' child and young person is, and what services they need, to be holistically well.
- Five key strategies- S.C.A.L.E.:
  1. Social service workforce
  2. Coordination of services
  3. Availability and accessibility of appropriate services
  4. Long lasting positive impact of services
  5. Evaluation of services

# CONCEPTUAL FRAMEWORK

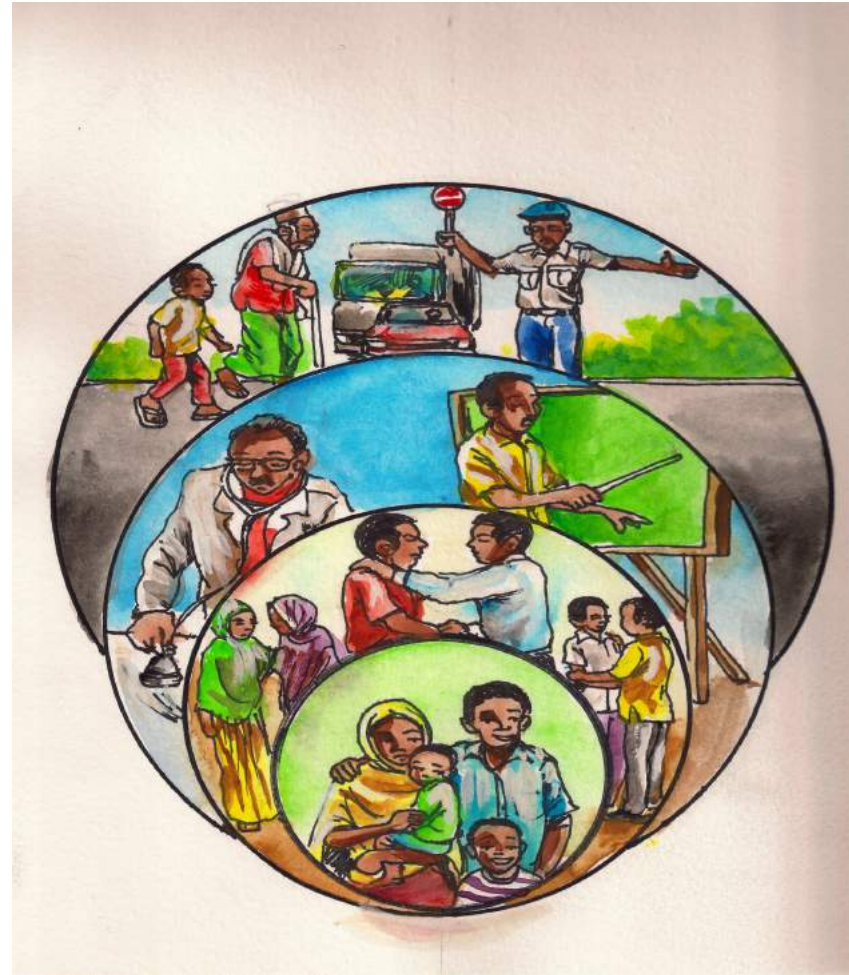


# A psychosocial approach to wellbeing

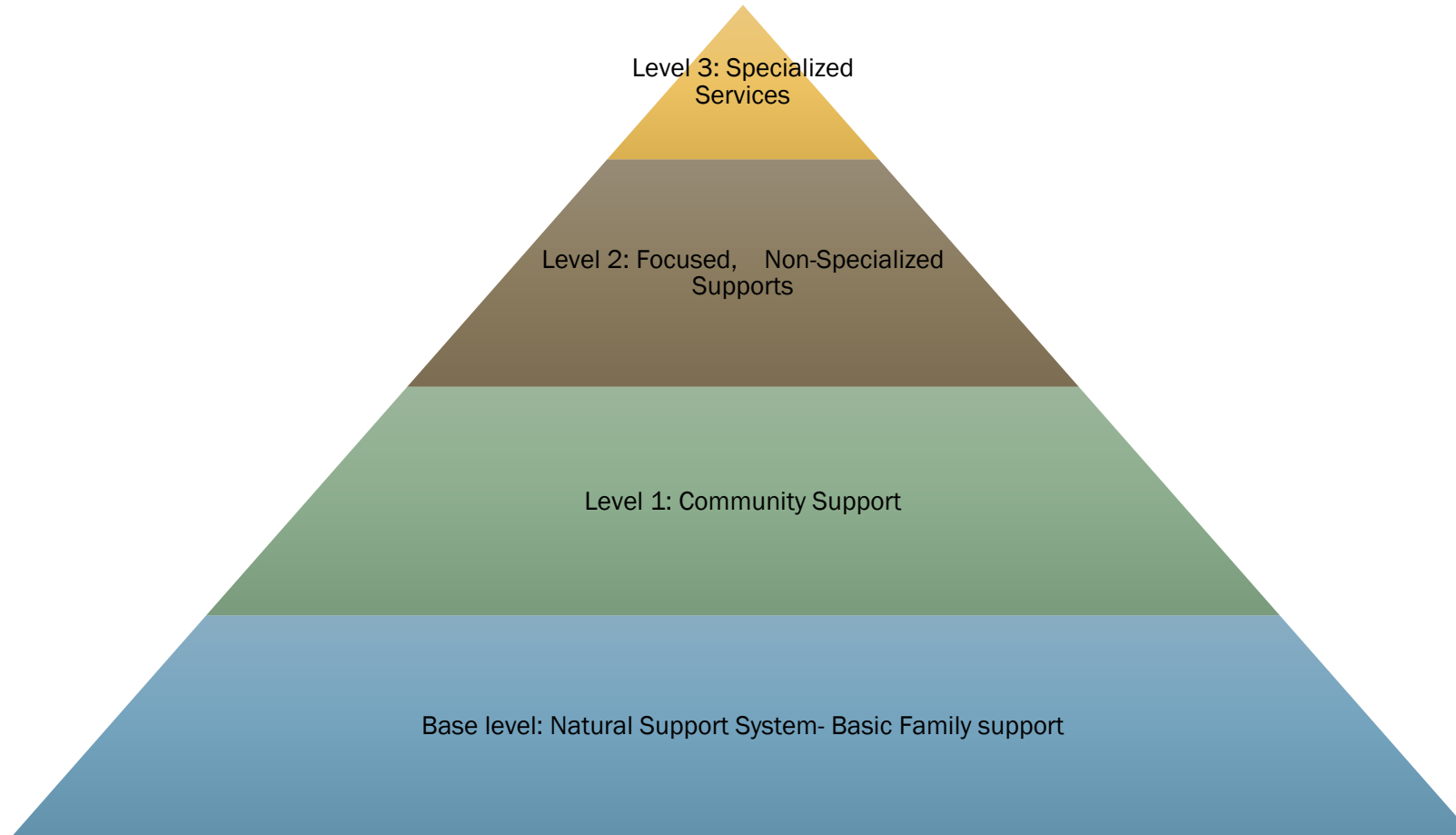
- Takes into account the ***Stage of Development*** the child may be in: infancy, early childhood, middle childhood, adolescence and youth;
- Addresses the needs of children and young people within five ***Areas of Wellbeing***: physical, emotional, cognitive, relational and spiritual;
- Targets interventions to the various ***Circles of Support*** that may surround a child or young person: family, community and environment;
- Offers support at each different ***Level of Intervention***: basic services, community & family support, focused support, specialized services



# Circles of Support



# Levels of intervention



# Implications for services

Any service targeting children should not be provided in a vacuum - it should be integrated into wider systems and linked to other relevant services, to address the comprehensive needs of the child at various stages and his/her family/caregivers.

# SERVICES AND STANDARDS



# Role of social service workforce

- Regular household **assessments** of vulnerable or marginalised households, such as through the Child Status Index or Household Vulnerability Assessment tools;
- Development and monitoring of individual and household **care plans**;
- Support the **monitoring and evaluation** of services and programmes relevant for children's and young people's wellbeing;
- **Provide services directly** to children, young people and their households, such as counselling, nutritional support, including in emergencies
- Initiate or participate in the **referral pathway** from household to service provider, including conducting counter referrals



STRATEGIES: S.C.A.L.E.



# Strategies

- **S:** Social service workforce: A strong workforce in terms of quantity and quality
- **C:** Coordination of services: Coordinated services to ensure comprehensive and integrated service delivery
- **A:** Availability and accessibility of all appropriate services: All appropriate services are available and accessible to all children
- **L:** Long lasting positive impact of services: Services are sustainable
- **E:** Evaluation of services: Services are monitored and evaluated, and learning is generated to inform service delivery for children and young people

# Inter-Agency Working Group



**Elizabeth Glaser  
Pediatric AIDS  
Foundation**

*Until no  
child has  
AIDS.*



23 June 2017

# Strengthening the Social Welfare Workforce to address Violence against Children in care

unicef  | for every child

Jonna Karlsson, UNICEF Eastern and Southern Africa  
Regional Office



# What's wrong with this picture?

Help-seeking behavior reported by 18 to 24 year olds\* who experienced childhood sexual violence

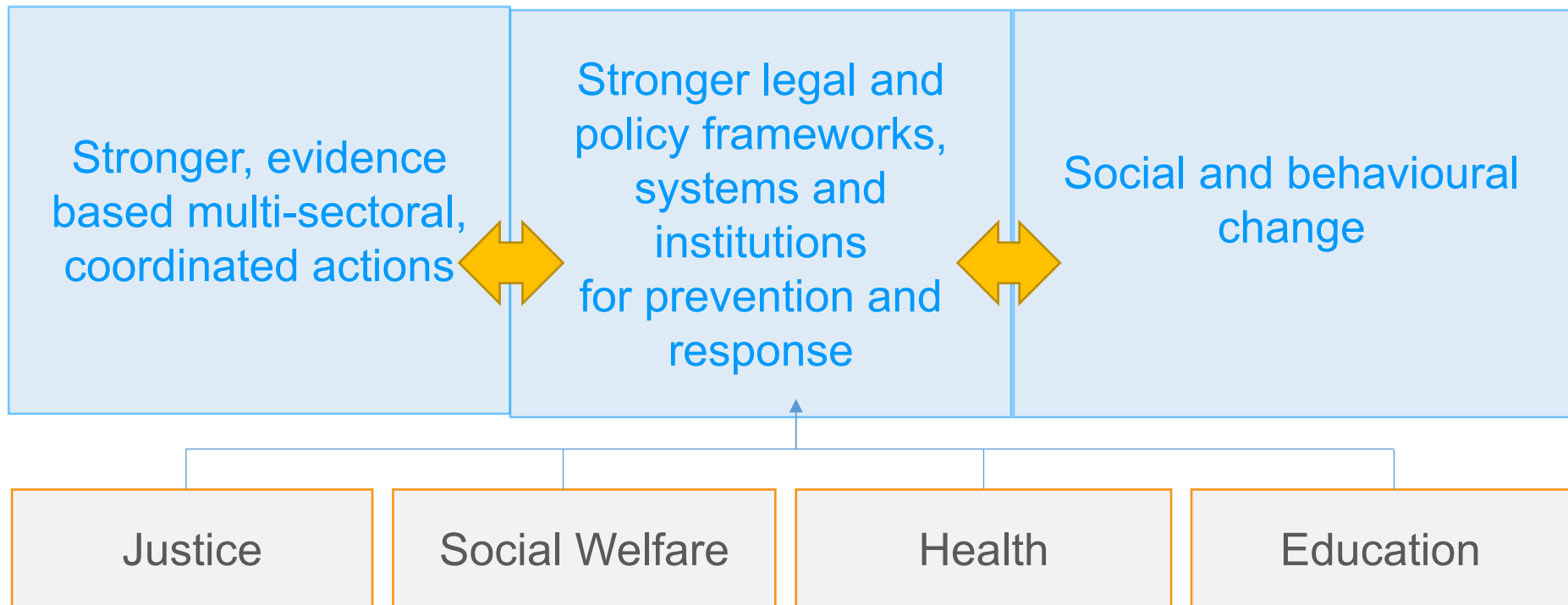


\* Reported by 13-24 year olds in Tanzania



# What works in VAC prevention and response

- Violence against girls and boys is preventable
- Action is required at all levels of the ecological model



- Whole system/institution strengthening is more effective than narrow policy changes, short-term projects, and vertical programming

# Strengthening the Social Welfare Workforce

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## Capacity Development

- **National education and training institutions (have good coverage and quality courses)**

## Public Financial Management

- **Government budgeting and financial planning of social welfare workforce**

## Quality Assurance

- **Part of the child protection normative framework**
  - protection functions clearly defined,
  - licensing/accreditation for social workers and auxiliary professionals,
  - supervision/support to staff,
  - data collection on type and quantity of case work to inform further policy making

## Advocacy

- **Citizens and policy makers recognition of the social welfare workforce as critical for the protection of vulnerable members of society**

## Example from Rwanda

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- Since 2012 the Rwanda has been engaged in a child care reform aiming at promoting family based care and reducing children living in residential care facilities.
- Using social welfare workforce to prevent and respond to VAC in all care settings, but using the deinstitutionalization as an entry point.
- GoR strengthening the professional and volunteer social workforce to work with communities, children and families to prevent cases of violence and separation, and to provide referrals to appropriate services.
- National Commission for Children absorbed 60 social workers and psychologists into the government system demonstrating a commitment to supporting child protection and violence prevention.
- 29,674 volunteers called 'friends of the family', also under the NCC have been deployed across the country, 2 per village. This cadre has received pre-service training and will be working directly with families and children in communities to mitigate and prevent violence.

For more information, please contact  
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