Methods for meeting the needs of Orphaned and Vulnerable Children by empowering Community Supported Family Care

A CARE AFRICA NETWORK TRAINING COURSE

Presented by Francesca Simms

Based on her research in Lesotho, Kenya, Uganda and Eswatini

we Care Africa Network
empowering community supported family care for children in crisis

Care Africa Network objectives

To enable the support and development of African extended family and community care systems in meeting the needs of orphans and vulnerable children within their extended families and communities now and for the benefit of future generations

The Needs of Children

The principal needs of children are inter-dependent. For example if the emotional needs of children are severely neglected, not only will the psychological development of the child be damaged, but they may fail to grow and thrive physically despite adequate food and are unable to learn and develop normally mentally. The essential needs of children include:

- **Physical** - Sleep, shelter, food, and warmth
- **Emotional** - Honesty, trust, belonging, love, stable relationships including good and continuous primary attachments
- **Educational -** Knowledge and background, encouragement, language & communication, acceptable behaviour, creativity
- **Ethical -** Self-respect, identity, purpose, challenges
- **Social -** Community, peer group, friends, acceptance

Previous UK social care model

During the time of the British Protectorate out dated and inappropriate methods of caring for children were exported to Lesotho. These conflicted with the beneficial child centred African extended family care of children which had developed over the centuries to be remarkably successful in meeting the needs of children. Unfortunately the inappropriate methods introduced have continued in Lesotho and other African countries and even escalated despite being now considered inappropriate and damaging even in their country of origin.

Prior to the 1950s the psychological needs of children were largely not understood or recognised. With increased labour mobility and the collapse of the community caring system in the UK, and before its replacement by a caring welfare state, families often experienced hardships and poverty which made it impossible for them to meet the physical needs of their children. The social and economic causes of poverty were also not understood and the stigma at the time towards poverty both adversely impacted the family and caused the community to step away from assisting it.

Uncared for or destitute children were collected into large and inappropriate institutions. Such institutions could provide physical support, but emotional needs were ignored and the children's development was severely impaired. The punitive impact of the institution on the family exacerbated the collapse. Generally the child's psycho-social needs were neither understood nor properly taken into account with serious consequences. A deprivation cycle developed as children who had their emotional needs neglected were unable to meet the psychological attachment needs of their own children.

UK care model development

In the 1950s Bowlby's research for the World Health Organisation recognised the importance of the emotional needs of children and that a warm, loving, intimate, continuous relationship with a mother or mother substitute was essential for later life. He recognised that a lack of adequate quality and continuity of psychological care in childhood prevented normal psychological development and also undermined educational development. It even impaired physical and mental growth.

Bowlby established the importance of the "attachment" need, although this was sometimes wrongly interpreted as the importance of the mother in meeting the attachment need of the child. Margaret Mead observed that different cultures satisfy the "attachment" need in various ways. For example African shared care, where the essential attachment relationship is shared between a few key extended family members, can provide the quality and continuity of relationships that are necessary.

The current thinking in UK and elsewhere is that a child needs to grow up as part of a loving family, and where ever possible this should be their own loving family. This is recognised as an essential right of all children. Planning for children in difficult circumstances will always aim for this. Only if adequate or 'good enough care' is impossible in their own family, despite considerable resources and help to facilitate this, would the alternative be considered of providing the child with a suitable loving permanent adoption family. Despite this many children remain in alternative care, usually foster care, far too long without stable placements and usually with very poor outcomes.

Fundamental principles

As a judge in UK once stated: *"It should be engraved on every social worker's heart that care in the birth family does not have to provide better care than an alternative care solution such as fostering or adoption. So long as the family provides 'good enough care' it is every child's right to grow up as part of their own family"*.

Care that is not "good enough" would be, for example, where a child is being severely abused and this cannot be resolved within the family despite substantial resources being made available and social workers working in partnership with the family and relevant others to achieve this. No child should ever be removed from an otherwise competent family when the granting of material aid can make this unnecessary. Material aid to a family is not only more cost effective in meeting a child's needs than alternative care, it is also much better for the child to be able to grow up with needs met within the family where he knows he belongs. If the family can be empowered to become self- sufficient in meeting the needs then that is even better than material aid.

Attachment need

Attachment needs, particularly in the first two years of life are perhaps the most essential need that must be met for the future development of the child. They underpin the child's future ability to form relationships and its outlook on life. This in turn can affect their attaining a successful instead of a damaged future. It will also affect outcomes for future generations of children.

To meet a child's psycho-social needs, of which the attachment need is the most significant, it is important for the child to grow up in a loving family who can satisfy their attachment need. Both the quality and continuity of these relationships are important. Institutional care generally cannot provide either adequate attachment relationships, or continuity of these relationships. Care in large groups particularly cannot meet the needs of individual children.

Outcomes of institutional care are extremely poor and often disastrous, as babies' homes in Eastern Europe have demonstrated. Without understanding the children's psychological needs, babies reared in groups in such homes are severely damaged emotionally and in their mental and physical development, despite adequate food and plentiful staffing levels. Whilst normal at birth, by the age of two they have become so damaged by lack of individual emotional care and attachments that they are transferred to institutions for mentally retarded children.

Good foster care may provide an adequate alternative relationship, but unless the care is permanent it will not provide continuity. After a few essential attachments are broken children become unable to attach.

Resilience

Good attachments recognise security and continuity. A broken attachment can be re-established, but difficulties arise in re - attaching when there has been poor attachment in the first instance. This stresses the importance of "Resilience".

Factors which facilitate a child being resilient to the hardships they face include many of the same conditions that are also necessary for good attachments. Resilience is stronger in children who have a consistent, supportive and positive relationship with a primary caregiver, as well as caregivers in the

extended family. These caregivers should be a role model for the resilience and give reassurance and encouragement, as well as helping children to cope with stress (Gabarino et al 1992). Children without the advantages of this loving family and community care are doubly disadvantaged both by having inadequate attachments and also lacking the support needed to have resilience to such difficulties. This emphasises the importance of security and the role of the family and community in meeting attachment needs and providing resilience to difficulties.

Institutional care is generally unable to provide either the quality of attachment relationships that a child needs, or the continuity that must be provided. Institutional care has been described as 'total deprivation' in this respect.

African extended family and community care system

Although there are variations in different cultures and countries within Africa, the extended family system of care predominates and has been observed by a number of researchers to minimise destitution amongst all members of society and ensure the needs of all children are met within the extended family (Gay 1980, Murray 1981, Barker 1973, Poulter 1976).

Traditionally African children belong to their whole extended family. They are the responsibility of the whole community overseen by the village chief. This system has been successful for centuries in meeting the needs of all children within the family and community including orphaned and vulnerable children (OVC). This is despite the many difficulties and tragedies that the countries have faced. It compares favourably with the welfare state in the UK, and has the additional merit that it is family and community orientated. It should be valued and developed to meet the new challenges that face Africa. But pressures on the extended family and community care systems threaten its destruction.

Sesotho Law

The extended family and community care system in Lesotho rests on the fundamental planks of Sesotho Law. The two essential principals are:

- Each child belongs to an extended family, not just its parents, and is the responsibility of the extended families of both lineages supported by the whole community, (Poulter 1976, Gay 1980)
- Children have reciprocal obligations to anyone contributing to their care or support or education , (Poulter 1976)

This two-way obligation provides an economic incentive for excellence in child rearing. It has proven particularly successful in meeting the physical, emotional, social, educational and ethical needs of children.

Physical support

Responsibility rests on the extended family and the whole community to ensure the physical wellbeing of the child and its other needs are met. The reciprocal obligation of the child is reflected in the future wage support that the child can provide and, in the case of girls corresponding shares of their bohali payments on marriage. The financial and physical support of children is also provided by land being allocated by the village chief according to the subsistence needs of each family. This also ensures the geographical stability of the family. Whereas some family members may work elsewhere, the extended family as a whole remains in the village where there is an entitlement to land. This ensures that extended family and community care system can continue to support future generations.

The system also contains safety nets that ensure the physical needs are met even in situations of hardship. This is achieved by a responsibility residing with the families of both lineages and the community.

Bohali payments enable separated or abused women and their children to return to their maternal family, who have both the obligation and the means to support them. Bohali payment on marriage is still considered important, although sometimes payments are now in cash, instead of cattle as is the tradition. Similarly an obligation on the paternal lineage ensures support for a brother's widow and children. The widow's inheritance of their husband's land

and the associated traditional practice of share cropping this land when necessary also provide a route for physical support (Gay 1980).

Fulfilling the Emotional need

The essential attachment need is met by extended families cooperating to provide for the emotional needs of every child, whilst the wider community provides additional support. Care of children is child centred; in contrast to attitudes in UK prior to 1950s when it was believed that children should not be 'spoilt' and so should not be attended to whenever they cried. Child centred care of children is now advocated in UK, but sadly in this period care has become less child-centred in Lesotho as a result of the earlier western influence.

In Lesotho babies grow up with a close relationship with their primary carer, often their mother, who carries the baby on her back and sleeps with him or her at night. This enables the child to receive child centred care and breast feeding on demand until weaning, which is traditionally at two and half years. During this time the baby also develops relationships and receives much child centred attention from "bo me" (*many mothers*) within the extended family. This ensures they receive good emotional care and helps them become well balanced adults capable of being successful wage earners, or able to attract a bride's wealth payments, and eventually become a caring future head of the family. The child's reciprocal obligation encourages economic responsibility in later life.

Fostering of children within the extending family is very common and merely represents a shift of primary care within the relationships already developed in the extended family. Such shared care provides continuity of the essential attachment relationships in situations of hardship when the mother may not always be present. Other relationships with extended family members can provide additional support. Orphans are automatically cared for in the extended family. Their care is supported by the community and overseen by the village chief (Gay 1980, Simms 1996). Delinquency or mental health problems in youth were rare before western influence exerted pressures on these systems (Matsela et al 1979).

Social, Educational, and Ethical needs

Growing up as part of an extended family and community fosters a sense of belonging and self-esteem. Many extended family and community members will develop a caring relationship with each child. Growing up with numerous children of relatives also fosters friendships and mutual support. All extended family members are keen to fulfil their obligations to enable each child to receive the best possible education, so that the child is better able in return to provide wage support in their old age. An obligation rests on family members to pay for formal education expenses wherever possible.

In addition all family members contribute to teaching the child essential skills as part of the indigenous education system. These include child care, cooking, pottery, house building, agriculture, and animal husbandry. The indigenous education system taught by family and community members also includes philosophy and the ethical development of each child. The ethics of contribution and caring for other members of the family and wider community is an essential principal of the traditional education and religion. In addition the child is taught history, poetry and music and art. This education culminates in Initiation Schools.

A story of success

Research comparing the development of children reared by traditional methods in mountain areas was found to compare favourably to the development of children in lowland and urban areas which are more affected by westernisation. Not only did the rural children develop better psychologically but they also developed better physically, and even walked earlier despite the relative poverty of the mountain areas. This indicates that the traditional Basotho child raising methods are more successful at meeting children's needs than the westernised methods.

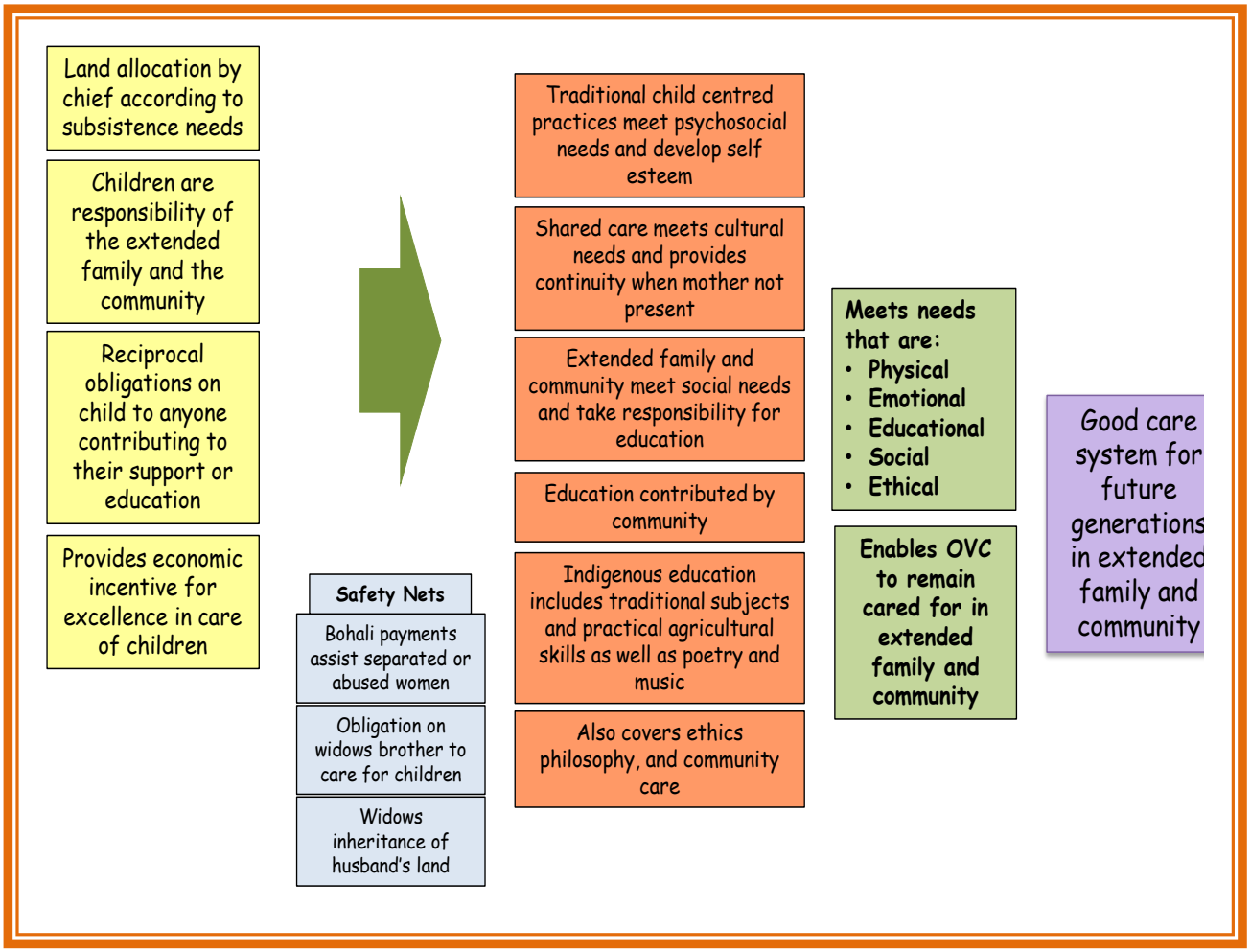
The African extended family care model has developed naturally and successfully to meet all the needs of children, including the essential attachment needs, and provides support that creates resilience to hardships. It also meets the needs of other members of the community. *'The extended family provides a marvellous security for those for whom otherwise there is no security at all. The extended family is a net wide enough to gather the child*

who falls from the feeble control of neglectful parents, it receives the widow, tolerates the batty, gives status to grannies' (Barker 1973).

In summary:

a) A child's attachment needs are generally met well by child centred care with close, quality relationships with a few specific family members, and other supportive relationships within the wider family.
b) This shared care can provide continuity when the mother cannot always be present.
c) The child's development is aided by a philosophy of community involvement.
d) Reciprocal obligations on the child regarding the wider community provide an economic incentive for excellence in all aspects of child rearing and education.
e) Orphans are automatically cared for in the extended family supported by the community, and overseen by the village chief.

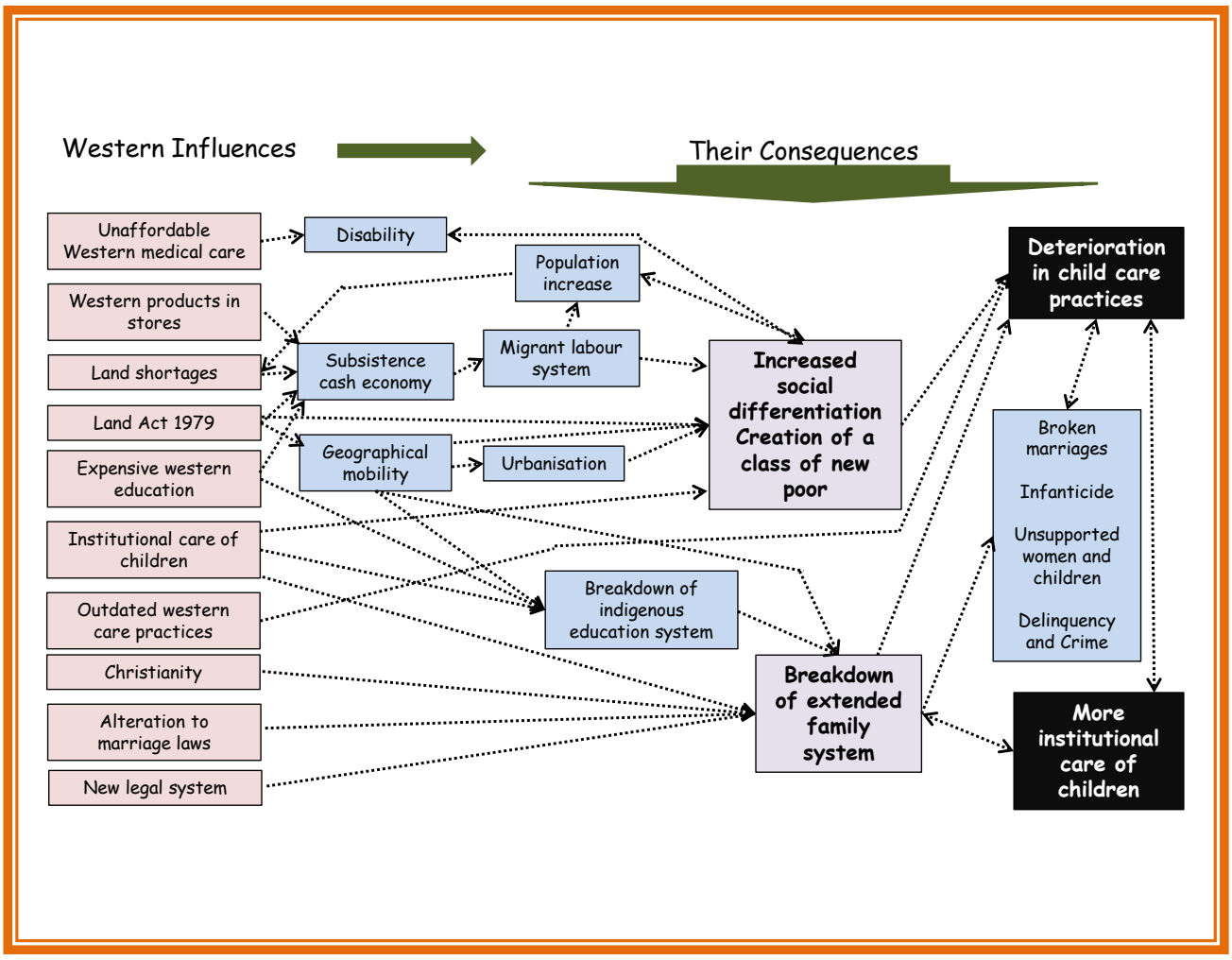
The extended family and community care system compares most favourably with the welfare state care in UK, whereas outcomes for children in alternative care are very poor. It is also a much more cost effective care system. A well-funded welfare state is currently not an option for many developing countries, nor should it necessarily be n objective since a successful extended family and community care system can provide for the needs of all in a more personal, caring, and locally based way.



It is important that this community and extended family care system continues and develops to meet new challenges, so as to secure the future needs of children, as well as ensuring the care needs of future generations and adults are met.

Destructive pressures

This excellent traditional African care system is at risk from a variety of external pressures that threaten its destruction. The failure of the system would have disastrous long term consequences both in human and economic terms placing OVC and adults at risk, and causing the reversal of all development goals.



These pressures interact in a complex and tangled web but are primarily associated with:

i. Increased geographical mobility of labour
ii. Westernization of culture and introduction of institutions and lack of confidence in African care systems
iii. Increased social differentiation and incidence of poverty
iv. Institutionalisation of children
v. The AIDS orphan crisis

A shortage of land coupled with the increased geographical movement of labour creates a pressure for moving the economy from a subsistence economy to a cash economy. The Land Act would have destroyed the extended family care system in Lesotho by creating geographical mobility of all family members and more social differentiation and poverty, but fortunately it remains largely unimplemented outside of Maseru.

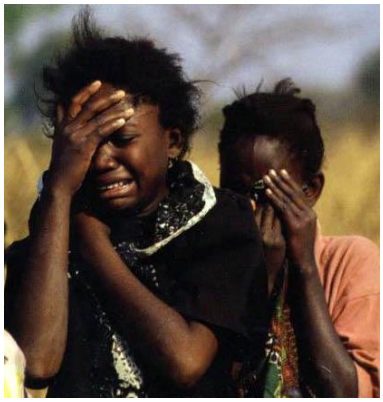
AIDS orphan crisis

The AIDS orphan crisis has exacerbated these pressures since it has left many AIDS orphans traumatised by the deaths of both parents and without any means of support. Neither words nor statistics can adequately capture the human tragedy of children grieving for dying or dead parents, sometimes stigmatised by society through association with HIV/AIDS, plunged into economic crisis and insecurity by their parents' death and struggling without services and support systems in impoverished communities.

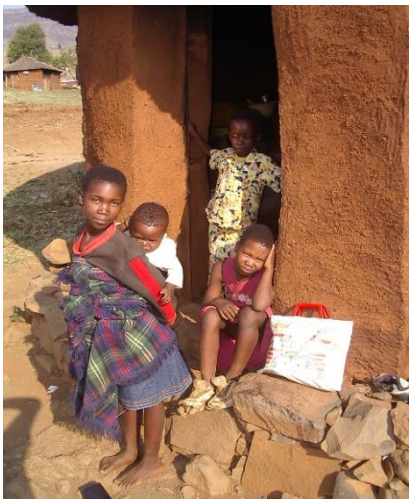
Children may grow up alone struggling to cope with adult tasks and responsibilities

Haworth, studying the effects of AIDS on 1,116 Zambian families, highlights the process children go through before they are orphaned. They often have to leave school to care for one or both parents and sometimes younger siblings as well as their illness progressed and often with inadequate pain relief knowing that they have suffered from a "shameful" disease. This results in trauma and often also stigmatisation. Children who live through their parent's pain often suffer from depression, stress and anxiety. Sudden poverty means they struggle to meet new commitments as a child-head of family, farming and caring for younger siblings. Emotionally vulnerable and financially desperate, orphaned children are more likely to be abused and forced into situations such as prostitution as a means of survival.

There is considerable evidence that children separated from their parents are placed at increased risk, (Pringle et al 1966, Rutter and Madge 1976, Wolkinde and Rutter 1985) and that unresolved child hood bereavements result in higher incidence of mental ill health (Simms 1986).

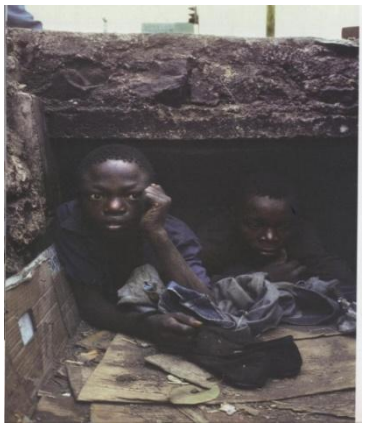


Communities and families struggle to provide the help these children need.



Child headed family of orphaned children in Lesotho

Extended family members still exist who are available to care, but with so many of the middle income earning generation dead, financial support for this care is often unavailable. This has sometimes resulted in unsupported child-headed families, and children living on the streets having to resort to prostitution and crime in order to support themselves and their dependent younger siblings. As a result they are at risk of being infected themselves.



Children with multiple losses are most at risk.

Added to these pressures, westernisation and institutional care could threaten the African care system with complete destruction leading to devastating social and economic consequences, thousands of destitute children and adults, and the reversal of development goals.

Breakdown of the African care system

When the African care system is functioning satisfactorily all the needs of children are met within the extended family and community. The breakdown of this system can be characterised as:

i. The extended family comes under stress
ii. The extended family remains intact but is no longer capable of meeting all the child's needs
iii. Community members replace extended family
iv. Child headed families emerge, albeit supported by community members
v. Foster care placements are found, or adoption elsewhere within the country or overseas
vi. Small family group homes
vii. Child headed families operate in isolation from the community
viii. Large institutions are established and filled often inappropriately
ix. Street children become prevalent
x. Children become destitute, often abused and perhaps eventually die

Institutional care

The westernisation of care practices and in particular the introduction of institutional care of children has proved particularly damaging to the African care system. Poverty remains the main reason why a child's needs cannot be met, but poverty is not a valid reason for consigning children to institutions. It would be more cost effective and would better help the child if families can be helped to provide for their own needs. Sadly many children have been admitted to institutional care for inappropriate reasons such as poverty and the perceived economic advantage that institution can offer.

In reality institutional care has disadvantages for family, communities, and society. The poorest families lose contact with their children, and forfeit their future "social security net". Institutional care provides inadequate child care and competes with the extended family care system leading to its break down. Institutional care is also extremely cost inefficient by reserving scarce resources for a very few. The poverty and inadequate child care that results from the breakdown of the extended family care system in turn results in more inappropriate cost ineffective and psychologically damaging institutional care. Children reared in institutions do not develop well, and are often psychologically damaged. They are generally unable to support themselves as adults let alone care for their relatives. They have usually also lost contact with their extended family and community care 'safety net', so their future is bleak.

Simms estimated (1985) that "*for the cost of caring for one child in a damaging African institution for one year, 1000 children could be permanently supported in their extended families by developing income generating projects*".

Studying children's institutions in Lesotho the 1990s (Simms 1997) showed:

- 67% of admission were not needed at all
- 92% could have been prevented if alternative help had been made available
- 8% required only temporary care whilst their family was traced and a rehabilitation plan made.

The reasons for the admission to these institutions indicate how an inappropriate western concept has been misunderstood. The study showed that admissions had been sort for meeting the objectives of:

- Economic advantage since they provided free child rearing and education
- Reasons of poverty due to an inability to feed or educate
- Protection of the child because of the lack of social workers who could provide a better alternative by working in partnership with extended family and community members
- Abandonment of children and a lack of police to trace the family and assist with rehabilitation

Maintaining the African care culture

Instead of institutions, support for families and communities is needed to enable them to meet their children's needs. Communities must be empowered to support families and care for OVC. Where parents or chosen extended family member have difficulty in providing adequate care for a child , the more effective approach would be to provide them with help from other members of the family, the community, NGOs, or government that would enable them to do so. Where adequate care is still not possible a suitable caregiver or caregivers in the extended family, or failing that in the child's community should be identified and, if needed helped to provide the necessary and adequate care.

If the traditional system has failed completely, and the child is seriously at risk, perhaps from substantial abuse, which cannot be resolved by working in partnership with others to ensure the child's safety, only then should temporary alternative care be considered. In these cases a plan should be made immediately for the safe return of the child to their parents or extended family and community. Only when all efforts have been unsuccessfully applied for the safe return to family and community should permanent alternatives be considered such as adoption

No child should be left to live permanently in an institution. Such 'Places of Safety' must be temporary whilst work is actively carried out to enable sustained and permanent care in their own family and community, or if this is not possible, then through adoption

The extended family and community care system needs to be supported and developed so that it can rise to new challenges in meeting the care needs of the many OVCs. A collapse of the beneficial and cost effective African Care system would have a disastrous social and economic impact leaving thousands of destitute children and adults. It would be the reversal of all development goals.

Reversing this regressive spiral is the challenge that faces all who care about children.

The CAN Research

Care Africa Network has researched how the four countries of Lesotho, Eswatini, Kenya and Uganda have risen to the challenge of reversing the destruction of their extended family and community care systems by introducing schemes that empower the provision of good care for children despite the external pressures. These initiatives have been against widely differing backgrounds. We look briefly at the different circumstances that face the communities in each country.

LESOTHO

Lesotho is a remote and mountainous kingdom that has traditionally relied on subsistence agriculture. Over the years it has changed from a subsistence economy to becoming increasingly a cash economy. Each family is to a large extent dependent on the cash earnings of family members. The cash earnings are distributed amongst the extended family, who usually continues to farm the family homestead.

Employment opportunities are scarce, particularly with the reduced employment of Basotho mine workers in South Africa. Westernisation, poverty, and the AIDS orphan crisis have put pressures on the extended family care system and its capacity to cater for an increasing number of OVC in the family.

Institutional care of children has been introduced to Lesotho. It is as an easy option but inappropriate, cost ineffective, and damaging. It competes with the beneficial and traditional system of care provided by the community and extended family. Although primary education is free, the cost of uniform, shoes, registration fees, or the need to earn one's own keep, perhaps as a herd boy, make it out of reach for many of the neediest OVC. Secondary education is expensive and not available to most. Child abuse rates are high and child protection systems are needed for the more vulnerable OVC.

With so many of the middle wage earning generation dead, the care of many orphans often falls to the older and elderly generations. But many of this generation have lost the wage support they relied upon from their children

who have died. Communities have innovated to find ways of meeting the needs of all the orphans and vulnerable children within the extended family supported by the community, as is the African custom. Some of the achievements are remarkable.

The catalogue of some of the excellent projects in Lesotho includes village and urban support groups for OVC, training support groups, and village care facilitators. There are psycho-social programmes and child protection training together with projects concerning the share cropping of orphans' land and conservation methods in agriculture that includes drought resistant permaculture (key-hole) gardens. Training in income generation and community development is available. "Station days" are employed to facilitate registration of OVC and to assess their needs, so individual care plans can be made to meet these. There is also a mother and babies' care and educational centre to prevent infant abandonment.

ESWATINI

Eswatini struggles with three devastating and interrelated problems. Firstly the country has the highest prevalence of HIV in the world at 26% of the adult population (UNICEF 2008a).

Secondly declining standards of living have led to rising poverty over the past decade. The economy is dependent on manufacturing, timber and agriculture. The closure of manufacturing and textile companies, combined with a retrenchment of mine workers in South Africa, has significantly reduced prospects for employment and adversely impacted household incomes. Income distribution is also very unequal in both rural and urban areas. The Eswatini National Children's Policy (Government of Eswatini, 2008) drawing on the Household Income and Expenditure Survey, shows that 69% of the population lives below the poverty line and 37% in extreme poverty.

Thirdly these problems have been exacerbated by rising food insecurity following several years of persistent drought. In February 2016 Eswatini declared a drought emergency as a result of an El Nino induced drought. An estimated 300,000 of the population were dependent on food aid for survival.

The combined effect of HIV/AIDS, drought, poverty, and food insecurity raises concerns about the prospects for future generations and leaves Eswatini far from achieving many of its Millennium Development Goals. The rapid increase in the mortality of parents caused by the HIV and AIDS pandemic has resulted in a generation of bereaved and traumatised children. Coupled with the high prevalence of poverty, this has denied many children their basic human rights and services. The Government estimated that 130,000 children, or almost one third of the children in the country, are orphaned or vulnerable. This number was expected to grow to 200,000 by 2010.

Eswatini has an admirable tradition of extended family and community care of OVC but with so many middle-income-generating adults dead, the burden of caring for the large numbers of young children without parents falls on the elderly. The Eswatini Demographic and Health Survey (SDHS, 2007) estimated that a third of children do not live with either parent. The combined crisis of increasing poverty and so many AIDS orphans has placed unprecedented pressures on the extended family and traditional community structures, which are struggling under the burden.

The National Emergency Response Council on HIV and AIDS (NERCHA) has been established to coordinate services to meet the needs of OVC in Eswatini.

These can be summarized as -

- Food nutrition - including food aid and food support at Neighbourhood Care Points (NCPs), agricultural input-provision support and back-yard gardens.
- Education - including school fees, school materials, and uniform support, and a school feeding programme.
- Socialisation and protection - including support to child-headed households, prevention of and protection from abuse, legal support, and provision of shelter and child empowerment projects.
- Psychosocial support - including grief and trauma counselling, emotional counselling, substance and abuse counselling, and home-based care.

- Community strengthening which includes Kagogo centres, Neighbourhood Care Points, (NCPs), support groups for people living with HIV/AIDS (PLHIV), caregivers and external caregivers, basic medical services, credit, development finance, income-generating activities, and income support. The income support includes the elderly grant, Young Heroes support, child welfare grant, public assistance grant, foster care grant, and OVC grant support, which are received by some of those in need.

KENYA

In contrast to Lesotho and Eswatini, Kenya has already become significantly westernised. Many traditional African care systems have broken down and been replaced by the permanent institutionalisation of children. Institutions that care for children have mushroomed taking over in many instances from community and extended family care systems. They have become the default mechanism for children in need. Institutional care of children is cost ineffective and cannot meet the needs of children who need to be raised in a caring family. Children are admitted for inappropriate reasons and are then unable to return to their families. Often the whereabouts of a child's family is not even recorded. They become permanently institutionalised and on leaving care have significant difficulty in coping as adults.

Westernisation, increased social differentiation, and institutional care have led to a breakdown in traditional Kenyan society. Many children live on the streets. The multitude of different ethnic groupings in Kenya has led to intergroup conflict with consequent homelessness, poverty, trauma and death. Whilst Kenya is wealthy by comparison to Lesotho and Eswatini, the egalitarian nature of African society has been replaced by social differentiation

The slums of Nairobi create appalling living conditions and lack access to essential services, education and employment. Although primary education is officially universal and free, with free school meals, schools are not provided in slum areas. Corruption is a challenge at all levels. Child abuse rates in families are high, as well as in the institutions meant to protect them. HIV and AIDs has created orphans and poverty.

Some of the most impressive projects in Kenya are those that try to reverse the trend to institutional care and rebuild African community and extended family care systems in order to provide good family care for OVC. Organisations such as 'Little Angels' work to influence policy and legislation, and train institutional staff in how to return children to good family care. Resources released can then be used by other families in providing good care and thus prevent the institutionalisation of their children.

However the legacy of thousands of institutionalised children who are unable to cope in society as adults is a daunting challenge. With no records, rehabilitation is difficult since often all contact with the family has been lost. The only way to provide permanent family care in some cases is adoption and overseas adoption has developed.

Child protection programmes are being developed, but against a number of considerable challenges because of the lack of services to meet children's needs and protect their rights in the community. Once abused children are identified, few alternatives exist except the removal of the abused child to institutional care, which can be worse than the family care they left. Permanent institutionalisation also leads to conditions where children are often abused.

Other projects attempt to address the lack of opportunity and the poverty trap of the slums by furthering education and developing income generating projects for those most in need. It might be better if these inequalities and the lack of provision of basic services and education in slum areas could be addressed at a macro policy level.

There are a number of excellent projects for the support and empowerment of those afflicted by AIDS, and that develop income generating projects so that families can support themselves and the OVC of relatives. Kenya has also developed an impressive cash transfer project for the neediest in some areas, but exit strategies are also required such as the development of income generating projects.

Little Angels is an excellent example of a project that works at the policy level, and with institutions towards reintegrating institutionalised children with their birth family, or providing permanent adoption. They aim to provide

institutions with the competence to return institutionalised children to the care of their family, and provide the family with the help they need to cope. The institutions are then able to use the resources released to assist other families in caring for their OVC. Empty institutions can become community centres for promoting good family care of children.

There is a huge task to be undertaken rebuilding community structures. People need to be diverted from an institutionalised way of thinking, and laws and funding arrangements that favour institutions should be recast. Donor support for institutions is a major problem since they provide incentives for institutions to collect more children instead of working with communities to enable them to stay with their families.

A complete lack of any records when institutionalised, results in individuals becoming institutionalised for life, as well as being frequently abused. Rehabilitation is most difficult because there are no records and a child may not remember the whereabouts of their family. Kenya now has a huge problem of institutionalised children becoming young adults and not being able to cope in the community in all sorts of ways.

Corruption is a major issue. There are many people wishing to foster which raises the danger that they will pay officials for the privilege. This can result in trafficking. Stricter controls are needed. The position is exacerbated by government and community officers being rewarded for children 'rescued' and not for children rehabilitated. The whole process is orientated towards institutional care and, unfortunately, the associated damage it brings.

UGANDA

It is admirable that Uganda has been a pioneer in adapting a policy of supporting community development approaches to meeting the needs of OVC. Nonetheless it faces the challenges of poverty and HIV/AIDS including the growth in the number of orphaned children. Recent conflicts in the north has left a legacy of refugees and traumatised child soldiers. Street children have become prevalent together with a mushrooming of institutions that have been introduced by aid organisations. There is a lack of understanding even

amongst social workers of the importance of children growing up in a family environment and how this can be enabled.

Mike Riley, a care consultant with the Ministry of Gender, Labour and Social Development is promoting deinstitutionalisation in Uganda by:

- Direct training of all Ugandan social workers in Alternative Care
- Liaising with Ugandans on the qualifications for their social workers

He believes that even qualified social workers do not always fully understand the importance of the family for the development of the child. He advocates more training in this, and the active promotion of the family care of children.

However, there are many excellent projects for promoting good family care of OVC including those affected by AIDS by various methods but all including economic empowerment, Some examples of these include:

- Ugandan Woman's effort to save Orphans (UWESO).
- The Aids Support Organisation (TASO)
- Reach Out Myba Parish
- Action Aid

There are also cutting edge new ideas that promote community and family care for children

- **NET 4 Hope Foundation …** led by Paul Brethren who has exciting ideas on how to rebuild broken communities. He believes that most organisations are attempting to deal with broken communities but the approach should be to rebuild them.

- **Viva Network** … which is a networking organisation that encourages keeping children in communities and families, and provides training and consultations.

Organisations that promote rehabilitation to family care include:

- **Retrak** … which is a street children project. It operates from a drop-in centre in Kampala and aims to rehabilitate street children with their families, for which substantial resources and social work help is also provided. Only when this fails is an alternative plan for adoption

advanced. Children are initially fostered with a carefully selected family which is then prepared and trained. The care given is carefully supervised. Only if this care is proved to be good and successful in meeting the needs of the child can an adoption order be made

- **Malaika** … is a transitional centre for babies. It comprises a centre for mothers and babies, and abandoned babies that help mothers to get on their feet and care for their baby. The families of abandoned babies are traced and the baby returned to their family with any help needed to enable the baby's needs to be met. Only if this fails is the baby placed for adoption with a very carefully chosen family within Uganda.

Successful methods that assist families in caring for OVC include:

- Developing income generating projects
- Establishing savings and loans groups
- Rebuilding Communities
- Drop in centres for street children that facilitate rehabilitation
- Retracing families and the rehabilitation of institutionalised or street children
- Empowering mothers to care for their new babies
- Training and consultations for organisations that can provide community supported family care
- Developing Ugandan adoption where there is no other alternative

A multifaceted approach

These four countries have taken a multifaceted approach to the challenges they face in meeting the needs of children. Perhaps most essential are the community development projects which empower communities and families to continue to meet the needs of children for the future. Additional strategies may be required for children who have already become victims of the degradation suffered by the African care system, and who may be living on the street or in large institutions with no family records.

To describe some of the more successful projects that have been found we have allocated these to ten categories. Inevitably the allocation has been somewhat arbitrary as most schemes are multifaceted and span a number of the categories. For example community development projects are likely to use economic empowerment methods to sustain the community, and some of the best child protection schemes flow from the community development approach.

Project categories

The categories created for this purpose are:

1. Community development and family empowerment - including rebuilding collapsed communities.
2. Economic empowerment and food security – including cash transfer, income generating projects, savings and loan groups, and developing agriculture through sharecropping and training in conservation farming and permaculture methods such as drought- resistant key-hole gardens.
3. Access to treatment and economic empowerment for people living with AIDS
4. Access to education
5. Child protection programmes - including the identification of children in need
6. Additional psycho-social support programmes
7. Child empowerment programmes
8. Alternative care and rehabilitation to birth family programmes - for children in institutions and the development of adoption
9. Rehabilitation of street children
10. 'Catalyst' organisations – that transfer information and capacity build

We consider these categories and their projects in the next section.

1. COMMUNITY DEVELOPMENT AND FAMILY EMPOWERMENT

If the African extended family and community care system is to be sustained and developed to tackle the new challenges that face it, then perhaps most important is a community approach that can empower families to meet their children's needs. The four countries in this research all have varying degrees of excellence in this field, but their methods need to be disseminated elsewhere so as to benefit a greater number of OVC. Some of the approaches that have been found will be discussed in this part.

Village Support Groups in Lesotho

Faced with a large numbers of orphans, often as the result of the death of both parents from AIDS, village communities have organised themselves into support groups. They innovate to ensure each orphan is well cared for in a family within the community and provided with food and education. This could be by growing food for the OVC, developing income generating projects that can finance their needs, or providing support for family members in other ways, who can then provide a home for their relatives' orphans and vulnerable children.

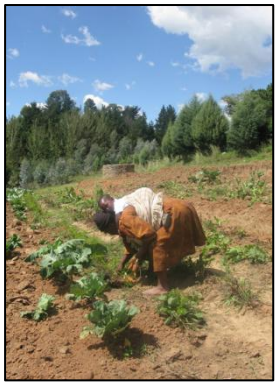
This is an admirable way of community members working together so as to ensure that the needs of all children in their community are met, whilst they still live within their extended family; as is the African custom.

Society for Women and AIDS in Africa (SWAALS)

SWAALS is a good example of a Village Support Group. It ensures that 208 orphans in Ramapepe are cared for by extended family members, or by members of the community if necessary. The village allocates land and supports group members. Each support group member has special responsibility for five orphans so as to ensure their needs are met, and that psychosocial support provided.

Support group members work on the land to grow food for the orphans, and are helped by the orphans after school hours. Orphans learn horticulture and receive extra psychosocial support from their support group worker in addition to that from their caring relatives. Orphans are collected together after school

and have a communal meal prepared for them from food grown on the donated land. Food is also given to them to take home for the relatives who care for them.



Support group members raise money through income generation to ensure that all OVC can attend school. The Department of Social Welfare provides training for the group leaders in the psychosocial support for the bereaved children. Leaders then train other group members. In one instance the group has inspired 20 surrounding villages to follow their example.

Urban Support Groups Lesotho

Urban support groups for OVC have an even more difficult task since orphaned children do not always know the whereabouts of their extended family. These groups try to ensure they are cared for by families or by a support group member. They raise money to ensure orphans have food and education through income generating schemes and grant applications. They also provide additional psychosocial support.

The **Tsoane support group in Maseru** is a good example. This group has 13 members and helps 29 OVC including 4 child-headed families.

These children, whose parents had recently died, lived alone in one tiny room

Since they had no family, a support group member took them in to live near her and cared for them

Training and supporting local groups for OVC in Lesotho

An effective way of empowering communities to care for OVC is by working in partnership with the communities and village chiefs, and by providing training and development for local village support groups. An excellent example of such a project is that run by the **Lesotho Red Cross**. There are many reports of the effectiveness of the impact of its work. It is best summarised by Chief Ntsane of Ha Ntsane who said:

"The project has brought changes in co-operation. People now want to come together to see if there is work to be done. We see the Red Cross as a saviour come to alleviate the problems of orphans and vulnerable children. The sad faces are disappearing from the children. We see them as children once again..."

Lesotho Red Cross

The project functions through the provision of training programmes for village chiefs, care facilitators, volunteers, youth leaders, and teachers. These programmes include advice on the prevention of HIV, children's rights, psychosocial support for orphans, counselling, child protection, conflict

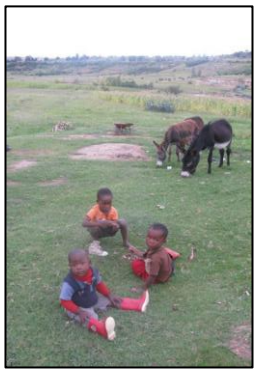
management, and dealing with stigmas. The project assists with food production on communal land, and the development of income generating projects for the support of OVC. Elderly carers help by growing food themselves, whilst youth volunteers are encouraged to assist them.

Widower, whose children have also died, cares for his orphaned grandson, growing food with the help of Lesotho Red Cross

Red Cross also advises on the establishment of safe water supplies in villages. It funds and facilitates the development of village income generating projects, and assists communities in ensuring each OVC is cared for by a loving relative. It trains community volunteers in psychosocial support and works with dying parents to prepare for their children's futures. A future caregiver is identified and a care plan to ensure their needs are met is made.

Volunteers Leader growing food on communal land for OVC

Village Care Facilitator with potato harvest from communal OVC land



… and some of the OVC that she oversees

Lesotho Red Cross works with children providing psychosocial support using tools such as The Tree of Life. It makes memory books and boxes with the children and encourages them to make their own hero books. It facilitates development and provides training for youth clubs, playgroups and buddy clubs for OVC. It encourages and trains local support group members to run

playgroups for OVC, who may even make the toys for the children to play with. It develops village income generating projects that help meet the needs of the OVC in the village. Some of its projects are aimed at improving village water supplies, for example by protecting water sources from pollution and contamination by animals.

Lesotho Red Cross workers with some of the tools they use when training in psychosocial support

Local support group members made these toys for the children to play with

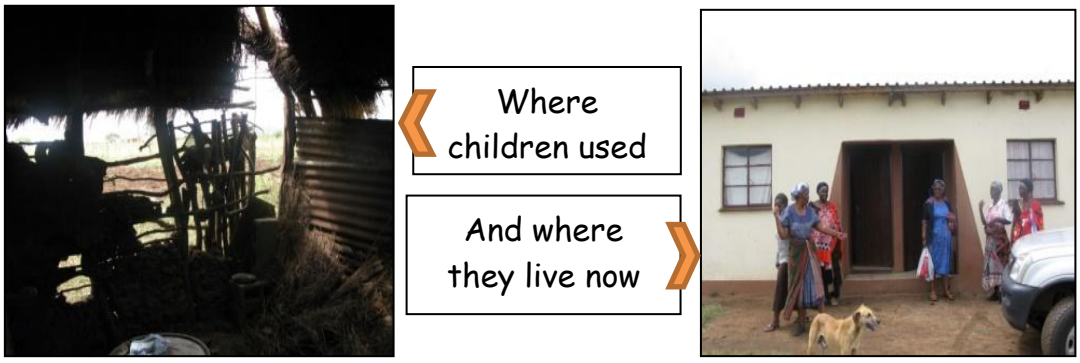
Community development in Eswatini

Like Lesotho, Eswatini has an established and admirable culture of community care. Community care organisation exists on a national basis, but the community care groups are more active in some areas than others.

Lutsango Lwaka Ngwane is an outstanding example of a beneficial community care scheme that empowers families and communities to continue their care for children. A national regiment of women volunteers under the Queen, operates in every region of Eswatini, but is more active in some areas than others. It promotes Swazi culture and customs including community care and, in response to the HIV/AIDS pandemic, has evolved its traditional women's activities to care for and support the community OVCs.

The programme is known as the **Banakekeli Bebantfwana Bendlunkhulu** programme. Children belong to the community even though a child may have lost its biological parents, and the community has the responsibility for ensuring care for the child. It supports OVCs in their homes, irrespective of whether they are with families or as child-headed households, and identifies children who are in particular need. It helps in whatever way is necessary, including building houses and providing material support in the form of food, clothing, care, and psychosocial support for child-headed families.

One example is of a volunteer who walks several kilometres each morning to care for an extended family of three child-headed families where all the older generation have died. She sees them off to school each morning and ensures that their needs are met. The Lutsango LwakaNgwane has also built a house for these children. In another example a group of volunteers work hard to farm land on which they grow sorghum, and then use the profits to provide for the OVCs they support in the community.



Marula project

In addition, the Queen has started a Marula project to create income generating activities for women across Eswatini. The Marula tree produces fruit, fruit juice, and marula beer, as well as seeds from which oils, soaps and lotions can be manufactured. Women throughout Eswatini collect Marula seeds and extract the nuts which they sell to a Marula factory.

It would be beneficial to OVCs in Eswatini if this project could be expanded further, and volunteers and families trained in income-generating projects. These might include appropriate agriculture and permaculture methods both to secure food supplies and to ensure self-sufficiency in a sustainable way. Methods for sustaining food production in drought conditions are a priority.

Other community schemes

Bagcugcuteli (Rural Health Monitors) were established by the Government of Eswatini in 1976 in all chiefdoms and sigodzi (home clusters) to spread primary health-care to rural communities. Each Rural Health Monitor is responsible for

20 homesteads in their community. Initially they were responsible for training communities in primary health care, personal hygiene, environmental health, sanitation, immunisation and the provision of basic medication, but they now provide home-based care services following the advent of AIDS.

Bananakekeli labanakekeli labagulela ekhaya are volunteer community home based caregivers who take care of the sick within their respective communities in both urban and rural areas. They are often mobilised by NGOs, community-based organisations, faith-based organisations, including women's groups, youth groups, and Organisations of People living with AIDS, and can also develop support groups for such people.

There are also **Community police volunteers** who carrying out policing roles under the direction of the Royal Eswatini Police.

Community Support Officers operate under the **Ministry of Regional and Youth Affairs** and develop and implement programmes for households and families that care for children, including OVCs. They support efforts to identify OVCs and ensure that all children including OVCs gain access to the relevant services provided at the community level. They integrate an OVC strategy and budgeted work plan into the overall Regional Development Plan. They facilitate HIV and AIDS awareness activities at the grass-roots levels, and encourage the development of initiatives that will enhance the support of OVCs through the empowerment of youths and women. A management information system is maintained which records OVC numbers in the communities.

Lihlombe Lekukhalela is a community developed child protection programme that is an excellent example of what can be achieved through a community development approach. This will be described later together with other child protection approaches.

Home based care and community support in Eswatini includes many impressive agricultural development projects, socialisation and child protection initiatives, psychosocial support initiatives, and support for vulnerable or child-headed families. It is carried out mainly by community volunteers at the grass-roots level. Crucial is the policy and practice of working in consultation and partnership with local communities and local community

structures. If these are involved in developing an idea from its inception the community will 'own' and implement the strategies and projects. This leads to sustainability in the future, even when those initiating the project ultimately withdraw.

Projects range from food aid for those in urgent need, to approaches of social development in income generation, development finance, and development of agriculture and homestead gardens. Most impressive are the large number of family and community volunteers working at every level to meet the needs of children, whether it involves taking children into their own household to be cared for as their own, or community volunteers working in many others ways to enable the needs of the OVC to be met.

Ugandan schemes

Uganda has been the pioneer of the community development approach to meeting needs of OVC. Many government and non-government programmes focus on community development in their approach by empowering extended families to continue to care for OVC (for example the government training for savings and loan and income generating groups). However most will be described with under the relevant categories of economic empowerment and food security, which are essential aspects of any community development approach. An important pioneer in community development in Uganda is the Net 4 Hope Foundation. This endeavours to rebuild communities that have already collapsed.

Net 4 Hope Foundation - Rebuilding Communities

The Net 4 Hope foundation was established by Paul Brethren. His background is in child mental health with a specialism in drug addiction and uses. His approach is based on systems theory and cognitive behaviour. He previously ran a clinic that focused on the practice of social systems in the community, and trained other clinicians in the matrix model. Paul came to Africa in 2008 to develop community work following the death of his sister in Africa. This inspired him to carry her work forward.

His thesis is that community psychology can sabotage community development. His view is that poverty is a mind-set. People expect to be poor and with corruption rife they expect others to cheat. Therefore they compete and do not co-operate. Lack of trust in each other leads to sabotage of any help for individuals or individual progress. His approach is to teach trust of each other and thus persuade communities to change their psychology and mind-set away from an attitude of destruction and poverty and broken relationships, which in turn leads to nihilism and self-destruction. Instead communities must be encouraged to develop as a thriving supportive community not as a self-destructive one. They need an asset based focus to enable this. Economic opportunities and better relationship-based help is required in order to establish a co-operative community focus.

The N4H pilot project in the Buckeye community encouraged the community to develop its own solutions. The community selects nine key strong and effective leaders. One leader represents each group in the community, for example elderly people, children, single mothers, single men, etc. These leaders are assisted in developing and registering their own community NGO, which is owned by the community. Through this community members are empowered to help themselves.

There are approximately 3000 people in the community, some in very poor areas, but there are also some middle-class people. The aim is that any community member should have access to training, support groups, and a credit sharing scheme. He believes that revenue creation should be for the benefit of the whole community together with an associated saving scheme. His plans include a fish farm, which is being built, and possibly a manufacturing plant or a solar production unit.

He recruits expertise and the initial funding for setting up these businesses, which will then produce revenues in excess of what is needed by the community. The project requires capital at the start but then it will become self-sustaining. The nine elected leaders decide on the payment for labour. This is similar to a taxation system for providing care. There is also a savings bank, the Community Savings Service bank (CSSB), which teaches the population how to save. To benefit from the scheme community members must attend classes and support groups for which they also receive credit

hours. The groups are relevant to each sector of society or particular need, for example one is entitled ‘father's heart’ where the discussion is focused about what it means to be a father.

The project is aimed at changing an entrenched mind set with the groups focussing on relationship building. Support groups lead to community reconciliation by restoring broken relationships, and examining the inner self and how it affects their interactions. There are also groups that focus on specific issues for the community. In Buckeye there are Alcoholism and Children's Needs service groups that cater for these specific requirements. Net 4 Hope also believe training is needed in the overall structure and philosophy of the scheme, establishing its constitution, counselling, and the administration of the groups. Attendance at group meetings counts as part of a community service.

The Buckeye project is a pilot. Future plans for community rebuilding include taking on the challenge of Bakia, a big slum area in Uganda. The Kebber foundation in Canada is linked to the university and may send students on placement in the field to work on these transformations. Net 4 Hope is registered as a not-for-profit organisation in the US and Uganda.

The concept developed by Net 4 Hope for rebuilding caring communities where they no longer exist is an innovative idea, which once tested has exciting possibilities for development elsewhere in Africa. However, it does rely on the development of successful community income generating projects or businesses to fund the project, which is the topic for the next section.

2. ECONOMIC EMPOWERMENT AND FOOD SECURITY

Economic empowerment and food security is an essential part of any community development approach. It will be essential for any community that has fallen into sudden poverty as a consequence of the AIDS epidemic.

Eswatini food security – from food aid to home food production

Eswatini has a coordinated economic and food security plan. In food emergencies, such as the shortages due to drought in the east of Eswatini, emergency food aid is sometimes essential. It is certainly preferable to removing children to alternative care in institutions, which is now recognised as being counterproductive in the longer term. Sponsorships, cash transfers or social security benefits would all be a better method of enabling food security and education access. Food aid and cash transfers need to be replaced wherever possible by economic empowerment for self-sufficiency, and the ability to grow food despite the challenges. Any method that enables children to be cared for in their extended families is infinitely more preferable than removing the children to alternative care in institutions.

National Emergency Response Council for HIV and AIDS

NERCHA was established to oversee the implementation of the strategic plan for those most afflicted by AIDS, and in particular those sick with AIDS, the orphans and vulnerable children caused by AIDS, and the elderly generation, many of whom have lost their economic and other support that was previously provided by their children who had died. The elderly are often left to care for many orphaned grandchildren but without the financial means to do so. This presentation has focused on OVC but many of the ideas and methods also assist the vulnerable adults who care for them.

Food and nutrition in Eswatini

69% of the population in Eswatini live below the poverty line (CASP, 2005), and about 43% live in extreme poverty. Many are vulnerable to food insecurity. Statistics indicate that over 29% of the under-fives suffer from chronic malnutrition. If families cannot provide food for OVC, they are unable to care for relatives and orphans as is the custom. Food security is also crucial in enabling OVCs to benefit from the psychosocial support derived from living

with a family rather than as child-headed household, on the streets, or in damaging institutions. Free school meals greatly benefit those children who have access to education, but will not reach some of the neediest children who are unable to attend school.

Sustained drought in the East causing crop failure as well as numbers of OVC living with unsupported elderly relatives has required a continued emergency response of food aid supplied by the Disaster Task Force, although this is recognised as being unsustainable in the longer term. In the past few years between one fifth and one quarter of the population have received food assistance (FSP, 2005; NPFS, 2006; Department of Agriculture and Cooperatives, undated) against the recognition that it is detrimental since it acts as a disincentive for the indigenous production of food.

Neighbourhood Care Points in Eswatini

Although not recommended as a system for replication, NCPs have been a major part of the impressive emergency response to meet the needs of OVC for food and care. On a small village scale they can be beneficial, but their disadvantages are now becoming apparent.

NCPs were built in many areas and staffed by community volunteers. OVCs attended these daily to receive food aid and some care and education if they were unable to attend school. The plan was for the NCP's to grow food, but few succeeded and instead became reliant on the food aid. Many OVCs still had no food at home, so when the centres were closed, they did not eat. In addition the family members who cared for them are reported to have felt displaced by the NCPs. Care in NCPs cannot replace the essential caring relationships that can be provided by family members.

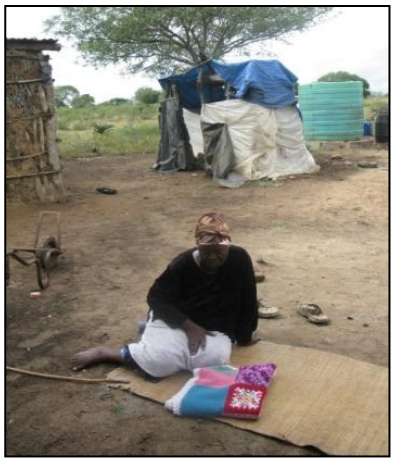
Neighbourhood Care Points in action

CAN's view is that instead of funding NCPs, the funds would be better spent assessing individual children's needs, and devising plans to meet these needs within the family. For child-headed families this would involve identifying a suitable family caregiver, and implementing a care plan for all OVCs that enables the caregivers to meet the needs of the children for whom they care.

This is likely to involve training and, when necessary an initial capital investment in food self-sufficiency and income generation together with other help from the community, such as share-cropping or growing food on communal land. Education is better provided helping OVC to attend school where they would also receive free school meals. Existing NCPs could be used as centres for the assessment and coordination of children's needs, the provision of training for self-sufficiency, pre-school playgroups, and bereavement support group

Cash transfer in Eswatini

The elderly grant although small, has been helpful in improving the lives of elderly people in Eswatini, many of whom have lost their children who would have provided for them to AIDS. As grandparents they are left with orphaned grandchildren to support without the means for doing so.



This grandmother lived with her five grandchildren in a plastic shelter until she received her elderly grant. This enabled her to purchase materials for a more substantial house which the community are

Young Heroes schemes for OVC

An internet scheme this provides an orphans and vulnerable children sponsorship programme. Individuals choose to sponsor a child or children for cash support, for food, and sometimes also for education, which enables children to be cared for by their extended family. For a child-headed family it ensures that siblings remain together for mutual support and that they remain in their homestead which they can eventually inherit together with their land for the future.

As salaries of Young Heroes staff are paid by NERCHA, all the money donated goes directly to the family of the child. This is often crucial in enabling family members to continue to care for the child. Young Heroes has an arrangement with the Post Office to distribute the money to the child's identified caregiver, who they provide with an identity card. A field officer visits the families regularly to check on progress and collect information for their sponsor. Sometimes the sponsorship is not enough and children are sent out of school because of lack of top-up fees.

Grants for children and sponsorship schemes only benefit a few of the many children who need assistance. There is also a need to train children in skills to provide for themselves in the future, particularly since with pressures of poverty, many have acquired little formal education. Funding has been offered to Eswatini to provide a more comprehensive cash transfer system for OVCs, but first the details off its administration need to be developed. The Post

Office has said that it does not have the capacity to administer a national scheme.

Save the Children study for social services

Study (2007b) found that many children, especially those growing up without parents do not have access to basic needs. NCPs are only established in 66% of communities and whilst most offer food and informal education for OVCs they have limited geographical coverage. Caregivers and community members are agreed that food insecurity is the biggest challenge. They recommended the development of a social security system to ensure children receive a minimum of free compulsory primary school education, food, clothing, shelter, water and sanitation and health services. A conditional cash transfer system was proposed that would provide access to education, health facilities, immunisations and birth certificates, but infrastructure funding would be necessary and this should include improved schools and health facilities.

Save the Children piloted an emergency drought-response cash transfer project during the food crisis of 2007/08. Evaluation showed that cash recipients suffered less hunger and food insecurity than they would have done without such assistance. They also found that cash improved nutrition with more diverse diets, allowed purchase of essential non-food items, could be invested in assets and livelihood activities that increased incomes and empowered women. Cash delivery systems were judged appropriate, timely, safe, well targeted and scalable. They concluded that this amounted to choice with dignity and empowerment.

Cash Transfer Programme for OVC (CT-OVC)

In Kenya a comprehensive cash transfer programme to a few of the poorest families is being developed. CT-OVC is a cash grant programme to support poor households with orphans and vulnerable children. 46% of the population were estimated to live below the poverty line including 8.6 million children. Many OVC were deprived of basic needs due to poverty. They were also prone to exploitation and abuse due to their vulnerable circumstances.

Recognising that the family remains the natural unit for proper socialisation and growth for every child, the key strategic response in addressing the

situation of OVC is to strengthen the capacities of families to care for OVC within their communities. It is in this spirit that the cash transfer system was established in 2004 in Kenya. Prior to this it had been successfully developed in Mexico, Columbia, and Brazil. CAN understands that by 2011 it had been rolled out to most areas of Kenya.

Its overall aim is to provide a social protection system through regular and predictable cash transfers to poor households that care for OVC so as to strengthen the capacity of families to care for, protect and promote their human capital development. It has a number of specific objectives. These are:

- In education to increase access to school enrolment and retention of 6-7 year old children in basic primary education (up to standard 8)
- In health to increase access to basic health services amongst 0-5 year olds
- In food security to increase access to basic food consumption
- In civil registration to increase birth certificates for OVC, create national IDs for caregivers, and death certificates for deceased parents.
- Generally to strengthen capabilities within the household and provide access to other available related services.

For a household to be considered in the programme, it must have OVC, be extremely poor, and not benefit from any other similar programme.

The programme uses community based targeting and socio- economic assessment to select beneficiaries. An Area Advisory Council advises a community about the programme, and the community selects a committee to manage the programme at the local level. The committee identifies potential beneficiaries based on eligibility criteria.

The data collected is processed using a Management Information System at the Central Programme Unit and a list of potential beneficiaries produced. The community validates the list after which enrolment into the programme is made and payments commence. The selected caregivers receive a cash payment through the Post Office of Kshs3000 every 2 months.

The programme is managed by the Ministry of Gender, Children and Social Development through the Department of Children's Services. A National

Steering Committee on OVC provides policy guidelines for the programme which is coordinated by the Central Programme Unit at the Department of Children's Services.

A District OVC committee, a technical arm of the Area Advisory Council coordinated by the District Children's officer implements the programme at the district level. Location OVC Committees assist in the identification of the beneficiaries, and monitor the programme at the local level. This is crucial for successful selection, and the implementation of the programme and ensures it benefit those children most in need. The system developed has also proved cost effective to manage so that nearly all funds benefit the OVC. Monitoring and evaluation is undertaken continuously to ensure it is both effective and efficient. This is done internally by programme staff and externally by independent auditors.

Initially the benefits were conditional on caregivers ensuring such things as the children receiving immunization, growth monitoring, schooling, birth certificates and attending awareness sessions. However it is now considered that the benefits should be unconditional. The Director of Kenya Alliance for Advancement of Children's Rights believes the cash transfer program had been successful but there are some disadvantages, for example the lack of choice of caregivers and the creation of dependency. His view is that:

- The money should be used for all the family and not just orphans
- Families should be able to decide their priorities for the money
- The funds should be available for whatever the family saw as their most pressing need
- There should be a right to choose and not told how they must spend the money on a particular aspect of the child's care
- Exit strategies should be developed and income generating training included so that families can develop self-sufficiency in meeting the needs of the children for whom they cared

More information on this scheme is available from:

OVC secretariat, Department of Children's Services

P.O. Box 46205-00100, NAIROBI
Tel + 254-20-2228411 Ext 30040
Children@gender.go.ke and ctovckenya@gmail.com

Long term sustainable development projects

Better than cash transfer for the longer term is the development of income-generating and agricultural projects that empower families, and particularly women to support children in the future. This also benefits OVCs since nearly all families have taken orphans into their family to care for as their own.

In Eswatini **World Vision** is an example of the many organisations that empower families in this way. It trains families in a variety of income-generating and agricultural projects that enable economic self-sufficiency in the future. They have developed savings and loans groups that provide set-up capital for enterprises, and encourage support groups to grow crops on land lent to them. Profits are donated to pay for the urgent needs of OVCs in their community.

Such practices are a powerful example of the community care ethic that exists in Eswatini, where children belong to the community and are their responsibility. These schemes have a particular merit in that they enable extended families to provide care for children so that their psychosocial needs can be met by growing up within a family. Unfortunately they are available at only a few locations. CAN believes that there is a need to extend such projects across all of Eswatini through the development of support groups, the training of support-group leaders, and the provision of minimal set-up capital where this is required.

The development of income generating projects is crucial to the community development approach for meeting needs of children. With few employment opportunities, developing income generating projects is crucial to sustainable development and meeting the needs of OVC. Savings and loans groups are a successful way of funding and supporting income generating projects, with projects where the community works together to meet the needs of all being ideal.

A successful example in Lesotho

An illustration of training and empowerment in income generating projects for unemployed youth which can also benefit OVC and others in need is provided by the Peka Development project. Mr Janefeke Hlaping has worked with community groups and organisations to form the Peka Development group which he chairs, but which is run by 10 young people from the village who are unemployed, and who work to reduce levels of poverty. Their target groups are OVC, people living with disease (mainly HIV and TB), youth who are unemployed, and children at surrounding schools.

The project trains unemployed youth, including 1,760 OVC in income generating projects, the building of houses, and growing tree seedlings and vegetables. By 2009 it had provided food packages for 2,802 orphans and vulnerable children, renovated 220 houses and built 40 new houses for those caring for OVC, assisted the chronically ill with relief packages of food.

2,457 patients were helped between 2005 and 2009. Peka also assisted those with HIV by enabling access to treatment, encouraging others to discover their HIV status and access treatment, reduced the stigma associated with these conditions and enabled the independence of those living with HIV/AIDS by including them in training programmes.

Peka Development Group meeting OVC housing needs

An example of Peka's work is provided by an elderly grandmother who lived in an old shack with her five orphaned grandchildren. In winter it was wet and freezing, and in summer roasting hot. This family had no food and unsurprisingly the grandmother was depressed by her impossible situation.

She was built a new house by the project and also taught how to grow enough food for herself and her grandchildren with some spare to sell. The income has enabled the children to attend school. She is now content in her new house, and happy to know that she is able to care for her orphaned grandchildren. The unemployed young people building her house learnt a valuable income generating skills of house building which will help ensure their future self-sufficiency.

Before and After

Savings and Loans Groups

Lack of initial set up capital and lack of skills in income generating are often the reasons preventing the development of income generating activities. Training community groups in savings and loans method as well as in an income generating skills is also an essential ingredient to empower communities and families to provide for the needs of their OVC.

Ugandan Women's effort to Save Orphans (UWESO)

UWESO is an excellent project in Uganda that helps families to care for their OVC and also promotes child protection and education, particularly health education. Its approach includes:

- Savings and loans groups
- Development of income generating projects
- Water provision by training group members to make water tanks which can store rain water throughout the dry season
- A street children project that rehabilitates street children who are often refugees traumatised by conflict, and provides counselling and training in income generation projects, retraces their families, and prepares for their successful rehabilitation so that adoption is not needed.

Savings and Loans Groups in Uganda

Savings and Loans Groups are a well-developed and successful method, researched by Care, and practiced by many organisations. UWESO in Uganda has set up such credit sharing groups in every area. A toolbox is provided, including a money box with three padlocks, and the group is trained in loans and credit sharing. The loans are for businesses, but group members are also trained in small income generating skills.

There are over 200 groups trained by UWESO each with 25 members all with children they support. Families are selected by a system of peer voting where the community votes for the neediest families to participate. Starting with very small enterprises they quickly grow to larger and successful businesses such as chicken or pig farms, which enables them to support and educate the OVC for whom they care.

Starting with very small enterprises they quickly grow to larger and successful businesses

Each group elects a leader, and selects a record keepers and key holders. The group is trained in credit sharing, business skills, leadership, drawing up their constitution, and serving the community culture. Each accounting period is 9 months to a year, after which all the money is paid back and the group shares the profits according to the shareholdings that each member has bought. The group holds meetings attended by a UWESO member who provides additional training in HIV prevention and primary health care as well as small business skills. UWESO also trains community-based trainers who are volunteers who get a small stipend and sometimes a bicycle. They in turn train community members.

Savings and Loans Groups are encouraged by UWESO to be a force in the community for positive change. They check on the welfare of other children in the community and negotiate positive change in a similar manner to the OVC support groups in Lesotho and the LLs in Eswatini. By grouping together they have more voice and impact, and can negotiate, for example, better education from their schools and other things that are needed in the area.

Funding a briquette making machine seeds a new S&L group

The provision of training and seed-corn funding for a new income generating activity can give a newly established savings and loans group a head start. For example UWESO has trained groups to make briquettes. These are fuel made from materials that are collected and which can then be sold as fuel for cooking instead of charcoal.

CAN funded a briquette making machine to start a new UWESO loans and savings group.

Disadvantaged urban communities present a particular challenge

Some areas such as the slums of Nairobi in Kenya are disadvantaged in so many ways that economic empowerment to support OVC is a major challenge. There may be no access to basic services such a safe drainage, drinking water, and education. Individual families are likely to be separated from their extended family support system and community. Since there is no space for agriculture cash needs are higher.

Korogocho slums Kenya

The Korogocho slum is the fourth largest informal settlement in Nairobi. It is 11 kilometres from the central business district and is estimated to have a little fewer than 20,000 households. It is a large poor population with no access to minimum services. Structure owners and tenants struggle over land and tenure rights. Hygiene is poor and results in the rapid spread of cholera, malaria, typhoid, dysentery, and water and air borne diseases. Sexually transmitted diseases and HIV/AIDS are also wide spread.




Unemployment rates are high with the majority of the youth lacking the necessary skills and education for formal employment. The remainder of the population are employed in informal businesses. Most women operate road-side businesses offering goods at cheap rates. Men who are not employed in the construction industry or stone cutting turn to manual activities such as carpentry and welding.

Projects exist that address the lack of opportunity in this slum. These include projects that develop support and empowerment through income generating schemes for those most in need, those affected by AIDS, and projects that enable access to education.

Slum income generating projects

Urban slum areas lack the advantages of more rural communities in that they are unable to grow their own food, which is essential for food security and economic empowerment to meet needs of OVC.

World Vision has a goal of improving the livelihoods of all OVC in the Korogosho slums. The project focusses on capacity building of OVCs for the purpose of preventing the extension of HIV. The project aims to help OVCs to create and sustain businesses by providing vocational training. World vision works closely with community-based organisations that already have a foothold in the slums. The community-based organisations (CBO's) decide who the neediest OVC that should be targeted are. World Vision then provides training in life skills which can enables families to protect themselves from HIV infection.

A World Vision case study – David and Orion computers

Both David's parents are dead, his father died when he was 10 and his mother died when he was 15. He had to leave school because of this. There were six children in the family. David is the eldest boy, his elder sister was at high school but died shortly after his mother died. Originally there were two boys and four girls in the family but now there are two boys and three girls. David assumed responsibility for them all when only 15. When his parents died the family had to move out of their home. David had to leave school when he was

in Form 4 although a few friends helped him to complete Forms 2 to 4 whilst David lived with his aunt in the slums.

It was then that David met world vision. They offered to send him to computer college where he studied IT to diploma level with World vision sponsoring his IT training. World vision then gave him three computers as a start-up kit for an IT school. He now has a successful IT business and is supporting his orphaned and vulnerable child siblings.

Orion Computers

David's successful IT business following training sponsored by World Vision

Since he started an IT training school with a friend things have got even better. He has many people queueing up to be students on his IT courses. The students pay 4005 Kenyan shillings or approximately £35 for a course of nine lessons. He now has a training school with premises. His dream is to have a larger college with many computers. He would like to obtain funding so that he can offer these courses free of charge and thus help others in the slums to develop their own computer businesses and support their families.

Developing capacity to grow food for food security

Although food aid may be needed for emergencies such as drought, and cash transfers may sometimes be essential in the short term to enable families to care for their OVC, it is better in the longer term to develop the capacity for families and communities to produce the food they need, or as an income generating activity. This enables both economic empowerment and community development, to promote the sustainable care of OVC in their families and communities.

Community agricultural projects are particularly beneficial in ensuring the needs of all are met. Share cropping projects in Lesotho are a good example, as are the Peka Development group and Lesotho Red Cross projects, and the development of drought resistant permaculture methods.

Share cropping of orphans' land in Lesotho

When parents die their orphans often inherit their land but are sometimes too young to farm it and risk losing it to be left with no means of subsistence. In a share cropping scheme orphans in this position are identified and linked to a family who can farm the land for them and share the proceeds with the orphans. The initial capital for seed, ploughing, and fertiliser is provided which enables the successful production of crops and food. Such share cropping projects provide food for both the orphans as well as the family that is farming the land.

The Wellness Centre – Lesotho

This project successfully developed sharecropping by training 10 field supervisors who covered 65 villages. They identified orphans in need who had land they could not farm. These orphans were linked to families who could farm the land for them and provided with the initial capital for seed, ploughing and fertilizer. The proceeds were shared 50:50 between the family and the orphans thus benefitting both. This provided sufficient income to meet the needs of the orphans for food, clothes and education, as well as enabling the extended family to continue to care for them since their financial needs were also met.

Community members working on sharecropping communal land for the benefit of OVC

So successful was the share cropping project that village chiefs allocated communal land for the purpose. Anyone could farm it under a scheme that divided the produce 40% for the family farming the land, 40% for orphans in

the village, and 20% to fund the capital needed for seed, ploughing, and fertilizer in the future.

Sharecropping then extended to whole communities working together on communal land. As before the proportions going to the family undertaking the farming, the orphans', and providing for future investment were the same. These sharecropping projects met the orphans' material needs and enabled the extended family members to continue caring for them. The project also benefitted those who worked on the project.

Agricultural conservation methods

The Wellness Centre's food security section's training in agricultural conservation methods proved effective in reducing the initial capital requirement of these sharecropping projects. Techniques that were taught included:

- Contouring; to prevent erosion where furrows follow contours
- Potholing; which eliminates the need to plough and artificially fertilize by planting a maize and bean seed in each pothole and fertilise naturally with wood ash or manure
- Use of local seed varieties

The Wellness project also includes:

- Counselling and psychosocial support for OVC
- A child protection focus group and training to help other vulnerable children
- Income generating and sharecropping
- Community Development, which overlaps with the food security projects as the whole community is involved and benefits as well as the orphans and vulnerable children.

Drought Resistant Permaculture

Food in periods of drought presents challenges in many areas of Africa. In addition many children are malnourished from lack of sufficient vegetables. In Lesotho where 60% of the population (2005) live below the poverty line, and many families rely on subsistence farming for their food, drought conditions can result in many vulnerable families and children having nothing to eat and

risking starvation. Drought resistant permaculture methods such as keyhole gardens make use of the 'grey' washing water. They can transform a family from going hungry for much of the year to producing plenty to eat and to sell. When families have enough food and can also finance educational needs they are able to continue to care for the OVC of relatives who might otherwise have grown up alone or even be living on the streets.

Keyhole gardens

Keyhole gardens are a useful permaculture method. They can be built using local materials that are freely collected, and then watered with waste water from washing and so maintained even in drought conditions. They require no artificial fertilizer and are extremely productive at growing large vegetables. Their kidney shape enables them to be weeded even by a disabled person sitting in a chair. They will produce plentiful vegetables for eating or to sell in order to fund educational expenses.

Training communities in Keyhole gardens in Lesotho has enabled whole villages to continue to care for OVC and even sell vegetables to the surrounding villages.

Send-A- Cow

This organisation is concerned with community development. It trains community groups in agricultural methods, including training in the construction of keyhole gardens. It also offers training in marketing, the construction of small earth (Hafir) dams for water storage and irrigation. It can provide training in the construction of fuel saving stoves and advice on Tip Tap hygiene, which improves hygiene and saves water by making a simple Tip Tap from a jerry can. It is also active in giving child protection awareness training. In training for livestock rearing those trained are expected to "pass on the gift" both in the methods and by giving the kids of goats to other needy families in the area.

For more information obtain a copy of the Send A Cow keyhole garden DVD "Life through a Keyhole), which is available at http://www.sendacow.org or from info@sendacow.org.is . There are also Send A Cow Lesotho Training Manuals on Social Development, Horticulture, Livestock, and Marketing that were compiled in 2007.

Catholic Relief Services MOVE project

Catholic Relief Services have also trained villages in this method and published an excellent instruction manual on how to make keyhole gardens: "A Manual for Program Managers, Implementers, and Practitioners". This is part of their MOVE project. MOVE stands for Mountain Orphan and Vulnerable Children Empowerment.

The project is centred on 2,100 orphans in the area who are all fostered with an extended family member. Initially station days monitor progress in meeting needs of OVC and plan future interventions. The project donates starter seeds, garden tools, and frost covers. It manages and trains community work groups to build keyhole and trench gardens which provide good food production even in drought conditions. The group builds these for each household enabling adequate food for OVC, and income for their educational needs. The project installs irrigation systems for water and provides training for community members on nutrition

Life skill camps are held for orphans and vulnerable children. They is also training for community leaders, teachers, community based organisations, resource facilitators and education volunteers in psychosocial care and support, child protection, gender awareness, including the rights of women and girls, and conflict resolution. MOVE also increases the awareness of the educational needs of children and provides access to schooling.

The Catholic Relief Services MOVE project Lesotho

Government enhancement of agricultural productivity in Eswatini

In Eswatini increasing agricultural productivity and competitiveness are key to addressing the root causes of poverty and food security, and is now a national priority (NAS, 2007). The Ministry of Agriculture and Cooperatives (MOAC) was established in 1967 with the aim of facilitating the management and development of the agricultural sector in Eswatini. It consists of three core technical departments:

- Agricultural extension
- Veterinary and livestock services
- Development of cooperatives and marketing

The aim of the Ministry is to achieve food self-sufficiency and security and promote economic growth in order to enhance the quality of life in rural communities. This is to be achieved through diversification and enhancement of commercial agricultural activities, formation of cooperatives, and the development of appropriate technologies and efficient extension services, whilst ensuring stakeholder participation and sustainable development and management of the country's natural resources. Government home economics officers train communities in homestead trench gardens, food storage and preparation, and in good child care. They also promote breastfeeding.

NGO assistance in developing agriculture in Eswatini

World Vision trains farmers in new farming methods, distributes farming implements to communities, encourages communities to establish back yard gardens and plant fruit trees, and provides goats for vulnerable children.

Church members trained in agriculture by World Vision grow sweet potatoes on land donated to them by a community member. Proceeds of sales are used to meet needs of OVC in their community

The MAYO centre trains Government agricultural extension workers in permaculture methods, such as trench gardens which require no expensive artificial fertilisers. It also trains communities in these methods to enable self-sufficiency in food production for even the poorest families as the capital required is much reduced.

CAN intervention – swapping a method from Lesotho to Eswatini

Despite years of drought in the East of Eswatini causing crop failures and the need for food aid, CAN found that neither the Department of Agriculture nor aid organisations had heard of keyhole gardens which have been so successful in Lesotho for the production of vegetable even in drought conditions. Community groups visited in Eswatini reported that if they could teach families this method, they would be empowered to meet the needs of the OVC in their care.

CAN provided the Government and NGOs with the CRS training manual on keyhole gardens, as well as funding to buy seeds for the neediest families. In return the organisations planned to train their employees and community based volunteers to teach families this method. Organisations with volunteers at the grass root community level are particularly well placed to promulgate these methods widely. Some have been provided with manuals and money for seeds by CAN.

Since then it has been reported that keyhole gardens have become established in the drought- stricken east of Eswatini.

3. PEOPLE LIVING WITH AIDS

People living with Aids are a group that particularly needs help to access treatment. Their survival enables them to care for their children. Economic empowerment ensures they can continue to do so. There are a number of excellent projects that specifically target this group, although they may also be advantaged by the methods previously described.

Kenyan Widows and Orphans Support Group (KWOSP)

KWOSP is an organisation that provides support, protection, treatment opportunities, and income generation creation all for the empowerment of those infected or affected by AIDS, some of whom live in slum areas. The KWOSP vision is for a society where all such people can attain quality livelihoods. Its mission is to improve the livelihoods of women infected or affected by HIV/AIDS and protect OVCs from all forms of abuse. This mission is accomplished through a range of broad strategies for providing comprehensive psychological, emotional, and physical care and support, whilst collaborating with key stakeholders especially communities and the Government. Its activities are described briefly below:

Feeding Programs and Food Baskets for Orphans and bedridden widows - Desperate families are provided with free monthly rations of food that supplement their meagre resources. Those on AIDS related drugs benefit from this activity since food intake helps drug absorption and speeds up the recovery from infection.

Orphan's support – This is primarily aimed at ensuring OVCs can access uninterrupted education. School accessories including uniforms, books, and pens are given to the younger orphans in primary schools. In some instances school fees are paid for bright orphans in secondary schools. School drop outs are accommodated trough a vocational training programme.

Vocational training for older orphans - KWOSP has supported over 112 orphans in various vocational training institutions. Here they can learn skills from which they can earn a living. These skills include tailoring and dress making, computer maintenance, carpentry and joinery, hair dressing and beautification, electronic repairs and maintenance, metal work & fabrication, welding, panel beating and auto mechanics. Many of these orphans are today earning their own living thanks to support from KWOSP and its development partners.

Training widows who are living with HIV/AIDS - Training focuses on Memory Books, and how to disclose the circumstance of those infected by HIV/AIDS to their children. Training is also given to the guardian and caregivers in how to inform orphaned children about their parents. A surviving parent who is living with HIV/AIDS is trained in how to disclose their status to their children and prepare them for the parent's death. Issues such as inheritance and family tree are discussed in the Memory Project.

Provision of Home-Based Care and Hospital Visits – Home visits and home based care for the bedridden. These assess if children are living in an environment that is satisfactory and identify their needs. Guardians and other family members are taught to handle the affected and the infected widows and children.

Provision of counselling and psychosocial support to widows living with HIV/AIDS - Counselling helps widows and orphans to come to terms with the loss of loved ones and to cope with their HIV/AIDS status.

Group Therapy Sessions and sharing of experiences – This offers a chance for widows to meet twice each month to share experiences regarding HIV/AIDS, inheritances rights, and socio-cultural practices.

"Families Matter!" Program - A strategy that targets adolescents, parents and guardians. It equips parents with skills and confidence to talk to about sex and sexuality with the aim of delaying the sexual debut.

Income Generating Activities for widows living with HIV/AIDS – An example is the training provided to establish a tailoring and dressmaking business. This also involved membership of a revolving loan scheme started as a long term strategy for care and support.

Grandmothers support - Targets households headed by aged grandmothers. The project aims to improve housing, provide access to clean water, and emphasises the importance of sanitation by establishing safe pit latrines.

Dairy Goat project - Addresses nutritional needs of HIV/AIDS infected and affected households and serves as an income generating activity. Since 2006, KWOSP has provided dairy goats to over 30 vulnerable families in the Nyando District of Nyanza Province.

HIV/AIDS Behaviour Change Communication - This project strives to prevent new HIV/AIDS infections. KWOSP organizes monthly HIV/AIDS education outreach sessions that target both youths and adults. Sessions are facilitated by trained personnel on HIV/AIDS as well as those living with HIV/AIDS who are

effective at providing HIV/AIDS education, as well as sharing their personal testimonies and experiences. The key issues are the description of the science, prevention of HIV infection, safer sex options, condom use, and socio–cultural practices that enhances the spread of HIV/AIDS. During these activities, KWOSP encourages community members to seek voluntary counselling and testing services. IEC materials and condoms are also distributed free of charge during sessions.

HIV Testing and Counselling (HTC) Services - KWOSP has recently embraced the delivery of HTC services to the general public. Strategies employed include door to door campaigns, outreaches and moonlight activities. KWOSP HTC officers are trained and certified by NASCOP.

KWOSP in practice – KWOSP trained a group of widows in tailoring and funded sewing machines for them. As a result they have developed a successful business in the slums and are able to support themselves and the OVC for whom they care.

KWOSP trained these widows in tailoring and funded their sewing machines

KWOSP helped by CAN - A young mother who was an AIDS orphan was trained by KWOSP in dressmaking and given a sewing machine with which she supported herself and her little boy. The Kenyan ethnic riots destroyed her house and her sewing machine. She and her little boy escaped with their lives. Unable to earn a living she slept on the floor of a friends' house in the slums. When CAN first met her she was living in a dilapidated building with no electricity, no water, no drainage, no toilet, not even a door. She, her little boy and new baby slept on the floor without space to lie down properly. CAN gave her a new sewing machine with which she was confident she could rebuild her business, rent a house and support her family.

CAN's gift transformed this family's life in just 3 days

The AIDS Support Organisation (TASO) in Uganda

TASO is an excellent programme that seeks to empower and support people living with AIDS throughout much of Uganda. It also supports children who are orphaned or vulnerable as a result of AIDS as well as the families who care for them. Its services include providing access to treatment and economic empowerment.

In addition it has services aimed specifically at helping OVC. The 2011 programme provided Young People from 12 centres around Uganda with HIV prevention (9,050), counselling (6,483), health care (6,354), education both formal and vocational (3,481), child protection (5,708), economic strengthening (2,783), and food security (17,142).

TASO supports families affected by AIDS in a variety of ways but chiefly by forming community support groups for the people affected. It assists struggling families, who often lack sufficient food, to recover their health. They are then helped to get on their feet economically. There is then support for educating the OVC in their care.

An example is a man who was bedridden for 10 years and suffered from TB and AIDS. TASO helped him to get treatment and then funded his first income generating piglet project. Now his health is restored he has supplied piglets to other families in the group, and has expanded his work to other successful income generating projects. From these he supports and educates 7 children including 4 orphaned grandchildren. He is currently building a house for them all.

TASO obtained treatment for this man who was then able to start his own business and support his children and grandchildren

CAN provided funds for a similar piglet project for a 60 year grandmother who was widowed by AIDS. Ill with AIDs she was struggling to care for her children and her orphaned grandchild. She had raised 15 children in all. The income from the piglets enabled her to join a government savings scheme, develop other income generating activities, care for the children, and send her sons to vocational school after which they too will be able to support the family in the future.

Reach Out Mbuya Parish HIV/AIDS initiative, Uganda

Reach Out is another excellent local project that treats, supports, and empowers people living with AIDs. It also helps OVC affected by AIDS together and their families in one region of Uganda. Many people working for the project are also people living with AIDS. Two categories of services are provided. Medical services that includes treatments, prevention courses which incorporates out of reach prevention work, counselling, nutrition assessment and food support for households in food insecurity, and intensive adherence assessment and monitoring.

The second category is social support services. A village savings and loans association has formed 80 savings groups. There is an Operational Child Support scheme that pays school fees and purchases materials. Psychosocial support includes home and school visits, organising a brass band, pop groups, traditional dance groups, and drama groups. There is a network of child to child support, and legal support and the provision of shelter.

Roses of Mbuya tailoring

This is a good example of a Reach-Out project which has so far funded school fees for 66 OVCs.

"Roses of Mbuya tailoring" offers skills and employment to clients. It empowers woman to become self-sustaining through tailoring and craft making. The women produce high quality products for sale, and the profits go to an OVC programme.

Reach-Out Community Support

This programme blends income generation projects where clients are encouraged to become self-sustaining, with a network of care. The income generating projects include large scale farming in Kasaala, bringing grandmothers together for livestock rearing and crop growing - for example piggeries and mushroom growing, and teaching catering skills to women and helping them to form catering groups.

In the "Network of Care" community supporters ensure continuous adherence to treatment for ARV and TB. There are mother to mother and adolescent community workers who support pregnant mothers and teenagers, and referrals can be made to other services if needed. There is also provision for home-based care.

Support by CAN for a family helped by Reach-Out

An example of CAN's help in this area is provided by the story of Fiona. With her husband dead and her children to support, including a disabled son, Fiona needed to find an income generating project. CAN helped her to identify a second-hand clothing business by donating UGX 500,000. Reach-Out later reported that the initial capital had rapidly grown to a working capital of UGX 750,000 in just 4 months. As a result of the success of the business Fiona was able to re-enrol her two daughters into school - Stella into Senior 6 and Tracy into Primary 7. They no longer had to worry about being sent out of school because their mother could not afford to pay their school fees. These children can now afford to have a smile on their faces.

Reach-Out wrote:
"Your Support has helped Fiona become creative in starting up other businesses that are helping her sustain her family. Although her customer base (predominantly Kyambogo University Students) will not be around for the next 3 months she will not be resting. She has started another small business selling breakfast to Reach-Out clients and staff. Together we can change many lives for the better"

4. ACCES TO EDUCATION

Access to education is crucial if children are to support themselves and their children, and their extended families in the future. However it is often the poorest families who are most in need of their children's future support, and who are least able to provide for the access to education that would be so beneficial to their children.

Ideally free universal education for all is the best way of meeting the educational need, but it remains out of reach in many African countries. This is particularly the case for secondary education which is expensive and only available to a few. Even where universal free primary education is available, such as in Lesotho, OVC may not be able to attend due to lack of funds for uniforms and school materials, or because they are needed to earn a living or undertake household tasks and child care. In other locations that allegedly have free primary education, such as Kenya, there may be no educational facilities, as in the slums of Korogocho.

Filling the gaps in access to education

As governments strive to make education freely available to all, various strategies have been used to fill the gaps. In Kenya some remarkable individuals have used their own funds and expertise, together with the help of volunteers to provide education in slum areas where there are no government schools. Although perhaps what is really called for is for Kenya to address the issue of why, in a country which is not unduly poor, there are no schools available for those children most in need of the empowerment that education can bring.

Kao la Tumaini Education Centre - Shelter of Hope

An extraordinary example of how education has been made available in one of the slum areas in Kenya is provided by Moses Otungo. Moses retired from teaching after over 25 years. The cash benefit granted to him on retirement has been spent mainly on a project for OVC in the Korogocho slums. Moses Otunga inaugurated the project but was later joined by Faith to help establish a centre for secondary education. The churches also raised money to help the project get started which became the first school in the Korogocho slums.

Moses Otungo, Faith, and the Kao la Tumaini Education Centre Shelter of Hope

Moses pointed out that the neediest areas of Kenya do not get schools, and so the children have no way of accessing education. The children who attend the Shelter of Hope could never afford to attend the free primary education provided by a government school, where they exist, because of the many other expenses required for things like uniforms and pens. Money is also needed for food and entry to examinations. None of the families of the children in this district could afford these things so the children would be left hanging about, taking drugs, and getting into crime since they had nothing else to do

Moses decided to use his 25 years teaching experience to start a school and give local children some chance of an education. This was a challenge since there was no help from government. There is also much corruption. Government schools have access to grants and but these tend to be given to the richest schools who pass bribes to those distributing the grants. There is supposed to be free food for children at the government schools but those distributing it charge for its transport.

Shelter of Hope runs without government assistance. There are no fees nor any requirement for uniforms, since these cannot be afforded. The school is staffed by volunteer teachers who have all completed secondary school. None of the teachers get paid and they all give their time freely. Although they are not qualified Moses believes they teach well. He has produced a manual for them based on the normal curriculum of government secondary schools up to Standard 4. His students are reaching that standard.

Pupils are taught in small classes of around 12, each having their own desk, using the normal government curriculum to standard form 4

He has taught the volunteers how to plan their lessons and provides lesson plans that follow a structure for them to teach. These are the children who would not get an education elsewhere. He believes no parent who could afford education would choose to send children to his school. No child is turned away. They are taught well and in small classes of around 12 with each pupil having their own desk. Despite being taught by unqualified teachers many reach Standard Form 4 level when they would normally graduate to secondary school.

A problem is that most cannot afford the entrance exam fee of 6,000 KSH or about £50. Of the 12 students in form 4 only two can afford this fee. Accordingly Mr Otungo decided to start a secondary school. Initially the secondary school started with the primary school in a tin shack with an earth floor and no equipment. However, he managed to raise the funds to build the present secondary school buildings. He had first to buy the land and then demolish the metal shacks on it. He raised the money for the new building which was partly built by volunteers. The building has basic facilities, a classroom, an office and a small teachers' staff room where equipment can be locked away.

The pre-school and primary schools still run in the tin shack where volunteer teachers keep the children happy and busy learning. Where possible the younger children are provided with a meal. As well as formal education, the school teaches life skills and HIV prevention skills. He also teaches Sack Gardening.

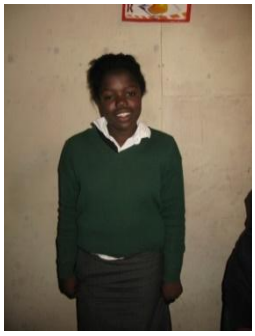


The Shelter of Hope teaches life skills, provides a school meal, and teaches sack gardening

In other rented premises Moses Otungo had started a vocational training school for children who have no formal education, perhaps because they were too old and it had not been available before. The vocational school is designed to set them on their feet with an income generating project. He includes hairdressing, computer training, tailoring and dressmaking. He has funded six sewing machines. When they complete their training, he helps them with starter kits for their businesses.

He also started a training initiative that targeted young people who had no education and had turned to drugs and crime as a way of living. He enabled them to learn to make footballs. He bought the material and they worked sewing them together. He included sport, particularly soccer in the programme. He would only let them attend these classes if they gave up their drugs and crime. Many did so this being their first opportunity to earn a living by selling the footballs they made. Sadly this project had to close since there were no longer the funds to pay the rent of 1,400 KSH per annum.

Pauline is an AIDS orphan. Her father had recently died and her mother was very ill with AIDS. She had no money for food for lunch and was seen crying in the classroom whilst her friends went out to eat. She also had no money to pay her exam fees. She was aware that when her mother died she would have to support her younger brothers and sisters, but unless she passed her exams she would have no hope of doing so. Pauline's smile is when she heard CAN had paid her exam fees.



The Centre also holds workshops and classes for HIV sufferers in the slum. He has 72 adults divided into four groups of 18 who attend. The adults who attend these classes do so twice a week, either on Wednesday morning or Thursday afternoons. The programme includes workshops that teach sufferers how to live positively with AIDS and look after their children, and how to protect their children against AIDS.

They also provide individual counselling with the purpose of providing knowledge for income generation. The counselling also addresses the problems of children with HIV and encourages them to live positively. This is mainly undertaken through group work. Sometimes professionals are invited to talk on particular specialist issues, and sometimes the groups are led by community volunteers.

Although remarkable projects like this fill some educational gaps in Kenya- really the lack of government schools in slum areas needs addressing as well as the corruption which prevents resources such as school meals reaching those for whom they were intended, as well as addressing other financial barriers that prevent the poorest OVC from receiving education, such as uniform and exam costs.

Access to education in Eswatini

Eswatini has been introducing universal primary education starting with standard 1 and working up. Whilst some OVC have been unable to attend school various strategies have been employed to fill the education gap. OVC attending the community care points for food aid have also been prvided with a form of education, but it is recognised that it would be better if they could access universal primary education, with a free school meal included.

Increasingly OVC are included in free primary education, but there are many financial hurdles that sometimes prevent them from attending. These need to be addressed. Other OVC have been helped to attend primary schools with a school fee bursary. OVC Bursaries were established as a safety net to cover the fees of children unable to attend school. Some OVCs receive school-fee sponsorships from aid organisations enabling a high take-up (92%) of primary education. The considerably higher fees of secondary education limit the take-up to a little over half. There is also a difference between the access levels for OVC and other children. The government's plan intends to increase gradually the free education that was introduced for grades 1 and 2 of primary school in 2010 (thus enabling many children at NCPs to attend school) with the aim of achieving free education for all, including those with special needs.

Whilst recognising the OVC bursary to be a positive step towards attaining free quality and compulsory education, the report "*Research and Analysis of the OVC Education Bursary*" by Save the Children Fund (2007a) did highlight a number of challenges. There were indications that the bursary was fuelling stigma and discrimination, whereas free education would enable children to be treated equally in their right to access education. It was found that other problems also needed addressing before the programme could develop to universal free education.

The first is that there is no standardised fee charged by schools and the bursary is not enough to cover the full fees in most schools. This results in the poorest children being unable to access education or benefit from the bursary as they cannot pay the top-up fees required, or buy uniforms and shoes, and sometimes even the bus fares needed to attend school. Heart rending tales are told of orphans crying at their parents' grave having been turned away from school due to lack of top up fees or uniform. They also lose free school meals, friendships and other support services provided by schools.

When reviewed in 2010, the government's plan was to fix grade I and 2 school fees at E260, which would be paid by the Government. It is hoped that other

impediments that prevent OVC from accessing education and obtaining their free school meals will by now have been overcome.

Access to education in Lesotho

In Lesotho, although there is free primary education there are also financial reasons why some of the poorest OVC cannot attend schools. These include the cost of uniforms and school materials, and registration fees. Some children, such as herd boys in rural areas, need to work either for their own living or to care for their families. Increasingly the OVC from the poorest families undertake the herding of the animals for other families in return for food. The children of the other family are then freed to attend school. Access to secondary school is expensive and many OVC do not have the chance of attending, nor is there vocational training available to them. There are a number of projects that provide economic empowerment to families so as to enable their children to access education.

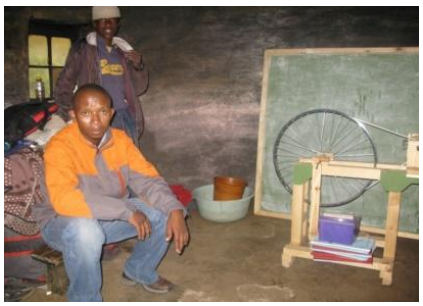
CRS MOVE project facilitates access to education

The CRS Move project in Lesotho has enabled more children to attend school in the area of this project. This has been achieved by training community leaders in the importance of education and distributing school uniforms and shoes where needed for primary school students. MOVE also provides blankets and hygiene kits for OVC. The temporary inability of care-givers to fund schooling cost has been mitigated by the development of community fundraising mechanisms, the development of savings and internal lending committees for community members, and resource exchanges for secondary school students. These activities are supplemented by the economic empowerment of families through the keyhole garden methods of drought resistant agriculture, and other improved agricultural methods taught by CRS.

Education for Herd Boys in Lesotho

Herd boys are often a disadvantaged group because of their inability to access education due to having to look after herds on the mountain sides. Classes which provide education and income generating skills for them in the evenings in their rural homes provide better opportunities for supporting their families in the future. Lesotho Save the Children has developed such a project for the purpose of empowering income generating groups in the more remote areas, which can then provide income for the needs of OVC in their care.

Projects which provide education and income generating classes for herd boys in the evenings in their rural homes gives them more opportunities for supporting their families in the future.



The Good Shepherd Centre in Lesotho

This is focussed on preventing infant abandonment by providing physical and psychosocial care and education for vulnerable teenage mothers so they can provide good care for their babies. It offers informal counselling and psycho-social support, formal education, training in income generating projects, food production, other agricultural projects, and dressmaking. Help is given in setting up income generating projects to support the family in their home village, together with training in child care. It has also established play groups for older children of the unsupported mothers, as well as village children so as to maximise integration.

The Good Shepherd Centre provides:

- Informal counselling and psychosocial support
- Formal education
- Assistance in establishing income generating projects in the home

Its philosophy is to meet the needs of children and prevent abuse by 'mothering the mother'. The Good Shepherd project is thus a project that prevents child abuse. The project selects teenage unsupported mothers who have no means of supporting and caring for their baby, and may otherwise resort to abandoning the child, or even consider infanticide.

The needs of babies are met by caring for the mother. By providing the psychosocial support they need, together with an education and skills to support themselves, they are able to care for their baby in the future. The ethical guidance they receive inspires them to do so. Thus the project cares for the mothers and their babies in a residential centre but in doing so enables the mothers to care for their child in the community in the future. In addition giving community members the skills and means to support, care, educate and protect mothers and their children is fundamental for the success of child protection projects in the community.

5. CHILD PROTECTION PROJECTPROGRAMMESS

The abuse of children is being increasingly recognised and uncovered in Africa and other countries including the UK. Abuse of children may be physical such as in corporal punishment, sexual, or emotional. The reasons for child abuse are often complex. Consequently this is an area that requires the highest levels of social work skills to deal with cases sensitively and effectively. Children may also need protection from neglect, which often occurs as a result of poverty. Such neglect needs to be addressed through methods of economic empowerment as well as other help to the family and child as required.

A child protection programmes requires several components:

I. Education of the community and the village chief concerning the needs and rights of a child to protection, how to identify signs of abuse, and the provision of channels for reporting abuse and accessing necessary help
II. A partnership with all concerned to identify the abuse or the needs that are not met, whether these are physical, emotional, social, educational or ethical
III. An assessment of the causes of the abuse or the needs that are unmet
IV. An assessment of the ability of care-givers, the wider family, community, school and any others to meet the needs of the child, as well as the resources or help required for this purpose
V. Working in partnership with all concerned to construct a plan that will prevent the abuse or neglect within the family, and wherever possible ensure needs are met in the future
VI. Implementation of the plan including accessing the resources and help needed
VII. Ensuring the child is safe whilst all of the above occurs
VIII. Identify measures that will prevent further abuse
IX. If necessary and relevant obtain conviction of the abuser
X. Monitor the continued wellbeing of the child, and work with the family and community to resolve any difficulties.
XI. Programmes to empower children against abuse.

Difficulties in developing child protection systems

For abuse to be prevented the perpetrator must be aware that it will be recognised, reported and taken seriously by family, community, village chief and other authorities, and that if serious it will lead to conviction. However if legal processes do not deal adequately and sufficiently quickly with the situation, or if suitably skilled and trained people are not available to address all of the above steps to ensure that children are safe and their needs are met in the community, there is the danger that the abused child will be removed to a 'place of safety', which can be worse than the situation from which they were rescued. This is particularly so if there is no suitable plan to rehabilitate them quickly and safely within their family and community.

Ways of addressing difficulties of child protection in Kenya

The importance of developing a community development and a partnership family support approach to child protection with trained child protection workers at grass root level ensuring solutions are found to meeting children 's needs with in the family is illustrated by difficulties faced in Kenya where child protection systems have developed without this essential approach. The African Network for Prevention and Protection of Child Abuse and Neglect (ANPPCAN) recognises that whilst they have developed education about abuse, and the identification of abuse, they remain powerless to improve matters for the child without skilled personnel at the grass-roots level who can carry out child protection work in partnership with the family and the community that will enable the child's needs to be met within the family. Furthermore "places of safety" are only in institutions and often more damaging than the homes from which the child has been removed. Without training in admission procedures and rehabilitation there is also no prospect of the child ever being enabled to return to their family.

These matters need addressing. In some areas of Lesotho and Eswatini a community approach to child protection is being developed. All levels of the community have been educated in the methods and principles outlined above with some good results. It is reported that many abusers cease to abuse when they are aware that this will be reported and their abuse acted upon. Workers at grass roots are also able to work with the families to ensure that all the needs of the child are adequately met.

Community development projects like the LL grass-roots child protection volunteers at each household cluster level in Eswatini, or the training village support groups in Lesotho could be appropriate in Kenya. Projects that improve admission into institutions and subsequent rehabilitation practices

such as those advanced by the 'Little Angels' project in Kenya would certainly benefit the position. All of these schemes are described further later.

Kenya Alliance for the Advancement of Children's Rights (KAACR)

A movement to educate against abuse in Kenya is led by the Kenya Alliance for the Advancement of Children's Rights. KAACR focuses on implementation of the UN convention on children's rights, and in particular protection of children against abuse and violence together with the legal requirements of the Kenyan Children's Act. It studies and researches the different issues affecting children. It works with governments, civil society, and local organisations, including Non-Government Organisations (NGO's) and Community-Based Organisations (CBO's). It also works towards child protection at the national level including eradicating harmful cultural practices such as female genital mutilation.

The work of KAACR includes

- **Education and empowerment of schools** - KAACR educates and empowers schools, hospitals, police, traditional leaders, and community based organisations in their role as child protectors by explaining the law. Hospitals and Police have been advised that they should not charge for treating or reporting abuse. Both were unaware of this. They capacity build in other ways by training in child protection issues.
- **Children's Rights Clubs** - Clubs organised by KAACR started in 1992 and ran until 1995. KAACR then withdrew but the clubs still run in schools. The clubs advise children of their rights, and give children a voice. The clubs involve young people as peer educators and have a national forum
- **Prevention of FGM** - Using child empowerment methods the project has saved many girls from female genital mutilation
- **Area advisory councils** - These are now established at district and local level to address child protection issues
- **Training elsewhere** - KAACR also train in Tanzania and Uganda by replicating the Children's Rights Clubs developed in Kenya.

CAN has described to the Director of KAACR the LL program in Eswatini (described below), and the training of LL community volunteers in child protection at the household cluster level. He believes this to be a useful idea for incorporation in the Kenyan programmes since training has not yet reached the grass roots level. Information has also been provided on the Eswatini Action Against Abuse (SWAAGA.) and the Super Buddies Club in Eswatini, as well the functioning of support groups in Lesotho and organisations such as the

Lesotho Red Cross which facilitates these. In addition the Lesotho CRS Homestead Garden Manual for the development of keyhole gardens that promotes drought resistant permaculture to empower families economically so they can meet children's needs including their need for protection.

All these are viewed as effective methods for enabling child protection and for families to support children's rights and meet their needs. They sit alongside a number of KAACR manuals and resources:

- Millennium Development Goals, (leaflet) KAACR with financial support from UNICEF 2007
- 'Child Abuse – You can help stop it' (leaflet) KAACR and Save The Children, Finland
- 'Good Practice Community Based child Protection Guidelines and Procedure', Save The Children and KAACR 2009
- 'Enhancing Capacity of NGOs, CBOs, and FBOs in Western Kenya - Lessons Learnt'. KAACR 2007
- 'An Assessment of Corporal Punishment in Schools' 2008
- 'Stop Child Labour, Support Child Rights through Education, Arts, and Media (SCREAM)'. KAACR 2008
- 'Children's Rights Clubs – A facilitators Manual' KAACR 2009
- Trainer's Guide for Institutional and Non-Institutional Care for Children' KAACR 2003
- 'Children's Rights Clubs - A facilitator's Manual ' KAACR 2009
- KAACR website: www.kaacr.com.

African Network for Prevention and Protection of Child Abuse and Neglect

Mission and Priorities

ANPPCAN's mission is to improve the welfare of children in Kenya and to enhance opportunities for the development of their full potential. Its vision is for a society in which children's rights and responsibilities are respected and valued. Its priorities are to act as a national centre for protection against and the prevention of Child abuse and neglect.

ANPPCAN facilitates the promotion, defence and advocacy of children's rights as set out in the UN Convention on rights of the child, the African Charter on the rights and welfare of the child, and the Children Act 2001. It provides legal aid and where necessary will litigate on behalf of child victims of abuse and neglect, or those in conflict with the law. It seeks to empower communities to protect their children from abuse and neglect, and collaborates and networks with organisations with similar ideals to their own.

Its special programmes department organise community based and time bound programmes that address issues affecting child welfare. Examples include a Soweto programme aimed at raising the social consciousness of children's right and how to help protect them, and a Lower Ambira community child development programme that promotes the welfare and protection of rights of children affected by HIV AIDS.

Other services include

- A document and resource centre
- Legal aid for children
- Child help desk
- Programmes to prevent corporal punishment

'No kiboko' or No Caning Days are days held for the purpose of capacity building on the improper use of corporal punishment which, even though it is illegal in Kenya, continues to be used. A different area is selected each day and includes:

- Children's workshops to empower children on their rights
- Provision of information on networks that can help abused children. These include Child Line which is run by a different NGO. Children anywhere in Kenya can dial 116 free of charge, report any issues of child abuse, and receive counselling and referrals to appropriate organisations
- Seminars that target teachers, community area chiefs, police and local administrators on the inappropriateness of caning, and advice on other methods of controlling children.

The published source that describes this programme is: 'From Physical Punishment to Positive Discipline' ANPPCAN KENYA 2005

ANPPCAN also appreciates it is a bad practice to take children to institutions and the need for outreach workers able to meet children's needs at grass root level in communities, proper admission procedures to institutions including record keeping and rehabilitation work; and that without these they agree that little can be done to improve a situation where the only attempts to protect children remain the practice of inappropriately admitted them to 'places of safety' in institutions, where they are in fact worse off and many are abused.

Save the Children Sweden has helped some police stations to develop child protection units. These are small fenced off areas that can act as a home for children. Training has been provided to police in how to handle children who

have been abused, but often no records are kept. A community development approach would be more beneficial.

ANPPCAN volunteer social workers do work with local chiefs and children's officers to refer child abuse perpetrators to court, but when places of safety are institutions, which are often abusive; this may not improve matters for the child. ANPPCAN volunteers seem to be battling with an almost impossible situation of high levels of child abuse, with very little training to assist them in working with families to resolve issues if the child were to remain in the family. There are now many children in institutions with no information whatsoever as to why they are there, or where they came from.

Training is urgently needed in all levels of child protection, particularly preventative work with families and communities but also proper admission procedures regarding the possible need for a place of safety and the importance of developing community solutions instead. Where admission is really necessary this should be temporary whilst care plans for rehabilitation to their family are made and actively implemented by trained child protection workers. Training is also needed in making such rehabilitation plans and full records must be kept of the assessment of the child's situation, family, and care plan and progress implementing it.

Corruption is reported to be an invasive problem. Many lawyers are corrupt, so that if the children do not have access to funds they cannot get their rights represented in the courts. In addition the courts take an inordinately long time. Lawyers take preferred cases through mediation rather than going through the courts which, because they take so long, have become a last resort.

To overcome the situation of people who cannot afford to bribe lawyers, some organisations have emerged that will deal with the rights of children. CRADLE and CLAN have their own lawyers who cannot be bribed, and help families represent themselves in court.

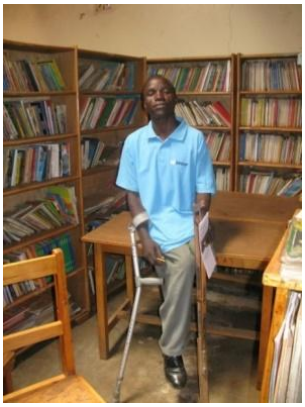
Developing child protection in Kenya

CAN has disseminated community development approaches for child protection that are found elsewhere. These have included the LL 'Shoulder to Cry On' community and volunteer child protection programme in Eswatini, and the village support groups in Lesotho together with the organisations that promote these such as Lesotho Red Cross. These schemes, which are described further below introduce methods of facilitating the vital missing link of the people at the grassroots level who can meet the needs of children and protect them without having to move the children to the even more damaging institutions, that claim to be 'places of safety'.

ANPPCAN attempts to empower communities with knowledge that will protect a child's rights. They recognise that without an approach of meeting children's needs and providing protection at the grassroots they are powerless to improve matters for the child. There are many women's groups and community based organisations started by the communities themselves for this purpose. **Plan International** already work in this way training community groups and training support groups to meet the needs of children. ANPPCAN representative agreed that this was an area where Kenya could usefully develop further. It needs an action plan.

An effective project is that for the international exchange of staff which is funded by a Norwegian NGO FREDSKORPSET and referred to as the exchange programme North-South and North-North. The programme sends people to a country where they can learn about a specific project which will benefit to the country they come from. Staffs from ANPPCAN have worked in Uganda, Zambia, Ethiopia, Liberia, and Ghana. The donor funds everything; the person's salary, recruitment of someone to fill the gap left, rent and subsistence allowances for the person overseas. On return the individual is expected implement the new skills they have learnt through projects in their area thus exchanging ideas between the countries. ANPPCAN has suggested they might benefit from an exchange with SWAAGA and other organisations in Eswatini, and also learn from the support groups of the Lesotho Red Cross.

An ANPPCAN success story is the capacity building project at St John's school in the Korogosho slums. It focuses on child protection issues and in particular the avoidance of corporal punishment and the needs of the child as a first priority. David Ochola is the headmaster of the St. Johns school where he undertakes and developed his child protection work. He has written a 25 page child protection policy.



David Ochala, headmaster of St Johns school in the Korogosho slum

He noticed the children who were endeavouring to earn a living by collecting rubbish from the adjacent tip, which was a dangerous and violent place. Instead he encouraged them to attend his school. St John's School was started to help parents by catering for street children and OVC in the area who could not afford to attend school. The project recognised that children need access to basic education rather than rehabilitation.

David started as a teacher at the school in 2000 and worked with the community to improve the primary school, which is attended by many orphans. He then extended the school to the secondary level. Many of the children had no options after primary school and girls of necessity became prostitutes and boys turned to crime. He recognised the importance of secondary education to the wellbeing of these children.

As headmaster of the school David arranged for murals on the outside of the buildings. He has also developed the extracurricular activities of children. Most of his past pupils initially became teachers at the school. Unfortunately since they could not be paid, they often moved elsewhere and this part of the project collapsed. David then pursued another idea and obtained funding for students to attend secondary school. Fifteen students were helped in this way, three of which are now at University with individual sponsorships.

Murals are both bright and cheerful, and also educational

He also creates awareness of children's rights in the area. Children report to him if they have any problems. He then visits the families and works with them to resolve the difficulties. David will work with any family to stop child abuse, and monitor the situation until it stops. This is a personal initiative of David's. He goes with the children to see their parents and provides counselling and assistance. David recognises that most problems are due to poverty. He also helps families with ideas for income generation, and in particular he recognises that children with HIV must have food at school, to make their medication effective.

ANPPCAN has helped to empower his excellent work. However a comprehensive system providing such partnership family support work to protect children needs to be developed in every household cluster in every community, and help needs to be available for every abused or neglected child.

Identification and registration of OVC

Station Days are an effective device for identifying and registering OVC, and assessing their needs. The method was developed in Zimbabwe but is employed by Catholic Relief Services in their "MOVE" project in Lesotho.

General health checks and referrals can be made to meet medical and health needs. Psycho-social wellbeing is checked by a counsellor who sees each child and asks them 6 questions about their personal, home, and school life. Each child is then given a sweet for attending. The children are divided into groups by gender and age to meet their 'grandmother or grandfather' who are a same gender volunteer who talks to them about age appropriate issues such as health, hygiene, onset of puberty, and sex. Next the child attends a library where their academic achievement is assessed. Finally each child receives a small gift such as toothpaste or soap. The process enables staff to assess the progress being made in meeting a child's needs, and to make any adjustments necessary, and to inform future decisions.

Grass root community programmes for identification of needs of OVC and addressing these needs.

In Lesotho and Eswatini such approaches have been developed. In Lesotho support group leaders are trained in identifying the unmet needs of children, and a plan devised to meet them. Similarly in Eswatini the training of child protection community volunteers at household cluster level is undertaken to assess a child's needs, identify any abuse, devise and implement plans to address those needs, and then monitor the child's welfare .

Child Protection Committees in Eswatini and Child protection volunteers at house hold cluster level - Lihlombe Lekukhalela

In Eswatini Child Protection Committees and child protection volunteers at every household cluster, known as Lihlombe Lekukhalela (or LL), are a model of child protection that deserves replication elsewhere. Lihlombe Lekukhalela literally means 'a shoulder to cry on'. This is a community initiative for the support of orphaned children against abuse and HIV/AIDS. Volunteers are selected at the sigodzi level with the support of the Chiefs and Inner Council. A committee of four or five in each sigodzi is selected by the chiefs in the presence of the children as their protectors. A LL volunteer is selected for each cluster of households so that they know well all the children they are responsible for, and make themselves fully aware of their situation.

Lihlombe Lekukhalela is strengthened in target communities through training and support to carry out their mandate of supporting OVCs effectively. A training curriculum has been developed by UNICEF and its partners, and relevant service providers are engaged to train the selected community members. Several different NGOs implement the LL programme, each of which is responsible for an area of Eswatini. The aim is to make the service available in every area of Eswatini.

Lihlombe Lekukhalela child protection volunteers

Objectives of LLs

The objectives of the LLs are to:

- Protect children from abuse, which is defined as sex with a minor, emotional abuse, neglect and abandonment, child labour, child slavery, physical abuse (corporal punishment), and the denial of education, shelter and food

- Educate and sensitise communities to fulfil the rights of children, especially OVCs
- Provide an avenue for children to report abuse at the community level
- Reduce child abuse and exploitation by providing a 'shoulder to cry on' within the community and schools.

Role of LLs

The role of the LLs includes raising awareness amongst adult leaders and parents about children's rights and how protects them as well as how to act against child abuse of all types and especially sexual abuse. This involves explaining:

- The psychological and physical damage abuse can do to children
- The subsequent damage to the community that the spread of HIV can cause
- How to recognise abuse in a child, and how to counsel such a child.

LLs reach children in and out of school with information and knowledge about sexual abuse and what to do to prevent it. This includes

- Why it is wrong for children to have sex
- How to read the warning signs of an adult with an evil intention
- The importance of finding someone to talk to about threats of abuse and how to find help from the LL and others in the community

The LLs serve as a 'shoulder to cry on' for abused children. They identify children who have been victims of abuse, and comfort and draw the child out to speak about what has happened. They may seek further help from the leaders of the Umphakatsi (chiefdom), health system, the police, their school, and the Department of Social Development as appropriate. They monitor the position closely and ensure that the child is protected from any risk of further abuse. This is achieved by working in partnership with the family (who will be the LL's neighbours) and the community to find a solution within the family that enables the child's needs to be met. It will include providing assistance or training in relevant methods that can empower them economically, and refer them to any available resource that will help address the needs of their child.

Sexual abuse of children is particularly damaging and needs to be taken very seriously. Preventing sexual abuse by partnership methods with the family and community requires particularly skilled child protection work. It is crucial to identify who in the family and community can be relied upon to help protect the child and will not collude with the abuser. Also crucial is the opening of

channels of communication so that the child can report immediately any further abuse to the LL or partnership members of the family or community. The abuser must be aware of the seriousness of the abusive behaviour and that any recurrence will be reported to all concerned and dealt with appropriately, including when necessary prosecution.

Some sexual abusers persist in abusing and it is therefore not safe that they live in a family with children. Rather than removing a child to a damaging 'place of safety', it is sometimes more appropriate to arrange for the abuser to leave and only be allowed supervised visits to the child; or in some cases no visits at all.

The LLs also capacitate the Chief and Inner Council with information and knowledge as to how to stop abusers, and how to ensure that the child is protected from further suffering. These may include:

- Talking to and educating community members who pose a risk to the child
- Discussing whether such threats require further action from the Chief and Council
- Referring suspected cases of child abuse to the Royal Eswatini Police, traditional leaders, social workers, medical doctors and teachers
- Providing advocacy for the best interest of the child in such cases
- Discussing with school authorities the ways of helping the abused child in school.

In each sigodzi the LLs meet as a group every week to discuss issues, learn from each other and prepare reports. They exchange information about children at risk in the community, develop strategies for controlling the behaviour of potential or actual abusers, and keep records of group meetings and decisions. If a case is particularly challenging and it becomes difficult for the LL to stand up against the abuse, whilst living in the same household cluster as the child and family concerned, the case may be swapped with another from an LL in a different area so that interventions can be made at a more comfortable distance.

LL child protection volunteers co-ordinated by Eswatini Save the Children discussing problems of preventing abuse of children due to poverty

LLs report that most abuse arises from poverty that leads to both neglect of children's rights and forces orphans to tolerate abuse in return for food or education. A partnership approach is needed that can teach families skills that empower them economically so that they can meet their children's needs themselves and can stand up for them against abuse. LL volunteers have been trained to teach families and children who lack sufficient food, or money for the child to attend school, income generating methods and how to make homestead trench gardens. This is a permaculture method that enables vegetables to be grown without fertilisers.

Years of drought in the poverty-stricken areas of the Lubombo region of eastern Eswatini has rendered this method useless as the seedlings always die through lack of water. Here many people must walk several kilometres to collect water and can only carry sufficient for the essentials of drinking, cooking, and washing. Vulnerability to starvation in times of drought can force these people into abusive situations, with consequent HIV-infection. Orphaned children are particularly vulnerable in this respect.

CAN found that LLs and NGOs had not heard of keyhole gardens. Even the Ministry of Agriculture were unaware of the method, which they agreed could be useful in Eswatini. CAN has provided Eswatini Save the Children, SWAAGA, the Ministry of Agriculture and other organisations with manuals so that they might train LLs, who in their turn could teach vulnerable families how to build these drought resistant gardens. The Ministry of Agriculture has now planned to train all agricultural outreach workers in the method so that it can be generally available to all families in Eswatini. CAN also provided some money for seeds to be distributed to the poorest families.

Extending the LL model across Eswatini

By 2010 the LL programme had trained 8,000 men, women and youth as LLs in 47 communities. It had also established links between the LLs and the Domestic Violence and Child Protection Unit of the Royal Eswatini Police at police stations in the communities to facilitate early reporting of abuse cases. The Swazi Government recognises the project as a critical component of its national effort to protect the rights of children and has pledged its continued support.

Other organisations such as NERCHA have adopted the initiative and are providing funds for a roll out of the LL at the national level. Partners in the programme are UNICEF, the Swazi Government, SWAAGA, Save the Children, the Swazi Police, the Alliance of Mayors' Initiative for Community Action on

AIDS at the Local Level (AMICAALL), and the World University Service Eswatini (WUSS). This programme is much needed since child abuse rates in Eswatini are high. This comprehensive community development and partnership method of child protection is urgently needed in all communities in Eswatini and other countries in Africa if children's rights are to be protected.

Eswatini Action against Abuse

SWAAGA's mission is to eradicate all abuse in Eswatini, particularly that of a sexual and physical nature. Its objectives are to empower survivors of abuse through counselling, and bring about a positive change in behaviour and attitudes through education and awareness. In this manner it hopes to prevent gender based violence and equip survivors to cope with abuse by bringing about change in the social, cultural and legal systems.

SWAAGA works through its two main programmes of education and counselling. It has also researched the causes of abuse and is aware of the importance of economic empowerment in its prevention. The SWAAGA education programme is largely focused on training workshops and educational initiatives on gender based violence to academic institutions, professional and community groups, faith-based organisations, and other institutions. It operates through the Lihlombe Lekukhalela, where SWAAGA provides training for the community volunteers and girls' empowerment clubs, which are initiatives in schools aimed at empowering girls with skills and knowledge to tackle gender-based violence at a personal level. A male involvement project seeks to transform mens' lives and recruit them as a solution to abuse. There is also a weekly radio programme which is an educational show that explores gender-based violence and related issues.

SWAAGA's counselling programme aims to empower survivors of abuse and human trafficking by providing counselling and other support services. Free individual counselling sessions are provided at six bases throughout the country at Mbabane, Mankayane, Manzini, Motshane, Hlathikulu and Simunye. Survivors support groups are often formed in rural communities for those infected or affected by HIV where abuse continues as an issue. These can provide emotional support through counselling, and encourage survivors in income generation projects. Economic empowerment also strengthens victims to resist abuse, and enables families to accommodate and provide care and protection for the orphaned children of deceased relatives.

All the women in this abuse survivors support and economic empowerment group care for OVCs of relatives who may have died of AIDS.

Economic empowerment to prevent abuse

Income generating projects are a powerful example of positive community development work that protects the rights of OVCs, prevents abuse, and enables needs to be met by empowered families that care for them. SWAAGA funds income generating projects chosen by the community members and which are monitored by the LLs to ensure they benefit OVCs and are sustainable.

SWAAGA also runs self-help groups: for the purpose of empowering rural women economically and thus reduce their vulnerability to abuse. Generally these women will be caring for the orphaned children of their deceased relatives. This income helps them meet the needs of the OVCs and even assist more orphans when needed. A savings and loans system operates amongst the self-help group members who regularly contribute R5 to a pool. The pool is drawn down to fund an income generating project run by a group member. The profits from the project are banked and as the funds grow, the group takes on larger and more profitable projects. The group decides on their project and SWAAGA provides the training, skills and encouragement. Some groups have progressed to larger projects such as the manufacture and sale of liquid soap. Some of the profits provide for the needs of the OVCs they support. Not being reliant on male support protects them against abuse.

6. ADDITIONAL PSYCHOSOCIAL SUPPORT FOR CHILDREN

The most important issue in meeting the psychosocial needs of children's is that they should grow up in a loving family. Some children, for example those who have been abused or otherwise traumatised, or those cannot benefit from a caring family may need additional psychosocial help.

In Eswatini the need for additional psychosocial support to supplement that received from caring relatives has been identified in the UNICEF (2008c) report "*National Response to Psychosocial Needs of Children – Three-year strategic plan*". This support, which includes grief and trauma counselling, emotional counselling, and substance and abuse counselling is provided by various methods in Eswatini.

Schools have developed as 'centres of care' and provide some counselling as well having a role in identifying a child's needs and helping them gain access to relevant resources that can meet these needs. SWAAGA provides counselling for those who have been abused. Volunteer caregivers in NCPs are trained and expected to provide psychosocial support for OVCs who attend. Whilst this is beneficial in providing children with support in addition to that provided by their families, with increasing numbers of child-headed households it remains a matter for concern that care given by caregivers in the group setting of NCPs may be all the psychosocial help the child receives.

7. PEER EDUCATION AND CHILD EMPOWERMENT PROJECTS

Community initiatives include peer-education and child-empowerment projects generally involve child volunteers who have been trained as peer educators. An excellent example of this is the Super Buddies Club in Eswatini that strives to be the leading institution for the empowerment of children and youth through participation in a bid to promote an HIV-free generation by 2020.

Their mission is to provide child and youth participation platforms and ensure child protection through awareness campaigns, life skills, and child-rights education.

Their creed is:

- We uphold good values and abstain from untoward activities
- We do all we can to help children in need
- We model good behaviour to our peers
- We participate in community development

Eswatini Super Buddies Club
Community initiatives through peer-education

The club, which is immensely popular amongst children in many areas, has enthusiastic and talented child educators trained by a well-motivated and caring organisation. The organisation has produced the Super Buddies magazine since 2003. This promotes the values of Super Buddies. Its popularity amongst children led to their demands to be able to become Super Buddies themselves and the formation of the Super Buddies Club.

The club runs outreach programmes to 40 schools and nine community clubs engaging them in different activities including drama, music, poetry and dance as a means of peer education. In collaboration with Save the Children and

funding from UNICEF and Art Action (of Singapore), Super Buddies runs a radio programme staffed by children providing education on topical issues affecting children, and also drama. Debates and community dialogues engage children and youth in schools and communities and a children's parliament is planned with other partners.

HIV prevention is taught to and by children in roadshows which include 'edutainment' (entertainment designed to educate) such as drama, music, dance, poetry and cultural activities. This is immensely popular amongst children and effective at empowering them with skills for life. It also helps them to protect themselves from abuse with positive values for the future.

Peer-education programmes are a powerful way of involving children and empowering them for their future. Super Buddies hope to expand into other areas such as teaching income-generating skills, art and homestead gardening.

8. REHABILITATION TO BIRTH FAMILIES FROM INSTITUTIONS AND ADOPTION

Institutional care of children has mushroomed in all of the four countries despite knowledge that it is inappropriate and the efforts to prevent it. The inappropriate admission of children to these institutions, instead of resolving the difficulties through their care in the community, has created a legacy that will be difficult to solve, especially as often no records are kept and all contact and information concerning the children's families is lost.

In Kenya this is a particularly serious problem as community and extended family care systems have been depleted and replaced by the institutionalisation of children. The lack of understanding of the psychosocial need has become a challenge. Physical needs are obvious but psychological and social needs are invisible and often go unrecognised. The challenge is how to equip families so they can care for their own children and provide for all their needs.

Mr Mutero, the Chief Executive of Little Angels, is concerned that Kenya has already lost its community care system due to pressures on the extended family and lack of adequate support. Kenya now has 10 to 20 years of active institutionalisation, and the number of children in institutions is in the region of 300,000. Sadly these institutions have become the default mechanism. Whenever there is a child in need people turn towards the institution.

Social workers in institutions have very little training and are mainly concerned with trying to meet material needs. They are wholly unaware of the psychosocial need and the role they should be undertaking to prevent admissions. When children are admitted they lack the imperative of working towards rehabilitation of the child to its extended family or, if the family or community has disappeared, then to the child's adoption.

Most of the public do not understand how damaging institutions are. Communities even think they have done well if they get a child into an institution. This is a problem of material needs being very visible and psychosocial needs being invisible and unknown. It is not that parents do not care, but they simply do not understand the damage being done to their children by leaving them in institutions.

Little Angels

Little Angels project in Kenya works:

- To make laws and procedures easier and facilitate rehabilitation and inhibit admissions
- With UNICEF and the government on new policy alternatives to children's care
- To have kinship formally recognised, so that this can be not only promoted but controlled
- With institutions to try to change their policies
- To inform public opinion about children's psychosocial needs and why institutional care is so damaging
- On income generating projects that can enable children to be cared for within families

The project started with children who were known to have families. Little Angels campaigned for the substantial investment the country needed in social workers who could develop the family support work and rehabilitation work into families. The social workers should also provide a technical training for families that could enable their self-sufficiency.

Little Angels targets staff and managers in institutions and capacity builds on the need for rehabilitation and preventing children from being admitted to the institutions in the first place. The organisation seeks to change the funding arrangements for institutions so that funding is dependent on the number of children dealt with rather than admitted so that children who stay with their family score as highly as children institutionalised. This frees funds from institutions for rehabilitation work which is significantly more cost effective.

Little Angels is active in two fields:

- Reintegration work that concentrates mainly on capacity building
- Changing public attitudes and perceptions that can influence policies and laws.

They have also facilitated around 350 adoptions of which 55 were outside the country, and about 300 within Kenya. Adoption systems are comparatively well developed in Kenya, and many people want to adopt however this does need regulation.

Little Angels was dealing with their first rehabilitation cases when CAN visited the project in 2011. They had rehabilitated 50 children the previous year although the year was mainly spent in training and capacity building. In 2012

they hoped to reintegrate more children. The country needs a huge investment in social workers who will develop family support work and rehabilitation work into families, and in the technical training for families to enable their self-sufficiency. More information is available on their web site: www.littleangelsnetwork.org

The main objectives of Little Angels are to promulgate best practice and show that it is possible to rehabilitate children. Many institutions do not consider this is possible. Furthermore the institutions receive £10 per child per month thus creating a huge incentive to keep the children within the institution since otherwise they will lose their funds.

Government is supportive of the changes that Little Angels and UNICEF are trying to introduce, and has provided a number of capacity building seminars. They are trying to amend the law so that there will be an exit strategy for every child in an institution, and a requirement for managers to keep records of this. There is also a drive to ensure that records are kept when children are admitted since without these people do not even know where they come from, and rehabilitation becomes even more difficult.

As with Eswatini a difficulty arises as the number of children they hear about needing help exceeds the number of places in the institutions. Without alternative structures in place Little Angels has to maintain good relationships with the institutions since otherwise there is nowhere to put the children that need a place of safety.

St Clares Orphanage

Opened in 2007 the majority of the admissions to St Clare's Orphanage were children displaced after the post-election riots in Kenya when some parents were killed.

Sister Lucy came to the institution in 2010. It then housed 75 children which she believed should be returned to their families.

She worked with Little Angels to facilitate this.

At the time of the CAN visit in 2011 the number of children in the home had been reduced to 45.

Some children had parents who had not realised that their children were there and could be reunited very quickly once they had been found. Twenty five children were able to return to their parents when the parents were given help that enabled them to provide for them. Another ten were able to return home without any assistance and should never have been admitted. Work was in progress to enable the remaining children to be re-united with their family or failing that adopted.

Some of these children were admitted to the orphanage when their mother had lost everything in the riots and had become ill. When approached by a social worker many years later and offered material help, their mother was happy to be reunited with her children. Others were admitted when the mother was ill and relatives could not afford their school fees. No other assistance was offered at the time. With assistance with school fees, at a fraction of the cost of institutional care, they were happily returned to their relatives and mother. Another child was taken to the orphanage by his grandmother as he was HIV positive and his grandmother felt that she did not know how to care for him. Approached later with offers of help in accessing treatment for the child, his grandmother was so happy to have him home with her again.

One child was admitted to a different institution under a place of safety order as their mother, under the influence of drugs, had tried to jump off a bridge with them. Their grandmother was able to provide them with a good home, but did not have the resources to travel to their area to attend the necessary court procedures to enable this. Years later a Little Angels social worker assisted her in doing so.



Children returned home after being admitted to an orphanage when what was really required was help for the family to meet their children's needs

All these cases illustrate the inappropriateness of admitting children to orphanages. It should be a fundamental principle that no child should be institutionalised when material aid can enable the child to receive good care within their extended family.

Kenya has an enormous challenge in trying to reverse the destruction of the extended family and community care system that institutionalisation has caused. The policy has resulted in the psychosocial needs of children not being met and exposing them to abuse within the institution. Many have become unable to cope with life as an adult. Little Angels is an excellent example of a project that has begun to address the issue, and which could be replicated elsewhere.

For children with no possibilities of rehabilitation, as they are institutionalised with no clues to the whereabouts of their birth family and community, adoption would be beneficial, if they can be legally freed for that. Otherwise the question arises whether arranging foster care for them would be preferable to remaining in the institution, as foster care even in an alternative family is more able to meet the psychological needs of a child. However the view of Little Angels is that foster care would not work in Kenya.

Despite policies to rebuild extended family and community care systems and prevent the institutionalisation of children Uganda, Eswatini and Lesotho have all seen to some extent a mushrooming of institutional care. This has been hard to control and reverse. Skills in supporting families to prevent admissions, and rehabilitation programmes for institutionalised children are both needed. The little Angels approach could be a model for replication elsewhere.

Preventing residential care in Eswatini

In Eswatini residential care is seen as a last resort. The focus for any child admitted to such care should be that it should return to family care, and preferably that should be with their own family. Services facilitating this remain a challenge. A study in 2006 found that up to 700 children lived in 20 registered residential child-care facilities. Such facilities continue to increase despite a policy that they should be the absolute last resort for the care of children.

A 2010 UNICEF report accepts that official foster care is preferable to care in residential facilities, but fostering has been little developed in Eswatini. Whilst adoption is recognised as being the best permanent solution for a child who cannot return to its extended family, adoption is reported to be under-utilised despite research showing that the longer babies stay in a residential home, the more their emotional, cognitive, and physical development suffers. Inter-

country adoptions in Eswatini are on the increase even though the country has yet to ratify the Hague Convention.

Institutional care is damaging to children and often occurs inappropriately when poverty prevents families from adequately meeting the needs of OVC. This is costly, ineffective and damaging to the child. It is better to employ resources to assist families to meet the needs of their OVC

It has been estimated that for the cost of caring for one child in a damaging African institution, 1000 children could be permanently provided for through the development of income generating projects in the community. Family-based care is preferable and more cost-effective than any institutional based alternatives (Simms 1985).

It is recognised in Eswatini that the most important factor in meeting the psychosocial needs of children is that they should grow up as part of a caring family and community. Child protection and psychosocial support systems that are supplementary to the family also prevent the need for care in institutions.

Other support policies preventing alternative care in Eswatini are:

- **Food Aid** which is necessary for the mitigation of natural disasters mitigation and preferable to institutional care since it often enables families to continue to care for OVC.
- **Cash transfers** which are preferable to food aid since food aid acts as a disincentive to food production and is not sustainable. Cash transfer, although not in themselves sustainable, do enable the development of income generating activities or the development of food production the earnings from which can be used to meet educational needs.

Income generation, agricultural development, and education are the sustainable methods of poverty reduction for self-sufficiency in the longer term.

Child I foundation

The Child I foundation in Uganda is an example of a rehabilitation programme that provides temporary care or adoption for abandoned babies. It attempts to trace their mothers and provide the help they need so that they can care for the baby. 53% return home. Child I also allow mothers who would have abandoned their baby to stay at the centre with their baby whilst the centre provides her with help and income generation to care for her baby. The foundation can arrange adoption for babies whose relatives cannot be found.

9. REHABILITATION OF STREET CHILDREN

Retrack: A Ugandan programme for rehabilitating street children into families

There are 5,000 unaccompanied children living on the streets of Kampala, as well as many displaced families due to conflict. Retrack workers approach children sleeping on the streets and tell them of the Retrack drop in centre. At the centre football sessions are run which can be joined by the street children. This is often the means used for introducing them to the benefits offered by the centre

Children can opt to stay at the centre where they sleep and are provided with meals, counselling and a catch-up education. Training in income generation is also offered as well as family tracing, and of course the football to tempt the children off the streets. The rehabilitation work is aimed at enabling them to return to their families.

Retrack then contacts other organisations in the child's home area to locate the family and visit the area themselves. If lost, then the child can be returned home at once. A Retrack worker works with the family to resolve any issues if the problem is more complicated so that the child can return home safely. Retrack will then introduce the family to income generating projects so that the family is able to support the child. It can also make reference to other organisations such as the government savings and loans scheme, and training programmes for income generation. When needed it can fund school fees. Retrack will provides counselling for the child and work with the family to resolve any other problems or child protection issues.

Half-way houses and fostering

Children who cannot be returned quickly to their family are transferred to half way houses. These are cottages with permanent house parents who live there all the time and have no more than eight children living with them. In the half way houses the children receives intensive counselling and preparation for rehabilitation. Catch up education is provided here also together with the other facilities provided by the centre.

If rehabilitation attempts repeatedly fail and children require alternative parenting they are placed with carefully chosen and closely supported foster parents with a view to adoption. Children thus fostered generally thrive once they receive good family care. Skilled work is needed to select the foster parents who are carefully chosen, trained, matched to the child, and supported

and supervised. They are paid only a minimum amount to cover the expense of caring for the child.

Although it is clear from the child's first name that they are not a birth member of a foster family Retrack has found that fostering can be successful for children who cannot be rehabilitated. Retrack has 25 children in foster care, and another 26 have been successfully fostered and are now independent.

None has actually been formally adopted since Ugandan law requires a child to be in a foster home for 3 years before legal adoption can occur. By then most are adult and older "young people" who are not successfully rehabilitated generally prefer to be independent. In these cases Retrack provides vocational training when they stay at a Retrack hostel so they can support themselves in the future.

10. CATALYSTS AND NETWORKING

Viva Network

Viva Network is a networking organisation that encourages other organisations to work together to ensure OVC are well cared for in their families and communities. It provides networking, training, and offers consultations. Linking and uniting organisations with a common cause to benefit and protect the rights of OVC helps them all to be a force for change.

VIVA has branches in:

- Wisconsin, North America
- Cochabamba, Bolivia
- Oxford, UK
- Harare, Zimbabue
- Delhi, India
- Phnom Penh, Cambodia
- Kampala Uganda

VIVA's achievements by 2010 included the establishment of 44 citywide networks that united and equipped people to work together in their communities. 1,884 local projects and churches were involved in joint action for children at risk, and 239 of those organisations were strengthened by the Viva Equip Projects training. 340 of the churches and project workers benefitted from the Viva Equip People course. Overall 1.1 million children were protected, educated and empowered throughout the year. The philosophy of Viva Network is Acting Together we can build a better World for Children'

A BRIF OVERVIEW

UGANDA

Has been the pioneer of the community development approach to meeting the needs of OVC and has some good economic empowerment projects particularly savings and loans groups and income generating projects, however the challenge is taking these to scale so that the needs of all children are met. It has a number of pioneer projects in developing rehabilitation for abandoned babies and street children. It also has some cutting edge projects concerning the rebuilding of caring communities that have collapsed.

KENYA

Probably faces the greatest challenges in enabling children to receive good community supported care within their extended families. Westernization has already resulted in a break-down of African caring systems and institutionalisation has unfortunately taken over in some measure. Increased social differentiation has bred slums with a lack of access to many services. Both these issues need challenging at source. Community care need redeveloping, and children rehabilitated with their families. If that is impossible then alternative family care must be found. It has a good pioneer rehabilitation project in Little Angels. It might also benefit from an approach of rebuilding communities such as that pioneered in Uganda by Net for Hope as well as community development and economic empowerment approaches similar to those developing in Eswatini and Lesotho. The availability of Savings and Loans groups in all areas will always facilitate economic empowerment. It has developed cash transfer projects but recognises that exit strategies in the form of more income generating projects are necessary for sustainable development.

LESOTHO

In contrast has some excellent examples of projects that empower families supported by their communities that enable them to continue to meet the needs of OVC. The challenge here is to extend such projects to meet all

children in need so that all children can receive good family based care. Admission procedures to institutions need to be improved and rehabilitation projects back to the care of their families developed. A comprehensive family support programme in every area is crucial in order to ensure inappropriate institutionalisation does not occur. Child abuse needs to be constantly challenged. Possibly features of the LL child protection scheme in Eswatini could be incorporated in communities in Lesotho perhaps as a development of the village support group approach.

ESWATINI

The combination of community based programmes and home based care together with supporting initiatives amounts to an impressive system of community development, with volunteers available to meet all facets of children's needs. It is a remarkable approach developed through partnership between communities, and based on traditional community care principles that are owned by them. Every volunteer is trained to refer issues to volunteers in other specialities when this is appropriate. This provides a network of volunteer care and support that is ultimately underpinned by the organisations and government departments that back and train them. It has created a committed and trained community that works together to address the enormous challenges posed by drought, poverty and the AIDS orphan crisis. It is a system of which Eswatini can be justly proud and from which other countries can learn. However it too needs to expand and develop its approaches to cover all OVCs in all areas of Eswatini by filling the many gaps in the services so that economic empowerment can reach all families and prevent the need for food aid. Also OVC need to be enabled to attend school.

Care Africa Network Extension Workers

"*Acting together we can build a better world for children*" is also the philosophy of CAN.

The Aim of CAN is to disseminate good methods which have helped OVC in one area, elsewhere so these can be available to benefit more children in need of them. This involves cooperation between countries, organisations and all working to improve the lives of children who are suffering - whether from poverty, neglect, abuse or as victims of inappropriate services developed for children.

All of those who attend this course will want to build a better world for children, but individually we have little impact. Working together towards a common aim we can effect real change to the benefit of the greatest number of OVC. CAN Extension Workers are invited to spread the ideas, methods, and practices discussed here so that children can grow up in a secure, loving, family environment with all their needs met. This will give children benefits which will enable them to grow to become well balanced, happy, responsible, caring, and successful adults. They will be a future generation of fine people who will benefit their children and the world.

CHILDREN NEED FAMILIES

TOGETHER WE CAN