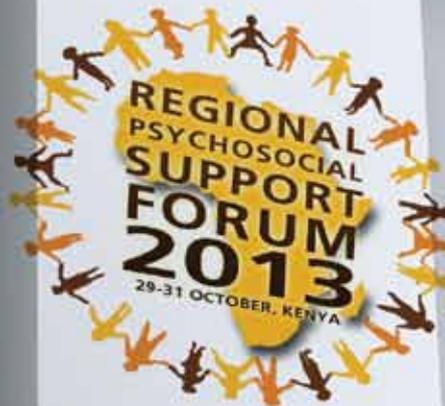


**Mainstreaming
Psychosocial
Support for Child
Protection:
Linking Evidence
and Practice**

BOOK OF ABSTRACTS



USAID
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Regional Psychosocial Support Forum 2013

Mainstreaming Psychosocial Support
for Child Protection:
Linking Evidence and Practice

Book of Abstracts

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Plenary Sessions

Plenary 1:

GOVERNMENT OF KENYA: CHILD PROTECTION FRAMEWORK

Ahmed Hussein (Government of Kenya)

Abstract not available at time of printing

INTEGRATION OF PSYCHOSOCIAL SUPPORT IN CARE AND SUPPORT TO OVC: A HOLISTIC APPROACH

Ana Rosa Durão Gama Mondle, Linda Lovick, Juliana Canjera,

Integration of Psychosocial Support in Care and Support to OVC

A Holistic Approach Issues: In Mozambique, as in many other developing countries, orphans and vulnerable children (OVC) living in households affected by HIV/AIDS are turned into caregivers for sick parents, and also for their younger brothers and sisters. They are often deprived of their inheritance by relatives, thus losing their homes, and identity. To compound these problems, limited core services such as education, health, food, legal support, protection, and economic empowerment, render them inaccessible for most OVC. Most programs targeting OVC focus on material support and satisfaction of other needs, without taking into account the psychological and emotional needs of children. It is in this context that the USAID Community Care Program (CCP), implemented by FHI360 and its partners in Mozambique, adopted an integrated family centered approach to provide community based holistic care and support to all household members, weaving in Psychosocial Support (PSS).

Project

CCP is a 5-year project aimed to strengthen: 1) community based services for OVC, PLHIV, pre- and post-partum women and their families; 2) local community based organizations (CBOs) providing and managing those services; 3) linkages and referral systems between community, clinic and institutional providers; and 4) public sector social services structures to meet vulnerable families' and children's needs. Local CBOs are selected through a public process to implement CCP in 52 districts across 7 provinces in Mozambique, funded by USAID/PEPFAR, supporting the Ministry of Women and Social Action and Ministry of Health, national strategies and norms.

Lessons learned

CCP integrated family centered care, combined with linkages to other services, provides a promising model for lasting OVC care and support. PSS training specifically designed for community care givers, is essential in assuring PSS to OVC. Training Social Welfare Officers as trainers in PSS strengthens government structures and sets the stage for training more broadly on PSS. Integrated training on Home Based Care and OVC care and support ensures community caregivers are equipped to care for OVC and their household members. Creating linkages with Government



institutions, local organizations and community leadership ensures OVC referred to community and clinical services are properly served. The creation of “Children’s Clubs” serves as a forum for recreational and educational activities, and promotes child protection. Community committees further strengthen the social safety net supporting OVC. Providing nutritional education to OVC is another essential component, and the frequent interaction between community caregivers, OVC and household members, often provides a sense of belonging. CCP introduced a Child Protection Protocol, to further protect OVC as they interact with visitors and/or other community workers who may want to visit them. Referral and counter-referral networks have proved successful in sourcing materials and linking OVC to clinical, and social, services. Inclusion of economic strengthening activities in the CCP integrated family approach also provides an opportunity for OVC and their household members to participate in Village Savings and Loan groups, aiming to develop longer term economic security to benefit all in the household and buffer against HIV/AIDS- rooted uncertainties.

ENGAGING KEY CHILD PROTECTION ACTORS TO CREATE SUSTAINABLE CHILD PROTECTION INITIATIVES AT COMMUNITY LEVEL

Martha Sunda (Childline Kenya)

Childline Kenya (CLK) operates the Child Helpline 116 service in Kenya in partnership with the Government of Kenya through the Department of Children Services (DCS). Since the launch of the service in 2008, Child Neglect and Abandonment have been the highest reported cases of child abuse. In 2012, the helpline received 2806 (40%) out of all the reported child abuse cases. This trend is either on account of wilful negligence by the caregivers or frustrations of the caregivers while raising the children. For holistic response, CLK equips the parents with skills for positive parenting and empowers children to participate in their own protection. The key is in the coordinated case management process for coherence and understanding on how children’s cases should be handled. This is achievable through engaging expert partners to provide psychosocial support services. In 2011, DCS launched the first National Child protection Framework which outlines how an effective child protection system should work in Kenya. This framework was born out of the need to move from issue based approach in responding to child protection concerns to the systems approach. The systems approach emphasizes strengthening the already existing and useful community systems that facilitate child protection to not only respond to cases of violence against children but to put measures in place to prevent it from happening in the first place. As a key partner, CLK recognizes the framework as a critical policy document and is working with other like-minded organizations to develop guidelines that will inform its implementation. In partnership with ICS (Investing in Children and their Societies) CLK will pilot the case management guidelines in Busia County. The methodology will include conducting a desk review of the existing case management procedures by other organizations, conducting a capacity assessment of the child protection actors to highlight the strengths and weaknesses in their case management strategy, and focused group discussions to capture the voice of the community on what they consider an ideal case management process. This paper will therefore focus on the lessons learnt in the field during the implementation of these guidelines in Busia county. Further it will highlight the best practices in case management in the context of the national child helpline 116’s work with a focus on both the preventive and responsive approaches that Childline Kenya has successfully employed.

The preventive approaches include:

1. Enrolment of errant parents/caregivers in a Skilful Parenting Programme as alternative that ensures sustainable behaviour change of the caregiver in the best interest of the child
2. The Speak-out Boxes initiative (like suggestion boxes) where the community can write and drop child protection concerns for resolution by a carefully selected and trained case management committee that includes experts and children. The responsive approaches include counselling, rescue and reintegration, provision of relevant information and support to clients. Finally, a way forward will be proposed on the available opportunities for all stakeholders to work together to respond to the plight of children comprehensively under the coordination of DCS.

Plenary 2:

CAPTURING COMMUNITY CONNECTIONS: DEVELOPING A 'USER-FRIENDLY' TOOL TO MEASURE THE CONNECTEDNESS OF INDIVIDUALS AND GROUPS WITH VALIDITY GROUNDED IN DIFFERENT CULTURAL CONTEXTS

Alison Strang (Institute for International Health and Development)

Objectives

There is wide consensus on the key role played by individual and community social connections in the protection, psychosocial well being and resilience of children affected by acute adversity (IASC Guidelines, 2007; Tol et al 2011; Betancourt et al, 2013). However, the evidence base to support this view, and in particular to understand the dynamics of social connection is weak partly due to the lack of effective tools. There is a need for data that records social connections in ways that reflect the social realities of a particular context and is therefore valid in that particular context - and yet is also comparable across cultures. This study builds on the dimensions of social capital theory to create a participatory tool to measure social connections within communities and individuals that is simple to administer, can be used simultaneously for community development, project evaluation and research.

Methods

A group participatory tool was developed to elicit a range of particular social connections within a context that related respectively to social 'bonding', 'bridging' and 'linking' capital (Putnam, 1993; Woolcock, 1998). The list of connections generated was then used as a proxy measure of the range of social connections available and used to form the basis of a series of individual card sorting tasks to measure individual connection/isolation, trust, reciprocity and perceptions of power. Individuals were also classified as isolated or connected independently by local project workers. The approach was tested in two contrasting contexts, a refugee camp in Darfur (where refugee communities had been living for 8 years and a Community Centre for newly arrived asylum seekers in Glasgow, Scotland).



Results

Local project staff in both locations found the tool easy to understand and administer and participants in Glasgow (who had recently arrived in the area) reported benefitting from the opportunity to exchange information. Results from the participatory group work were plotted according to proximity (Bronfenbrenner, 1979) and data from individual card sort tasks on 'reciprocity' and 'trust' was added. Participants struggled to respond to the card sorting task asking about perceptions of power, and after discussion with local project staff this was dropped. Comparison between the two contexts revealed stronger bonding relationships within the refugee community in Darfur and higher levels of reciprocity. Asylum seekers had very few bonding relationships, but greater access to services and rights. No significant relationships were found between project workers' judgements of isolation/connectedness and scores on the sort task.

Discussion

The approach suggests a way forward in measuring social connections at a community level. It was easy to use and meaningful to participants and local project staff. Results for each context revealed strengths and deficits in community social resources. Further work needs to be done to establish the validity of the individual measure of connection against a reliable (and locally valid) independent measure of social connection.

THE HIDDEN LINK: INTEGRATING PSYCHOSOCIAL SUPPORT INTO HIV PREVENTION FOR ADOLESCENTS IN AIDS-AFFECTED FAMILIES

Dr. Lucie Cluver (REPSSI Board member), (Oxford University, University of Cape Town), (WorldWide Orphans)

Abstract not available at time of printing

LEARNING ABOUT COMMUNITY BASED CHILD PROTECTION MECHANISMS IN KENYA

Mike Wessells, PhD, Professor at Columbia University in the Program on Forced Migration and Health

In diverse contexts, community-based child protection mechanisms are front line efforts to protect children from abuse, violence, exploitation and neglect and to promote children's well-being. Community based child protection mechanisms are foundational elements of a national child protection system for reasons of scale and sustainability. For many years, child protection agencies have implemented programmes to strengthen such mechanisms, for example establishing and training child protection or welfare committees. Despite the widespread nature of this programming approach, a global inter-agency desk review in 2009 identified that very little research and robust evaluation had been conducted to understand the impact and effectiveness of community based mechanisms on children's protection and well-being outcomes.

In response to this gap in the evidence base, the Interagency Learning Initiative on Community Based Child Protection Mechanisms and Child Protection Systems was established in 2010 to generate new learning through an action research approach. The Initiative of more than 20 agencies – UN, NGOs, and donors – aims to strengthen child protection practice



through a multi-year programme of applied action research in Sierra Leone and Kenya. The aims are to a) increase understanding of how selected communities in Sierra Leone and Kenya protect children and the role of community mechanisms in this; and b) generate a robust evidence base on the effectiveness of community-driven interventions to strengthen community mechanisms on children's protection and well-being outcomes. The research will systematically test whether community-based child protection mechanisms can be made more effective by enabling high levels of community ownership and developing supportive linkages with aspects of the formal child protection system.

Over the past two years, the first phase of the research has taken place across selected sites in Kenya that include Mombasa, Kilifi and Kisii counties. The research used a methodology of rapid ethnography that focused on child protection and aimed to provide a rich, grounded picture of local beliefs, value and practices in regards to children, their developing activities and social relations, and the community mechanisms for their protection and well-being. Recognising the advantage of a mixed methods approach, the research also collected quantitative data regarding participants' ranking of various risks, the pathways of response and the use of the formal, government led child protection system to respond to child protection issues. The research has been led by a team of Kenyan and international researchers: Ken Ondoro is the national team leader; Kathleen Kostelny is the lead international researcher; and Mike Wessells is the Principal Investigator for the Learning Initiative across Kenya and Sierra Leone.

In this session Mike Wessells will present key findings from the ethnographic research across the sites in Kenya. The presentation will explore community definitions of childhood and child development, the harms to children as perceived by the community and the pathways of response that children and adults use. Implications and preliminary recommendations from the research will be shared.

Plenary 3:

EARLY CHILDHOOD DEVELOPMENT

Nyambura Rugoiyo (REPSI Board member)

Abstract not available at time of printing



FAMILY-BASED PREVENTION OF MENTAL HEALTH PROBLEMS AMONG CHILDREN AFFECTED BY HIV/AIDS IN RURAL RWANDA: A PILOT FEASIBILITY STUDY

Theresa Betancourt, ScD, MA ¹, Felix R. Cyamatare, MD ², Lauren Ng, PhD ³, Catherine Kirk, MPH ³, Christina Mushashi, BS ², Charles Ingabire, BS ², Sharon Teta, BS ², Estella Nduwimana, MS ², Sylvere Mukunzi, BS ², Beatha Nyirandagijimana, BS ², Sara Stulac, MD, MPH ⁴, William Beardslee, MD ⁵.

Background

HIV-affected children are at increased risk for a range of mental health problems including depression, anxiety, and social withdrawal. Prevention-focused, family-based interventions have important public health applications in preventing mental health problems, including behavioral problems that may increase risk of HIV infection.

Methods

The Family Strengthening Intervention-Rwanda (FSI-R) consists of four core components: 1) Building parenting skills and improved family communication; 2) Developing a “family narrative”; 3) Providing psychoeducation on HIV and its effects on families; and 4) Strengthening problem solving skills and the ability to access formal and non-formal support. Twenty families (N=39 children) that had at least one HIV+ caregiver and one child between the ages of 7 and 17 were enrolled in the FSI-R. Children and caregivers were administered locally-adapted and validated measures of child depression, anxiety, irritability, conduct problems, and functioning, as well as measures of prosocial behavior, resilience/self-esteem, hopefulness, social support, family support, positive parenting, and harsh parenting. Quantitative assessments were administered pre and post intervention. Multi-level models accounting for clustering by families were used to test for pre to post-intervention change in outcomes of interest.

Results

Results indicated that children participating in the FSI-R reported significantly less depression and irritability symptoms ($p < .05$). Caregivers reported that their children displayed significantly more resilience/self-esteem and pro-social behaviors post-intervention ($p < .05$). Overall trends in the open trial showed decreases in mental health problems and parental harsh punishment for children and also increases in resilience and protective processes.

Conclusions

The FSI-R is a promising intervention that may improve mental health symptoms, strengthen protective factors, and improve parent-child relationships among children and families affected by HIV in low-resource settings. The prevention orientation could be beneficial for child protection programs by adapting for use with families facing adversities beyond only HIV, such as poverty.

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A COMPARATIVE ANALYSIS OF SITUATION OF CHILD DOMESTIC WORKERS IN KENYA AND SOUTH SUDAN

Samuel Munyuwiny (AICS), in association with ILO/IPEC, Geneva, Switzerland and Keji Mori (AICS)

Background

Not much is known about the situation of child domestic workers (CDWs) in East Africa. Worldwide, CDWs comprise the second largest population (20%) of working children (168million) and often experience physical, sexual, emotional and psychological abuse. They are also unlikely to access social security and protection services because they work in private settings and are often inaccessible to authorities. This comparative study conducted by African Institute for Children Studies (AICS) in Kenya and South Sudan, gathered information on the number of CDWs, characterize them, identified their social protection needs and mapped organizations that could provide them.

Method

In Kenya, a total of 559 CDWs were randomly sampled from 2,071 households in two rural towns (Busia and Kitui) and two cities (Nairobi and Kisumu) were interviewed. In South Sudan, 174 CDWs from 661 households in city of Juba were interviewed. Structured interview guides were used to confidentially collected information on socio-demographic characteristics and CDW's access to educational, health and psychosocial support services; reasons for working as CDW, child participation and prevalence of child abuse.

Results

Children constituted 30% and 63% of domestic workers (DWs) in Kenya and South Sudan respectively. Majority (60%) of the CDWs were aged between 16 and 18 years. Girls comprised 90% of CDWs interviewed in Kenya compared to 60% in South Sudan. Over 60% of the CDWs in both countries had both or either parents alive. A third of the CDWs interviewed in Kenya and half of those in South Sudan had attained primary school as highest level of schooling.

In both Kenya and South Sudan, the CDWs experienced situations that are likely to compromise there psychosocial wellbeing. In Kenya, these included long working hours (average of 15hrs); earning USD.12pm, far below government recommended minimum wage; sexual abuse by members of employer household reported by 9% of CDWs; other child abuses reported by 38%. Seclusion due to limited interactions was reported by 92% of the CDWs and that their opinions are often not considered in decision making both at the community or household levels. In South Sudan, risks included long working hours (average 11hrs); earning far below recommended minimum wage; sexual abuse reported 11% of CDWs in Juba; and less than 94% of the CDWs had limited opportunity for child participation and psychosocial support.

Inadequate capacities in the organizations likely to provide services to CDWs and low knowledge of the service delivery points among CDWs were revealed. The assumption that it is illegal to employ children was cited as main reason for not serving CDWs. Children above minimum age to employment (16years in Kenya and 14years in South Sudan) were limited



in accessing existing service points due to requirement that clients present national identification documents which is only given those above the age of 18years. A large proportion (43%) of the CDWs did not know where to report an abuse or seek help to manage psychosocial distress. Remedies were reported as keeping to one's self (38%) or speak to a colleague (27%); seeking help from were employers (20%) and church (3%). The majority of CDWs in Kenya (45%) preferred to report the incidences risking their wellness to the Police, followed by parents (19%) and children's officer or a peer friend (8%). In South Sudan, the CDWs preferred reporting to parents (20%), followed by children officer and then the police (16%). These preferred institutions did not however have capacity to deliver PSS services.

Conclusion

CDWs are very common with limited options-out. They also have many unaddressed needs, and the organizations are not prepared to assist them

Plenary 4:

INTERGENERATIONAL ISSUES BETWEEN OLDER CAREGIVERS AND CHILDREN IN THE CONTEXT OF AIDS

Douglas Lackey (Helpage)

Aim

Commissioned by the Regional Inter Agency Task Team on Children and AIDS – Eastern and Southern Africa (RIATT-ESA) and HelpAge International, this study sets out to document the roles of older carers in raising orphaned children and the consequent intergenerational relationship challenges faced by the older carers and the children in their care in seven countries in eastern and southern Africa. The study also sought to identify external care and support mechanisms for both older carers and children, and any limitations or gaps. The research was used by RIATT-ESA to make recommendations on strategies and interventions to support and improve intergenerational relationship challenges faced by older carers and children orphaned by AIDS. One of the recommendations made was around effective psychosocial support of older carers of OVC so as to improve their relationships.

Method / Issue

The AIDS pandemic has caused high mortality rates amongst adults aged 15 – 49 years, many of whom are parents, in eastern and southern Africa. The death of one or both parents impacts directly on the older parents - the grandparents - as well as on their children. Between 40% and 60% of orphaned children in sub-Saharan Africa are cared for by their grandmothers. Grandparents are emerging as the 'new' parents at a time when they themselves need care and support in old age. Given the scale of the issue, not enough is understood about the nature of these caring relationships. This has resulted in policies, frameworks and legislation which do not respond fully to the intergenerational issues of grandparents and children and in particular, do not take address Psycho Social Support



issues. The study comprises a review of published literature and qualitative research undertaken with older caregivers and children. Focus Group Discussions, with elderly caregivers and their grandchildren were conducted in seven countries in Eastern and Southern Africa (Zimbabwe, South Africa, Uganda, Kenya, Ethiopia, Mozambique and Tanzania) in order to gather evidence. In addition, HelpAge together with REPSSI in consultation with older carers of OVC in the region developed psychosocial guidelines both for policy makers and programming as a resource to support more effective care of OVC.

Results / Comments

Results of the study show that the relationship between children and older carers is significantly reciprocal – children look after their grandparents as much as the grandparents look after them, both sharing practical and emotional support roles. Children feel proud to do intimate caring tasks for the elders in their homes and most often do these tasks with love. Children were very clear that they would rather live with grandparents than other extended family members. Elderly caregivers take their role as parents seriously, encouraging school-going and attempting to teach the children they care for about how to look after themselves, including how to prevent HIV and AIDS. However, there is also evidence of a generation gap in that much of their teaching is admonitory and does not quite meet the longing that grandchildren have for open communication about relationships. Children especially want their grandparents to help them cope with their sadness at the loss of their parents and to allay their fears about their futures when their grandparents die but grandparents are often wary of these discussions. Many of the children have a heavy burden of work, which usually includes earning an income for the household, and this causes emotional stress for them and for their caregivers. This stress sometimes leads to conflict between the generations and the work itself, coupled with household work and caring work, affects children's school-going. Both elderly caregivers and children report the lack of support and at times open discrimination and exploitation of skipped-generation households by neighbours and peers. Girls and boys had similar concerns but one of the gender issues that arose was the difficulty children have with cross-gender caring of elderly people.

BUILDING PROTECTION AND RESILIENCE – HIV-SENSITIVE CHILD PROTECTION SYSTEMS

Sian Long, Kelly Bunkers, Patricia Lim Ah Ken, Stuart Kean

Issue

Until recently, child protection efforts tended to respond with stand alone programmes for specific groups of vulnerable children, such as HIV-affected children. The move toward strengthening child protection systems offers an opportunity to situate child-focused HIV responses within a long-term, locally-owned and sustainable approach.

Project

A study, commissioned by the Inter-Agency Task Team on Children Affected by AIDS, sought to identify HIV-specific issues that are of relevance to child protection programming and vice versa. The study comprised a global literature search and key informant interviews. It looked for practical ways in which child protection and HIV sectors can combine their comparative expertise, to build or strengthen child protection systems that meet the needs of all children



at risk of abuse, violence, exploitation and neglect, whilst also addressing the unique needs of HIV-affected children and those children who are at increased risk of both HIV infection and protection abuses. Many of these children, such as migrant, sexually exploited or street-associated children, choose to or are excluded from the formal system. The study identifies significant entry points for both the child protection sector (case management, alternative care, development of a social welfare set of regulations, protocols and staffing) and the HIV sector (prevention of mother to child transmission, paediatric and adolescent care, community-based programming, adolescent HIV prevention). Potential entry points and positive examples of resilience are highlighted.

Lessons learned

Protection violations impact negatively on HIV outcomes and HIV and AIDS impacts negatively on child protection outcomes in many different settings. Evidence across all settings highlights the increased vulnerability of HIV-affected children to child protection violations - increased risk of physical, sexual and emotional abuse for AIDS-orphaned or HIV-affected children; more depression amongst caregivers of AIDS-orphaned children; greater likelihood of exclusion from social networks and protective environments for HIV-affected households; greater risk of abandonment or institutionalisation for HIV-affected children in concentrated epidemics. Children who experience protection violations have greater risk of acquiring HIV, and poorer outcomes if HIV-positive, including: a direct link between childhood sexual, emotional and physical abuse and HIV infection in later life; higher rates of sexual exploitation for child sexual abuse survivors e.g. earlier initiation into injecting drug use, sex work and living on the streets. Limited evidence suggests that children living with HIV who are neglected, such as when in residential care settings or when excluded from services because they are marginalised, socially isolated or are in exploitative situations, have less chance of living positively with HIV than their peers in other settings. Encouraging evidence demonstrates that these linkages are not inevitable – that children and their caregivers can not only survive but also thrive despite challenges such as HIV-related stigma, abusive homes, risky environments and more. This justifies the need for specific HIV and child protection interventions to be integrated into each other's responses. Positive examples of resilience and protective factors need to be documented, replicated and placed at the forefront of any child protection system.

GOING TO SCALE FROM THE BEGINNING: REFLECTIONS FROM USAID'S LARGEST OVC PROGRAM

Lucy Y Steinitz (Pact/Ethiopia)

Issues

How do you improve the wellbeing of 500,000 highly vulnerable children and their families all at once? Even more, how do you strengthen local systems and structures so that these improvements are sustainable, and can be further scaled up to help even more children in need? Halfway through the Yekokeb Berhan Program for Highly Vulnerable Children, USAID's largest OVC program in the world, we are beginning to see what works and where the obstacles still lie.

Project

Although financial resources go a long way in this country, even a large grant (\$92 million over five years) cannot



sustain a half million children and their families on handouts – nor should it. Lasting impact and sustainability best occurs when child-beneficiaries and their caregivers can be helped through the holistic provision of skills, knowledge and the coordination of care – while targeting the transfer of limited material assistance to only the most destitute families. Accordingly, Yekokeb Berhan works through the Government and 40 local partners, and has trained 20,000 incentivized volunteers to individually assess, plan, monitor, and provide support to every household. The type of support varies based on individual needs, and whether the household is assessed as Destitute, Struggling or Growing. A comprehensive training package and detailed guidance reflect the Government’s standards in seven service areas plus coordination of care, in order to promote quality and ensure widespread support. Local Community Committees provide oversight and promote free access to services to the extent they are available, in addition to raising local resources.

Interim Results

Success stories are beginning to emerge: To date, 20% of all Struggling households are targeted for economic strengthening activities. Destitute households have declined by almost 50% (total sample of 50,558 households), and over 15,000 school-age children are attending school who hadn’t attended before. Schools report that academic performance is improving. Virtually every community is engaged in house-reconstruction for the poorest-of-the-poor, and some have started ECD centers that others now want to copy. A recent program of “permaGardening” is being cascaded to improve nutrition, and volunteers report that the Better Parenting Course – offered via local coffee ceremonies and during home visits – is reducing corporal punishment and improving parent-child communication.

Lessons learned

The sum of these services seems to be greater than any single one, meaning that beneficiaries attribute multiple interventions for improved wellbeing. That said, the provision of school supplies combined with “educational encouragement and tutoring” seem to have the biggest effect. Overall, however, implementation on a large scale takes time and multiple barriers remain. Quality of care and effectiveness vary, despite uniform guidance and frequent follow-ups. Local government and community representatives are pulled in many directions, so understandably their commitment also varies. Above all, changing people’s attitudes away from handouts takes lots of effort, especially for those directly affected by a dependency syndrome. Success relies on individual leadership and capacity and when just one good person leaves, regression may occur. Therefore, a constant stream of refresher courses, mentoring and performance reviews are essential to ensure a quality-driven program.





Track Sessions

Track 1: Child Protection Programs 1

STRENGTHENING PSYCHOSOCIAL SUPPORT THROUGH CHILD PARTICIPATION - A CASE STUDY OF THE CHILD RIGHTS CLUB IN LIBERIA (2002 -2012)

Alvin Winford (ANPPCAN)

Issues

Child rights clubs can provide psychosocial support for its members and by extension to others in schools, communities and families. Child rights clubs enable children to participate in activities to address issues that they and other children experience. It is a means to raise awareness on child rights and responsibilities.

Project Description and Experience

Since 2002, the African Network for the Prevention and Protection against Child Abuse and Neglect ANPPCAN Liberia has promoted this concept. They have become an avenue for promoting child participation and addressing psychosocial issues faced by children. There are 50 clubs with a membership of 20 children in each club. ANPPCAN social workers provide the initial mentoring followed by trainings conducted by peer educators from the child rights clubs. The members take charge in carrying out activities which include discussing issues, engaging in the arts and sports, and community outreach. Children in the clubs learn numerous skills which help them to: 1) create a social network for mutual support; 2) provide opportunity for others to express feelings and frustrations; 3) reduce the level of depression by involving others in activities; 4) provide a safe and welcoming environment; 5) respect the confidentiality of their peers; and, 6) emphasize emotional support and practical coping skills. The children share knowledge about a wide range of issues and resources.

Outcomes and Lessons Learned

Eighty five percent of club members report that their confidence level is raised, their knowledge of their rights and the social environment is heightened, and their personal and social development and familial relationships are improved.

In addition, club members' school attendance has improved from seventy to ninety five percent more than previous attendance. Five children from three clubs were involved in the campaign leading to the enactment of the Children Act of 2011. Twelve children from eight clubs have been involved in the World Day against Child Labor urging the Government to ratify Convention 138. Seventy-five percent of the children in these clubs are involved in promoting child protection issues through debates, playing football, and the arts. Through these activities, attendees' awareness is increased about child protection. Thirty percent of child abuse cases are reported to the ANPPCAN by children. The other seventy percent are reported by social workers and victims. Of those reported cases, twenty four percent of cases reported by children were addressed through the referral pathway.

There remain some challenges. Child participation is seen as an affront to some adults and some community members hold the view that adults should be the decision makers. There are also the challenges of initial organization of the children, the



issue of sustainability after the program life span, and dissemination to other communities.

Conclusion

The child rights clubs have been effective in enhancing psychosocial support by ensuring that the dignity of children is restored, their rights are respected and that they fulfill their responsibilities. It further ensures that they have positive attitudes, and that they are linked to social, emotional and family support thus promoting their wellbeing.

PSYCHOSOCIAL SUPPORT, CHILD PROTECTION AND DEVELOPMENT, FOR IVORIAN REFUGEE AND HOST COMMUNITIES

Benedict Seekey (Right to Play)

Issues

The political situation within the Ivory Coast has resulted in an influx of nearly 166,000 refugees into Liberia, seeking basic needs and safety. According to a UNHCR Report in 2011, more than 13,419 individuals from 3,118 households have been registered. It was estimated that 60% were children and youth aged 0 to 18 years, with a majority less than 11 years.

PROJECT

Aims and Objectives

In response to the humanitarian situation, UNICEF and RTP collaborated in the provision of a Youth HIV and AIDS Prevention Project to support the physical, psychological and social wellbeing of 6000 vulnerable Ivorian and host community children in order to achieve the following objectives:

1. Increased physical and psychological wellbeing through regular sport recreation and play activities;
2. Improved Provision of child friendly and child development spaces within Camps and host communities for children and youth;
3. Improved access to child protection services within Camps and host communities through established referral mechanisms;
4. Foster integration amongst Refugee and Liberian host populations in communities that respect child rights.

Implementation

A base line survey of the camp was undertaken in order to best understand the needs of camp children so as to inform development of an intervention employing an experiential learning cycle. Camp and community leaders identified youth that were willing to serve as volunteers for the period of the project. Identified youth (coaches) were trained in the use of psychosocial resources and provided with materials to rollout activities with children on a regular basis. Each coach was to closely follow up two children to determine any changes in wellbeing. A survey at the midpoint of the implementation was conducted to assess levels of change. Following the intervention, the wellbeing of 357 children was compared with the wellbeing of 87 children from camps that had not participated in our program. Indicators of wellbeing included empathy, attitude/inclusion, happiness, hope, communication, cooperation, caring relationships and presence of pro-social peers. Each was measured on a 4 point scale and average scores for each indicator were



determined. In an effort to support the psychosocial wellbeing of the kids we also identify spaces in the camp and build play ground for the trained Volunteers to use in engaging the kids on a regular basic. These play spaces were managed by group of the very same volunteers that were provided advance training in early child development and child protection. Regular sport events were carrying out amongst children in the communities' around the camp and the refugees. This was a strategy to get community members and the refugees coexist.

Findings

For the majority of indicators, children within the project reported higher psychological wellbeing than non-participants. Specifically, participants compared with non-participants had higher average scores on empathy (100% v 98%); attitude/inclusion (92% v 69%); happiness and hope (88% v 69%). However for caring relationships non-participants reported more.

Also as a result of our strategic sports interventions the community members became to embrace the refugees and their children. They were now allowed to farm and some even move out of the camp to settle in the various communities. Children knew their rights and duties and referral pathways to report abuse. Some reduction in the number of child protection cases was found.

Lessons Learned

The use of an experiential learning cycle within a project for vulnerable youth appeared successful. The transformative power of sports and play used by trained volunteers on a regular basis created acceptable psychosocial support.

Through organised sports integration between the refugees and the host community was enhanced. Provision of the multi-faceted programme successfully addressed psychosocial, physical and community aspects of refugee children.

THE VALUE OF SCRIPTURE IN PSYCHOSOCIAL SUPPORT: THE CASE OF THE INTER-RELIGIOUS COUNCIL OF UGANDA (IRCU) AND THE HIV/AIDS RESPONSE.

James Yesiga (Inter-Religious Council of Uganda)

Background

Given that HIV/AIDS was initially associated with sinful/ungodly behaviors the response of the clergy and the Religious Institutions was that reserved for the most sacrilegious sins. This meant that most Religious Leaders and their institutions did little if anything to try to understand the diseases and what they could do to alleviate the suffering occasioned by its emergence. The Inter-Religious Council of Uganda (IRCU) aware of the above status quo has implemented a comprehensive HIV/AIDS programme in Uganda since 2006. The programme operates through a countrywide sub-granting mechanism to Faith Based Organizations (101) spread across the country. The programme sought to harness religious understanding of the HIV/AIDS epidemic and the resources at the disposal of Religious Leaders and frontline service providers that could be used to add value to the HIV/AIDS response.



Methods

The interventions of the IRCU have been multifaceted. The starting point was to bring different religious leaders together to address issues of common interest including HIV/AIDS. This has been a protracted intervention that included mounting a continuous campaign of educating and sensitizing Religious Leaders at various levels that HIV/AIDS is not necessarily evidence of someone having engaged in immoral activities especially for children. This was done hand in hand with emphasizing the unconditional love that is expected of clergy.

- Convincing Religious leaders at National Level to open up their structures that run from the national to the local level to information about the need for psychosocial support in the HIV/AIDS response.
- Development of tailor made IEC materials in different languages to facilitate deeper understanding of HIV/AIDS by Religious Leaders at different levels and how they can support the response.
- Development of practical materials depicting how scripture and faith can be applied to HIV/AIDS interventions to alleviate pain and suffering of God's people.
- Interchanging Religious leaders to educate brethren about HIV/AIDS with Muslims preaching at Christian places of worship and vice versa.

Results

5. An Increasing number of Religious leaders across different faith now regard addressing HIV/AIDS as part of their divine duty rather than as "wages of sin".
6. Different Religious Institutions have opened up their structures to promote the HIV/AIDS response including periodic HIV/AIDS related sermons and HCT at places of worship with a bias towards children.
7. Increasing use of scripture and other religious resources to address HIV/AIDS related issues including stigma and discrimination, poor ART adherence, forgiveness, restoration of hope and drug/substance abuse.
8. Religious institutions addressing HIV/AIDS within their own institutions by taking care of clergy that have gotten infected and affected.

Conclusions and Recommendations

Getting Religious Institutions to change attitude and practice given their bureaucratic and hierarchical set up takes time and needs a variety of concerted efforts and methods. It is easier to engage Religious Institutions/leaders in psychosocial interventions if your engagement is grounded in scripture and how it applies to a specific situation. Religious leaders and their Institutions are a real strategic ally in psychosocial support if we are to reap greater and sustainable results.



Track 2: Parenting

STRENGTHENING FAMILIES THROUGH SUPPORT OF PARENTING PRACTICES

Christine Omitto (Investing in Children and Their Societies), Beatrice Ogutu (ICS), Caroline Opondo (ICS), Jared Ogeda (Parenting in Africa)

The ability of caregivers to effectively parent their children affects the behaviour of children. Providing psychosocial support within a family set up and community goes beyond basic needs of children. Physical, emotional, psychological, and economical preventive and responsive measures affect the wellbeing of children. Over the years of development, children encounter abuses that can affect their self esteem, communication skills and cognitive ability. A parent's inability to access family strengthening services may lead to children not reaching their full potential. The family as a basic unit of a community provides the best platform for mainstreaming psychosocial support within the child protection system. Parent support groups can promote preventive measures such as positive parent child relationships, improved parent to parent relationship, parenting community support groups, provision of counselling to abused children, assessment of children strengths for healthy development.

According to a parenting survey targeting 600 caregivers; provision of basic needs, open communication and warm loving relations are critical roles played by caregivers in the growth and development of their children. It was noted that most families interacted during meal times with parents or fathers being in charge of the meetings, despite that, fathers are not considered to be primary caregivers. However it is important to have other formal/informal meetings in the family and actively involve children. Parental involvement depended on traditional parenting practices, defined parenting roles and responsibilities and level of parental knowledge, attitude and practice on child rights. The study identified integration of skilful parenting and psychosocial support as a fundamental approach to strengthening families. This will serve as a preventive measure towards positive growth and development of children and enhance community level support of parents, caregivers and community members. The results of the survey indicate a need for stakeholders like national and local governments, CSOs and other policy makers to develop and implement parenting policies through psychosocial support at the family level for holistic growth and development in children.

THE OPTIMAL FAMILY SYSTEM: AN ANTIDOTE TO CONDITIONS OF CHILD ABUSE & NEGLECT IN CONTEMPORARY AFRICA

Augustine Nwoye (UKZN), Phindile Mayaba and Nontobeko Buthelezi

A socially and psychologically stable child is the enviable product of a well-functioning family system. This theoretical paper draws the attention of care-givers to some important general principles of optimal family system emphasized in the literature of family psychology and psychotherapy. We argue that it is essential to empower care-givers to



understand the family system's variables that are associated with child abuse and neglect as well as those that can enhance their capacity to provide specialized psychosocial interventions in family system building.

The key affirmation of the paper is that promotion of the optimal family system is an antidote to problems of child abuse and neglect in the African context, finds its roots in the family set-up.

Track 3: Highly vulnerable populations

PUTTING FAMILIES FIRST: BREAKING THE CYCLE OF VIOLENCE FOR CHILDREN ON THE STREET

Peter Kent (Railway Children)

Background

Children on the streets all too often find themselves there because they have suffered multiple deprivations in the home: poverty, neglect, violence. Agencies delivering programs to support these children find that they continually disengage and return to the street.¹ The nature of the interactions that they have experienced throughout their childhoods mean they only have the capability to interact in their immediate environment in a way that is often damaging to themselves and others. This is often also true of their families, thereby creating an inevitable intergenerational cycle of violence.² Working in partnership with the Juconi program in Mexico, Undugu Society of Kenya and Railway Children Africa piloted an educational therapeutic intervention in Nairobi Kenya designed to work with the family as a whole.

Intervention

The JUCONI intervention involves the creation of positive, healthy, relational experiences for family members within their home, initially facilitated and led to a large extent by project staff themselves, modeling healthy interaction and communication. Family workers interact with the family in a strengths base, non-judgmental, encouraging and positive manner. Families are visited once a week over two years. If required, families are provided with food, assistance in creating a business or learning new skills, and school support for children.

Methods

Over 100 families have been followed longitudinally in the Mexico Juconi program, and 12 families have been piloted in Nairobi. Measured outcomes included years of schooling, age at starting families, social participation as measured by participation in public, community, and civic activities, and living and working off of the street.

Results

A recent evaluation of 100 cases from Juconi's work in Mexico demonstrated that graduates of the JUCONI program



exceeded the national average for years of schooling and were having children later than their parents. 74% of JUCONI graduates have maintained or improved their level of social participation, and 96.5% are no longer working or living on the street. Of the 12 families in Nairobi, 9 are ready to graduate from the programme which means that levels of violence have decreased, children are in school, and there is a sense in the family that they will be able to cope without the ongoing support from Undugu. The presentation will demonstrate this approach through two case studies, one from Mexico and one from Nairobi.

Conclusions

Initial indications are that the educational therapeutic approach developed over twenty years in Latin America can be applied with success in East African families.

Vulnerable people respond positively to consistent, reliable, non-threatening and non-judgmental interactions with project staff and this contact in itself enables children and families to begin to have healthier interactions with one another.

More research and formal evaluation of this approach in Africa is required to further demonstrate that investment is needed in the families of vulnerable children if we hope to create long lasting change and begin to redress intergenerational violence.

Endnotes

1. *Struggling to Survive (Railway Children) 2012*
2. *Breaking the Cycle of Violence, Building a Future for the Most Excluded, (Safe Families, Safe Children Coalition), 2011.*

PSYCHOSOCIAL SUPPORT AND PROTECTION OF CHILDREN ON/OFF THE STREETS

Malunga Mwamba (Tikondane Care for Children on/off the Streets)

Issues

Children on/off the streets are usually perceived as difficult, thieves, beggars, vagabonds or bandits. Consequently these vulnerable children are subjected to all forms of abuse and suffering. Children on/ off the streets are in need of special care and protection.

Project

Tikondane Care for Children on/off the Streets is a faith based organization started by the Missionary Sisters of Our Lady of Africa in Malawi. In 1997 the sisters saw a rapidly growing phenomenon of children living and begging in the streets of Lilongwe. With a group of well-motivated and trained social workers, Tikondane invests in the social protection of these children through street outreach, offering a transit shelter and re-integration into the family and the school system. The process of protecting and offering psychosocial support (PSS) to children on/ off the streets starts by building a relationship with each child. This marks the beginning of a new journey with that child. The aim of our street work is not simply to remove a child from the street, but rather to show the child love and concern, in terms of "I care,



I am true, I am here to help you to find alternatives to the difficult situation that you are facing". The child is therefore engaged as the subject in a journey that will bring about transformation in his/her life. The child experiences that love and concern from a "stranger" (social worker). The child comes along and shows willingness to access the support that this social worker is offering; over time, that social worker will be seen as an aunty or uncle. In most cases the support will culminate in reconnecting the child with his/her natural environment. Tikondane has mainstreamed PSS in all the interventions carried out with the children: from the streets to the transit shelter and in the whole process of re-integration in the family/community and school system. Advocacy and mediation is paramount in order to offer holistic PSS to children on/off the streets. Hence, we reach out to the primary duty bearer (parents/guardians) who in most cases are also in need of PSS in order to improve their parenting skills. Awareness-raising about the needs and rights of children on the streets is also an important part of PSS. We reach out to communities through issue-based sensitization and we raise public awareness through radio programs and personal encounters.

Lessons learned

We have learned that it takes the will of all citizens and people of good will to protect children on the streets. We have seen changing attitudes, for instance in some members of the public who help the children or refer them to Tikondane for help. We have also learned that networking with other service providers is very important, especially with the Police. Through collaboration with the Victim Support Unit of the Police, many children have been helped and protected from the dangers of living on the streets. Providing PSS to parents/guardians has brought about successful re-integration and increased the chances of children leaving the streets. We have learned that PSS and protection have to proceed step by step. First it is necessary to see the children on the streets as human beings and children in need of care and protection. By working with the child we help the child to rebuild herself/himself. Thereafter, it requires a holistic approach to create a broader arena of support for the child, by reaching out to the family, the community as well as to other players on the ground. Over the years, our psychosocial support model has proved to be an effective one.

IT'S GREAT SO MANY CHILDREN HAVE IMPROVED PSYCHOSOCIAL WELLBEING – BUT WHY?

Lucy Y. Steinitz, Ashenafi Tesfaye, Tewodros Tilahun, Selam Wudu

Issues

USAID/Ethiopia's Yekokeb Berhan Program for Highly Vulnerable Children (HVC) applies an adapted Child Status Index (CSI) to 500,000 HVC to determine eligibility, plan services, and monitor changes over time. Psychosocial wellbeing indicators are most difficult to measure and compare over time. What has this tool revealed?

Description

Yekokeb Berhan uses data from the adapted CSI that consists of seven indicators directed to caregivers plus 13 to each child in the family. Indicators reflect Government Standards. Yekokeb Berhan trains volunteers to administer the CSI annually, which is translated into four languages, uses culturally appropriate pictures and comes with a coding sheet.



The Ethiopian government’s Desired Outcome for psychosocial support is: children develop personal strengths and skills to become self–confident, happy, hopeful, and able to cope with life’s challenges. Three Yekokeb Berhan Child Wellbeing indicators plus one Child Protection indicator measure this desired outcome.

Low CSI scores indicate need, for which volunteers develop tailor-made care plans. PSS support reflects the government’s recommended interventions, e.g. life-skills training, counseling, referral and rehabilitation for children who experienced trauma, and parenting - communication skills for caregivers.

Results

Qualitative key informant interviews were conducted to supplement quantitative data collected over a period of 15 months (late 2011 – early 2013) in 50,558 households. Dramatic improvements were seen for children who scored the lowest (“in greatest need”) in PSS but not yet for children who scored in the middle ranges.

INDICATOR	% Reduction among those scoring “in greatest need”	Change in N-value of those scoring “in greatest need”
Child is sociable and enjoys playing with peers	40%	12,112 to 7,277
Child expresses hope about the future	30%	12,708 to 8,933
Child is treated the same as other children in household; not stigmatized	24%	12,124 to 9,238
Child is safe from any abuse, neglect or exploitation.	26%	10,726 to 7,813

Analysis

Attributing causation is difficult as children do not live in a vacuum, but Yekokeb Berhan serves families who are not receiving any other HVC support. Respondents identified several contributing factors to improvements in PSS scores, including non-PSS interventions. In addition to “regular volunteer visiting and support” and the “targeted provision of Better Parenting Skills and advice on improved household management,” informants cited: increased access to school and school materials, improved housing, shelter and sanitation, and linkage with supplemental food support and household economic strengthening. After his family received a renovated house, one child reported “Now I am protected from the rain, sleep better, and [can] do my homework...I feel great!”

Conclusion

Yekokeb Berhan’s modified CSI is a useful tool for measuring change but it needs a qualitative component to understand the drivers of changes. The dramatic improvements shown over 15 months suggest that psychosocial wellbeing does not only derive from PSS interventions but also from an improved standard of living and access to other essential services. This demonstrates that a holistic approach to providing and measuring child and family wellbeing is most effective.

Track 4: Economic Strengthening

IMPROVING YOUTH APPRENTICESHIP THROUGH INTEGRATING MODULAR PSYCHOSOCIAL LIFE SKILLS ACTIVITIES IN 35 DISTRICTS OF UGANDA – SCORE PROJECT

Larok Otim (AVSI)

Issues

Sustainable COmprehensive REsponses (SCORE) for Vulnerable Children and their families is a 5 year USAID funded project implemented in Uganda by a consortium of partners led by AVSI Foundation, targeting 25,000 households, in 35 districts. SCORE seeks to improve vulnerable children's household's socio-economic status, food security and nutrition status, increase availability of Protection and Legal Services and strengthen families through psychosocial support, referrals for critical services among others.

In the economic strengthening area, we implement an apprenticeship program in which youth from SCORE target households are attached to a master artisan to be trained in specific marketable trades as identified in the market analysis. The youth placed in apprenticeship like other youth have numerous life challenges that require psychosocial support interventions including; inability to choose the right career, poor decision making, little or no self-confidence and esteem, inability to communicate effectively, behavioral/social problems including substance abuse, unsafe sexual practices, unstable relationships, and poor negotiation.

Project

Through family strengthening activities, youth attached to apprenticeship are trained in life skills in groups of 20 -25. The life skills activities are organized into 10 activity based modules covering themes like Knowing myself, coping with Emotions, Growing up, Assertive behavior, Substance Use, Relationships, communication, Reaching my Goals, and Decision making. The youth meet fortnightly and are led by a trained facilitator through each module. In addition, during the sessions, specific psychosocial needs are identified and individual youth follow ups done outside the training. To date there are 1,611 young people meeting regularly in 66 groups.

Lessons learned

We have started observing positive changes in the youth involved and a number of gains into the apprenticeship program linked to this integration. In specific, most youth are saving more committedly as they focus on their goal after the apprenticeship, they spend their time better, off drugs and alcohol and mainly into the apprenticeship and other productive activities. Some report that they can now speak in public, negotiate and communicate more assertively with customers, their trainers, and the community. They know and understand people around them better, trust and respect them; approach life challenges more courageously and creatively, have better relationships with their peers, and relatives. Most youth report that they know their strengths and weaknesses and therefore can focus their



energies on their strengths even in the choice of trades for apprenticeship. They also find more value and meaning in their lives and therefore committedly attend the life skills trainings. Parents are beginning to request the same training for their other children and youth in the community. The social workers also report a great change in their own lives, working better as they understand the youth better and offer individual support.

In conclusion, even though these results are based on documented/reported program results, it is apparent that the integration of psychosocial activities within apprenticeship programs could yield very positive gains for youth and importantly, these efforts can be replicated in other settings.

MAINSTREAMING PSYCHOSOCIAL SUPPORT INTO HOUSEHOLD ECONOMIC STRENGTHENING IN MUKURU SLUMS, NAIROBI

Irene Makena, George Khisa, Roselyn Nyakundi, Gibson Ng'ang'a (Hope World Wide Kenya)

Background

Beyond adverse health outcomes, HIV/AIDS increases livelihood insecurity while simultaneously depleting household socio-economic resources. To address this, HWWK works through Economic Empowerment Groups (EEGs) that are formed in order to qualify for micro-credit assistance from government, and other funding agencies. These groups therefore provide a good opportunity for Psychosocial Support among caregivers. This paper looks at how PSS was mainstreamed into household economic strengthening in Mukuru slums, Nairobi and in turn helped make economic ventures more sustainable. Studies show that less than 24% of businesses survive their first two years.

Methods

Individuals caring for Orphans and Vulnerable Children (OVC) are brought together to form Economic Empowerment Groups (EEGs). Entrepreneurship trainings are offered to sensitize caregivers on ways to consistently save money through saving and loan schemes and merry-go-rounds within their EEGs. Once the caregivers are fit to start a business, the program facilitates setting up of income generating activities (IGAs) for them, facilitates linkage to micro-finance and provides on-going mentorship. From September 2011 to May 2013, 22 EEG's with a membership of 754 primary caregivers caring for 2,000 OVC were supported to save, loan each other and invest in IGAs. The groups meet weekly, make regular deposits into a group savings account, and are responsible for ensuring that members make weekly repayments of loans borrowed. At the meetings, PSS needs of members are addressed through sharing, peer counselling and caregivers who miss meetings due to illness are visited at home. Changes in PSS indicators including sense of dignity and self-worth; and reduced stigma were observed for a period of one and half years as well as the performance of businesses started by the caregivers.

Results

Program data revealed that 80% of the households received regular (at least once a month) home visits conducted by peers (caregivers within the EEG). A Child Status Index analysis carried out showed an improvement of 14% in the overall average PSS score of the children of these caregivers. A mid-term assessment indicated that 33% of all caregivers who initiated businesses more than one and a half years ago were still actively running their businesses.



Conclusion

The paper demonstrates that integrating psychosocial support package into caregivers economic empowerment programs can have positive outcomes to both the PSS wellbeing of the caregivers and the OVC, and also contribute to the sustainability of the economic empowerment ventures. By mainstreaming psychosocial perspectives within economic empowerment initiatives, the combined approach has the potential to address caregiver's and their children social and emotional needs.

ECONOMIC STRENGTHENING PROJECTS A HOLISTIC APPROACH TO CHILD PROTECTION

Rebecca Gumbo, Clever Khumalo, Alice Ndlovu, Leticia Zhoua (Bethany Project)

Background

The Bethany Project is a child centered organization which operates in Midlands Province Zimbabwe. Its mission is to mobilize communities to participate in identifying and promoting the well-being of orphans and vulnerable children (OVC), e.g. children affected by HIV and AIDS-through resource mobilization, training, networking, advocacy and effective monitoring. In addition Bethany Project raises awareness on HIV and AIDS prevention and the management of chronic diseases. Since 2008 the Bethany Project has implemented a goat and chicken pass-on scheme in 13 rural wards in Zvishavane District to strengthen the economic base of OVC aged 0-18 years. The pass-on scheme also increases community resilience to respond to the needs of the OVC through establishing sustainable livelihoods. This paper will discuss mainstreaming psychosocial support (PSS) into the chicken pass-on scheme and subsequent effects on children's lives.

Methodology

The chicken pass-on scheme was requested during project review meetings attended by community leaders, project committee members and children and youths. The project commenced with the selection and training of beneficiaries and committees to assist in the up-keep of the chickens. Training content included:1) care and management of the chickens;2)creating a livelihood from indigenous chickens and, 3)HIV prevention and care. A total number of 177 chickens were distributed to 354 beneficiaries. One chicken was given to two beneficiaries. In 2009 REPSSI trained one officer in mainstreaming psychosocial support (PSS) with economic strengthening projects. The project is implemented and monitored by the Agricultural and Veterinary Departments to ensure projects sustainability.

Results

The combined economic and mainstreaming PSS program has enabled the support of OVC and their families. The numbers of beneficiaries have more than doubled to 806. Each beneficiary has an average of 5 chickens. The beneficiaries have obtained proceeds from the pass-on scheme within a very short space of time. These proceeds have assisted children and their families to pay school fees, buy school uniforms, shoes and pay medical bills. Some beneficiaries have managed to sell their chickens and purchased goats. The pass-on scheme is easy to manage without external assistance and is self propelling. The pass- on scheme and PSS has boosted children's self esteem, as they



can obtain necessities they could not previously afford. The program has increased girls access to equal education opportunities and decreased vulnerabilities of the girl child. The pass-on scheme has promoted the use of indigenous trading systems and strengthened community relations.

Discussion

The Bethany Project has reduced some of the problems faced by children and households affected by HIV and AIDS. The pass on scheme has empowered the children and their families' who are now capable of sustaining themselves from chicken proceeds.

Track 5: Disclosure

DISCLOSURE OF HIV STATUS TO HIV-POSITIVE CHILDREN AND YOUNG ADOLESCENTS ATTENDING A RURAL HEALTH CENTRE IN MALAWI

Esther Mgoli, Rebecca Coulborn, Carol, Metcalf, Saar Baert (MSF)

Study objectives

Among caretakers of HIV-positive children, disclosure of HIV status can be daunting due to fear of negative reactions, lack of awareness of the importance of disclosure, or lack of information on how to disclose, as well as fear that the child will disclose in the community. Because of evidence of a health benefit from disclosure (e.g., reduced mortality risk), the World Health Organization recommends disclosure of their HIV status to HIV-positive children of school-going age. We reviewed the outcomes of disclosure counselling among children attending Thekerani Health Centre in southern Malawi to evaluate coverage of our intervention in supporting disclosure.

Methods

Children on antiretroviral therapy (ART) and aged 7 to 14 years and their caretakers were offered 3 group sessions of HIV disclosure counselling given at one-month intervals. Sessions for children included a gradual explanation of the action of the virus in the body, with HIV named in the last session. Caretakers received counselling on the importance of disclosure and how to communicate with children about HIV at home. We conducted a retrospective record review of 42 children eligible for disclosure counselling, starting in 2010 or 2011, and alive and in care in March 2012. This study met the standards, set by the Médecins Sans Frontières Ethical Review Board, for retrospective analyses of routinely-collected data.

Results

Forty-two children were eligible to start disclosure counselling immediately at ART initiation. Eighteen children (42.9%) completed all 3 sessions and reached full disclosure. Sixteen children (38.1%) did not complete any disclosure counselling sessions; 8 (19.0%) completed only 1 or 2 sessions and reached partial disclosure. Children aged 7 to 9 years were more likely to complete all 3 sessions (7/9, 77.8%), than those aged 10 to 14 years (11/15, 73.3%). Of the 16



children who missed all appointments for disclosure counselling, reasons given included illness (n=7, 43.8%); distance from the health centre (n=5, 31.3%), domestic chores (n=2, 12.5%) and a lack of parental support (n=2, 12.5%). Of the 42 children, 11 (26.2%) required referral to social welfare services.

Discussion

Offering disclosure counselling to HIV-positive children and their caretakers is a useful means of making children aware of their HIV-status, however practical barriers exist for children and their caretakers to complete the entire counselling package. Offering individual counselling to children that missed group counselling appointments could address these barriers. Starting children on therapy earlier could reduce the risk of developing complications or illness after ART initiation. Disclosure counselling should be included in paediatric ART programmes and health workers should be trained in child disclosure counselling.

USE OF THE DISCLOSURE ALGORITHM TO INITIATE AND FACILITATE HIV STATUS DISCLOSURE TO CHILDREN LIVING WITH HIV

Mercy Wachira, Reuben Ngumo, Pauli Sisa-Kiptoo, Peter Rumunyu Mwangi, Duncan Chege, Mark Hawken (ICAP)

Issues

Disclosure of HIV status to children involves the child and a caregiver, and leads to enhanced adherence to antiretroviral treatment. Disclosure also supports positive living strategies which result in better health outcomes. The process of disclosure is not well described and remains a challenge for health care workers and caregivers due to the lack of disclosure skills and fear of the adverse consequences of disclosure. To address this gap ICAP developed a disclosure algorithm and implemented it in Machakos District Hospital.

Project

In developing the disclosure algorithm the chronological age of the child and the support system at the time of initiating the disclosure process was considered. A summary algorithm was then designed in a flow chart format to highlight the steps the child, caregiver and health care worker should follow to initiate and go through the disclosure process. Indicators were developed to measure the child's adjustment as they went through the process. The algorithm was piloted at Machakos Level 5 hospital. Intensified mentorship on applying the algorithm was performed and the health care workers trained on pediatric psychosocial support. Individual assessment of each child on disclosure status was carried out. Where disclosure had not been performed, the disclosure process was initiated using the algorithm and the caregivers educated on the benefits of disclosure.

At the beginning of the pilot the total number of active children at the facility were 529 (0-1 year 34 male and 52 female, 2-4 years 52 male and 65 female, 5-14 years 155 male and 191 female). During this period 28% of children between ages 5-14 years were aware of their HIV status. By the end of the quarter 69% of caregivers had begun the disclosure process and had disclosed partially to their children while 32% of caregivers had completed the disclosure process to the children.



Lessons Learnt

Our data indicates that there was an increase in disclosure of HIV status to children after a disclosure algorithm used by healthcare workers was introduced. We therefore deduced that use of a disclosure algorithm empowers health care workers by capacitating them to lead the process of disclosure and increases disclosure of HIV status to children.

Implications to program work

Based on our findings, we recommend a wider role out and training of health care workers on the pediatric disclosure algorithm to enhance disclosure of children living with HIV.

MEASURING PSYCHOSOCIAL SUPPORT THROUGH A STRUCTURED FRAMEWORK

Pauline Sisa-Kiptoo, Rose Ndanu King'oo, Eily Koech-Keter, Mark Hawken (ICAP)

Issue

Psychosocial support (PSS) remains an essential service for children in need of care and protection yet it is poorly understood. In an HIV care setting, PSS has been documented to improve adherence and retention of children living with HIV. ICAP implements a HIV care and treatment program in Eastern South region of Kenya; prior to 2010 program data suggested suboptimal levels of child adherence to care and treatment, and poor retention. To address this, ICAP developed a child-friendly package of care for adherence and psychosocial support of children living with HIV.

Project

A child-friendly adherence and psychosocial support package was developed which included clinical care, adherence counseling, psychosocial support, prevention of HIV, and community linkages. Specifically, ICAP (1) identified and trained health care workers (HCW) on pediatric psychosocial support, sexual reproductive health, HIV adherence, and adolescent HIV care. (2) Each facility established a dedicated clinic day for children, adolescents and caregivers. (3) On the dedicated pediatric clinic day, children received play therapy, and caregivers received six monthly sessions on care for children living with HIV. Adolescents 10 years and older had their own activities on a different clinic day. (4) Specific tools (psychosocial assessment forms, disclosure algorithm, and adherence checklist) were developed to improve the quality of care to children. (5) Finally, health facilities were also mentored to establish and maintain psychosocial support groups for PMTCT mothers, children, and caregivers, these sessions were facilitated by trained peer educators and lay counselors who were supported by a designated healthcare worker.

Data Analysis

Four cohorts of patients newly enrolled into ART in July – Sept quarter each year from 2009 to 2012 were analyzed. At baseline (July-Sept 2009) 100 participants were enrolled and 50 (50%) were retained by the end of the quarter. At the first quarter following the roll out of the child-friendly PSS package (July-Sept 2010) 72 were enrolled and 53 (73.6%) were retained. In the subsequent quarters of July-Sept 2011, 94 were enrolled and 83 (88.3), and in the July-Sept 2012 quarter, 63 were enrolled and 56 (88.9%) were retained. On average 11% of all patients enrolled were children.



Lessons Learnt

Roll out of a multi-component child-friendly adherence and psychosocial support package significantly improved the retention of children in care over time. This finding supports wider adoption of this psychosocial support strategy with continuous mentorship of HCWs to improve the retention of children in care, which should ultimately lead to improved quality of life and better patient health outcomes.

Implications To Program Work

- A specific child-friendly package of psychosocial care improves retention and adherence to care and treatment
- The child-friendly package is likely to lead to an enhanced quality of life for the children

Track 6: Education

GOING BEYOND A CHILDREN'S EMPOWERMENT TOOL: HERO BOOK CONTENT ANALYSIS REVEALS PROGRAMMING COMPLEXITIES

Jonathan Morgan, Rebecca Goldberg (REPSSI)

Background

To help children affected by HIV and AIDS, poverty and conflict get the care and support they are entitled to, REPSSI and other child- and family-focused organizations need to remain in touch with these children's issues. The hero book intervention is one of REPSSI's key interventions in which children explore psychosocial challenges and strategies in their lives.

Methods

The hero book methodology guides children through a series of art and narrative therapy exercises through which they can explore, strategize and receive support around significant psychosocial challenges that they face. Students made hero books under the guidance of teachers in seven schools in 2010, in the Cape Winelands, South Africa. The project involved 900 students aged 10-13 years old in grades 5-7. 156 of these books were analyzed using a grounded theory approach and content analysis methodology. Data were searched for themes that spoke not only of psychosocial malaise, but also of resilience and thriving.

Results

More than 60% of the analyzed children's hero books contained references to feelings of not being safe, feeling sad, or being affected by alcohol abuse. Fifty one percent made reference to feelings of loss, grief or bereavement, and 22% communicated information that strongly suggested that they were at high levels of risk with respect to either sexual or physical abuse. However, in terms of resilience, ability to thrive, well-being, normative development and psychosocial support, more than 85% of the children expressed not feeling alone and hope for the future. Seventy eight percent made reference to the ability to feel pleasure and to enjoy life, and 72% made reference to strategies or



actions designed to address significant psychosocial problems that they face in their lives.

Discussion and Conclusion

The study reaffirms that there is considerable resilience amongst children who may be characterized as highly vulnerable, but by the same token, there is a high level of vulnerability amongst children who appear to be thriving. This duality points to a “vulnerability – thriving” spectrum or continuum highlighting that without support and protection, even those children who appear resilient and appear to be thriving, can very easily become highly vulnerable and at risk. On the other end of the spectrum, children who appear to be the most vulnerable, with sufficient care, support and protection have the potential to thrive. The findings also suggest that the intervention is a powerful participatory assessment and identification tool that can alert the teacher or facilitator around children’s strengths, as well as around serious problems a child might be experiencing, If not for a biographical intervention similar to the hero book, serious problems might otherwise remain unknown to the teacher and to the wider support, protection, or referral systems surrounding learners.

MAINSTREAMING PSYCHOSOCIAL SUPPORT IN EDUCATION

Pancrasia Paul, Emile Mwakatundu, Hawa, Sydique (Camfed Tz)

Background

Psychosocial support has been regarded as a mainstay for Camfed in attaining its vision, mission and objectives. In working with communities, Camfed has realized that communities are facing lots of challenges like HIV/AIDS, poverty, and conflict between parents which affects the psychosocial well-being of children, families, and communities. Most community members recognize only a limited number of psychosocial needs. Children can be given educational support but if they are not psychologically well, they cannot reach their goals, perform well, and may drop out of school.

Approach

Camfed has learned that providing educational support on its own to vulnerable children is insufficient; psychosocial support should be provided to the children, caregivers, and the community. Camfed works with Government Ministries, district stakeholders, teachers, and other community members to mainstream psychosocial support. In 2012, Camfed organized a psychosocial support and community mobilization training for stakeholders. The training was facilitated by REPSSI and lasted two weeks from 13th to 24th August 2012. It aimed to introduce the concept of psychosocial care and support to stakeholders and increase community awareness about the needs and problems of children and how to mobilize the community to work on these issues. The stakeholders after the training imparted the knowledge gained to other community members including teachers and parents aiming to improve their responsibilities towards vulnerable children and ensure psychosocial support is applied to children accordingly to achieve their educational goals.

Results

195 Camfed Development Committee members, 201 teachers, more than 30 parent support groups, and other stakeholders are applying psychosocial support in day to day interactions with children. Trained parents conduct



meetings with students in their surrounding schools discussing issues pertaining to their rights using psychosocial knowledge. Trained teacher mentors conduct various sessions with students monthly and report to Camfed every three months. The sessions provide individual and group counseling and guidance to students. This programme has supported many children to attend school effectively and to talk about their future goals. The number of children dropping out of school has reduced from 25% in 2011 to 15% in 2013.

This programme operates in 201 secondary schools in 10 districts of Tanzania from 4 different regions (Coast, Tanga, Morogoro and Iringa), which were selected basing on the level of vulnerability. There are 30 trained parent support groups operating, with 3 groups per district. The plan is to eventually have one group in each secondary school Camfed partners with.

One challenge was that some members of the groups expected material incentives to share what they learned with other community members. However, the challenge has been overcome through continuous sensitization on the importance of psychosocial care and support to children.

Conclusion

There is a great need for all children to receive psychosocial care and support to be able to grow well and reach their education goals. Having seen the positive results from the Camfed program, we recommend education curriculums ensure psychosocial support is mainstreamed in the syllabus and taught in colleges to improve performance and retention for children in schools.

IMPROVING OVC ACADEMIC PERFORMANCE THROUGH QUALITY IMPROVEMENT INTERVENTIONS - A CASE STUDY FROM DAGO DALA HERA CBO, KENYA

Jane Sigu, Millicent Oluoko, Sudan Odero (Aphai Plus Western Kenya)

Issues

Dago Dala Hera (DDH) is a community based organization that takes care of 3000 OVC in the Ranen area of the Awendo district in Western Kenya. Together with ALPHA PLUS, the CBO is able to address the social determinants of health among OVC in the area by providing six main services. In order to assess the quality of services provided, DDH conducted a Child Status Index (CSI) in 2012 of a 10% sample (N=300) of the OVC in their care. The results of the CSI revealed that of the 12 key areas used to assess a child's relative well-being or vulnerability, education had performed the worst. The poor performance was attributed to little or no money for school fees, poor support in terms of materials needed for school from parents or caregivers, and a failure of elder caregivers to acknowledge the importance of education. Education is one of the six services that DDH provides. DDH sought to address these shortcomings and their efforts showed a marked improvement in school performance.



Project

DDH randomly sampled 300 OVC of school going age, in order to explore this poor performance in education. Over a period of three months they were able to follow up with each of the sampled children. Follow ups involved monitoring their daily school attendance and performance. During this time they were able to provide children with scholastic materials, moral support, uniforms, counseling, and food. Alongside this, and with the help of local leaders and school teachers, they were able to educate the caregivers of these children on the importance of education. Following the intervention all 300 children were returned to full time schooling. In addition to the random sample followed, DDH social workers were able to return 134 other OVC in their care to full time schooling. To date the quality improvement interventions have highly contributed to the school performance among OVC under Dago Dala Hera CBO. Performance at Kenya Certificate of Primary Education (KCPE) level has improved from a mere 21 children passing (achieving above 50%) at the end of 2011, to 74 at the end of 2012. Amongst those who had completed the Kenya Certificate of Secondary Education (KCSE) performance had improved from only 7 students scoring a C+ and above in 2011, to 24 students achieving the same in 2012.

Lessons learned

With proper follow up and assessment of the quality of services provided to OVC via an instrument like the CSI, community based organisations like DDH are able to improve the numbers of OVC attending school, and completing school. This is even better achieved by educating elder caregivers on the importance of education.

Next steps

Based on what we have learned through this intervention and past experience, we aim to now address food security and nutrition.

Track 7: Humanitarian Emergencies 1

ROLE OF SOCIAL SUPPORT IN CHILDREN'S MENTAL HEALTH IN RURAL RWANDA

Sylvere Mukunzi, Esther Nduwimana, Chirstian Ukundineza, Catherine Kirk (Partners in Health)

Introduction

Children derive essential support primarily from peers, parents and others in the community such as educators. The support from each source may vary according to age, gender, health conditions and is associated with mental health adjustment outcomes like attributional style. Family support and social support play an important role in children's mental health and psychosocial adjustment. However, in the context of conflicts, social support can be interrupted; war and genocide in Rwanda devastated family structures and the social fabric of the country. This study examines whether family support and social support impact children's symptoms of depression, anxiety, and conduct disorder among children in rural Rwanda.



Methods

A validity study was conducted with 367 children in southern Kayonza District, Rwanda (42% Female mean (SD) Age = 13.36 (2.32)). Children verbally completed locally-adapted measures of depression, conduct problems, and anxiety, in addition to locally-adapted measures of general social support and family support. Multiple regression was used to identify the impact of both social support and family support on children's mental health depending on their sex.

Results

Regression analyses indicated that social support and family support both significantly predicted child depression ($B = -.16, p < .01$; $B = -.35, p < .01$) and anxiety ($B = -.07, p = .04$; $B = -.27, p < .01$), but only family support predicted conduct problems ($B = -.32, p < .01$), while social support did not ($B = .03, p = .49$). These relationships did not change after controlling for child sex, however being female was significantly associated with fewer symptoms of conduct problems ($B = -.26, p < .01$).

Conclusions

Interventions focusing on bolstering family support and social support could potentially decrease or prevent depression and anxiety in children in Rwanda. Specifically, a strengthened family support intervention may have the greatest impact on children's mental health and conduct for children of both sexes. Therefore, promoting positive and supportive relationships between social support and family support in communities may further prevent conduct problems and promote optimal mental health in children. Interventions should work to create strong family connections in order to help ensure that family and society understand the important implications of improving social relationships with children.

THE PROTECTIVE AND PSYCHOSOCIAL WELL-BEING OF CHILDREN IN EMERGENCIES PARTICIPATING IN CHILD FRIENDLY SPACES (CFS) IN ETHIOPIA AND UGANDA

Makiba Yamano, Alison Shafer, Janna Metzler, Alastair Ager, Kevin Savage (World Vision International)

Background

Despite the common practice of establishing Child Friendly Spaces (CFS) to support the protection and psychosocial well-being of children affected by crises, a lack of evidence exists to indicate their protective and restorative benefits. World Vision and Columbia University have collaborated to implement a global CFS research initiative, beginning with two studies in Africa.

Methods

The first study researched CFS programs amongst Somali refugees in Buramino Refugee Camp, Dolo Ado, Ethiopia (children aged 6-11 years, $n=104$; children aged 12-17 years, $n=86$) and the second study was implemented amongst Congolese refugees in Rwamwanja, Uganda (children aged 6-12 years, $n=633$; children aged 13-17 years, $n=128$). Measurement tools included the Strengths and Difficulties Questionnaire, the Development Assets Profile, Functional



Literacy Assessment Tools and Participatory Ranking Methodology. Baseline and program evaluation data was collected prior to the start of activities and analysed using comparisons amongst children who attended and did not attend the CFS.

Results

The Ethiopia study revealed that the CFS program was impactful with respect to the objectives of developing literacy and numeracy, strengthening psychosocial well-being among younger boys, supporting basic needs provision and protection in the face of increasing hardship in the camp, and buffering against the increased stresses faced by caregivers. The Uganda study revealed that children regularly involved in CFS programs appeared to experience a greater stabilization of social-emotional wellbeing and increased in their perceptions of having personal assets to help them cope with adversity and succeed in life.

Conclusion

Implications of the findings are demonstrating that CFS programs for children in emergencies offer protective benefits as well as stabilizing against further deterioration of well-being in the camp. However, further improvements could be made to CFS programs to promote more targeted psychosocial development activities, engage girls and boys more specifically to their needs and find ways of playing a stronger outreach role to the most vulnerable children who are likely at greater risk of protection concerns. The research has further indicated that a common set of standards for monitoring, evaluation and impact measurement for CFS is needed.

CREATING CHILD FRIENDLY SPACES IN THE DEMOCRATIC REPUBLIC OF CONGO

Rose Mogga (TPO, DRC) and Patrick Onyango (TPO, Uganda)

Background:

Children in Eastern DRC often find themselves in the midst of ethnic violence, land wrangles, and civil conflict instigated by armed forces/groups. This environment possesses high risks to children's safety from physical, psychological and emotional harm at family and community level. Our rapid assessment conducted in 2010 coupled with other assessments informed the development of our psychosocial infused child protection interventions.

Programme:

As part of a wider strategy to create a protective environment that supports children's wellbeing, one TPO-DRC intervention focused on developing and supporting child friendly spaces (CFS). In 2010 we began with 7 CFS. In 2011, we added three more, and in 2013, another three bringing us to a total of 13 CFS. Activities in the CFS provide children who are unable to attend formal schooling, a friendly environment where they can gradually rebuild their self-esteem and confidence.

CFS activities are supervised by facilitators who show them care, acceptance, respect, kindness, love and the right to participate in their own protection. Facilitators attend 13 weeks of training in basic psychosocial care and support (2 weeks), Child Friendly Space management (2 weeks), a TPO intensive PSS course for social workers (8 weeks), and



basic psychosocial training for child protection structures (1 week). Children meet and interact with peers, learn how to relate with self and others, and also acquire life skills respectively.

CFS spaces provide children with fun, creative, child-focused and age-specific activities that engage them in social and cultural competencies. Children play games, act in plays, participate in open discussion, and interact socially. Combined holistically, these activities help break isolation and assist children to express their feelings in ways that help them to feel better and to improve their view of themselves and others. From April to June 2013, the number of children attending CFS activities increased by 52% (15,587 vs. 23,706).

REPSSI's *Tree of Life* helps children know and appreciate their family history, to feel connected. 1598 children (640M; 954F) took part in *Tree of Life* between May – August 2013. TPO-DRC has documented stories of change that indicate that participation reduces troubling thoughts and feelings.

CFS also allows for identification of specific protection risks and vulnerabilities related to conflict situations and how family life differently affects children. The Child Status Index Tool combined with community resource mapping allows us to detect, identify, manage, advocate and link with existing child protection systems. 7912 vulnerable children (4699M; 3213F) were identified and supported from May-August 2013.

CFS do not work in isolation but are connected to community adult programs. TPO uses REPSSI's *Journey of Life* and PCI's *Say and Play* tools to assist families in appreciating the importance of PSS for their children. From May to August 2013, 3672 adults (1817M; 1855F) benefited from family and community parenting and helped link children to school and other services.

Lessons learned.

By approaching child protection work with a psychosocial lens, we are able to ensure that children's psychosocial needs are met while they also are protected from the adverse effects of their conflict-laden environment.

Track 8: Child Trafficking & Labour

PSYCHOSOCIAL INTERVENTIONS AMONG ADOLESCENT VICTIMS OF TRAFFICKING IN EGYPT

Rachel Mayer, Barbara Strasser (Refuge Point (previously AMERA))

Issues

A growing number of Eritrean unaccompanied children and youth, victims of trafficking rings that operate between Sudan and Egypt, are making their way into Cairo. Consequences of exposure to trafficking include difficulties leaving



their homes due to fear for their safety, difficulties engaging in education, sleeping problems and nightmares, strained personal relations within their home and practical challenges of life in Cairo. A Group psychosocial intervention in combination with individual case management works well for young refugees.

Project

We ran a 12 week group intervention, between September and December 2012, in the premises of a CBO, with 13 Eritreans between the ages of 15 and 18. Participants were contacted by phone by one of the interpreters involved in the group sessions and invited to take part. The aim of these sessions was to create a safe and confidential space in which participants could share their difficulties, enhance problem solving skills, life skills and build self-awareness of their own resilience. Furthermore, the group aimed to encourage participants to help each other to identify new coping strategies that would be useful in their daily lives in Cairo.

Session topics were selected and planned based on the observed needs and interests of the group. These topics included problem solving, confidence building, interpersonal skills, stress and anger management as well as psycho-education on physical, emotional and mental well-being. The sessions were facilitated by two psychosocial workers and interpreted by two Eritrean females; both of whom had previous experience in interpreting psychosocial work with and for children and youth, and were from Eritrean refugee communities themselves. Sessions occurred weekly and typically lasted between three and four hours. There were two main activities followed by a relaxation activity, and an opportunity for participants to evaluate the session. Participants also had an opportunity to reflect on what they had learnt in the sessions through weekly journaling. Interpreters were evaluated extremely highly, and were considered as persons of trust. Their involvement contributed significantly to the success of the group.

Lessons learnt

Individual and group approaches to psychosocial support are complimentary, and we recommend immediate case management upon arrival, followed by integration in an on-going peer support group. Interpreters are often considered a hindrance to the natural flow of a group dynamic. However, our sessions showed that by adequately involving experienced interpreters with similar backgrounds to the participants at each stage of the planning and implementation of a group intervention, results in their flexibility to observe the rules of interpretation whilst joining in with the ambience of the group and acting as positive role models within the participants' communities.

Next steps

Organisations doing psychosocial work in Cairo are currently trying to expand this model so that more young people benefit from both individual and group psychosocial interventions however capacity and resources remain a challenge. This presentation will elaborate on lessons learned during this pilot intervention and address some of the potential challenges involved in expanding this intervention to support a larger number of young people.



THE ROLE OF PSYCHO-SOCIAL SUPPORT IN IMPROVING THE WELFARE OF SURVIVORS OF CHILD LABOR: A CASE STUDY OF ANPPCAN UGANDA CHILD LABOR PROJECT- 2012-2014

Eva Nabasumba Mubiru (ANPPCAN)

Background

Child labor is a severe violation of children's rights. It is both harmful and dangerous to them and often leads to irreversible injuries, accidents or even to death. Working children are also deprived of their right to education. In Uganda, more than one in three children ages 5-14, are involved in child labor. Due to the increasing levels of child labor, ANPPCAN Uganda Chapter is implementing a child labor project aimed at reducing child labor in the communities of Jinja and Kampala Districts.

Program

The ANPPCAN child labor reduction programs include: Income Generating Activities (IGAs) for families, primary education support, vocational training, and an individual approach model for children exposed to commercial sex work (CSW). A mapping exercise using qualitative and quantitative approaches identified children engaged in/exposed to child labor and CSW using the household model for ANPPCAN's programs. Once identified, children were matched to an appropriate ANPPCAN support program.

Children enrolled in primary school education were given scholastic materials, tuition, meals and psychosocial counseling. Children enrolled in vocational centers were given uniforms, tuition/accommodation, medical care, and counseling at the centers. Some families also received IGAs for economic empowerment and sustainability. Data is presented from the first year of ANPPCAN's 3-year program.

In Kampala, 60 girls (4 under age 15; 54 ages 15-19) engaged in CSW enrolled in vocational training, 32 of them successfully graduated and were given self-employment start up toolkits, while 28 dropped out due to challenges related to their prior CSW. The 28 training spots were filled by others who were willing to study and an additional weekly counseling session with an ANPPCAN counselor was added to prevent future drop-out. 180 children (ages 4-18) were enrolled in primary school.

In Jinja, all 50 children enrolled in vocational training graduated and were given self-employment start up toolkits. 550 children were enrolled in primary school. An average of 5-7 children accessed psychosocial counseling services every day.

The additional counseling for children in vocational training saw an increase in the retention rate of children in primary schools. The project developed a retention monitoring tool that was administered in the 21 schools that were involved in the project. In the first year retention was at 35% and with additional counseling, retention was raised to 82%. There was also improved performance of children in primary school in Jinja; in 2012, in the two sub-counties where



the project is focused, 4 children total passed national examinations with high marks and 3 of the 4 were in the ANPPCAN programme. 87 ANPPCAN programme recipients sat for the examinations, and 76% passed with average or above marks.

Lessons Learned

There is a need for prior stake holder commitment of the local authorities, public in the project so as to allow for sustainability, and a need to impart social skills into children. Additionally, the commercialization of support through middle-men for children involved in commercial sex work was one of the challenges faced as this made the identification of the beneficiaries difficult during the mapping exercise.

CLEAR CONSORTIUM GIVING HOPE TO CHILDREN IN MALAWI

Phathisiwe Ngwenya (Save the Children)

Abstract not available at time of printing

Track 9: Child Protection Programs 2

IMPROVING COMMUNITY CP SYSTEMS THROUGH ECONOMIC STRENGTHENING

Anthony Binamungu (PACT)

Background

Designed by PACT, Women's Empowerment Program named WORTH was first successfully implemented in Nepal in 1999. PACT is replicating its WORTH approach on a somewhat smaller scale in 10 countries in Africa. This is an innovative, highly sustainable, scalable social enterprise in which women, by helping themselves and each other become literate and enumerate, create their own village banks, make loans, collect interest, distribute dividends, launch and grow their own income generating businesses hence become social activists, transforming their own life and others through increased family income, and local control of resources.

In October 2008, PACT Tanzania incorporated WORTH in its Most Vulnerable Children (MVC) program. This addition is aimed at improving livelihoods of MVC caretakers and improving the care, protection and psychosocial needs of children under their care.

Project

PACT Tanzania WORTH model operates in partnership with a wide range of local grassroots civil society organizations who implements care and protection program for MVC. Partners receive a sub-grant. Under this support, Economic



Empowerment Workers were recruited, trained on a WORTH specific manual and assigned the role of facilitating WORTH activities at community level.

Women in local communities were encouraged to form small groups, each of 20-25 members to learn and save together. To date there 34,218 households caring for over 100,000 most vulnerable children across 60 districts where PACT operates in the country.

The WORTH model focuses on participants Self-training and starting Savings-led Village Banks, and improving their literacy. A three-part book series, 'Women in Business', 'The road to Wealth' and 'Selling Made Simple' underpins the model. The groups meet on a weekly basis and are facilitated by Literacy Volunteers who are supported and mentored by Empowerment Workers. Additionally, the WORTH good parenting training manual has been used to incorporate topics on child protection and prevention of gender based violence.

In 2010 and 2011, a Rapid Impact Assessment of this intervention was undertaken. Findings revealed significant economic benefits and increased accessibility of children to educational opportunities with the ability to afford school fees and pay for school uniforms (40%), meet household basic needs and improve nutrition (15%). Additionally, there had been substantial education and skills-building on CP. Empirical evidence reveals increased knowledge of child rights, increased rates of girls' school enrollment and attendance; and reduced rates of child abuse and neglect. Moreover, there is a reduced rate of forced marriage; parents and teachers are less harsh with children and corporal punishment has reduced; and child immunization completion rates have increased, therefore childhood illnesses have reduced.

Lessons Learned

While the WORTH model has by so far proved successful especially in the hard to reach communities, experience from the field represents a dramatic transformation when it comes to household decision making and family expenditure. Some women WORTH participants are more economically empowered than their counterparts' men, therefore a need for a turn around and consider involving men with WORTH initiatives.

BUILDING HEALTHY, SUCCESSFUL AND SELF-SUFFICIENT COMMUNITIES THAT PROTECT THE RIGHTS OF CHILDREN IN EASTERN UGANDA

Caleb Wakhungu, Peter Kaaba and Peter Wabuya (Mt Elgon Self-Help Community Programme)

Half of Uganda's children are under the age of 18. The Manafwa district in Eastern Uganda is rife with poverty, environmental degradation, and the threat of violence from civil unrest. Mt. Elgon Self-Help Community Program is a nonprofit organization established in 2005 that hosts a wide range of programmes. Our work is largely influenced by the following questions: i) How do we respond to multiple challenges faced by rural people in ways that are empowering?; ii) How do we unlock the hidden potentials among our people in respectful ways?; iii) How can we involve our young people in meeting their needs in ways that respect their rights?; iv) How do we live in harmony with our environment sustainably and in ways that do not cause us any harm?



We report here on how we have inculcated psychosocial concepts into these programmes.

Children and Youth

We have established 10 Children and Youth Clubs that support 710 community's children and youth (410 OVCs and 300 youth). All children in remote communities are considered at risk and allowed to attend skills sessions to prepare themselves to cope with stress. Children and youth are challenged to use their practical skills to contribute towards their family's needs. Teachers and parents both report children taking their education more seriously. As a result of their contributions, children and youth are no longer seen as static recipients but as contributors in the community, increasing their sense of self worth.

Housing for the Poorest of the Poor

Using REPSSI's community mobilization resource, *Journey of Life*, the community explored how to assist those most vulnerable. From this self-reflection, self-help projects began mobilising neighbours to construct new homes for extremely disadvantaged families (n=75) and child-led households (n=15). Building materials and labour were donated locally. From 2007-2011 90 homes sheltering 430 adults and 900 children have been built. Improved housing has brought families back together (n=90), and provided a sense of social connectedness, with families now able to invite others to their home (n=90).

Small Businesses

Since June 2011, we have issued over 700 micro loans to enable overburdened caregivers to start small businesses. Through *Tree of Life*, a REPSSI tool that uses the narrative approach; members often realize the similarity of their goals. *Journey of Life* helps members identify local resources that can grow their businesses and encourages them to be leaders in emergencies.

Sustainable Households

Solar (n=100) and biogas production (n=50) has enabled over 100 rural families to become self-sufficient with electricity and gas. A by-product of the methane gas is fertilizer, allowing these households to yield four times their previous produce. During installation, PSS constructs are shared (*Tree of Life, Journey of Life*).

Lessons learnt

We have learned that families and communities have resources and solutions to their own problems which require minimal external support. Our experience exemplifies how psychosocial constructs can be included in all aspects of development, particularly when using a holistic approach. Finally, when children are involved in their own solutions, the entire community benefits.



TACKLING CHILD MARRIAGE IN MALAWI: A MULTI-PRONGED APPROACH

Brussels Martins Mughogho (Every Child Malawi) and Keston Ndhlovu

EveryChild is an international charity focusing on children without and at risk of losing parental care (CWPC), to ensure they enjoy the right to a childhood in a safe and caring family, free from poverty, violence and exploitation. Child marriage is a key challenge facing orphans and other vulnerable children. Over 50% of the girls in Malawi marry between 13 and 18 years, impeding their education, and exposing them to HIV and other STIs as well as maternal mortality.

EveryChild engages multiple actors to end child marriage in Mndolera and Bulala areas of Malawi. To name a few:

- Child corners for children and youth aged 6-17 are managed by the local NGOs and community-based organizations (CBOs). They provide places where children can play recreational games, participate in the planning of community activities as well as get psychosocial support from the volunteer caregivers
- Village chiefs and other opinion leaders are trained to be aware of child rights.
- Mother groups are recruited from women chosen by the CBOs. These women are trained in counseling to talk to girls about issues including child marriage and the importance of education.
- Teachers are trained and consequently involved in creating schools' Codes of Conduct and Child Rights clubs. Teachers also help monitor numbers of marriages and pregnancies among students.

The prevalence of child marriage has been reduced from 12% to 9% between October 2012 and March 2013, and 646 unmarried girls who were at greater risk of entering marriage are still living with their parents. This presentation will discuss the key challenges in reducing child marriage and how they were overcome. For example, given food insecurity, high inflation and rising fuel prices, rampant poverty in Malawi compromises family stability and decreases program participation. Further, bride price is fueling child marriage among CWPC. Programs protecting children need to address various parts of the child's ecosystem. To assist CWPC, Goat Pass-On Scheme was created to provide goats as a source of securing livelihoods for vulnerable households, such as grandparents taking care of children.

However, to bring about large-scale change, legal norms also need to be reformed. Village chiefs in 51 communities in Bulala and 35 communities in Mndolera have introduced and enforced local by-laws against child marriage, but to be legally binding such by-laws need to be approved by district counselors, and local participation has limited power unless complemented by law.



“IT IS AS IF GOD HIMSELF COME DOWN AND PROVIDED THIS TRAINING.” IMPACT EVALUATION DATA ON REPSSI’S COMMUNITY MOBILIZATION RESOURCE

Lisa Langhaug (REPSSI, lisa.langhaug@repssi.org), Awol Nurhussein (PACT), Azeb Adefrsew (independent researcher), Lucy Steinitz (PACT)

Background

Pact Ethiopia, through its Yekokeb Berhan project, has embarked on an ambitious plan to reach 500,000 highly vulnerable children in each of 5 years. As part of their foundation platform, they have included REPSSI’s *Journey of Life*, a community mobilization resource designed to help community members understand their role in improving the psychosocial well being of vulnerable children. REPSSI and Pact Yekokeb Berhan collaborated on an impact evaluation of this community mobilization tool.

Methods

Community Committees (CC) is a local administrative structure within Ethiopia. 14 Community Committees from 7 implementing partners were purposively chosen to take part in the evaluation. Following written informed consent, CC members completed a baseline survey before taking part in a *Journey of Life* Awareness Workshop. Two follow-up surveys were administered: i) one immediately following the *Journey of Life* Awareness Workshop; and ii) one six months after the CC had implemented their action plan. At six-month follow-up, focus group discussions were held with 11 CCs (n=56), Pact Yekokeb Berhan volunteers (n=42), and community members. Quantitative data was analysed using STATA 10. Qualitative data was examined thematically.

Results

114 CC members completed the baseline and first follow-up survey; however, only 25 CC members completed the six-month follow-up. Almost 80% of CC members reported having lived in the community for five or more years. A large proportion (80%, range 62.5-94.0%) of CC members report personal familiarity with ever having raised non-biological children. Their experiences as CC members reflect that of the community. When asked to think about 3 neighbouring households, 70% of them reported that between 1 and 3 of those households had an orphan living in them, with 41% reporting 2-3 neighbours supporting an orphan. In addition, 44.5% (34/77) of CC members reported that 1-3 of those neighbouring households was a child-headed household and 42% (33/78) of them reported that in 1-3 of these neighbouring households the primary caregiver was elderly. Key concerns of children considered vulnerable included being malnourished, having no clothes, not attending school, and being treated unfairly by household members. Following the *Journey of Life* Awareness Workshop, 40% (20/50) shifted their understanding to incorporate their own responsibility.

While the study’s quantitative analysis is restricted by the small size of the six-month follow-up sample, the *Journey of Life* workshop did seem to positively change participants’ awareness that they have a responsibility to engage with their community - especially for those who felt they did not receive much assistance in their own in childhood. This was echoed in data emanating from the focus group discussions, which highlighted the participants’ empathy and



commitment to improve the lives of highly vulnerable children. CC members highlighted key constructs that helped them to engage more fully: i) images from Journey of Life picture codes; ii) constructing and telling their own life journey, and iii) positive outcomes from small actions building on each other.

Conclusion

REPSSI's Journey of Life resource seems to assist participants move beyond their individual desire to appreciating what can be achieved through a collective effort.

Track 10: Humanitarian Emergencies 2

FORCED MOTHERHOOD IN NORTHERN UGANDA: THE LEGACY OF WAR

Grace Akello (Gulu University, Faculty of Medicine)

Background

War affected children face numerous challenges. In particular, female children are exposed to many social, psychological and physical health problems during abductions and return to their communities. Less is known about how this same population reacts to reintegration once an area is no longer seen as a humanitarian crisis. Here, we investigate what children ages 9-16 years identified as common health problems and their quests for therapy.

Methods

In this medical anthropological study, data was collected on young mothers and their children who have returned to their communities after rehabilitation and reintegration and also following the declaration that Northern Uganda was no longer an emergency. We used Qualitative methods including focus group discussions with child mothers (n=5), semi-structured questionnaires with wartime school children(n=165), in depth interviews with forced mothers(n=42), workshops with forced mothers to discuss experiences and coping(n=7), and participant observation in homes, schools, hospitals, churches and night commuters' shelters.

Results

Young girls were exposed to sexual violence through a number of routes; i) space – through living in congested displaced persons camps and having to commute at night; ii) armed personnel – while the girls reported the LRA as the main perpetrator, the state army and security personnel (e.g. police) also played a role.

The result of this forced motherhood is an estimated 88,000 children born to these young-age mothers who care for their infants in dire conditions. Child mothers and their children experience psychosocial and mental health problems. During the armed conflict, many forced mothers received assistance within the framework of emergency aid where NGOs like World Vision registered and enrolled them for antenatal care and monitoring in hospitals until they



gave birth, prior to reinsertion with their relatives. However, these young mothers reported that upon reinsertion they experience stigma, rejection and discrimination. They are exposed to revengeful attacks, verbal abuse and psychological trauma as many (including their relatives) view them as people linked with the LRA which has exposed Acholi people to war atrocities. As a result of this stigma, forced mothers and their children, experience multiple violations and frequently fail to reintegrate. Many exist on the community periphery, brewing and selling alcohol and engaging in sex work. Their children report facing social alienation, and are psychologically traumatised due to severe events in early their childhood and raised by child parents. Due to stigma and social alienation, forced mothers have limited access to resources, their children experience difficulties in enrolment and retention in schools where they teachers and peers discriminate against them.

Discussion

Whereas declaring northern Uganda a post-conflict zone enabled many people to resettle and rebuild their social and economic lives, forced mothers are struggling to resettle with their relatives. As such, forced motherhood remains an emergency issue.

The Acholi community urgently requires sensitization to accept forced mothers and their children as survivors of multiple violations. In addition, forced mothers require training in parenting and vocational skills. Children who experienced traumatic events need psychological rehabilitation, and help in enrolling and staying in schools. This population would therefore benefit from both emergency and development oriented interventions.

SUPPORTING TORTURE VICTIMS IN THE WORLD'S LARGEST REFUGEE CAMP

Jackson Mutavi (Center for Victims of Torture) and Michael Kariuki Kamau

Dadaab camp, located near the border between Somalia and Kenya, hosts the largest number of refugees in the world – over 442,000 people, many of whom have survived torture and war trauma. However, mental health programming is scarce.

The Center for Victims of Torture (CVT) is an NGO offering psychological care to tortured refugees and has been working in Dadaab since 2011. Torture survivors are identified through community sensitization meetings, referrals from other agencies or past clients. Following a screening to identify torture and war trauma survivors, intake assessment is carried out.

CVT work is informed by a stage-oriented model of recovery.

In this approach, safety and a caring relationship serve as the foundation for exploring traumatic experiences and their associated emotions (e.g., fear, shame, guilt, loss, sorrow), culminating in an eventual reconnection with self, others, and life. The sessions focus on moments of joy before the war, the changes brought about by the war, reconnecting with memories of lost loved ones, sharing stories of survival and facing the future. The paraprofessional group of facilitators are themselves refugees living in the camps. Elements of African culture, such as healing rituals, chants,



song and rhythmical clapping are incorporated into many of the group sessions. Most groups meet for 10 weekly sessions of about 1.5-2 hours each.

It was challenging to follow up clients as many moved to other camps or countries. However, we were able to compare the intake and three-month follow-up data for 34% (171) of the clients who attended all the sessions and could be identified for follow-up. Using Hopkins Symptom Checklist and the PTSD Checklist, we assessed measures of depression, anxiety, PTSD, somatic symptoms, and problems in everyday functioning. T-tests for dependent samples suggested significant improvement for all variables: Depression ($p < 0.001$, $ES = 1.2$, 95% CI: 0.9-1.4); PTSD ($p < 0.001$, $ES = 1.3$, 95% CI: 1.0-1.5); Physical (somatic) symptoms ($p < 0.001$, $ES = 0.8$, 95% CI: 0.6-1.1); Anxiety ($p < 0.001$, $ES = 1.1$, 95% CI: 0.9-1.3), and Behavioral Indicators of Functioning ($p < 0.001$, $ES = 0.82$, 95% CI: 0.6-1.0). This suggests that regardless of challenging circumstances, a counseling intervention might improve torture victims' wellbeing, at least for regular attendees. To illustrate, we provide a case study which describes the challenges faced by a family in Dadaab, and how participation has assisted them.

During its operation in Dadaab, CVT has provided psychological counseling to 617 adults, 80% of whom are parents. Although the CVT model is not specifically designed to impact children, our clients very commonly raise issues pertaining to children and parenting with which they were assisted. During group therapy sessions parents receive advice on explaining their difficulties to their children. Our experience suggests that parenting guidance needs to be incorporated in mental health programming for adult refugees and war survivors among populations in Kenya and other parts of the developing world, where most adults are parents.

WHERE THERE IS NO CHILD PSYCHOLOGIST: EMPLOYING A "TASK SHIFTING" STRATEGY TO PROVIDE MENTAL HEALTH TREATMENT TO SOMALI REFUGEE CHILDREN IN ETHIOPIA

Sarah Baird, Amanda Sim, Laura Murray, Abdulkadir Ismael (International Rescue Committee)

Issues

Children displaced by armed conflict are at high risk of mental health problems including traumatic stress, depression, anxiety and behavioral problems. Qualitative research conducted by the International Rescue Committee (IRC) and the Johns Hopkins Bloomberg School of Public Health (JHSPH) in 2011 revealed that traumatic stress, internalizing (e.g. depression) and externalizing (e.g. aggression) symptoms related to child physical and sexual abuse and other traumatic events were among the most urgent problems facing Somali refugee children in three refugee camps in Ethiopia. Due to the lack of mental health services in the refugee camps, children suffering from these problems were unable to access specialized care to aid their recovery. A "task shifting" strategy was used by the IRC and JHSPH to enable the provision of a mental health intervention known as common elements treatment approach or CETA (Murray et al., in press) through refugee community workers.



Project

Using JHSPH's apprenticeship model, 18 refugee community workers and three IRC Somali staff received intensive training and supervision by JHSPH CETA expert trainers. They completed two weeks of training on common mental health problems and symptoms among children in the refugee camps, and components of CETA including psycho-education, cognitive restructuring and gradual exposure. The training was followed by four months of practice sessions in which IRC staff led weekly group meetings with the community workers to review the components of CETA for conceptual clarity and cultural appropriateness, and engage in peer learning and role plays. IRC staff had weekly supervision calls with JHSPH CETA expert trainers to review progress and address questions or concerns. In the final phase of the apprenticeship model, each community worker provided treatment to one pilot case under intensive supervision and coaching by IRC staff, who in turn had weekly supervision calls with JHSPH CETA expert trainers. During the supervision meetings, IRC staff reported on each community worker's progress, discussed treatment planning, and highlighted areas for additional training or support. Community workers who successfully completed their pilot case were then allowed to gradually increase their caseload. Between February and September 2013, 56 Somali refugee children and their caregivers successfully completed mental health treatment where there was previously none available due to the innovative use of task shifting.

Lessons Learned

Provision of high quality mental health support through task shifting is feasible in low-resource settings but requires intensive training and supervision of paraprofessionals. Particularly in refugee settings where populations are highly mobile, there is a need to account for attrition in community workers. Task shifting and apprenticeship models that rely on remote supervision require robust and reliable communication systems, which may not always be feasible in low-resource settings.

Next Steps

The presentation will discuss options for continued provision of mental health support to Somali refugee children through task shifting, with particular emphasis on the transition of clinical supervision to local staff.

MAINSTREAMING PSS INTO CHILD PROTECTION WORK IN DRC

Patrick Onyango Mangen (TPO Uganda), Rose Mogga (TPO DRC) and Francis Alumai (TPO DRC)

Background

Prolonged civil unrest in the Eastern DRC poses numerous challenges for children including their forced recruitment into armed groups, high levels of sexual exploitation and abuse, displacement, and restricted access to remote communities. An assessment conducted by TPO-Uganda in South Kivu in 2010, confirmed that the increase in fighting, displacement and the formation of spontaneous IDP settlements, created ground for widespread rights violations to occur against children and their families. Moreover, due to prolonged civil unrest, traditional social support systems were disrupted and institutional support mechanisms became dysfunctional such that families became incapacitated to care for their children.



Our response was therefore designed to respond to the following needs that had been identified during the assessment: a) secure the safety of children; b) work with communities to establish monitoring mechanisms that reduce children's risk of further harm and abuse; c) engage with local authorities and fighting forces to facilitate the release and reintegration of children from armed groups.

Integrating PSS into Child Protection

TPO built upon its experience working with child soldiers in Uganda to ensure that psychosocial needs of affected children and their families were integrated into child protection. Our child protection interventions focused on a number of elements. We focused first on demobilization and resettlement of children where we included a psychosocial distress screening tool to identify children in need of PSS. Second, we facilitated child friendly spaces where children can experience some normalcy and temporary relief from daily conflict stressors. TPO introduced games, structured activities and interactive discussions among children that give children hope and create a predictable environment. We also facilitated REPSSI's Journey of Life at the centers. We strengthen community-based child protection systems by engaging with formal and informal actors. PSS interventions included: family mediation and psychosocial counseling and sensitization on effects of the conflict on individual and family functioning.

Building on lessons learned delivering standalone psychosocial support programs in northern Uganda, our strategy was supported by the following arguments; firstly our primary point of entry was to address specific protection needs of children, which needed to include psychosocial support. Secondly the effects of conflict on communities were widespread and necessitated psychosocial interventions to strengthen coping and build resilience.

Integrating psychosocial support into child protection interventions enabled us to address these needs. Low levels of response from civil society actors and government were largely attributed to the lack of knowledge on child protection and psychosocial concepts. Yet not all the CBOs that were mapped were mainstreaming child protection work. For example CBOs involved in HIV counselling and support work, naturally included a PSS component but were not familiar with child protection approaches. It therefore made sense when training such CBOs to integrate psychosocial support modules into child protection training materials developed for capacity building.

Lessons Learned

It is possible and essential to integrate PSS into CP programming. In doing so, PSS is seen as wholly a part of child protection issues. This greatly assists in holistic programming.



Track 11: Children Living with HIV 1

EAGLES, SNAKES AND STARS: THEATRE AND PERFORMANCE EMPOWERING ZAMBIAN CHILDREN AND ADOLESCENTS LIVING WITH HIV TO MANAGE ADHERENCE, STIGMA AND PEER PRESSURE.

Dr. Sue Gibbons, Adam McGuigan (Elizabeth Glaser Paediatric AIDS)

Issues

Of the estimated 80,000 adolescents living with HIV in Zambia (UNICEF 2012), many face difficulties adhering to their medication, often leading to treatment failure. Although no national statistics are available on antiretroviral therapy adherence among adolescents, at a recent HIV programme implementers meeting, a high-volume Zambian hospital reported over 30% of adolescents on second line treatment were not adhering, resulting in treatment failure. Reasons cited as potential causes for poor retention among adolescents are stigma, and peer pressure – a desire to ‘fit in’ with peers, common among adolescents (ICAP, 2011). In Lusaka, the majority of paediatric ART clinics run support groups for children and adolescents living with HIV, yet many adolescents still struggle with adherence.

Project

Barefeet Theatre is a community-based organisation using participatory theatre methods to give vulnerable children a voice on various controversial life topics. EGPAF is collaborating with Barefeet to implement a new and innovative theatre-based intervention to support clinic support groups offering psychosocial interventions to children and adolescents living with HIV. Implementation of this programme began in April 2013 in two community and three Ministry of Health clinic support groups. The programme, called ‘Eagles, Snakes and Stars’, facilitates exploration of key issues around stigma, adherence and peer pressure among children and adolescents. The project allows children to express their thoughts and feelings on these issues and identify ways to manage related challenges through drama. Adolescents are introduced to the fun and likeable characters of Sunny and Gift, both children living with HIV, who demonstrate some of the daily challenges they face. The programme consists of three phases, implemented over a period of six months.

The Three Phases of the Eagles, Snakes and Stars Project.

Phase 1: Barefeet Theatre performers present six short performances, enlivening paediatric ART day at the clinic.

Expected Outcomes:

- Increased engagement with support groups.
- Stigma reduction through HIV-positive role models overcoming challenges.



Phase 2: Six weekly workshops for adolescents in support groups exploring the themes of adherence, stigma and peer pressure.

Expected Outcomes:

- Increased knowledge and skills in managing stigma, adherence and peer pressure.
- Clinic counsellors develop facilitation skills.

Phase 3: Barefeet facilitators mentor support groups to develop their own performance, performed at the Barefeet Youth Arts Festival in Lusaka in August 2013.

Expected Outcomes:

- Five performances addressing challenges faced by adolescents striving to live positively.
- Audience learns from the experiences of the adolescents (stigma reduction).

Lessons learned

Adolescents living with HIV, a unique group socially and developmentally are at high risk of treatment failure through nonadherence to medications. This intervention aims to deepen our understanding of the key issues contributing to adherence challenges, not currently addressed through support groups, and the methods adolescents can adopt to manage them successfully. The themes from the workshops and performances will inform future work addressing improved adherence in adolescents.

REACHING OUT TO HIV-POSITIVE YOUTH IN ZIMBABWE

Rachael Goba and Jekoniya Chitereka (Zimbabwe National Family Planning Council)

In 2012, we carried out 12 focus groups with local youth and 15 semi-structured key informant interviews with health providers and community leaders to discuss adolescent sexual reproductive health (ASRH) services in six regions of Zimbabwe (Mbire, Chipinge, Binga, Gokwe North, Chiredzi, and Hurungwe). Negative attitudes of health service providers and parents emerged as a key deterrent for youths against accessing ASRH services. The issues of stigma and confidentiality can be especially challenging for adolescents living with HIV (ALHIV). As of 2010/11, 3.6% of boys and 7.3% of girls aged 15-24 in Zimbabwe are estimated to be ALHIV (Zimbabwe Demographic Health Survey 2010/11).

Zimbabwe National Family Planning Council, in collaboration with Ministry of Health and Child Welfare, UNICEF and UNFPA, runs an ASRH program, and since 2008, over 58 Youth Corners (YCs) have been opened within hospitals to help youth aged 10-24 to access sexual and reproductive health services. The YCs are equipped with TVs, DVDs, furniture, radio, chess, volleyballs, darts, and playing cards and some have computers to capture the attention of youths. To engage ALHIV, in 2012 a further six pilot YCs were opened, and each recruited two ALHIV peer coordinators. In participating hospitals, all youths visiting for ASRH issues are referred to the YCs. Two peer educators staff every YC five days a week and two nurses at every location were trained in youth-friendly approaches. The YCs offer referrals to services within the hospital, counselling, life skills, pregnancy, HIV and STI testing, emergency contraception, male and female condoms, anti-retroviral treatment, post abortion and post rape care and family planning. Peer educators have set up Post-HIV-testing Clubs for their ALHIV peers.



The presentation will elaborate on the lessons learned, in particular:

- Recruiting ALHIV peer educators was a major challenge because of the stigma, especially among rural communities. However, cooperation with the district's AIDS coordinators from the National AIDS Council helped identify adolescents from the HIV-positive database, and they were individually approached to seek permission for them to be recruited after thoroughly explaining the programme.
- A lot can be learned from the variation between the program performance at different sites. Some of the areas did not put enough emphasis on community engagement and set up the YCs without meetings with the community leaders and health facilities managers. To increase community commitment, future projects can develop specific guidelines for conducting community mobilizations to ensure quality across sites.
- We know little about the specific needs of ALHIV in Zimbabwe, so research is needed to help target programs better.

UTILITY OF A STANDARD TOOL IN IDENTIFICATION OF PSYCHOSOCIAL SUPPORT NEEDS OF HIV POSITIVE CHILDREN AT MATILIKU DISTRICT HOSPITAL.

Esther Kagendo Rugendo, Peter Rumunyu Mwangi, Peter Mutugi Kirimi, George Odingo, Duncan Chege, Mark Hawken (ICAP)

Issues

While there have been significant advances in chronic HIV care and treatment for children, psychosocial issues remain a challenge. Specifically, psychosocial issues affect adherence to antiretroviral therapy (ART) and commitment to lifelong treatment plans. Despite this many health care facilities do not have standardized way to evaluate and characterize psychosocial issues that might be affecting the success of pediatric HIV care and treatment programs. To address this issue, ICAP developed a psychosocial assessment tool. Here we describe the data collected through the use of this tool in children attending Matiliku DH HIV comprehensive care centre.

Project

Standardization of psychosocial assessment by use of a structured tool should assist in describing the psychosocial needs of children and therefore support holistic management of children. ICAP designed a tool to capture psychosocial aspects of pediatric care including age, family support, disclosure status mental wellbeing, performance in school and knowledge of treatment benefits. Twenty one charts for children aged 0-14 years were reviewed. 16 (76%) of these children were aged between 0-10 years, and (5) 24% were aged between 11-14 years, 52% were male, and 48% were females. Ninety five percent (95%) children were on ART while 100% had a caregiver identified during the assessment. Of these, 62% were living with their mother, 14% with their father, 24% were orphans living with either a grandmother (19%) or an aunt (5%). All children of school-going age were attending school. Disclosure had been performed in 12 (52%) of the children; ages at disclosure ranged from 4 to 14 years. The same percentage had knowledge of why they were taking medication. Four (19%) had a major event such as death of a parent or separation from siblings that could be affecting their psychosocial wellbeing. Most children required support in disclosure, adherence, social support, HIV education and enrollment into psychosocial support groups. All children were active and adhering to ART.



Lessons Learnt

- This standardized child psychosocial assessment tool was able to describe the baseline psychosocial status of our patients.
- This tool revealed important information e.g. disclosure status that could be used to guide care givers in addressing psychosocial aspects of a child and improving their programme.
- Implications to program work
- This data emphasizes the need to for facility staff to focus on psychosocial needs of children
- The tool helps improve quality of care for children within public health facilities

TISAMALA: A LUSAKA BASED TEEN MENTORSHIP PROJECT WHICH EDUCATES, SUPPORTS AND MOTIVATES HIV POSITIVE ADOLESCENTS TO LIVE POSITIVELY

Martin Phiri (Elizabeth Glaser Paediatric AIDS)

Issues

In Zambia, an estimated 80,000 adolescents are living with HIV. Poor adherence and retention in HIV care and treatment, unsafe sex, stigma, early pregnancy and negative peer pressure are all issues HIV-positive adolescents commonly face. The Tisamala Teen Mentorship project is an Elizabeth Glaser Pediatric AIDS Foundation-Zambia program adaptation of the South African Peer Education Project, which offers psychosocial support and life skills to address issues facing adolescents living with HIV.

Project

In August 2012, 13 teens, ages 14-19, and nine counselors were recruited from five community organizations and trained on preparing HIV-positive adolescents to face challenges related to their disease status. The Tisamala training includes 13 sessions facilitated by teen mentors, supported by adult counselors in their various health facilities. Topics such as managing feelings, where to get support, staying safe in sexual relationships; making difficult decisions and thinking about the future are covered. Each one hour session targets different educational objectives, but every session also provides fun, connectedness among the peer group. Tisamala provides skills-building but also a safe place to express emotions and seek support and guidance. The Tisamala curriculum is designed as a face-to-face curriculum where adolescents actively learn through participatory problem solving activities that relate to their own lives. Tisamala also encourages the teen mentors to facilitate their peers to share thoughts, beliefs and experiences. For adolescents who are used to a traditional didactic approach to learning, Tisamala provides a new way of interacting between teen mentors and adolescents in the support group.

Lessons Learned

Four out of five community organizations that participated in the training have implemented Tisamala and three groups have successfully completed all thirteen sessions with 66 adolescents been reached. Challenges and lessons learned in the Tisamala Mentorship Project were carefully documented. One challenge noted was that teen mentors had difficulty understanding and appreciating the skills involved in facilitation, enabling youth to share experiences and have a safe



place to explore values and opinions. A refresher training was organized to address these issues. Another challenge observed was the amount of detail first iterations of the monitoring and evaluation forms required; teen mentors had trouble filling in these forms completely as they were time consuming. Forms have since been revised to accommodate easier use. A final important lesson learned from the Tisamala project is that there is need to fully involve parents/ caregivers in the project; by moving beyond getting consent from them to involving them in selected Tisamala activities.

Track 12: Children Living with HIV 2

BEHAVIORAL AND PSYCHOSOCIAL OUTCOMES AMONG CHILDREN LIVING WITH HIV ATTENDING A RECREATIONAL THERAPY CAMP IN ETHIOPIA

Sarah Hiller, Lemlem Tale, Julie Wahl, Thomas Novotny (MPIA)

Children living with HIV (CLHIV), a physically and emotionally challenging disease face social isolation and stigmatization. Social connectedness and support are correlated with resilience and improved health among the chronically ill. In addition, CLHIV must learn self-care skills, including antiretroviral therapy (ART) adherence to stay healthy. In 2009 Worldwide Orphans Foundation (WWO) and SeriousFun Children's Network (SFCN) established a partnership to develop camps for CLHIV. These camps provide psychosocial care and life skills training to CLHIV through a recreational therapy intervention. This abstract reports on findings of an outcome evaluation collaboratively conducted by San Diego State University (SDSU), WWO, and SFCN at the Ethiopia intervention site.

Camp Addis in Addis Ababa, Ethiopia, serves CLHIV age 11-16 through six-day camp sessions. Counselors, some of whom are living with HIV, use child-centered techniques and intentional programming related to building HIV life skills, confidence and social connections. The outcomes evaluation, piloted in 2011 and implemented in 2012, used mixed methods (questionnaires with validated measures and qualitative interviews) to assess changes in behavioral and psychosocial outcomes including missed doses of ART, HIV knowledge, social connectedness, resilience, psychological distress and perceived stigma. Data was collected by trained local research assistants one month before and five months after camp. Appropriate statistical tests were used to compare outcome variables before and after camp. No comparison group was available, so bivariate and multivariate "difference-in-difference" analysis was used to compare children who had attended camp before (13% of children) to new campers. Qualitative data was analyzed using descriptive content analysis techniques.

A total of 81 children and caregivers were surveyed at baseline, and 70 of these were surveyed again post-camp. Camper-caregiver pairs (n=14 pairs) were interviewed qualitatively. Overall, the proportion of children reporting missed ART doses in the month before the pre-camp assessment improved by 30% post-camp ($p<0.05$). These findings were reinforced by qualitative interviews, indicating improved adherence and attitudes about ART. The qualitative interviews also attributed improved social relationships, HIV knowledge, coping with stigma and living positively with



HIV, although this was not reflected in questionnaire scores. Bivariate analysis showed that veteran campers showed significantly greater improvement over first time campers in social connectedness and stigma perception, and first time campers' caregivers reported improved behavior. However, in multivariate analysis, only one outcome remained significant; new campers showed a 7% decrease in psychological distress relative to baseline, while veteran campers showed a 16% increase ($p < 0.05$). Since children with behavioral issues are sometimes chosen to attend camp again, this finding may be affected by selection bias.

Fewer missed doses of ART can mean the difference between treatment success and failure, and despite the lack of a comparison group, data triangulation provides a compelling case for the influence of camp on ART attitudes and behaviors. Limitations of this study also include a small and non-random sample and resource constraints in data collection. Interventions similar to Camp Addis may play a role in providing transitional care to CLHIV as they survive into adulthood to help them integrate into society and stay healthy.

WORLDWIDE ORPHANS FOUNDATION'S YOUTH CLUB: CREATING SOCIAL CONNECTIONS AND IMPROVING ENGAGEMENT IN TREATMENT AND SELF-CARE FOR HIV+ ADOLESCENTS

Eleanor Hartzell, Sleam Wagaw, Sarah Hiller, Thomas Novotny

In the past decade, with the increased availability of anti-retroviral therapy in Africa, HIV/AIDS has shifted from a terminal illness to a chronic one. For children living with HIV, this has led to a shift in future expectations, and has created a need to provide tools for these young people to live potentially long and healthy lives. WWO Youth Club rose out of the need for a safe space for youth to discuss living with HIV, especially those who are newly disclosed or non-adherent with treatment. Many youth clubs recognize adolescence is a key time for healthy decision-making skill development, but WWO's youth club uses a highly-structured curriculum designed exclusively for HIV+ adolescents and has been shown to have a significant impact on participants' lives.

WWO piloted Youth Club from March-June, 2011. Since then, WWO has held five youth clubs, and each 13-week long session serves approximately 30 youth. WWO Youth Club combines recreational/psychosocial activities with health education, tailored to an HIV-positive population. WWO's Youth Club recruits counselors from the young adults who have "graduated" from youth club themselves, and leverages the expertise of WWO's pediatric nurse counselors. Each Youth Club session includes time for team-building games, arts-based activities, small group discussion and psycho-educational HIV curriculum. Youth Club curriculum covers topics relevant to HIV and health-related decision-making, including: positive living, disclosure, adherence, sex education/reproductive health, healthy relationships, and stigma/discrimination. The health education sessions were developed using many resources for HIV+ children, adapted for an urban context in Ethiopia and translated in to Amharic.

WWO has found through pre and post-tests as well as reviewing clinic records that Youth Club keeps youth engaged in their treatment, leads to less loss to follow up, and improved social relationships. A study by San Diego State University



researchers originally intended to evaluate another program (Camp Addis) used bivariate and multivariate “difference in difference” regression analysis techniques to compare psychosocial outcomes in children who had attended both Youth Club and Camp Addis (n=38) to those who only attended camp in 2012 (n=43). Multivariate analysis found that children attending Youth Club improved or sustained their social connectedness between pre-camp and post-camp measures, specifically in peer relationships with other HIV+ children (6% increase in score relative to baseline, compared to -7% decrease for non-attendees, $p<0.10$) and social support (3% increase in score relative to baseline, compared to -8% decrease for non-attendees, $p<0.10$). Children attending Youth Club and camp also saw a 2% increase in psychological distress relative to pre-camp, compared to a 12% decrease among non-attendees ($p<0.05$), but this is likely due to selection bias from choosing children who were recently disclosed or have known internalizing or externalizing behavioral issues.

Further evaluation with Youth Club is underway for 2013-2014, to better understand how Youth Club may help adolescents transitioning into adult HIV care and a healthy future. Based on the successes of this club, WWO has re-envisioned their clinic-based support groups for adults living with HIV to include more recreational activities and opportunities to make supportive connections.

ART ADHERENCE AMONG YOUNG PEOPLE LIVING WITH HIV: EXPERIENCES WITH CAMP IN LESOTHO

Moitahli Khemi and Ntoli Moletsane (Sentebale)

Background

Lesotho’s child population is estimated at 1,072,974 2.7% (28,970) of whom are children living with HIV. While anti-retroviral treatment is accessible country wide, clinic data suggests problems related to adherence. Working in partnership with the Ministry of Health, Sentebale, addresses adherence through its Mamohatao networks and Camps (MNC) programme. MNC strengthens psychosocial support skills of medical staff and carers of children through training and offers follow-up support through network clubs and caregiver support days. In addition, MNC hosts a camp for children living with HIV. To date , 786 children living with HIV (2.7% of the total HIV+ youth) have participated in the camp experience which aims to promote health and confident living. Here we report on adherence data from one group who attended camp in December 2012.

Methods

Camp eligibility requires the child to be aged 10-18 years, living with HIV and registered at a clinic. Children must obtain medical clearance from a doctor and have completed TB treatment at least 2 months prior to the camp start date. Consent to participate in camp is required from both the child and their caregiver. ART adherence was measured through pill count, obtained from monthly clinic records. Adherence is categorized in four ways: i) very poor, where the pill count is below 70%; ii) poor (low), where pill count is between 70%-94% or iii) poor (high) where pill count is over 105%; iv) good, where pill count is between 95%-105%. Pre-camp adherence data is submitted to Sentebale as part of the camp application. Post-camp adherence data was collected by Sentebale M&E Manager collaborating with MNC Coordinators in April 2013. Pre and post-camp data were compared using MS Excel to map adherence trend.



Results

In December 2012, of the 164 campers who registered for this camp, 136 (83%) campers attended. Pre- and post-camp pill count data was collected on 117 (boys=64 (55%); girls=52 (45%)). Campers' age ranged from 7 to 25 years with an average age of 13 (Standard Deviation: 2.75).

Overall, adherence improved among the campers. There was a 6% drop in very poor adherence attenders (9% vs. 3%) and a 9% drop in poor adherence attenders (19% vs. 10%). This resulted in an increase of 13% of good adherence attenders (60% vs. 73%) and a 1% increase among excellent adherence attenders (12% vs. 13%). There was a 52% decrease in poor adherers (pill count <95%), dropping from 28% at baseline to 13% at follow-up.

Overall, adherence improved among the campers. There was a 72.7% drop in very poor adherence attenders (11 campers vs. 3) and a 45.5% drop in poor (low) adherence attenders (22 campers vs. 12). This gives an overall 54.5% decrease in poor adherers (pill count <95%), dropping from 28% at baseline to 13% at follow-up. This resulted in an increase of 23% in good adherence attenders (70 campers vs. 86). However there was also a 13.7% increase among bad adherence attenders (pill count >105; 14 campers vs. 16).

Conclusion

The psychosocial support provided through recreational therapy camp has significantly improved adherence of attendants of December 2012 camp.

Track 13: Capacity Building for Child Protection Systems Strengthening

STRENGTHENING THE SOCIAL WORKFORCE THROUGH SITUATED SUPPORT DISTANCE LEARNING

Lynette Mudékunye (REPPSI) and Lisa Langhaug (REPPSI)

Objectives

HIV/AIDS, poverty, conflict and displacement pose grave threats to child and youth survival and psychosocial development in Africa. Current efforts fail to address this crisis at necessary scale or speed. In Eastern and Southern Africa, community-based caregivers who provide psychosocial care and support to vulnerable children and youth have extremely limited access to formal and up-to-date learning opportunities. In response, REPPSI has developed an accredited Situated and Supported Distance Learning Certificate, now in its third cycle.

Programme

Applied learning principles inform curriculum design. Students study from hard copies of the six modules and attend



four 5-hour group sessions per module facilitated by a skilled mentor to discuss their learning. Students complete six hand-written assignments that are assessed by academic supervisors. Programme feasibility and acceptability examined student retention and pass-rates and used qualitative data from students, mentors, and programme staff. In cycle 1, the year-long course graduated 495 students (89.5% retention) from eight countries (Lesotho, Malawi, Namibia, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe). In cycle 2, the 18-month course graduated 964 students (88.0% retention) from 10 countries (added Kenya, Mozambique). This far exceeds regional averages of 30% for distance learning courses. In Cycle 3, we currently have just over 1200 in 10 countries.

Results

Key elements to programme success included relevancy of course material to real life situations, regular student support through mentors, and constructive feedback on written assignments. Excellent logistical support was provided through strong collaboration between academic institutions, country teams, and local care organizations.

Conclusion

This innovative learning and teaching model yields very high rates of student completion and skills and knowledge retention demonstrating the possibility of providing relevant accredited formal learning experiences that build capacity of community-based caregivers with new, relevant skills and knowledge. Success was attributed to use of appropriate learning materials supported by trained mentors in regular, well-organized group sessions with continuous valuable assessment.

MAINSTREAMING PSYCHOSOCIAL SUPPORT INTO EDUCATION: THE TEACHER'S DIPLOMA

Kelvin Ngoma (REPSSI), Chola Kulya (REPSSI), Elizabeth Mbewe (REPSSI), Lisa Langhaug (REPSSI)

Background

Building on the success of the Community-based Certificate, and demand from teachers to have a course specifically for them, REPSSI developed and launched the first round of the Teacher's Diploma. Funding allowed the programme to be developed holistically to include the Certificate Programme.

Programme

The Teacher's Diploma in Psychosocial Care, Support and Protection was developed using supported situated distance learning. A regional team that included educational experts from University of Zambia, MiET, and the Children's Institute wrote six modules collaboratively. Reviewers were drawn from ministries of education and teacher training colleges in four countries. A funding opportunity offered us a chance to conduct a randomized controlled trial, using a wait-listed control design in Zambia. Four hundred and ninety-four teachers are being trained initially, with a further 506 teachers to be trained in 2015. In each school zone, interested schools select a minimum of two teachers, which forms a study group across the zone comprised of 10-14 teachers. Using a standardized guide, teachers take turns facilitating the study sessions. These are supplemented by three residential sessions during school holidays. Teachers provide seven written assignments and take two exams that are marked by selected colleges of education. In Zambia,



the Teacher's Diploma has enrolled teachers from 34 zones in 11 districts across three provinces. In parallel, 4-5 community-based workers are enrolled in the Community-based Certificate in Working with Children and Youth. This provides an opportunity to build connections between teachers and the social service workforce.

The randomized control trial is collecting data from a 560 teachers (280 teachers in programme now, 280 teachers in programme later), 2100 students (700 in classes where teacher is enrolled in programme, 700 in classes in a school with the programme but with no direct exposure, and 700 from school accessing the programme later). Data from 300 caregivers was collected at baseline. Survey participants were randomly selected and provided written informed consent.

Lessons Learned

Collaboration with the ministry of education from the onset is essential for successful implementation and sustainability.

THE CRITICAL ROLE OF GOVERNMENT IN ENSURING THE SUCCESSFUL ROLLOUT OF THE MPES PROGRAMME.

*Vincent Chinyongo (Ministry of Education, Zambia), Foster Kayungwa (Ministry of Education, Zambia)
Kelvin Ngoma (REPSSI), Fikansa Chanda (REPSSI)*

Background

Care and Support for Teaching and Learning, a programme initiated through the Southern African Development Community (SADC) found a need for psychosocial support in schools. In Zambia, the Ministry of Education, Science, Vocational Training, and Early Education (MESVTEE) has a strong track record of supporting initiatives that improve psychosocial well being. MESVTEE volunteered to be a pilot country for the roll out of the Care and Support for Teaching and Learning programme and has been supportive of the use of research to inform decision making.

Programme

MESVTEE worked collaboratively with REPSSI from the onset. MESVTEE assigned a committee to examine the course materials and deemed it worthy of consideration for diploma status. Three colleges of education were selected to support the teachers learning. This was supported by the nomination of the District Resource Center Coordinators to coordinate the implementation of the project in schools at district level. District Guidance Coordinators were asked to be mentors on the Community Based Certificate for Working with Children and Youth, a course intrinsically linked to mainstreaming psychosocial support into education. Both officers are from the Ministry of Education's District Education, Board Secretariat. Six District Resource Centre Coordinators monitor the community of practice meetings held by the teachers. They also encourage the dissemination of the acquired knowledge at school level. They in turn, report to both the District Education Board Secretary, the colleges of education and REPSSI on any developments that require follow up. District Resource Centre Coordinators also organise and facilitate zonal level review meetings with school managers/head teachers. At national level, quarterly review meetings are held, chaired by the ministry of education and attended by REPSSI and the evaluation team.



Lessons Learned

MESVTEE's template for devolution from national level to district level through the DEBS' offices via the District Resource Centre Coordinators and District Guidance Coordinators promotes ownership and facilitates sustainability. Encouraging teacher teachers by head teachers in consultation with their management teams and the DEBS office allows for teachers to receive support from their superiors; support that is essential to enable them put in practice their acquired knowledge.

SITUATIONAL ANALYSIS OF SOCIAL SERVICE WORKFORCE IN KENYA

Pius Muti

Abstract not available at time of printing

Track 14: Children Living with Disability

FROM DATA TO PROGRAMMING: HOW BASELINE DATA INFORMED PROGRAMMING FOR DEAF CHILDREN AND THEIR FAMILIES

Aggrey Otieno and Philista Onyango (ANPPCAN)

Background

Following successful implementation of a rights-based programme for the deaf in four counties of Kenya, ANPPCAN was asked to expand its work to three additional counties. Prior to onset of work, ANPPCAN conducted a baseline survey to better understand the issues affecting deaf children. We report here on findings from that baseline survey.

Methods

The survey took place in three counties: Nandi, Kwale, and Nyandarua. Both quantitative and qualitative methods were used. Questionnaires were completed by parents of deaf children (n=110), deaf children in school (n=57) and out of school (n=52), teachers of deaf children (22), and parents of hearing children (n=48). Children interviewed were aged 13 to 18 years. Focus group discussions were held with the same groups listed above and teachers of hearing children. Key informant interviews were held with NGO staff who had programmes for the deaf (n=9), district officials responsible for deaf children, and community leaders (e.g. village chiefs). Overall, 377 respondents participated. Data was collected on experiences with and attitudes towards deaf children, and legislative knowledge.

Results

Study findings highlighted several key obstacles for deaf children. Firstly, there were significant communication barriers between parents and their deaf children with 86.4% of parents of deaf children indicating an inability to communicate



with their children. This was re-iterated by deaf children, almost all of whom (92.8%) reported having trouble talking to their parents. Teachers working with deaf children (86%) also noted parent-child communication difficulties. Many parents were ignorant of current laws that protect deaf children in Kenya with 41.8% of parents of deaf children and 43.8% of parents of hearing children unable to identify deaf children's rights. Traditional school was not seen as a viable alternative for 85.4% of deaf parents and 66.7% of hearing parents. Deafness was believed to have resulted from a curse with 97% of parents admitting having visited a traditional healer to try and fix their child's situation. Also prevalent was late detection with almost half (44%) of parents reporting learning of their child's deafness between 2 and 3 years. 82.6% of parents of deaf children reported giving birth at home. This is twice as high as the national average where 43% of births take place in a health facility. Deafness continues to be highly stigmatized by parents of deaf children with 63% of them reporting purposefully keeping their child away from the community. However when asked, parents were eager to form support groups.

Conclusion

These results highlight the importance of focused programming for deaf children and their families. ANPPCAN has focused on five areas to improve the psychosocial wellbeing of deaf children and their parents: i) learning Kenyan Sign Language; ii) increased knowledge around causes of deafness and available child protection services; iii) creation of social spaces for parents of deaf children; iv) linkages to social services (provision of hearing aids, bursaries, legal aid to abused deaf children); and v) economic empowerment through income generating activities.

SUPPORT GROUPS FOR PARENTS: A VEHICLE OF PSYCHOSOCIAL SUPPORT TO DEAF CHILDREN

Lilian Indombera (ANPPCAN Regional)

Statement of the Issue

In Kenya it has been identified that deaf children are faced with many challenges which range from lack of communication with their parents to stigmatization and all forms of abuse and exploitation. In a baseline study undertaken by ANPPCAN Regional, it was revealed that deep rooted cultural practices have kept many children hidden and their families are facing stigma. There is lack of information and ignorance by families of deaf children on where they can access support for their deaf children, many service providers don't understand deafness thus deaf children are left out on development matters and easily fall prey to abuse. In this context ANPPCAN Regional initiated a programme in seven counties in Kenya known as 'Rights for deaf Children and their families in Kenya Programme'.

Project Description

The programme aimed at empowering parents of deaf children to advocate for the rights of their deaf children. 12 EARCs [Education assessment research centre] coordinators and 40 trainers of trainers were trained to implement project activities at the community level with technical support from the regional office. A total of 41 active parents' support groups with 1322 families exist in the seven counties. All of them are parent led and are registered self-help groups with the Ministry of gender and social development. The following activities were undertaken: parents



supported each other psychologically by sharing life experiences on parenting deaf children, they identified issues that affect their children's education and lobbied for change, they utilized the support groups to enhance enrolment of children in schools, learnt Kenyan Sign Language to improve communication between themselves and their deaf children and finally engaged in income generating activities to improve their livelihoods thus supporting their deaf children.

These yielded positive results as communication and relationships between deaf children and their parents and siblings improved. Parents developed interest in their children's academic performance in school and have become more active participants in school activities. Parents in PSGs have been able to identify new parents who had hidden their children and persuaded them to take them to school. Thus supporting each other to fight stigma and educate other parents and community members to understand deafness. As a result of advocacy trainings in the project, Parents managed to lobby for education bursaries for their children, establishment of a secondary school for boys and 3 deaf units.

Lessons learnt

Parents become confident agents of change when equipped with knowledge and skills on deafness and the rights of their children. Networking with opinion leaders and involving government officials in trainings and other activities increases success of advocacy interventions. Economic empowerment is important thus parents started income generating activities to support their deaf children.

Conclusion

The parent support groups have been effective in enhancing psychosocial support to deaf children. Children are no longer isolated and alone, when the parents show interest in their children's lives their attitude towards life has changed to positive and they feel linked to their families and community as a whole.

AFRICAN TRADITIONS AND PSYCHOSOCIAL WELL-BEING FOR PARENTS OF CHILDREN WITH DISABILITIES

Rachel Ndebele (Zimbabwe Open University)

Study Objectives

There is little data and understanding of how disabilities are perceived in families and communities of Zimbabwe. A qualitative research study was conducted with parents of children with disabilities and elders in the Gwanda urban area in Zimbabwe to identify African traditional practices carried out on children with disabilities.

Method

A qualitative interview guide was used to elicit information from 15 parents of children with disabilities and 15 community elders. Nineteen participants were female and 11 male. The children's (<12 years) disabilities included cerebral palsy (3), mild mental retardation (4), poor vision (3) and Down's syndrome (5). The elders included a chief who resides in Gwanda, 2 African traditional healers, 2 spiritual healers and 7 women and 3 men aged >55 years.



Interviews and focus group discussions were used for data triangulation. A grounded approach was used and data were analyzed by combining related themes into categories and determining how often themes occurred.

Results

A majority of the parents and elders stated that a disability can be taken to be a curse, a punishment from God for wrong doing, or a sign of witchcraft. Participants discussed the use of traditional and spiritual means to reverse the child's disabilities. All participants concurred that people went for bone throwing and/or went to spiritual healers to find out the cause of their child's disability. The practices for children with poor vision included face scarring and removing blood from the child's temples to add herbs. Smoke from mixed concoctions or incense was used for children with cerebral palsy, Down's syndrome and mental challenges. Other methods used to 'treat' the children with disabilities included cutting the membrane below the tongue among children who were delayed talkers and cutting the knees and use of a fly as medication for children who were delayed walkers. Children with mental challenges were reportedly tied to a tree for a full day. Parents did not accept their children's disabilities and most of them went to traditional or spiritual healers due to family pressure. The respondents confirmed that some of the practices carried out on these children were psychologically or physically harmful. Some parents testified that their children improved after the use of these practices as a reversal was experienced in the disability. These parents expressed that relief was felt by the family members on discovering changes in the progress of the child's developmental milestones.

Discussion

Through the use of traditional African practices, psychosocial well-being can be achieved for the parents of children with disabilities. However, some of these practices can be abusive to the children; thus, the psychosocial well-being of the children is affected. Within the communities, these practices are not taken to be abuse and are not reported. Programming should include interventions that can help parents understand their children's disabilities and increase awareness regarding other early childhood interventions that are harmless to their children. Additional future research would be recommended as a way of verifying, expanding and generalizing these findings.

Track 15: Child Protection Programs 3

FAITH BASED ORGANIZATIONS A CORNERSTONE FOR PSYCHOSOCIAL CARE AND SUPPORT IN RURAL COMMUNITIES: KAKINGA CHILD DEVELOPMENT CENTRE EXPERIENCE, NORTH KIGEZI DIOCESE-UGANDA

Alex Mugabe (Kakinga Child Development Centre)

Issue

Like elsewhere in Uganda; poverty, HIV and AIDS have had a devastating impact on the lives of children, families and communities in North Kigezi Diocese, Rukungiri District. Realizing the overwhelming burden of OVC in the Parish and gaps



in the programming of psychosocial care and support to OVC by most organizations in the area, in 2000 the Kakinga Church of Uganda Parish initiated the Kakinga Child Developmental Centre (CDC) to address these needs.

Project

In partnership with Inter-Religious Council of Uganda (IRCU) and Compassion International, Kakinga CDC currently supports 1335 OVC and 507 households with in their local context and environment.

Specifically, we provide the following:

1. A supportive environment for OVC; This is mainly done in provision of psychosocial support by religious leaders as well as the staff. All 1335 are entitled to this support. It also includes organized games and other sessions. Other (1297) are supported with scholastic materials that include exercise books, pens, pencils and sanitary towels for girls.
2. Economic support e.g. school fees and start up kits; We provide this support to all 1335 OVC but differently. Fees and startup kits are given to those OVC on apprenticeship. School fees contribution for 231. Fees depend on the availability of donor funds.
3. Training adults; Here, caregivers are trained in income generating activities so as to enable families to meet their needs. Caregivers were encouraged to form village saving groups where they can save and borrow. Such trainings mainly focus on 507 household heads.
4. Providing OVC with apprenticeship skills; These are mainly school drop-outs who are identified and trained in one field either tailoring, Carpentry and Joinery and Brick laying and concrete practice (hands on) for one year and at the end they are given tools related to the skill acquired. In this case, 68 OVC have already received their start up tools as they completed the program.
5. Training OVCs in peer to peer counseling; Basically we identified OVC representatives and a total of 60 OVC was trained.

During implementation of programs, consideration of cultural and gender issues is important. Kakinga CDC values human dignity which has enabled programming to take into consideration this aspect. Good cultural practices have been used as an entry point to promote economic activities.

Economic strengthening and empowerment of OVC through apprenticeship skills has enhanced their capacity to cope financially. The 68 OVC supported with start-up kits are able to support themselves, their siblings and care givers.

Group formation among OVC engaged in income generation activities has enabled them to enjoy economies of large scale in terms of increased output and better bargaining power. Peer to peer counseling and support has given OVC an opportunity to openly express their realities, thoughts, fears, feelings and experiences.

We train teachers, religious leaders, parents/ care givers, in psychosocial care and support skills including counseling. We create a supportive environment for OVC by organizing games, events and outings to National Parks like Queen Elizabeth. OVC are given apprenticeship skills and trained in peer to peer counseling. Using cost sharing system, the Project tops up school fees for OVC to enhance both their retention and completion at primary, secondary and vocational levels of education. We provide holistic OVC care and support through networking and linking OVC with social support providers like Compassion International, IRCU, Joint Clinical Research Centre (JCRC), The AIDS Support Organization (TASO), National Agriculture Research Organization (NARO) and National Agricultural Advisory Services (NAADS).



With faith based organizations, support reach the intended OVC as planned and for Kakinga CDC, the leaders may change but the church will always be there unlike some organizations that open and close.

Lessons Learned: The provision of holistic care through a stable organization such as the Church was found to empower a community through attention to vulnerable households and young people.

NEONATES AND INFANT UNDER TWO YEAR OLD ORPHAN CARE –ASSESSING QUALITY OF INFANT ORPHANS CARE BY GRANDPARENTS

Alfred Chapomba, Saiti Dzuwalina Chiwapulo, Ruth Maulana (CONSOL Homes)

Problem Statement

National statistics veil the problem of below 2-year-old orphans under grandparents in terms of type, quantity and quality of care. The Plan of Action for Orphans and other Vulnerable Children does not categorize orphans by age but rather describes them as 0-18 years irrespective of differing needs between under-five and over five orphans.

Action Taken

To assess and inform on types and practices, level, quantity and quality of care for orphans aged 0-2 provided by grandparents.

Objectives:- To:

- Determine the magnitude of the problem of orphans below 2 years under grandparents in Consol Homes (CHOC) impact areas;
- Describe the type, quantity and quality of care and support services provided by the grandparents;
- Identify the external care and support services by source in the two areas;
- Describe and compare the type, quantity and quality of care provided by grandparents not covered by Consol Homes;

Method

This was a cross-sectional retrospective descriptive study.

Participants

Elderly/grandparents households raising orphans formed the study population. Elderly headed households raising orphans below the age of two (2) constituted the sampling frame. 13 and 12 households in CHOC impact areas retrospectively were sampled.

One TA outside Consol Homes' impact area in each district with their Village Headmen/women was sampled to establish reliability of data.



Data Collection Methods:

- Questionnaires were administered to grandparents to assess care practices in terms of child feeding, health seeking behaviours, competencies of grandparents, childcare practices, social, practical and economic support, and challenges faced
- Focused Group Discussions were held with the grandparents and traditional leaders to cross check the questionnaire data and explore issues in more detail.

Results:

- About 10% of Malawi's population is orphans and 33% of such are cared for by grandmothers. 10% of these are below two.
- 5% were caring for triplets under 2 years; 5% were caring for two infant orphans below 2 years.
- All households were headed by people over 60 years of age
- 36.8% of respondents reported lack of assets, suffer old age, neglect, abuse and sickness.
- 68.4% of the caregivers in the control group had no support at all from relatives and immediate communities compared with 23% in Consol Homes impact area.
- 84.2% of the care givers had functional community support groups in CHOC impact areas than 16% in the control group.

Discussion

No policy document specifically addresses orphans below 2 years old cared for by grandparents. Since the first five years of a child's life are critical in unleashing their potential in life, lack of detailed policy guidance in terms of care for such ones is a serious omission in setting out clearly what needs to be done and how. This would also have helped rally/mobilize for support and action. Therefore, there is urgent need to put in place a policy.

Employing PSS in Consol Homes impact area has helped mobilize support for community child care, as such, PSS needs to be mainstreamed, particularly where neonates and children under two who are being cared for by grandmothers. The burden of care compromises quantity and quality of care. As such, the grandparents of infant orphans may have difficulty in meeting physical, emotional, developmental and stimulation needs of such infants.

Conclusion

To achieve the Millennium Development Goals, there is need to target neonates and infants, under grandparents; grandparent-headed households that are caring for orphans even neonates and infants; Neonates/infants have rights; hence, deserve inclusion and attention too.



OPPORTUNITIES AND CHALLENGES FOR MAINSTREAMING PSYCHOSOCIAL CARE AND SUPPORT IN HEALTH PREVENTION INTERVENTIONS: EXPERIENCES FROM A BLOOD DONOR RECRUITMENT PROGRAM IN SOUTH WESTERN UGANDA.

Natukunda Peace Byamukama (Uganda Red Cross)

Issues

Worldwide, blood donation is an indispensable aspect of the health care system. In Uganda, a majority of blood donors are adolescents aged 17 to 19. Adolescence is a unique stage of life and adolescents have unique psychosocial needs. Working with adolescent blood donors provides an opportunity to address their psychosocial care and support (PSS) needs but can also be quite challenging. Blood donation teams ensure sufficient and safe units of blood at all times, as well as protect the well-being of blood donors. Uganda Blood Transfusion Services (UBTS) and Uganda Red Cross Society (URCS) staffs interact with blood donors on a regular basis. During pre- and post-donation counseling, staff can provide PSS and influence young donors' decision-making and understanding of their social environment. This can positively affect these adolescents' social, emotional and psychological well-being

Project Description

URCS/UBTS blood donation staffs were trained in interpersonal communication and donor care skills in 2012. These staffs are multidisciplinary including social workers, counselors, nursing, psychologists, social marketers, and educators. Post-donation counselors supported blood donors who were deferred temporarily (e.g., underage, poor health) or permanently (e.g., positive for HIV or Hepatitis B/C) from donating blood to deal with negative feelings associated with deferral. Reasons for deferral were explained and donors were informed when they would donate again. Blood donors deferred permanently were given an opportunity to take part in other roles like advocating for regular voluntary donation, sensitization of the public, or involvement in other health promotion activities. URCS staffs train the donors in community mobilization, sensitization for health promotion, and peer-to-peer counseling. In 2011, Club 25s were formed to encourage young adults (17 to 25 years) to donate blood and commit to adopting a healthy lifestyle to ensure being a low-risk donor. Club 25s provide peer support and focus on donors as promoters of health within their communities.

Lessons Learned

A multidisciplinary approach in health interventions provides an opportunity to meet the PSS needs of young donors and meet their diverse needs. As blood donors develop a self-identity as lifesavers and a habit of donating blood regularly, their self-esteem and sense of belonging are enhanced. This also gives the donors personal satisfaction, feelings of altruism and a sense of social responsibility. However, blood donors who are deferred temporarily or permanently often experience fear about their health, a sense of rejection, frustration and disappointment. Due to a strong relationship between URCS/ UBTS staff and blood donors, deferred donors openly express their realities, talk about their experiences, thoughts and feelings that are related to their lives and health. Blood donor clubs, Club 25s and Red Cross links in schools enhance blood donors' social fabric and build their capacity to improve their well-being and live a healthy lifestyle. These clubs enhance cohesion and feelings of inclusion among donors. Regular donors and donor club leaders are a great resource in their communities. They extend the new skills learned from URCS to peers, families, and communities and they are effective community mobilizers, educators and health promoters.





Skills Building Sessions and Special Sessions

Skills Building Sessions

Skills Building Session 1:

MONITORING AND EVALUATING OVC PROGRAMS: MEASURE EVALUATION UPDATES ON THE CHILD STATUS INDEX AND A NEW TOOLKIT FOR OVC OUTCOMES EVALUATION

Akaco Ekirapa, Senior Data Demand and Use Advisor MEASURE Evaluation/Futures Group

To achieve impact and ensure standards, OVC programs collect diverse information. OVC programs require information to identify children and households needing assistance (targeting), to prioritize and attend to the needs of a particular child (case management), to ensure programs are being implemented as planned and on schedule (monitoring), and to plan program activities and evaluate their impact on improving children's well-being. These activities require different pieces of information, collected in different ways and by different people. Information collected for one purpose is often inapplicable for another purpose.

The USAID-funded MEASURE Evaluation project is working to standardize the types of information collected and the ways in which it is collected and managed, to improve the availability of outcome-level information for decision making, and to reduce the M&E burden. As part of this work, MEASURE Evaluation has recently launched an orphans and vulnerable children (OVC) outcomes evaluation toolkit for global application, and new guidance and materials related to the Child Status Index. Please join Ms. Ekirapa to learn more about these new materials.

The OVC Outcomes Evaluation Toolkit

Investment in programs to improve the well-being of orphans and vulnerable children (OVC) and their households have been substantial, and yet there are still questions regarding "what works" in improving well-being of vulnerable children. One of the challenges to understanding impact is the lack of standardized measures and measurement tools for child and household well-being.

To address this gap, with PEPFAR, MEASURE Evaluation has recently developed quantitative child outcomes and caregiver/household outcomes measurement tools for global use. Applications of the tools will result in standardized information on child well-being, caregiver well-being and household economic status beyond what is available from routine surveys, and allow programs to compare measures of well-being across a diverse set of interventions and geographical regions. The toolkit includes:

- quantitative child outcomes and caregiver/household outcomes measurement tools designed for use in a survey of children ages 0-17 years and their adult caregivers
- a tools manual



- a protocol template
- a data analysis guide (forthcoming, expected October 2013)
- data collector training materials (forthcoming, expected late 2013)

The toolkit is available here: <http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit>

New Child Status Index (CSI) Studies and Guidance

MEASURE Evaluation has recently launched two study reports on CSI usage and clarification regarding appropriate usage of the CSI, a tool widely used among programs for children who are orphaned or made vulnerable by HIV/AIDS. The study reports and guidance document are available here: <http://www.cpc.unc.edu/measure/tools/child-health/child-status-index>

THE SENTEBALE CHILD WELLBEING TOOL: BOOKWISE

Malineo Motsephe, (Sentebale) Notli Moletsane

Between 2008 and 2009 USAID hosted a workshop in Tanzania on quality assurance for vulnerable children where Sentebale was introduced the Child Status Index (CSI). From this workshop Sentebale initiated the processes of adapting CSI and has used it with 12 grantees that provide family, and community based care and support to approximately 1,000 vulnerable children.

CSI was adapted both as a monitoring tool for the child wellbeing, and a communication tool that was used to monitor changes in knowledge, attitude, behavior and practices by both the children, service providers, and parents/guardians.. Called Bookwise, this new tool was formatted so that data could be entered electronically.

1. ACHIEVEMENTS AND STRENGTHS

- All the 12 partners were introduced and trained to use Bookwise to assess OVCs;
- Sentebale Program staff and the IT Consultant produced a Lesotho specific CSI software that included child assessment, child care plan, support modules and concept manual;
- Existing documentation and manuals serve as a vital component for future training;
- Developed a manual for Bookwise that included Sesotho;
- Flexible software development allowed for changes and updates prior to testing which went beyond data flow and data dictionary.
- All partners showed enthusiasm to Bookwise as an assessment tool;

2. CHALLENGES

- CSI "Care Plan" was not fully conceptualized or understood by stakeholders, therefore the development was delayed the first release;
- Existing architecture in BookWise limited certain features as much of it was based on a pre-determined interface;
- Partner technical/management capacity dictates how well the trainings work—if focal point does not understand the concepts or cannot use PCs properly, the project fails



3. COME ONE COME ALL and see for yourself CSI really works wonders for vulnerable children and youth

- a. It is a child centered tool assessment of needs, status and outcomes
- b. Come and see how user-friendly it is
- c. What outcomes CSI assesses
- d. What can the CSI can be used for particularly with disabled children
- e. Why is the CSI important to use

Skills Building Session 2:

IMPROVEMENT APPROACHES

Roselyn Were, Stanley Masamo, Luisa Fumo (Univesity Research Co.), Malinda Wheeler (Hope World wide Kenya, member of the Government led Quality Improvement Technical Working Group)

Background

University Research Co has provided technical assistance to government and partners to improve health care and social services in Kenya since 2009 under the Health Care Improvement project (HCI) and its follow on, the USAID Applying Science to Strengthen and Improve Systems (ASSIST).

URC has worked with the government of Kenya, Ministry of Labour, Social Security and Services through the Department of Children Services, the Quality Improvement (QI) Technical Working Group and other stakeholders to support the development, finalization and institutionalization of *Minimum Service Standards for Quality Improvement of OVC (orphans and vulnerable children) programmes in Kenya*. The Standards are designed to ensure that services rendered to children are needs based, family centred, community responsive, measurable and coordinated through government leadership. The ASSIST Project provides support to implementers and government in mainstreaming improvement at the point of care within the national child protection framework.

This workshop will promote the development of skills on improvement methods used at the community level. The workshop will be participatory and focus on the basics of quality improvement for child protection programmes. Trainers will use presentations, case studies, knowledge cafes and group discussions.

Content

- Rationale for quality improvement (QI)
The discussion will highlight different examples from across Kenya on how a QI approach ensures that programmes provide good enough services for vulnerable children within a low income country setting. Dimensions of quality (effectiveness, efficiency, equity, safety, timeliness, and client-centeredness) will be discussed.



- Mainstreaming of QI in the child protection system
A discussion on the science of improvement, including:
 1. Working with improvement teams
 2. The Model for Improvement
 3. Measurement and documentation in improvement
 4. When to scale up and spread the improvement
 Session facilitators will share case studies based on practical experience in Kenya.
- Group discussion to harvest experiences from other countries
The knowledge cafe method will be used to harvest and share knowledge on improvement interventions within child protection in different countries. Participants will build a common ground on how to support the mainstreaming of improvement work within the child protection framework.

Conclusion

Standards development sets the agenda for improvement interventions for vulnerable children’s programmes, however more critical is ensuring that an improvement lens is continuously applied to promote high-impact interventions in the protection and care of children.

Skills Building Session 3:

UNDERSTANDING STANDARDS AND GUIDELINES

Clare Feinstein, Save the Children, Africa Representative for the Child Protection Initiative

Severine Chevrel, Better Care Network, Senior Coordinator

Diana Chamrad, Sr Technical Advisor, University Research Co

Gina Siteo, OVC and HIV Coordinator, Save the Children/Mozambique

Manasa Dzirikure, Regional Program Advisor for Vulnerable Children and Youth, SADC

Standards are such an integral part of our daily lives that the average person gives little or no thought to everyday products and services and how they work. But imagine our frustration if our computer adapter didn’t fit into the wall, or if there were no common sizes for clothing, or if airplanes couldn’t move from one country to another because airports used incompatible equipment.

This session will include a basic introduction to standards and guidelines as they are used in our world of children and families. Four organizations will discuss how they have approached standards development and implementation, and why they are important to you or your organization. We will also engage participants to grapple with issues of sustainability of standards and guidelines. The Better Care Network and Save the Children will discuss the new inter-agency resource, *Moving Forward: Implementing the ‘Guidelines for the Alternative Care of Children’* which was



launched at the Human Rights Council in Geneva March 2013. The Handbook is a practical tool to help policy makers create national legislation and policies which reflect the provisions included in the Guidelines for the Alternative Care of Children. It provides key information on the approach taken and the main issues raised by the Guidelines. It links to policy and 'promising practice' examples, and provides signposts to useful additional resources.

Save the Children will present *The Essential Package (EP)*, a comprehensive set of tools and guides to address the unique needs and competencies of young children. The EP provides a framework for action that service delivery providers can use to ensure that vulnerable young children receive age and developmentally appropriate support that enables them to reach their full potential. Package materials have been developed for use at the household level and the framework emphasizes looking across the different areas of child development (physical, cognitive or learning, communication or language social/emotional) at different ages and stages while addressing key issues at the child care center, community and national policy levels.

University Research Co. will discuss their work through the Health Care Improvement (HCI) project in ten countries on the piloting and implementation of *Minimum Service Standards* at the point of service delivery, the community. HCI has used a quality improvement lens in the standards approach which includes: ministry-led multidisciplinary QI teams at the national and local levels; children are included as active participants in the standards process; QI teams seek to understand and improve the multilayered systems and processes involved in providing services to children; QI teams share lessons learned across different regions within and between countries.

SADC will discuss progress of the *Minimum Package of Services for Orphans and Other Vulnerable Children and Youth* which established common standards and guidelines for improving the delivery of basic services for orphans and other vulnerable children and youth in the SADC region. The Minimum Package identifies the basic needs of children and youth and the services they require as well as complementing services needed to deliver basic services. It also identifies the primary and secondary sectors and actors that can respond and how their services can be delivered in a coordinated, collaborative, holistic and comprehensive manner. Having a minimum set of standards allows for a comparative monitoring of progress across the region.

Skills Building Session 4:

KNOWLEDGE MANAGEMENT

Katherine Fatta (University Research Co), Esther Kahinga

Knowledge management (KM) is about people working together to share what they know and in doing so, achieve results that are far beyond what anyone can accomplish alone as our collective knowledge produces better solutions to difficult, complex problems than does individual expertise.



Knowledge management applications in commercial sectors have shown that: 1) different strategies of knowledge transfer are appropriate for different types of knowledge, and 2) knowledge sharing strategies can be broadly characterized in two groups: *Collect* and *Connect*. *Collect* is the more familiar way to package and share expert knowledge and takes the form of articles, guidelines, reports, case studies, checklists, etc. *Connect* emerged with the new interest in implementation science to promote the uptake of research findings or evidence into routine practice. Implementation knowledge resides in the heads of implementers and requires the give and take of conversations to share. To transfer knowledge learned from experience, we need to create spaces for conversation to occur—where peers and practitioner can interact in a climate of mutual trust.

By the end of this two-hour session, participants will understand key concepts underlying KM, and will have practiced two KM techniques they can use in their own work.

KM Concepts:

- People know more than they can say and say more than they can write down.
- Collecting is not enough; connecting is what it's all about.
- Small to large.
- It takes planning to enable the creation of new knowledge—it doesn't always happen spontaneously.
- You don't know what people don't know unless you ask.

KM Techniques:

Storytelling is a way to share knowledge that incorporates context, emotion and tacit knowledge. The story conveys much more than a series of steps or events. It can contain the rationale, the strategy and the cultural values implicit within the actions taken by the story teller and put messages in a context that learners can better understand through key details.

“Speed consulting” by Nancy Dixon. www.commonknowledge.org. At round tables, one person is the issue or question “owner.” Everybody else at the table plays the role of a high-priced expert consultant. The consultants have a tremendous amount to offer collectively – from their experience and knowledge – but that they need to do it very quickly because they are paid by the minute! They have 15 minutes with their client before. The issue owner records the ideas. The time pressure is designed to prevent any one person monopolising the time with detailed explanation of a particular technique. Instead, they should refer the issue owner to somewhere (or someone) where they can get further information. Short inputs make it easier for less confident contributors to participate.



Skills Building Session 5:

BETTER PARENTING

Lucy Steinitz (Pact – Ethiopia, Yekokeb Berhan project), Ashenafi Tesfaye

Participants will be taught how to use the Better Parenting visual aid that was developed by Ethiopia's "Yekokeb Berhan Program for Highly Vulnerable Children." The Better Parenting visual aid is intended for volunteers, caregivers and anybody else who works closely with children and their families. It has five basic parts: (A) Understanding Parenting (parenting responsibility, social rules and parenting, and parenting styles); (B) Understanding Children (children's personalities); (C) Learning Parenting Skills #1: Communication and Setting Limits; (D) Learning Parenting Skills #2: Discipline and Supervision; and (E) Being a Good Example to Children. The visual aid contains 14 sub-topics and can be used in small group settings or within a household. All participants will receive a CD copy of the Visual Aid (English version).

Skills Building Session 6:

IMPROVED ACCESS TO COMPREHENSIVE SEXUALITY INFORMATION AND EDUCATION FOR CHILDREN IN SUB-SAHARAN AFRICA

Natasha Parkins-Maliko (PAN African Sexuality Project)

Issues

In Africa, the majority of HIV transmission occurs through sexual activity. Children and young people remain disproportionately represented in new HIV infections, with 890000 new infections reported in 2009 amongst young people. Recent reports indicate that the number of children newly infected with HIV in sub-Saharan Africa decreased by 24% between 2009 and 2011 (UNAIDS, 2012). Despite this, lack of Sexual Reproductive Health Rights (SRHR) initiatives focused on children and young people put them at greater risk of making ill informed decisions. Responding to this hiatus, Save the Children is embarking on a project to increase children's knowledge regarding sexuality to assist them with informed decision making and opinion forming regarding their sexuality.

Description

The overall aim of the 3 year project is to reach 340 000 children under 18 years who have improved knowledge of SRH and safer sexual practices, in 12 countries across 3 African regions. The objectives are: 1) improving the capacity of partner organisations providing comprehensive sexuality education and information (CSE/I) for children, and 2) advocating for children's early access to CSE/I. The expected outputs are training of 105 trainers, 12 master trainers



and 12 mentors; continued mentoring and learner support for trainers; improved coordination between faith-based bodies, civil society and governments; SRHR education component of Southern Africa Development Community (SADC) Orphans and Vulnerable Children and Youth (OV CY) minimum package of services rolled out to 4 countries; production and distribution of training materials, monitoring and evaluation (M&E) tools; prioritisation of children's early access to CSE/I and SRHR by Economic Community of West African States (ECOWAS).

Lessons learned

Comprehensive sexuality education and information provides a platform for children and adults in dialogue that challenge and change harmful perceptions regarding sexuality and gender roles and provides accurate information on SRH and services. The engagement of adults is imperative due to their presence and influence as parents, professionals (including service providers) as well as custodians of the "mores of society". It is essential to address children directly to ensure they receive consistent and accurate information from various sources. The earlier children are reached with messaging which is age appropriate and complements their maturity and sexual experience, the more likely it is that they are able to make informed choices regarding sexuality and sexual practice. Qualitative and quantitative data sourced from training interventions with child participants indicate that the information shared with them regarding their sexuality have influenced their thoughts and has directly shaped their decision making processes in taking informed decisions. Further data analysis indicates the prioritising of sexuality education at school level aimed at the appropriate age levels.

Next steps

To analyse, interpret and implement the preliminary data sourced from the completed trainings to inform the remainder of the programme. In 2015, to assess change in communities exposed to programme interventions since inception of the programme and utilise evidence to inform further evidenced based programming in this field. A country level network was established supporting country level advocacy strategies which anticipate formation of a regional level advocacy strategy.

Skills Building Session 7:

GUIDELINES FOR OLDER CARERS

Ken Mambo (Helpage, Kenya), Douglas Lackey

A growing number of older people are caring for orphans and vulnerable children and family members living with HIV, but they are often overlooked by development programmes. Research by UNICEF and HelpAge indicate that at least 40-60 per cent of children orphaned by AIDS are being cared for by an older carer, mainly older women. Many older people expect their caring duties to ease off in later life but around the world, millions of older people are finding themselves caring for and looking after their grandchildren. For many, this is a great privilege but also



a huge responsibility that comes at a time when they are grieving for the loss of their own children. Another study commissioned by REPSSI and carried out by HelpAge indicates that the relationship between children and older carers is significantly reciprocal – children look after their grandparents as much as the grandparents look after them, both sharing practical and emotional support roles. However, there is also evidence of a generation gap in that much of their teaching is admonitory and does not quite meet the longing that grandchildren have for open communication about relationships.

As part of the response to this psychosocial stress HelpAge International in collaboration with REPSSI produced both programming and policy guidelines on Psychosocial Care and Support for Older Carers of Orphaned and Vulnerable children affected by HIV and AIDS. HelpAge International and REPSSI will conduct a skills building workshop during the Regional PSS support forum 2013 to create awareness on the issues and bring about skills in implementing the guidelines.

The session will have a brief presentation including a short video clip on the silent issues and challenges that continue to overpower older persons which will lead into discussions and enable participants to learn and understand the principles of ensuring that the psychosocial care and support needs of older carers is addressed, identify the strategic focus areas and how to mainstreaming the same in various development programmes. The session will offer much needed knowledge and information in psychosocial support to older carers conclude by forming a regional technical network to spearhead the implementation the Psychosocial programming and policy guidelines. Remember, the care that the OVC receive is proportionate to the psychosocial well being of those that care for them.

Skills Building Session 8:

MAINSTREAMING PSYCHO-SOCIAL SUPPORT USING APPROPRIATE TOOLS IN CHILD PROTECTION: A CASE OF NAIROBI CHILD PROTECTION TEAM

Cornel Ogutu (ANPPCAN, Kenya), Wambui Njuguna

In 2008, ANPPCAN carried out a study on child protection systems in Kenya. The study revealed that child protection referrals in Nairobi were done informally, without adequate records and documentation, leading to possibilities of frustrations and further psychological trauma for the affected children. It confirmed once more that response to child abuse cases continued to be handled in an ad-hoc manner.

ANPPCAN initiated a project to improve systems of response to cases of child abuse and neglect in Nairobi. The project sought to enhance the capacity of children service providers to provide psycho-social support to children who require such services in settings such as schools, child rights clubs, child protection centres and units, hospitals, and civil society organizations.



In 2009 ANPPCAN established and coordinates a referral network to strengthen the referral system in Nairobi called the Nairobi Child Protection Team (NCPT) which is comprised of 32 organizations drawn from state and non- state actors who bear the burden of child protection and directly/indirectly provide psychosocial, legal aid and justice and medical services. The NCPT was created with the ultimate goal of strengthening the response system to cases of child abuse and neglect. This network was created as part of on-going efforts to improve psychosocial services provided to children through networking and referrals. NCPT members meet bimonthly to share information on reported cases, identify different forms of interventions to cases of child abuse and neglect, discuss mutual challenges and share resources.

ANPPCAN will share the multi-sectoral model of strengthening child protection referral system. The skills building workshop will seek to give in-depth information on how to work systemically to provide holistic services to children. The psychosocial tools that will be presented in this skills building workshop are the referral tools and harmonized forms that are used by organizations who bear the burden of child protection. Most importantly, we shall discuss the rationale of constituting a multi sectoral-child protection team offering a wide range of services, who they are and what services they offer, when the process started, how it has generated and formed sector working groups to effectively provide psychosocial services i.e. counseling, legal and medical services. We shall share how we engaged in a process of conducting a needs assessment to identify the training needs and priorities of the agencies providing psychosocial support that led to a series of training on referral system and psychosocial support. We shall also share how we developed child protection referral guidelines currently being used by the team. Challenges and how we have overcome them will also be shared with the audience so that those willing to follow the same model could avoid the pitfalls and adopt good practices.

The skills building workshop will really be engaging for the audience. We will begin with an oral presentation and follow this with participatory activities.

Special Sessions

Special Session 1:

JOINT STATEMENT ON CHILD PROTECTION

Noreen Huni (REPSSI), James Kaboggoza (Uganda), Ahmed Hussein (Kenya)

UNICEF through the Child Protection Working Group, has collaborated with a number of key partners to develop the Joint Inter-Agency Statement on Strengthening Child Protection Systems in sub-Saharan Africa. This call to action will be submitted in December to governments attending the meeting of the African Union. This session offers the opportunity for a round table discussion. A summary of the statement will be provided and then government officials active in child protection will reflect on the statement and how it can be applied in their country.



Special Session 2:

DEVELOPMENT OF NATIONAL GUIDELINES FOR PSYCHOSOCIAL SUPPORT OF VULNERABLE CHILDREN

Stanley Masamo (University Research Co., Kenya), Ndwiga Peterson (Department of Children Services, OVC Secretariat, Kenya), Lynette Mudekunya (REPSSI)

The Ministry of Labour, Social Security and Services (MLSS&S) in Kenya seeks to develop National Psychosocial Support (PSS) Guidelines for Vulnerable Children. The Department of Children Services (DCS) will coordinate this activity through the Quality Improvement Technical Working Group (TWG), that reports to the National Steering Committee for OVC. USAID ASSIST and REPSSI are technical partners with government in the development of the national PSS guidelines.

A situational analysis on psychosocial support service delivery in Kenya was conducted. The situational analysis identified the following gaps:

- Kenya does not have a framework for psychosocial support service provision hence every implementer provides services in a way they understand it best. Those using the REPSSI framework provided coordinated PSS.
- Lack of a standardized definition and operationalization of psychosocial support services. This includes lack of a standardized manual or curriculum for home visits and guidelines for implementation or use of various agreed tools for the provision of psychosocial support services
- Lack of a standardized curriculum to train caregivers on how to provide psychosocial support to vulnerable children at family level. This is coupled with lack of opportunities for parents to be equipped with parenting skills and sessions for parents to be sensitized on available support opportunities for them and the children
- Lack of appropriate and deliberate programmes to provide psychosocial support services to adolescent vulnerable children
- Lack of a strengthened community system for the provision of psychosocial support to vulnerable children at community level
- Systematic capacity building of PSS providers is lacking
- Lack of emphasis on adolescent psychosocial support including psychosocial support for adolescent children who are HIV/AIDS positive
- There is a lack of a deliberate plan to provide psychosocial support to care of carers particularly children in child headed households, elderly grandparents' households and those living and supporting their ailing parents.
- There is lack of training for the elderly caregivers and teachers on the psychosocial support for vulnerable children

The PSS Guidelines once developed will respond to the gaps identified and define a framework for building a national system for psycho social support for vulnerable children, their families, communities and government.



Special Session 3:

PARTNERSHIPS ON COMMUNITY CHILD PROTECTION

James Kaboggoza (Min. of Gender, Labour, and Social Development, Uganda), Jeanne Ndyetabura (Tanzania), Peter Masessa (REPSSI, Tanzania), Cornel Ogutu (ANPPCAN, Kenya)

The Regional Psychosocial Support Initiative (REPSSI), the African Network for Prevention and Protection against Child Abuse and Neglect (ANPPCAN), and the USAID Health Care Improvement Project (HCI) are working together to support existing national groups and district and community networks to improve the effectiveness and reach of child protection systems in four countries, Kenya, Swaziland, Tanzania and Uganda, through the development of an action-oriented, bottom-up community of learning on child and family protection systems that cuts across multiple levels of the system in the four countries.

Join participants from the three organizations and government officials from Kenya, Tanzania and Uganda to discuss a synthesis report of evidence gathered on informal community based child protection as it intersects with the formal national child protection systems in the four countries.

Countries are at different levels of strengthening child protection systems with the main activities being training for both formal and informal actors and legal, legislative reviews as well as support to helplines. Amidst these activities and initiatives, some challenges are encountered including absence of clear policies and strategies, negative community attitudes to child protection, a weak human resources base, limited synergies and coordination between national and community child protection, as well as limited financial resources. A critical question can be raised if it is a problem of resources or prioritisation.

Based on the analysis, several recommendations are made:

- Community based child protection systems need to be strengthened in tandem with the national systems not as add-ons or alternatives
- The necessary frameworks for linking these systems need to be put in place, strengthened and operationalized
- The interaction of community and national child protection systems needs to be both ways – upwards and downwards as neither is superior to the other
- There is need to define and document human resource gaps for community child protection systems. The definition will enable better and more concerted efforts for strengthening the human resource base
- Both formal and informal community based child protection systems should be supported in capacities through mutual interaction
- There is need for gradual and tactful engaging with cultural ambassadors (elders and others) in the process of change management particularly for harmful practices
- In order to engage persistent cultural beliefs and practices, participatory research and engagements are necessary involving both formal and informal actors



Special Session 4:

ROUND TABLE DISCUSSION; LISTEN, LEARN, AND SHARE

Join with others with like-minded interests and have a conversation.

We will set up the room to host small group discussions with those who share a passion on the topics below. These groups will be self-guided (no one leads the groups), with the hope that everyone who has a question or wants to provide input is given the opportunity to share.

Topics will include:

1. PSS Standards and Guidelines
2. PSS indicators, data collection and analysis issues
3. Improving Child Protection and Support
4. Offering Better Parenting skills and other Support to Caregivers
5. Working with Especially Vulnerable Children (including but not limited to Child Trafficking)
6. Integrating PSS with Household Economic Strengthening, Education and other services
7. Responding to Humanitarian Emergencies
8. Focus on Children Living with HIV/ Managing issues of Disclosure
9. Providing PSS to Children Living with Disabilities
10. Open forum (whatever is on your mind!)



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