

Children at the Centre

A guide to supporting community groups
caring for vulnerable children



Save the Children

Save the Children fights for children in the UK and around the world who suffer from poverty, disease, injustice and violence. We work with them to find lifelong answers to the problems they face.

Save the Children UK is a member of the International Save the Children Alliance, the world's leading independent children's rights organisation, with members in 28 countries and operational programmes in more than 100.

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Contents

Acknowledgements	v
Definitions	vi
Abbreviations	viii
Introduction	1
1 Protecting children in the community	3
What do children need?	3
Different children, different needs	4
Who is responsible for protecting children?	5
Communities can deliver for children	9
2 Involving children as active partners	10
Tips for involving children	11
3 Supporting community groups	14
Prepare your own organisation to mobilise communities for children	15
Find out about national and local initiatives	18
Decide whether to work with existing groups or set up new groups	19
Select group members	20
Assist community groups to develop a code of conduct and child protection policy	22
Train communities to support children	23
Plan for action	23
Monitor progress and report activities	32
Provide ongoing support	34

4 Approaches in action	38
Identifying and registering vulnerable children	38
Helping children directly	41
Providing material support	41
Supporting the delivery of emotional, psychosocial and spiritual support	43
Supporting links with local service providers	46
Supporting effective child protection and reporting abuse	51
Supporting groups to help caregivers	54
5 Useful resources	55
Training manuals	55
Policy documents and programme descriptions	57
Networking	58
Notes	59

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Definitions

Caregiver: A person with whom the child lives who provides daily care to the child, and who acts as the child's 'parent' whether they are biological parents or not. A caregiver can be the mother or father, or another family member such as a grandparent or older sibling. It includes informal arrangements in which the caregiver does not have legal responsibility.

Child: All boys and girls aged under 18 years of age, as recognised in the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.

Child protection: Activities that aim to protect children from harm caused by exploitation, neglect and abuse. Harm includes impacts on a child's physical or emotional development, his or her health, family and social relationships, self-esteem or educational opportunities.

Children's rights: A set of universal entitlements for every child and young person below the age of 18 enshrined in the United Nations Convention on the Rights of the Child. These entitlements apply to children of every background and encompass what they need to survive and to have opportunities to lead stable, rewarding lives. They fall into four categories: the right to survive, be safe, belong and develop. All rights are considered to be equal in importance and to reinforce each other.

Community group: In this guide, an informal grouping of people at community level who join together to provide care and protection for vulnerable children. Such groups may be formed by members of other groups formed for other purposes, such as women's church groups, credit or burial societies. In this guide, this is the core group that the supporting organisation is supporting.

Community-based organisation (CBO): A local membership organisation that relies almost exclusively on volunteers from within the community and usually receives little external funding.

Faith-based organisation (FBO): An organisation formed by people with a common religious belief. This includes community-based groups that meet regularly, as well as more formal organisations that are CBOs or non-governmental organisations with a religious basis to their work, or a co-ordinating body of a particular religious group, eg, a district Muslim council or a diocesan co-ordinating body.

Family: A group of people affiliated by birth, marriage (including common law marriage) or adoption. Extended family includes all those who are affiliated together.

Government services: All basic services that are provided by the state including health, education, justice, social welfare, police, agriculture, water and other services.

Orphan: A child whose mother or father, or both, have died. In many languages, the direct translation for 'orphan' is an insulting term because any child that is being cared for by someone is not seen to be an orphan. In some contexts, the local term for 'orphan' may refer to a child living in an irregular or unsatisfactory situation, for example on the streets. It is important to use this phrase taking the local context and understanding into account.

OVC: Orphans and other vulnerable children. This is a widely accepted acronym that was introduced as numbers of orphans increased because of the impact of HIV. However, this term is avoided in this guide because, firstly, it implies that all HIV- and

AIDS-affected children are 'vulnerable'; second, it can isolate HIV- and AIDS-affected children from other vulnerable children in the community; and third, it ignores other vulnerable children. This guide uses the abbreviation 'OVC' only when referring to funding or programming strategies. When talking about the children themselves, terms such as 'vulnerable children', 'children affected by HIV and AIDS', or 'children associated with fighting forces' are preferred.

Supporting organisation: In this guide, supporting organisation is a body such as a local or international non-governmental organisation, religious or private organisation, district government department or committee that is supporting the creation or

functioning of 'community groups'. Also known as 'intermediary organisation' or 'facilitating organisation'.

Vulnerable child: Any child whose rights to care and protection are being violated or who is at risk of those rights being violated. This includes children who are poor, abused, neglected or lacking access to basic services, ill or living with disabilities, as well as children whose parents are ill, who are affected by fighting forces or who are in conflict with the law. It is important that children and communities determine their own criteria for what makes a child 'vulnerable' in their own community.

Abbreviations

AIDS	Acquired immune deficiency syndrome
CBCPN	Community-based child protection network
CCF	Child care forum
CBO	Community-based organisation
FBO	Faith-based organisation
FOCUS	Families Orphans and Children Under Stress
HIV	Human immuno-deficiency virus
NGO	Non-governmental organisation
OVC	Orphans and other vulnerable children
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child

Introduction

There are a rapidly growing number of vulnerable children across Africa facing multiple violations of their rights. They suffer hunger, ill health, violence, neglect, loss of access to education and opportunities for play, and have little chance of a successful and happy future. An estimated 12 million children have lost one or both parents to AIDS, countless millions more children are living in households with sick parents and are helping to care for them. Millions more African children are affected by conflict, famine and poverty. The total number of orphaned children in sub-Saharan Africa was 48.3 million at the end of 2005.¹ Although anti-retroviral treatment offers hope that fewer HIV-positive people will become sick in the future, there are countless children whose lives have already been disrupted.

Governments bear a responsibility to care for these children, but too often they do not. For centuries, communities in Africa have helped neighbours in crisis. But the huge numbers of children in need mean that neighbourly support is no longer enough. As a response, community members are getting together to assist children and their families within their communities. Community initiatives can provide various kinds of assistance including parenting, protection, psychosocial and spiritual support, and material assistance.

However, these community groups require assistance to most effectively care for children. They need support to deliver the best responses, reaching the most vulnerable children over the long term. *Children at the Centre* is primarily written for those working in agencies (supporting organisations) that are currently supporting, or wishing to support, the establishment of community groups to support

vulnerable children. In this guide, 'community groups' refers to collectives of community members who are caring for vulnerable children.

Save the Children, like many other organisations working with vulnerable children, promotes community-based responses for vulnerable children as the first resort. There are a growing number of excellent resources that provide clear guidance on community mobilisation for supporting organisations.² However, these resources do not focus on the principles that are essential to working with children, which are:

- **Child participation:** Many programmes providing care for children see them as 'victims' or passive beneficiaries who need help (ie, who are literally 'helpless'). They rarely ask children themselves what they wish. Engaging children improves the quality of the response because children are able to express their wishes and views. This often brings in perspectives and creative solutions to problems that adults on their own would not have thought about.
- **Child protection:** One of the most important roles of a community group is to ensure that all children with whom they are in contact are safe within the interventions being implemented, and that these interventions remove the children from harm. Harm includes many forms of abuse and exploitation: physical abuse, sexual abuse, neglect and exploitation such as harmful work.
- **Comprehensive services:** Children, families and communities alone cannot meet all children's rights. Basic services such as health, education, shelter, livelihoods and economic opportunities are essential for children to grow into healthy adults. All work in communities requires the support of, and links with, these basic services.

- **Long-term commitment:** The United Nations Convention on the Rights of the Child (UNCRC) defines children as those under 18 years of age. Furthermore, as a result of the continuing impact of HIV, ongoing conflicts and other factors, there will likely be a large, and growing, number of children requiring support for years to come. As such, any commitment to supporting vulnerable children requires a 15–20-year commitment. This means developing responses that are sustainable over the long term.

This guide is primarily written for those within supporting organisations already working with, or wishing to promote the establishment of, community groups to care for and protect vulnerable children. It highlights the role of supporting organisations in assisting communities to take action with children. Together, they can be empowered to demand services in the best interests of each child and ensure that the appropriate groups, including government, provide these services.

This guide is not a ‘how to’ manual. Rather, it draws together experiences from children, from community group members (both adults and children) and from staff of supporting organisations. These experiences and reflections will provide suggestions that can be adapted to different contexts to deliver quality and long-term care for children. The text is interspersed with specific examples of community groups working in different countries.

The guide identifies key actions that a supporting organisation should consider to enable community groups to:

- work with children as partners – listen to girls and boys of all ages and find out their needs and hopes, understand the challenges they face, and identify and prioritise strategies to address these challenges
- ensure that all group activities protect children from harm
- be transparent and accountable to children, and other members of the community
- make realistic and manageable plans that will benefit children
- make the best use of resources that already exist within the group and the local community, and successfully access additional resources when necessary
- see what they are achieving for children and what is not working well, and discuss how to improve the work
- advocate for changes within the community and with others at local and higher level so that children’s rights are realised.

This guide is divided into five chapters:

- Chapter 1 Protecting children in the community
- Chapter 2 Involving children as active partners
- Chapter 3 Supporting community groups
- Chapter 4 Approaches in action
- Chapter 5 Useful resources

Children at the Centre is part of the First Resort series, This series focuses on the needs and rights of children who, for a wide variety of reasons, are lacking adequate parental care. In many cases, they will already have become separated and may be living outside their families, eg, in institutions, with relatives or on the street. These children are of particular concern to governments and to the international community because they are deprived of the protection normally provided by parents.

Children at the Centre provides practical examples in community-based child protection, with particular attention to child participation.

I Protecting children in the community

The rights of many children are violated every day. These children range from children with disabilities, child domestic workers and other child labourers, child migrants and trafficked children, children affected by family violence, mothers and wives who are children themselves, children associated with fighting forces, children in conflict with the law, and children affected by HIV and AIDS.

Children need to be protected from violence, exploitation, abuse and neglect. They also need to be enabled to meet their survival and development needs. How communities can best protect children will vary based on children's age and gender. Children need relationships with caregivers and peers, and a sense of participation in their communities. It is also essential that the community interventions be delivered in an environment where broader human rights are upheld. The meeting of children's physical needs is only one aspect of child development; the emotional needs of children are as significant to positive child development.³

The United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child both state that children have a right to be listened to, to freely express their views on all matters that affect them, and to be supported to participate in a way that is appropriate for their age.

What do children need?

This guide looks at the steps that a supporting organisation can take to support community groups to provide this care and support to boys and girls of different ages and needs. First it is essential to understand what children need.

Below are some of the key factors that would ensure that children receive care and protection in their community. How this care and protection is provided will vary considerably. Practical examples of how this support is provided are given in Chapter 4.

Key factors to ensure that children receive care and protection in their community include:

- Support and care given to each child should take his or her best interests into account. This means making sure that the boy's or girl's wishes and feelings are taken into account.
- All children should be removed from harm and protected from abuse. Abuse includes physical, mental or sexual abuse. It also includes neglect.
- All children should stay within their own family and with their brothers and sisters, wherever this is possible. Activities should assist families with the resources that they need to keep the family unit together. Where children have to leave the family home, they should, as far as possible, stay with someone of their choice and live within a family-based environment.
- All children should, wherever possible, be given the security of a sense of permanence that as far as possible is predictable. This includes issues such as the child's sense of personal and family identity, arrangements for initiation (where relevant), marriage and inheritance.
- Both boys and girls should have access to universal services; these services should include education (formal and non-formal, with no stigma or discrimination, eg, in respect of gender, children with disabilities, those from HIV-affected families or from minority ethnic groups); health, including primary healthcare, HIV care, sexual and reproductive health programmes; the provision of safe drinking water and sanitation; early childhood development for preschool children; and support for the material needs of the family.

- Children should have access to psychosocial interventions where they can gain support through social activities and normal life, inputs that build their confidence and resilience, and enable boys and girls of all ages to express their views and concerns within a trusted environment.
- Support should be provided for parents or other caregivers who have difficulty providing their children with adequate care, protection and control.
- Resources targeting children with disabilities and their families should be available. These may include providing special education and/or advocating for integrated education, day care, support groups for parents, advice and counselling, community-based rehabilitation and respite care.
- Advocacy and legal support should be available. This might include help in obtaining birth certificates, securing land and inheritance rights, facilitating school enrolment, or obtaining access to specific resources.

Different children, different needs

Gender is a significant factor in children's lives. Girls and boys have different experiences and different needs. However, programmes often define their responses for 'children' without thinking about the different realities for girls and boys. Both girls and boys are vulnerable to sexual abuse and exploitation but their experiences may be different and the responses of adults may be different.

In other cases, factors affecting boys' and girls' vulnerability might be quite different. Girls are often carers, for both sick adults and dependent siblings, and generally assume most of the domestic work. Many programmes will therefore focus specifically

on the issues that affect girls. Conversely, boys will suffer different impacts. Boys may be more vulnerable to physical violence and come into conflict with the law, but often may be dismissed as 'delinquent'.

It is essential to look at how gender affects children. Gender differences can be seen in patterns of HIV infection, school attendance, domestic and family responsibilities, inheritance, future economic prospects and behaviour.

In addition, the gender of parents and caregivers affects the protection and well-being of a child. Mothers, for example, are more likely than fathers to care for children when their spouse dies. The environments in which children live are also affected by the gender of their carers. Many households are female headed – by a mother, aunt, stepmother, foster mother, sister or grandmother – and these tend to be poorer than other households.

In providing an appropriate response to all children, it is essential to think about how gender affects the way children behave, their vulnerabilities and their coping responses, as well as the gendered impact of the person who cares for them.

Other issues will also affect children. Disability, ethnicity and HIV infection are all common reasons for some children to be discriminated against and marginalised.

Girls and boys of different ages have different needs and different ways of expressing these needs. The age and developmental level (physical, intellectual, emotional and psychosocial) of a child will influence how that child reacts to a situation. For example, the effects of the illness or death of a caregiver will be different for infants under two years, for young

In **west Africa**, both girls and boys complain of sexual abuse by teachers. Girls complain about being abused and being unable to attend school without being coerced into sex. Boys, on the other hand, acknowledge the abuse but feel that 'at least girls can pass their exams by having sex', whereas boys may have to pay cash to a corrupt teacher.

children, for children in the middle childhood years and for adolescents. The age and developmental stage of that child also determines the kinds of support and protection he or she needs.

Many interventions to support children focus on children aged seven to 15 – those that should be at school. Many older teenagers carry a huge burden of responsibility and are ‘adults before their time’. Younger children may have their food or other basic needs catered for in a project, but it is less common for any emotional needs to be met.

The table on pages 6–7 gives some examples of the types of risks and possible responses for boys and girls

of different ages.⁴ The training exercise, ‘Good maize, bad maize’ (see page 25), is a tool that can be used with community members to identify locally appropriate age-specific risks and responses.

Who is responsible for protecting children?

Many actors have a responsibility to enable children to have happy, healthy and safe childhoods. The table on page 8 shows the responsibilities that each actor has to protect and provide for children, and the challenges that may affect the fulfilment of those responsibilities.

A review of community initiatives in **Malawi** and **Zambia** showed that mobilising community action to assist especially vulnerable children is a worthwhile and sustainable approach over the long term. Thirty-four committees were interviewed and many of these had undertaken continuous work for ten years or more. Lessons learned include the following.

- A participatory mobilisation process led to genuine ownership of the initiatives. Ownership, in turn, generated high levels of wide community participation.
- This sense of ownership was the basis of community-led action. Participatory processes enabled communities to analyse the impacts that HIV and AIDS were having on them. This generated a sense of urgency among community members to respond. Community members felt it was their responsibility to act, using whatever resources they had. Sharing the results of the community analysis stimulated a sense of ownership and action beyond community group members to the wider community.
- This ownership meant that committees could sustain their activities long term.
- Communities who owned the decision-making and action process were most likely to ensure that vulnerable children benefited from the support they mobilised internally or accessed externally.⁵
- Groups have been resilient and have stayed active and together for a long time because the capacity building approach emphasized the importance of helping the groups to access external resources from a variety of different sources. The village groups are linked to local and district structures rather than being dependent on the original facilitating group, Save the Children US.

According to a 2006 government report in **Mozambique** on the situation of orphans and vulnerable children in the context of HIV and AIDS, community action groups are common. In surveys of families conducted in 2005, one-quarter of those interviewed were involved in or were benefiting from the activities of these groups. Respondents noted that these structures are usually under-resourced and active only part of the time, generally when they receive support from community-based organisations and non-governmental organisations (NGOs). The Ministry for Women and Social Action (MMAS) reported that community action groups are strongest when linked with a larger NGO helping to strengthen them and providing programme support.⁶

Child development needs and responses by age

Age of the child	Developmental stage	Risks that a vulnerable child might face	Possible signs that a child is vulnerable	Possible support required
0–2 years (infants)	<p>The most rapid period of physical and intellectual growth</p> <p>Infants learn all their key physical and intellectual skills – walking, talking</p> <p>Relies on the family, especially one main caregiver for love and security</p> <p>From 1–3, toddlers begin to explore surroundings and widen relationships beyond the primary caregiver</p>	<p>Illness and death from disease or malnutrition</p> <p>Reduced learning ability</p> <p>Lack of attention and stimulation from adults or older children</p> <p>Less likely than older 'productive' children to be supported if a parent is sick or dies</p>	<p>Removed from the community into an institution such as an orphanage</p> <p>Stunting</p> <p>Lack of attachment</p> <p>Lack of curiosity and interest</p> <p>Emotional withdrawal or instability</p> <p>Fearfulness</p>	<p>Referral to child survival interventions (infant and young child feeding, healthcare, immunisation and growth monitoring, including safe infant feeding if mother is HIV positive or child is orphan)</p> <p>Ensure consistent and loving caregiving (even before age 2, children are sensitive to feelings of loss and stress in others and need reassurance through home visits to an elderly or sick caregiver, or identifying a suitable substitute family)</p> <p>Early identification of young children at risk of orphaning: succession planning prior to the death of a parent (especially the mother); keeping children with their siblings</p> <p>Birth registration</p>
3–5 or 7 years (early childhood)	<p>A critical period for establishing the foundation of healthy growth and development of brain</p> <p>The time when loss and separation are most traumatic, but if handled well does not necessarily lead to long-term problems⁷</p> <p>Children establish a sense of trust and belonging; learn language; express curiosity and interest in experimentation; develop understanding of cause and effect; start to make friends and socialise</p>	<p>Tend to rely on the family, particularly the primary caregiver for security</p> <p>Illness and death from disease or malnutrition</p> <p>Intellectual impairment</p> <p>Lack of attention and stimulation from adults or older children</p> <p>Less likely than older 'productive' children to be supported if a parent is sick or dies</p>	<p>Removed from the community into an institution such as an orphanage</p> <p>Stunting</p> <p>Lack of attachment</p> <p>Lack of curiosity and interest</p> <p>Emotional withdrawal or instability</p> <p>Fearfulness</p> <p>Reduced learning ability</p>	<p>Referral to child survival interventions (nutrition, healthcare)</p> <p>Ensure consistent and loving caregiving</p> <p>Early identification of young children at risk of orphaning: succession planning prior to the death of a parent (especially the mother); keeping children with their siblings</p> <p>Community child daycare and early learning options</p>

Child development needs and responses by age continued

Age of the child	Developmental stage	Risks that a vulnerable child might face	Possible signs that a child is vulnerable	Possible support required
7–13 years (middle childhood)	Continued physical growth Developing understanding of rules and responsibility; developing skills for numeracy and literacy; improving problem-solving skills Developing family identity Adults other than the parents become more influential in the children's lives, eg. teachers Other children of the same age can be a major source of self-esteem Increasing ability to express feelings	Disease or malnutrition Too much time working in or outside the home, often girls expected to play greater role in domestic work No time to play and learn Removed from school sometimes, especially girls Removed from the community into an institution such as an orphanage or (sometimes for girls) to work as domestic workers in other households	Inappropriate demanding of attention Withdrawal Destructive and cruel behaviour to self or others Lack of sense of morality and rules Difficulty learning	Access to school , especially for girls Ensure adequate nutrition Opportunities to participate in community life eg. through play Support family connections and identity Teach domestic and traditional skills and cultural behaviour and practices, making sure that both boys and girls learn important life skills Ensure relationships with caring adults Provide information on death and HIV and puberty for both boys and girls
10–15 years (early adolescence); 15–19 years (late adolescence)	Physical: Physical and sexual maturation Cognitive: Understanding of relationships (negotiation, resisting pressure, intimacy, sense of responsibility for others) Emotional/psychosocial: Challenging rules and testing limits; navigating risk behaviours; developing image of independence; self-exploring livelihood opportunities; improved problem solving; understanding of consequences of actions; identity development; cultural learning	Removed from school, especially girls Early marriage for girls Recruitment as child soldiers or 'wives' to armed forces Sexual violence and exploitation, especially girls but also boys Too much time working in or outside the home, often in dangerous working conditions, especially for boys Working as domestic worker, often vulnerable to sexual exploitation No time to play and relax Often expected to be the main caregiver to younger siblings, both boys and girls	Lack of capacity for intimacy and responsibility to others Poor peer relations Lack of problem-solving skills Failure to recognise adults who may assist in problem solving Risky behaviours Emotions of anger, resentment, hopelessness, depression Social and cultural marginalisation	Access to school or skills training , including life skills and preparation for adulthood – ensure that both boys and girls learn essential domestic and economic skills Opportunities to connect with adults and observe and learn about adult roles Access to youth-friendly health information and services , including HIV prevention and sexual and reproductive health Protect against abusive labour and sexual exploitation Ensure adequate nutrition Opportunities to develop and maintain close peer relationships Adult support in decision-making

Who is supporting children?

Actor	Responsibility	Challenges
Family	Nuclear and extended families are the main actors responsible for children's day-to-day well-being and safety. Families can provide love, long-term stability and a sense of belonging that no one else can provide.	At times, the family cannot provide this care because of sickness, death, the impact of conflict or discrimination from others, or because of neglect or discrimination.
Community	The community should provide a safe social environment in which children grow and learn about the world around them. Community institutions include churches, mosques, and traditional and cultural structures. At times when families cannot provide support for their children, neighbours, other community members and community institutions may be a first line of support for children.	In areas deeply affected by poverty and disease, members of community groups can be extremely poor and struggling to provide even for their own families. These groups tend to lack adequate resources to provide for the many vulnerable children who need support in the community, especially when government services such as health, education and social welfare are not being delivered.
Government	Governments must provide care and protection for all their citizens, especially the most vulnerable. In signing the UNCRC, they specifically made a commitment to provide healthcare, education and a livelihood for all children. Governments should pass laws and allocate resources to ensure the proper care and protection of children and their caregivers.	Many governments lack the finance, staff and/or infrastructure to deliver comprehensive services. In many cases, resources are not sufficiently allocated to children or to households or institutions that protect and care for children (such as health or social protection schemes). Even when services are in place, they rarely address the social and emotional issues that children face.
International community: donors and international NGOs	The international community has a responsibility to support national governments in fulfilling children's right to care and protection by: <ul style="list-style-type: none"> • ensuring that international financial policies enable national governments to have adequate resources to provide services for their citizens • supporting governments to co-ordinate and deliver services to their citizens • channelling international aid, where this is appropriate, to community-based care for vulnerable children. 	Often international players do not work with national governments and local partners to promote a longer-term and sustained response.

All of the actors in the table opposite have an essential role to play in protecting and providing for children, and they need to work together to enable a co-ordinated response to children's needs. For all of these stakeholders, what is most important is that children receive the love, care, protection and support that is their right, and in ways that promote their best interests. This is one of the core tenets in the interagency *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (UNICEF 2004).⁸

Communities can deliver for children

When family support fails, experience shows that long-term care and protection for children within a community is best provided by community-managed

interventions. These are likely to have been created by a strong personal and community sense of motivation and are therefore most likely to provide long-term, holistic support for children.

However, community groups struggle to support effectively the large numbers of children that require protection and care. This is where the role of a supporting organisation is essential. Appropriate and sensitive technical support, adequate resources managed by the group itself, and dialogue with others who also have a role in caring for children within the community can all increase the likelihood that these groups will be able to provide high-quality care for as large a number of children as possible over a long period of time. The supporting organisation should see its role as a catalyst, focusing on supporting the community structures to develop their work at a pace that is best for them.

Checklist for effectively supporting children in community mobilisation

- Are you being responsive to community initiatives? Have you found out what is already happening, and helping these initiatives to grow and improve? Have you contacted and involved any existing children's groups?
- Are you helping people who have already started to care for children to build their capacity to safely support children's participation?
- Were the priorities for action identified by vulnerable community members, including children, women and older people (including grandparents)?
- Do you have procedures and mechanisms, especially a child protection procedure, that will prevent your work from harming children?
- Has the community group developed a system to ensure that the most vulnerable are benefiting? Is this system being monitored? Are children involved in monitoring whether the most vulnerable children and households are benefiting?
- Are you helping children and others in the community to link with information, technical and financial resources that will help them do their job well?
- Are you beginning to achieve scale by bringing people and resources to work together?
- Are you providing sufficient resources to develop further the capacity-building and training work that you are providing? (In HIV or conflict- or emergency-affected communities, there are few community resources to meet children's needs.)⁹
- Have you developed an exit strategy that will enable the community group to work for children over the long term?

2 Involving children as active partners

This guide focuses on how to ensure that children are involved in initiatives that support vulnerable children at community level. There are few community groups that genuinely involve children in the design of interventions intended to support those children. There are even fewer supporting organisations that have involved children.

Children's potential can be seen from those cases where, even in the absence of adult initiatives, children have set up their own groups to tackle the problems they face.

In March 2000, HUMULIZA in **Tanzania** invited 17 orphans from different villages to a one-week workshop. The facilitator spent time helping the children understand their strengths by looking at what they were already doing, what they had learned and what they did better than other children precisely *because* they are orphans. After the children had looked at what they might be able to do on their own, as well as where support from others could be helpful, they came up with the idea of creating an organisation led and run by children. This idea took root and the organisation was named *Vijana Simama Imara* (Youth Standing Upright). VSI is an organisation of children and young people aged 13–20 years, most of whom have been orphaned. Younger children between seven and 12 years have organised themselves into another organisation, *Rafiki Mdogo*. These two organisations now have 270 members in 17 villages. The young people elect their own leadership, enlist new members, and meet regularly to discuss issues and organise events or work. By working together and showing adults what they are capable of, they not only address their needs but learn other crucial life skills such as communication, negotiation and administration.

In the Tanzanian village of Nshamba in Tanzania, children were aware of the difficult lives of older people in their community, which was poor and had been badly hit by HIV and conflict. Children did not feel helpless in the face of this problem. When consulted about what they saw as the problem as well as the solution, they were very clear. They felt that as young able-bodied people they were in a position to help older people. The children also noted that many of their own needs (for food, clothing, school fees and books) were unmet. They felt that what would be most helpful would be to work together, linking children's and older people's abilities and needs. They suggested that the children receive a small 'allowance' in exchange for their support of the elderly. The main idea behind this was to ensure that children would not simply be regarded as 'receivers' of support.

It is essential to involve children, but there can be challenges.

- Time is a constraint for many children (as it is for adults). Those involved in caring, school, and/or domestic, trading or agricultural work have little time to attend meetings. Some children stop attending groups when they see that it takes time and there is no immediate benefit to them. Some are prevented from attending when their caregivers realise there is no direct gain and it takes up their children's time.
- Reaching the most vulnerable – such as the disabled, those living in more remote locations and those in abusing households – requires extra effort. One approach is to involve a group of children in the community in discussions about what makes children vulnerable and ask them what they think could be done to make it easier for more vulnerable children to join.
- It is often more difficult for girls to become involved. In many cultures girls are not encouraged to go to meetings where boys are also attending, and often girls have more domestic responsibilities than boys. Girls also tend to have less confidence than boys.
- Adults are unsure how to work with and involve children as equals outside of what are often quite authoritarian relationships between adult and children in the community. There may be considerable adult resistance to the idea of sharing responsibility and decision making with children. In some cases, adults have a different understanding of child participation. In Mozambique, when asked how children participated in the projects, some adults in the community groups said that children played a role in clearing bushes and branches to create football pitches, while others said that children were responsible for building houses and community meeting huts.

Tips for involving children¹⁰

Convince adults of the importance of child participation. As the holders of power in most child–adult relationships, adults can easily find ways to block, ignore or disempower children and stop them from having any real impact on outcomes. Ensure that all parents and caregivers are kept informed of the activities in which their children are involved. Often there is an individual in the community who is a natural ‘friend’ to children, communicates well with them and has their trust (sometimes with children of all ages, sometimes more with boys or girls, and sometimes more with older or younger children). Make sure that such people are encouraged to join or work with the community group.

Ensure that both boys and girls are included.

Experience has shown that often it is necessary to meet with girls separately from boys (initially) in order to create a sense of ‘safety’ and freedom so that girls and boys from different backgrounds can speak. Additional efforts may be needed to convince caregivers about the value of involving girls, and girls should be encouraged to actively participate.

Use different approaches for children of different ages.

Children are best able to participate if they are given a chance to express themselves in ways that come naturally to them. Use games, songs, drama, music, dance, puppets, video and photos when working with children. These give children energy and a way to express their thoughts and feelings. Drawings and stories are more suitable for younger children. Older children can become much more involved in group discussions or debates. The younger a child is the more they will want to use play and other, more active forms of communication. The older a child, the more they will expect to be able to talk, although they may also welcome the chance to use other means, such as photography or video.

In **Nigeria**, the concept of child participation has been integrated into the process of establishing community groups by first setting up separate age and gender groups. By analysing vulnerability in separate groups, everyone expressed themselves confidently without fear of reprisals. The shared meetings between the groups then provided an opportunity for the children to share their conclusions as a group and not as individuals, hence avoiding any risk of harm to a child who might talk about a controversial issue. After such a session in the predominantly Muslim city of Kano, a man reflected that, 'This is the first time I have sat face to face with children, hearing their views and opinions about life. It is a huge eye opener to me. Now I'm going to take the same approach in my home and begin discussions with my own children.'

In **Zimbabwe**, the National Plan of Action for Children has been 'translated' into a child-friendly version. This means that children can contribute ideas about how the plan can be implemented and they can monitor the progress of the plan.

For good communication with children, remember to be playful and have fun.

"We need to start working in children's official language of play."

Jenifer Tavengerwei, Zimbabwe¹¹

Ensure that children of all ages are involved but not necessarily all together. Try to involve all age groups. However, because children of different ages have different interests and different ways of expressing their views, tailor your initiatives to specific age groups: for example, 3–5-year-olds, 5–7-year-olds, 8–12-year-olds, 13–15-year-olds and 15–18-year-olds. In general, five years' difference is the maximum age gap in a group where one wants all children present to be able to contribute.

Make sure that the most vulnerable girls and boys are included. For example, make efforts to inform some of the more marginalised boys and girls that there is a meeting coming up that they may be interested in attending. In Nigeria, agency members talked to children working in motor parks (taxi stands) and markets, as well as children who were fetching water from boreholes. If children with disabilities are not originally selected, then children should be involved in identifying the households in which

disabled children live and efforts made to involve them. Within existing children's groups, encourage boys and girls to reflect upon which children within their community are included.

Individual vulnerable children – especially those who have felt excluded by discrimination or marginalisation – may need time and support before becoming actively involved in children's groups, particularly when they are covering issues that directly affect them, such as loss or violence.

Work with children in different groups to those of adults and then bring the different groups together. Tools such as the *Journey of Life* activity (see Chapter 5) offer opportunities for discussion after separate workshops with adults and children. The two groups can then compare their findings and exchange their views.

Make sure that all information is 'child friendly' so that children can understand what the issues are and can therefore contribute.

Be honest and transparent with children. Children do notice if the process doesn't turn out to be what was described to them and will inevitably become disillusioned. However, they respond well and take on

board limitations that may be difficult to overcome, if these limitations are made clear to them from the beginning (eg, the extent to which they can influence decision making, the ability of an agency to respond to their requests).

Children have a right not to participate and it is important to remember that some children are too busy to become involved in work or may not wish to join in. It is important that children have the time to be children and that their participation is voluntary. Make sure to give children the choice about how they most want to make use of their time. Time for play and rest should also be ensured for all.

There is a chance that child protection concerns will be uncovered as girls and boys are encouraged to

speaking out. In the worst cases, this may be physical, emotional or sexual abuse. It is possible that children who are closely linked with a community-based group working with vulnerable children are less likely to be at risk of abuse because of the support children are given to make their rights a reality. However, cases do arise where a child's situation worsens as a result of participation, as they have closer contact with adults. It is essential that both supporting organisations and the community groups they work with follow child protection guidelines.

The following training exercises can help adults assess their own perceptions of children and begin to consider how they might work with children differently.

Training Exercise 1: Appreciating what children can do

In an adult group: Put up a sheet of flipchart paper, with two columns titled 'Adult' and 'Child'. Ask the adults to list differences between adults and children. The adults are likely to come up with contrasting categories such as 'serious – playful', 'independent – dependent', 'teach – learn'. Discuss what has been written and assess how adults view children. It is very likely that the pairs of categories will describe adults 'doing something' for the adults, and children 'having something done to them'. This can be used to lead into a discussion on whether, in fact, there are things that children can – and do – do for themselves (such as caring for sick adults, working, etc).

In a children's group: Ask the following questions (after the children know why you are asking the questions and have been put at ease): Do you find it easy to communicate with adults? If not, why not, and if you do, with whom? Do you have any responsibility (team captain, tasks such as looking after younger children or adults, collecting fuel, etc) and how do you feel about this? Do you like it? When adults have meetings to make decisions or discuss issues, do you want to be included?

Training Exercise 2: Recognising children's resilience and skills

Ask participants to draw their 'journey of life', including two good things that happened to them as a child, two problems or obstacles that they experienced as a child and an important person who helped them on their journey. If there are children in the group, ask them to think about when they were younger. Ask participants to share their stories. Discuss how these stories of overcoming obstacles demonstrate that as children we have all been resilient at times and have been able to make decisions. Ask the group to discuss what this means for the work that they will do with vulnerable children.¹²

3 Supporting community groups

This chapter looks at how supporting organisations normally work with communities. It briefly explains the main steps for mobilising communities and gives practical examples and training ideas for ensuring that children are involved in this formation and that child protection practices are followed.

Community groups start in many different ways:

- **Spontaneously:** In Mozambique, during training on other issues in some communities, participants decided they needed to work together to identify and support vulnerable children. In Swaziland, women in communities across the country met together and decided they needed to do something for children. Often an existing community committee, for example health committees in Angola or home-based care programmes, decide that they need to do more to support children. They then adapt the focus of their work or develop a new group or subcommittee, building on their existing work. In particular, faith-based communities are often well prepared to reach out to vulnerable children because of their level of organisation, the ability to mobilise their congregations, and their credibility as a moral voice at local and national levels.
- **As an introduced idea:** In some cases, NGOs suggest the idea to a community and together they agree what they will do. In Ethiopia, an NGO wanted to support the establishment of committees of orphans and other vulnerable children (OVC) and partnered with local government to introduce the idea to community leaders and members. Sometimes a community group, having seen what can be achieved, chooses to support other community groups to establish themselves. For example, Families Orphans and Children Under Stress (FOCUS) in Mutare, Zimbabwe hosted visits from other supporting organisations and shared their ideas and experiences. Visitors then returned home to start establishing their own groups. In Mozambique, there is a culture of local-level committees for many purposes, such as farming or health. It was very easy, therefore, for a supporting organisation to suggest that there should also be a committee to care for vulnerable children in the community.
- **As a part of national policy:** Sometimes government plans call for the establishment of community initiatives to care for children. Nigeria, South Africa and Zimbabwe, for example, have policies for vulnerable children within their

A **South African** government policy promotes the establishment of child care forums (CCFs) and offers guidelines on how they should be established. In reality, these forums have not been established without external mobilisation. In one district, ward councillors were introduced to the idea and asked to support the formation of CCFs in their wards. After three months, 15 out of 34 councillors had held community meetings and found a group who had volunteered to be the CCF. The guidelines for who should be members encourages the inclusion of: a councillor or a representative member of the ward committee, members of women's groups, church groups, youth groups, and home-based care groups, traditional leaders and healers, and preschool teachers, teachers or school governing body members.

Ministries of Social Development and Welfare or in their National Plans of Action.

- **As part of a humanitarian response:** Sometimes NGOs or the United Nations (UN) support the establishment of community-level groups as a way of managing humanitarian assistance or as a preventive measure to stop children being trafficked or being re-recruited, or to prevent them experiencing discrimination, as in the case of children returning from being involved in fighting forces. In some cases, the experience of protecting children in the community in such settings evolves into a longer-term child protection initiative that continues after the immediate emergency is over. This has happened in Zimbabwe, Sierra Leone and Liberia.

The following chapter explores some key steps for mobilising communities to support children. The explanation provided explores the unique role of supporting organisations and tries to highlight the key contributions that these groups can make.

- Prepare your own organisation to mobilise communities
- Find out about national and local initiatives
- Decide whether to work with existing groups or set up new groups
- Select group members
- Assist communities to develop a code of conduct and child protection policy
- Train communities to support children
- Plan for action
- Monitor progress and report activities
- Provide ongoing support

The rest of this chapter will explore the above steps, looking specifically at how to include children at each step. For a supporting organisation that is new to this work, it is useful to refer to more detailed community mobilisation manuals, such as those included in Chapter 5.¹³

Prepare your own organisation to mobilise communities for children

- Develop a code of conduct and a child protection policy.
- Recognise the multiple dimensions of vulnerability in children.
- Develop skills in effective child participation.

All supporting organisations should have a code of conduct to govern their actions. Overleaf is the Save the Children UK code of conduct. All potential staff, volunteers and consultants are interviewed about child protection issues, receive regular training on child protection, and sign the following code of conduct as part of their contract.

It is essential that the supporting organisation has a child protection policy and that all members understand its importance and how it is implemented. The key elements of a child protection policy are:

- it makes a clear commitment to safeguarding children as part of the activities undertaken by the community group, and lets children, families, community members and service providers know about this commitment
- it ensures that group members and others minimise the risks to children through good practice
- it ensures there is a system for the confidential reporting of suspected cases of abuse, and that all group members (including children) are familiar with such a system. This will help to create an environment where children feel free to express any concerns they may have
- it ensures that when concerns are raised about possible abuse, action is taken to support and protect the children.

All organisations working with children should have child protection policies in place. The example on page 17 is a child protection policy for Save the Children UK, which is placed visibly in all Save the Children UK offices.

Save the Children child protection code of conduct

It is important for all staff and others in contact with children to:

- be aware of situations which may present risks and manage these
- plan and organise the work and the workplace so as to minimise risks
- as far as possible, be visible in working with children
- ensure that a culture of openness exists to enable any issues or concerns to be raised or discussed
- ensure that a sense of accountability exists between staff so that poor practice or potentially abusive behaviour does not go unchallenged
- talk to children about their contact with staff or others and encourage them to raise any concerns
- empower children – discuss with them their rights, what is acceptable and unacceptable, and what they can do if there is a problem.

In general it is inappropriate to:

- spend excessive time alone with children away from others
- take children to your home, especially where they will be alone with you.

Staff and others must never:

- hit or otherwise physically assault or physically abuse children
- develop physical/sexual relationships with children
- develop relationships with children which could in any way be deemed exploitative or abusive
- act in ways that may be abusive or may place a child at risk of abuse.

Staff and others *must* avoid actions or behaviour that could be construed as poor practice or potentially abusive. For example, they should never:

- use language, make suggestions or offer advice which is inappropriate, offensive or abusive
- behave physically in a manner which is inappropriate or sexually provocative
- have a child/children with whom they are working to stay overnight at their home unsupervised
- sleep in the same room or bed as a child with whom they are working
- do things for children of a personal nature that they can do for themselves
- condone, or participate in, behaviour of children which is illegal, unsafe or abusive
- act in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse
- discriminate against, show differential treatment towards, or favour particular children to the exclusion of others.

Our commitment to safeguard children

Our values and principles

The abuse and exploitation of children happens in all countries and societies across the world.

All child abuse involves the abuse of children's rights.

The situation of *all* children must be improved through the promotion of their rights as set out in the UN Convention on the Rights of the Child. This includes the right to freedom from abuse and exploitation.

Child abuse is never acceptable and a commitment to children's rights in general also means a commitment to safeguard the children with whom Save the Children is in contact.

What will we do

Save the Children will meet its commitment to safeguard through the following means:

- Awareness** Ensuring that all staff and others are aware of the problem of child abuse and the risks to children.
- Prevention** Ensuring, through awareness and good practice, that staff and others minimise the risks to children.
- Reporting** Ensuring that staff and others are clear on what steps to take where concerns arise regarding the safety of children.
- Responding** Ensuring that action is taken to support and protect children where concerns arise regarding possible abuse.

In order that the above standards of reporting and responding are met, Save the Children will also ensure that it:

- takes seriously any concerns raised
- takes positive steps to ensure the protection of children who are the subject of any concerns
- supports children, staff or other adults who raise concerns or who are the subject of concerns
- acts appropriately and effectively in instigating or co-operating with any subsequent process of investigation
- is guided through the child protection process by the principle of 'best interests of the child'
- listens to and takes seriously the views and wishes of children
- works in partnership with parents/carers and/or other professionals to ensure the protection of children.

Staff need skills in mobilising and training in participatory methodologies. To ensure that children's rights are being respected, it is important that staff are trained to work with children directly and treat children as equal partners.

Staff must also be trained to recognise the impact of gender issues on children's vulnerability and community capacity, as well as the willingness of communities to address gender inequalities. For example, in northern Nigeria key factors increasing children's vulnerability are gender-related – early marriage, lack of education for girls, and boys being sent out to beg. Without a clear understanding of the context, the intervention will fail.

It is equally important to recognise the impacts of stigma and discrimination, fear and prejudice in the community. This may greatly affect the ability of certain individuals to engage with the community groups, including those living with HIV, those associated with a fighting force and children living with disabilities. The supporting organisation must be aware of local sensitivities as well as their own individual biases. For example, in settings where some children are stigmatised, such as through witchcraft, it will be important that staff do not have the same discriminatory attitudes.

Find out about national and local initiatives

- Ensure that your activities are in line with national plans and policies.
- Conduct a thorough analysis at community level to ensure you do not replicate what is already on the ground.

Familiarise yourself with what else is happening in your country. This includes ensuring that what you are offering conforms to national policy and generally accepted practice. There are a number of policy initiatives that exist at national level. As a starting point, investigate whether the following policy processes exist in your country:

- **National Plans of Action for OVC** exist in many countries in Africa with different levels of government support and implementation strategy. They may have a national working group or co-ordinating body
- **Children's Acts or Children's Codes**, which legislate for the protection of children
- **National policies to support volunteers**, such as community first aid volunteers or home-based carers. As far as possible, volunteers working with vulnerable children should have the same rights and benefits as other volunteers in the same country
- **Funding for community groups** working with vulnerable children. These may be available through a National AIDS Commission at national or provincial or district level. They may also be available via a national religious co-ordinating body
- **Poverty reduction strategies** might include components to support vulnerable children, vulnerable households or community groups supporting vulnerable children.

It is important to meet with relevant stakeholders at provincial and district level, including administrators, district bodies, traditional leaders, heads of government services including health, education and social welfare, local businesses, NGOs working with vulnerable children, and district religious organisations such as diocesan bodies. Local-level stakeholders may include traditional chiefs, local administrators or ward counsellors, local business people, local school heads, religious leaders, respected community elders, and NGOs and CBOs that work with children and families locally.

As you meet these people, find out the following:

- Are they aware of any local initiatives already underway or in the pipeline? Do they have policies or plans that they are about to implement?
- Which communities do they feel require particular attention? Why? Focus on the challenges that children face.
- Are there options for linking community groups into district or provincial development processes? Are there any mechanisms for child participation at

local or district level, such as child parliaments or children's councils?

- Are there ongoing liaison focal points at provincial and district level?

“Holding meetings with different stakeholders [was] important because it helped us build up a picture of children’s lives. Different groups had different perspectives. We talked to many groups: early childhood development centre teachers, older people’s luncheon clubs, ward councillors, youth groups, school heads and school teachers. All of these meetings helped us get a good sense of what existed for children and the priority concerns of adults about vulnerable children.”

Community member from South Africa

Decide whether to work with existing groups or set up new groups

- Assess what is already in place in the community.
- Evaluate the benefits and challenges of working with the groups in place.

Before starting a group, consider existing groups that could expand their role to support vulnerable children.

These might include:

- parent–teacher associations in schools
- village development committees
- village HIV committees
- peer education and youth groups
- traditional societies working with, for example, initiation ceremonies
- religious societies
- women’s church groups
- burial or credit societies
- home-based care groups.

Pay attention to existing children’s or youth groups. They may wish to become members of any community group you set up or might be willing to help in supporting children who do become involved.

Hold community meetings to explain what you are trying to do. Make sure that children are represented, especially children who do not usually participate in community activities. Similarly, consider which adults may need to be involved, such as older women who are caregivers, people living with HIV and AIDS, and people with disabilities – these are often the adults who also do not usually participate in community decision-making processes.

In **Zimbabwe**, we started discussing child protection issues with children in voluntary school health clubs. The teachers observed that most of the club members were orphans or vulnerable children. Children in these clubs then started working with community-based adult child protection committees.

In **Nigeria**, new community groups have been set up because existing committees are reluctant to open their membership to people such as women and children.

In **South Africa** (and in many other countries severely affected by HIV) home-based care groups have begun supporting vulnerable children as the numbers of orphans in their programmes increase. They find that they have to change their focus and develop new skills and ways of working as they increase their work with children.

Select group members

- Groups should involve both women and men.
- Work with your groups to ensure that volunteering does not negatively affect members.
- Assist the community to involve children.

In general, women play a greater role than men in day-to-day childcare – in the home and also in the community. Many orphaned children live in households that are headed by older women, have a higher number of dependent family members in the household, and have less money.¹⁴ This caring role is usually undertaken gladly, but it makes the household yet poorer and restricts future choices for both the woman and children in the household. It is important for children to have care and love from both men and women and have positive role models from both sexes. Programmes may need to find innovative strategies to recruit men to become members of the community groups.

Consider the impact of volunteering on men and women and boys and girls, and ensure that your own support to community groups does not contribute to gendered poverty – either by expecting women to become an unpaid care force without time for productive work in their own homes and for their own family, or by only involving boys in activities.

Members of any community group working with vulnerable children should value what girls and boys have to say and be prepared to hear their criticisms about the way the group provides support to them. One option is to establish forums where boys and girls of different ages and abilities can speak freely about their feelings, without judgement or fear of jeopardising the confidentiality of the child. Where possible, children served by the community group should be involved in the process of selecting group members or volunteers.

In **Uganda**, caring for children is seen as the exclusive role of women. In order to meaningfully involve men in the care and support of children affected by HIV, the National Community of Women Living with HIV and AIDS and Save the Children in Uganda sensitised 120 community leaders in five sub-districts on the importance of male involvement. Later, 50 men were trained as trainers in the memory book approach and they took the lead in facilitating memory sessions for 120 households living with HIV. They now realise their role in the upbringing of children and in will-making is important. Involving men has also raised some challenges. In particular, men have had to get used to their changing role in caring for children. For many men, it is the first time they have become involved in children's affairs. Community leaders also appreciated their involvement because the memory book project is seen as an effective tool against stigma.

In **South Sudan**, community-based child protection network (CBCPN) outreach workers are mainly men, due to the lack of infrastructure, the insecurity, and the need for the outreach workers to be mobile. Girls in each *payam* (locality) identify women to become advocates who they feel they can turn to for advice and support. These Girls' Advocates draw women into the CBCPN to respond to a range of girls' protection needs in a culturally sensitive and acceptable way. As well as family mediation and counselling, the Girls' Advocates are trained to offer information and advice on sexual abuse, sexual reproductive health and HIV and AIDS.

In **Swaziland**, children are asked to select two members to join the adult OVC committee and are encouraged to choose one boy and one girl. The normal practice is that the two children are chosen from Swaziland's 'traditional regiments' for boys and girls to represent them in the OVC committee.

In **Mozambique**, OVC committees decided to have equal representation of children, women and men. OVC committees had shared responsibilities and roles including mobilising the community, identifying and registering orphans and other children made vulnerable by HIV and AIDS, conducting a situation analysis, planning and reviewing work, conducting birth registration, advocating in schools, holding committee meetings, and representing communities on issues that affect them. However, when this was explored with the committees, it was found that:

- children's participation was tokenistic; they were present but not confident enough to contribute and not listened to
- there was little meaningful trickle-down effect on ideas and decisions made in the OVC committee to the rest of the children in the community. The information and activities were centred around the OVC committees and not the rest of the community
- it was not clear who was responsible for leadership, management and implementation and it was not clear what the children's role was.

The committees agreed that a children's group needed to meet separately from adults to allow children to express themselves. To increase input, committees were split into two separate sub-committees, one for adults and youths, and one for children, with equal representation (six from each group) in a third leadership committee. Children select their own committee members. They also elect their own leadership to work with the adult committee leadership. Children also have a voice in the appointment of the other sub-committees. For example, if a child feels that an adult candidate is inappropriate because of the way he or she has treated children in the past, the child can express objections to the nomination. The criteria that are used to select child members are: willingness to be loving and caring with other children, and the ability to interact effectively with other children. In one case, the chair of the management committee is a 16-year-old boy. Out of a total 95 committee members in eight OVC committees, more than half are children.

In this new model, children and youth are more empowered. More of the chosen activities are suitable for children, such as more use of sports and theatre. Some young people recently prepared funding proposals. The new model has facilitated development of leadership skills among children and youths.

There is no ideal structure. What is important is that the structure is transparent and accountable, has a rotating leadership or a clear agreement on how new group leaders will be groomed, takes responsibility for ensuring quality of care for vulnerable children, stays focused on children's issues, is representative – especially including children, and is owned by the community. Anticipate that membership may change when people get tired or move on.

Assist community groups to develop a code of conduct and child protection policy

- Community groups should have their own code of conduct.
- Ensure all members fully understand all policies and procedures.

It is very important that community groups have a code of conduct (see example below). Each group

should be supported to develop its code of conduct by discussing the key values they wish to follow as a group. Community groups working with vulnerable children must not increase children's vulnerability. Their code should include the child protection procedures that the group has agreed to, as well as the minimum levels of support they will give to children. If they are not able to keep a promise made to a child, they should be accountable for informing the child. Support must be consistent so that children know they can rely on the community groups. All members of the group should sign the code of conduct.

One of the most important roles of a community group is to ensure that all children with whom they are in contact are protected from abuse and exploitation. This includes abuse and exploitation happening within the child's home, in school, from other members in the community or from people associated with the community group itself.

Sample code of conduct

- We will be transparent and open about what we do and why we do it.
- We will be clear about what we can do and what we cannot do, and avoid raising expectations that we cannot meet.
- We will do what we say, and we will keep all the promises that we make.
- We will follow our child protection policy at all times.
- We will keep the promises that we make to children whenever possible and will let children know when we cannot, and why.
- We will respect confidentiality relating to HIV and AIDS and other sensitive information.
- We will make sure that all community members are involved in our activities, including people who are often stigmatised or discriminated against.
- We will demonstrate respect for everyone at all times.
- We will actively seek to involve children fully by creating space for them to participate and demonstrating respect for and interest in their views.
- We will be accountable to community members at all times.
- We will strive to challenge harmful attitudes, behaviours or ideas.¹⁵

All members have read and understood this code of conduct. They have signed this and agree to be kept accountable.

In **South Africa**, the child care forums were asked to brainstorm 'what children everywhere have been given'. They were encouraged to think beyond the obvious (milk, food, clothes) to things that we sometimes take for granted but don't mention (name, friendship and love, citizenship, a right to faith and a sense of belonging or culture, guidance, stimulation, freedom to say what they feel, respect). This proved to be a useful introduction to show that 'child rights' are not a modern invention, but what families and communities have always believed that children should receive.

In northern **Nigeria**, there has been a lot of resistance to moves to apply the federal (national level) Child Rights Act at state level. However, changes in attitude and practice can occur through dialogue and community analysis of risk and harm. For example, after doing a vulnerability analysis with child protection committees in Kano, a man and a woman in their separate groups said they were about to give out their young daughters for marriage but they realise now the risks this causes and they will talk to their spouses to delay marriage until the girls are more mature.

Therefore, it is essential that all members of a community group (both children and adults) understand the importance of child protection. All members should agree to a set of principles concerning the protection of children, preferably embodied in a policy and set of procedures to respond to violations of this policy.

Chapter 5 lists some resources on training in child protection.

Train communities to support children

- Find out if any national training packages exist.
- Train the members on core child rights principles.

Before community groups begin to work with children it is important that they receive some training in order to gain confidence in working with children, including child rights training. This is likely to be delivered as part of a larger package of training that focuses more generally on community mobilisation and group dynamics. As such, content and length of training will depend on local circumstances. In some countries, training for community groups is becoming more

formalised, and as such it is important to find out if the government has an approved training package that can be used for some of the training.

It can be hard to talk about child rights. In many settings, there is resistance to the use of the word rights. However, in general most people believe in the need to provide protection for their children. It is important to build on this belief. Save the Children Swaziland runs a one-day sensitisation training on child rights for traditional chiefs in order to enlist their support before training OVC committee members.

Plan to train new members as old members leave. Plan for ongoing training of old members on new issues as these arise.

Plan for action

- Support the group to develop a clear manageable action plan.
- Help the community to determine which children to work with and how to best support them.
- Ensure that the group meaningfully includes children.

Having a clear vision of why they existed was seen by groups in **Lesotho** as possibly the strongest factor that kept a group going. The members knew what they were doing and what their role was, they were respected and known by the community and had a strong sense of identify.

Generally, groups that have a clear and manageable action plan from the start are more likely to remain motivated and achieve good results quickly. The benefits of an action plan are that:

- everyone is involved in understanding and deciding what the priorities are for children and how the group will respond to these priorities
- members of the community group have a clear sense of what the group aims to do and their role within this group
- the group will be able to explain clearly to children and community members what they plan to do and why.

To develop an action plan, the community group will need to find out what is happening to children and to identify concrete suggestions about what can be done to realise the rights of children. It should also look at resources that exist within the community to help achieve this goal. Particular attention must be paid to consider the diverse issues that are affecting children in the community, including those not generally discussed, such as gender-based violence, abuse and neglect.

Some key questions to consider in exploring the issues in the community include:

- What do children need for development at different ages? (See Training Exercise 3, page 25.)
- Which children are vulnerable? (See Training Exercise 4, page 26.)

- How are children affected?
- Where do the most vulnerable children live? Are they near to services? Are they near or far from other community members? Are some children living near areas that make them more vulnerable, such as truck stops or market places?
- Why are these children most affected? Are there other children in similar situations who are coping well? What makes some children more able to cope than others?
- How are vulnerable children currently being supported within their extended family, by neighbours or by other community members?
- What other organisations are supporting vulnerable children? (See Training Exercise 5, page 27.)
- Which groups (religious, ethnic, social) in this community could be included in a response to vulnerable children?
- As group members (if an existing group) or as individuals in other groups or networks (if members of a new group), what are your past accomplishments? What have been the biggest challenges?
- How has the group assisted in success or contributed to a problem, for example, group skills, resources, planning or timing?
- What human resources does each member bring? (List the names and skills of each person, such as leadership skills, managing money, working well with children, reads and writes, or knows local administrative staff.)

Training Exercise 3: Good maize, bad maize¹⁶

The facilitator shows the group a picture of a healthy maize plant and tells the group that children are like maize plants – they need to be cared for. If you take good care of your maize you will have strong plants and a good harvest. It is the same with children – if you look after them they will grow strong. Then explain to the participants that they are going to look at what a child needs to grow into a strong and happy adult (make sure they mention love, sense of belonging, and being part of a family or community).

After these have been listed, discuss in the group;

- Which of these do you consider to be most important? The least important?
- In your country today, are all children growing up in this way?
- Which children are not? Why not?

Show a picture of an 'unhealthy' maize stalk – ask why this might have happened to the maize? Explain that just like maize, children also face problems while growing up. Now we will look at some of these problems. Ask the participants to close their eyes and think about their own lives – what were some of the problems they faced, what made them unhappy as a child. Think about their brothers or sisters – what different problems did they face. Finally, think about the problems that other children in their community go through as they are growing up.

Ask the children/participants to discuss some of the problems they can think of with the person sitting next to them – then write or draw and paste them on to the picture of the unhappy child. Read out the different problems and then ask the participants to mention if there are any missing.

It is important that groups understand what children need at different stages of their life. You can adapt this exercise to look at the different needs children have at different times.

Draw a line along a piece of paper, the ground or a blackboard. Mark the line with different ages from 0 to 18. (Choose the ages most appropriate for your community.) Ask the group to mark what children need at different ages. If they need something at all ages, draw a line from 0–18. If it is something needed at a particular age, write it down below that age. Make sure that the group considers both physical and emotional needs.

Training Exercise 4: Power walk

Allocate each person the identity of a child and ask them to keep the identities secret from each other. Try to mix identities by giving men a woman's or girl's card, give the fittest person a disability or the most powerful a disenfranchised role. Line everyone up in a row and ask them to take a step forward if they agree with the statements below. The 'children' with the most advantages will take the most steps in response to the statements. Discuss the identity of each participant, and why they think they are in the position they are in, and how they feel about it. Did anyone look back? What responsibilities do those at the front have to help those at the back? Who came last in the power walk? Why? Which children in your community are most vulnerable to abuse of their rights? Why? Who needs to be protected?

Sample roles (to be adapted to the local situation)

- 14-year-old male ex-child soldier who is supporting his blind father
- 12-year-old chief's son who has previously lived in the capital city with his parents, and has five years' education
- 9-year-old disabled girl
- 16-year-old girl working in the market
- 15-year-old girl with a baby whose commander husband has been killed, and who has returned to the community
- 13-year-old district official's son
- 12-year-old girl recently returned from abduction, with no education and living with extended relatives
- 15-year-old sex worker

Sample statements

- I can buy new clothes in the market
- I have enough to eat
- I am able to provide food for my family
- I participate in decisions in the household
- I take part in community social activities
- I command the respect of my community
- I am able to choose my marriage partner
- I can read and write
- I expect to complete primary education
- I am planning to go to secondary school
- When I have a problem, I have someone to talk to who can help me to solve it
- I am not in danger of being abused or exploited
- I have access to information on HIV and AIDS
- I express my views to community leaders

Training Exercise 5: Identifying local sources of support

Brainstorm local service providers and consider what support these groups can provide. While brainstorming, start thinking of some of the reasons why this support is not currently there and what role the community-based group has in providing this support. For example, homework clubs after school, home visits from neighbours or children, will-writing support to families with a sick parent.

Local services can be mapped using the following idea: Participants place their group in the centre of a piece of large paper. Around this they mark all the places that children need to go for assistance. Each place should be linked by a line. The length of the line indicates how far away the service is physically, the thickness of the line indicates how important participants see those services and, if there is a 'break' in their access to a place, a mark is placed across the line. Participants then discuss which of these services are most and least important, why some services have a 'break' or a barrier in the line, which ones are too far away. They can also discuss services that are essential but, for example, are of poor quality (eg, a school which people no longer wish their children to attend because there is no qualified teacher) or those which are useful but less essential, for example a religious building which could provide spiritual support.

Girls and boys need to be involved in identifying problems and possible responses. Although it is important to involve children in general community discussions, it can also be helpful to hold separate

discussions with children (in different age groups) and to work with girls and boys to identify the solutions (see box on page 28).

In **Swaziland**, young people were supported to do a situation analysis of the needs of orphans and other vulnerable children. The report was then used to come up with the work that the OVC committees would focus on. The assessment also identified characteristics of vulnerable children in these communities.

In **Angola**, children identified the main problems that affect the community during the development of child protection networks. For example, they said that in rural areas children lack supervision. Children look after other children at home when parents go to the field so they are at risk of problems, such as being burned. So child protection networks have called for the establishment of kindergartens. Children are consulted about what they would like to see in the kindergarten.

Children's perspective tools

The following tools give examples of how children can talk about their experiences. The tools have mostly been used with working children but they can be adapted.

My day: Ask children to describe their daily lives, by asking them either to talk or use daily timetable charts showing work, school, domestic chores and play, and how these change at different times, for example in different seasons.

Who matters?: Draw a chart with an image of the child at the centre (children can draw this themselves). Ask them to draw important people in a circle around the image of the child. Use this for discussion to find out about children's social networks, their views about family and which people are important to them.

Work and school: Ask children what they feel are the good things about the work they do and the good things about school, using cards with happy or sad faces.

What is a child?: This exercise can be used to ask children their views about which tasks children should be doing at which age. Draw a 'time line' and ask children to draw or place cards representing different work activities and domestic chores at the age at which they should be doing these. Discussions can look at what children should and should not be doing at which ages.

What if?: Using role play, words or pictures, present children with common dilemmas faced by children in their community, such as coping with exploitation and abuse, family pressures and breaking rules. Invite them to comment about what is likely to happen next and what could be done to help.¹⁷

Many countries have national definitions of 'vulnerable children'. Where one exists, it is important to know the national definition, especially if belonging to an official 'category' gives the child access to a service such as free schooling, for example. However, while official definitions often cover a wide range of children facing diverse challenges, these national definitions are often less useful for identifying individual children in a community. For example, Mozambique's definition includes children living in households below the poverty line, which amounts to more than half of the child population, while in Zimbabwe the official definition of a vulnerable child includes any child 'with unfulfilled rights', including children with one parent deceased, with disabilities, children affected and/or infected by HIV and AIDS, those who are sexually, physically or emotionally abused, working children, married children and child parents, neglected or destitute children, children who live in remote areas,

children with a chronically ill parent, and children in conflict with the law. With such a wide range of vulnerabilities, it is important that community groups develop their own local definitions to identify children who will benefit from their care and support. The FOCUS project in Zimbabwe uses the following practical criteria to identify children in need of care; ie they are children:

- living on their own with no adult supervision/ guidance
- living with a terminally ill parent
- in households where they are being looked after by an elderly grandparent (over 70 years)
- who are dirty or in rags
- who appear withdrawn
- whose hut is in a poor state of repair
- who lack chickens, farm animals, or crops
- have no food in their hut and no sign of recent fire for cooking.

In South Africa, adults in child care forums (CCFs) have developed some criteria, ie children who:

- live with sick parents or caregivers
- have unemployed parents or live in a child-headed household
- are orphans
- are mentally or physically challenged
- are of school-going age but not in school
- are ill.

However, they also use observation – eg, ‘you can see that this child is vulnerable when they are sad, do not speak, look ill’. Children also offer very different perspectives. In South Africa, one group of children identified migrant children as vulnerable – a category that has never been mentioned by adults. There is more on assessing vulnerability in Chapter 4, and examples in Chapter 5.

When identifying children, it is important to avoid defining children through categories that may discriminate or that are too general to be useful. The term ‘AIDS orphans’ should not be used, for

example, because this implies that losing a parent to HIV (where this is known) is different to losing a parent to some other illness or accident. The phrase can also lead to stigma.

After completing this assessment, community groups can develop their own action plans (see example on page 31), including identifying the needs for resource mobilisation. The key steps to coming up with a realistic action plan are making sure that the group has:

- explored their own and other community members’ assumptions about children and listened to children’s views
- explored the key issues relating to vulnerable children in the community
- considered how each group member can respond individually and as part of a broader community response
- considered the three or four most important things that can be done within the community, as well as identified where resources are available to respond to these actions.

In **Nigeria**, during development of the National Plan of Action for orphans and other vulnerable children, both adults and children undertook a vulnerability analysis in parallel sessions.

There was a big difference between the adults’ and children’s definitions of ‘vulnerable’ children. The adults had largely restricted their definition to orphans and children directly affected by HIV and AIDS, whereas children across all parts of the country identified children who hawked, domestic workers and orphans as being among the most vulnerable. The children argued strongly for the adults to look at the factors making children vulnerable rather than labels such as ‘orphan’, ‘affected by HIV and AIDS’, etc.

The children were clear that the most important aspect is the need for love and protection, while the adults had focused almost totally on meeting basic needs. *“Even if adults have no money they should be able to show love and affection”, “My grandmother doesn’t have money and she doesn’t give me all I need, but I like her so much because she is caring and shows me love and I think I’ve also been doing my best to love her back.”*

When St Nicholas Hospice in Bloemfontein, **South Africa**, asked adult caregivers and children what vulnerable children needed, both groups ranked food as their top priority. Children ranked play as their second priority, but adults did not even mention play.

In **Nigeria**, we worked with community groups to develop action plans that addressed community-wide problems. However, we soon found that the plans were a little overambitious and it was not possible to create a sense of urgency or accountability. We also realised that community groups avoided prioritising difficult issues that seemed too overwhelming to address, such as poverty or lack of food. So we also looked at the list (below) we had made of vulnerable

children, their guardians, the problems they were facing, and the possible solutions. This really brought home for community members a sense of urgency and a face to the problems. The next step was to try and find out more about a few of the cases to see what some of the possible solutions might be, using these as examples for a wider intervention or support that could reach more children.

Area	Status (parent, guardian)	Name	Number of vulnerable children	Type of vulnerability	Problem/Intervention
			1	Orphan	Mother dead, maltreatment by stepmother (advice to father against allowing maltreatment)
			1	Orphan	Lost parent to civil disturbance (child needs counselling)
			1	Orphan	Child needs counselling (referral to HIV support organisation)
			1	Physically disabled	Disabled at a young age (needs wheelchair)
			1	Orphan	Maltreatment (serious intervention through advice to the guardian)
			8	Sick children	Two children sick, father jobless (children need medical assistance)

In some cases it may be beneficial for children to develop their own plans of action to meet their individual needs. The Hero Book process can be used with individual children or with groups to help them set goals and give them power over a challenge or obstacle in their life by writing a story and

identifying solutions. The process allows children and young people to name their challenges and find and share their own solutions. It also helps to mobilise community and state support so they don't have to face these problems alone. For more information, see *Making a Hero Book* in Chapter 5.

During the STEPs programme research in **Malawi** into orphaned children's choice of caregiver, orphans said they preferred to be cared for by grandmothers, who give them love and attention, even if they are poor. Grandmothers and neighbours had said they felt shy about talking to children because they did not have something concrete like food to give them. Hearing that their contribution was valued by children helped them to provide more love and support to children.¹⁸

Sample Action Plan

What do we want to achieve?	What challenges do we think we will face in trying to achieve this?	How will we address the underlying influences? (strategies)	What are we going to do to achieve these results? (activities)	Who is responsible for each activity (and the end result)?	When? How long is needed for each activity? (from ___ to ___)	How will we know when we have achieved the result?
Make sure that school-age children not currently in school return to school	Some parents prefer their children to work Some teachers are abusive Some families cannot afford uniform, books or exam fees	Address the gender inequalities that lead to girls dropping out of school more often than boys	Talk to children in school and find out if they have friends who are not attending Talk to the head teacher Visit households where children do not attend to find out the problem	Home visit volunteers (group within our local committee) Make school uniforms with the church sewing club	From January to March	Number of children who have returned to school in the second term of this school year

Monitor progress and report activities

- Help the community to develop simple monitoring tools.
- Try to link to national indicators where possible.
- Ensure that all information is confidential.

It is very important to have simple monitoring systems so that individual children's well-being is constantly assessed, and that the community group knows how many children are being reached and the amount of time, effort and resources they are using to do this. Group members, the broader community and local stakeholders can then see the results of their work over time.

Many group members do individual house visits and it is important to keep records. Here are some important points to remember about keeping records of individual children.

- It is essential to keep information confidential and to collect only information to be used by the group to support the individual household or family. Children need protecting from the harmful impacts of sharing information with other people – for example, concerns about neglect from a stepmother or alcoholic father may lead to even greater abuse if the adult discovers that other people are 'interfering' in their domestic life.
- When other stakeholders, such as education or health services, are involved it is essential to inform the child or caregiver what action is going to be taken and make sure that everyone makes a plan together.
- Information on a child's experiences should not be openly discussed in front of others or used to attract funding (unless the child previously agrees to sharing his or her story).
- Any proposed action should state who is going to do it and by what time.

- Keep the information simple and consistent so that the information on all individual children can be compiled regularly, for example, to keep a record of how many families are receiving home-based care or how many children are using the vocational training skills they have been given.
- Children and households should know why the information is being collected. Community discussion about progress (see below) can help.

Each group will have to identify local indicators that match their plan of action. The most important thing to remember is to keep the information simple and make sure to collect only information that can be used by the group.¹⁹ The examples below are the main national indicators that countries are expected to report on for their work supporting orphans and vulnerable children:

- number of children receiving birth certificates or other identity documents
- numbers of children who did not access education who are now back in school or training
- number of children removed from a place of exploitation (eg, domestic servitude; hazardous work; brothels; militia groups)
- number of child protection concerns that have been successfully raised with the appropriate people and where action has been taken which the affected child is satisfied with
- number of children accessing healthcare when they need it
- number of malnourished children receiving care, reduction in numbers of malnourished children
- proportion of orphans that live together with all of their siblings
- proportion of households with vulnerable children that receive basic external support in caring for the children
- reduction in the number or percentage of widows and orphans who have experienced property dispossession.

In **Nigeria**, when group members visit households, someone who is not literate asks questions and he or she is paired with someone who can write and who takes the notes. This makes it possible for non-literate people, especially women, to take part.

In **Zimbabwe**, children were supported to set up 'feedback committees' during a period of food distribution. The children were supported to monitor and provide feedback on any abuses in the targeting and distribution of food aid. Children identified many cases of abuse in the allocation of food aid. They identified cases where children within households were not receiving their fair share of food. They also identified problems with children being expected to carry home heavy loads of food, which was hard for small children and also exposed them to violence. In general, communities grew to accept and respect the children's feedback.

In **Ghana**, community health committees have used bulletin boards to easily collect information about their work. Using a large simple tool can make it easy to see progress. The idea is to track simple changes over time. The community places a large board in their meeting room, if they have one, or in a public space where they meet. In the left-hand column they draw a picture of the key activities they are working on, eg, number of out-of-school children returning to school, number of birth certificates applied for and received, number of home-based care visits where children are given support. At each meeting, each group member states how many of each activity he or she has completed. In this way, all members – and the whole community – can see progress and can see where some activities are not succeeding. This can be used to review plans and revise them where needed.

Successful monitoring allows communities to report their activities. Many community-based groups are expected to report to others, such as community leaders, NGOs or donors. It is also very important to share the work of the group with local community members and stakeholders. The more others understand the work, the greater the likelihood that others will become interested in the committee and then become involved.

Using local pictures and images can make it easier for people to explain what change is happening. In

Malawi, Save the Children uses visual tools with local communities to assess group skills and capacity, to monitor progress and plan for further action. The facilitator brings to the meeting a handful of seeds, a plant that is just germinating, a plant that is growing, a plant with a flower or fruit growing, and a plant that is seeding/propagating. These are symbols that are locally recognisable as different stages of growing. The group must select a plant and explain why they chose that stage of growth to represent their answers to a number of questions that assess their progress.

In **Swaziland**, OVC committees meet with local traditional leaders once a month and report on their activities. This is a very useful process because it gives local leaders information about the committees' work and also acts as a way of mobilising support from traditional leaders.

In **Ethiopia** and **South Africa**, community-based groups supporting vulnerable children meet local government personnel on a monthly basis to share results. This is also a useful way of raising issues that are of importance to the local community and starting a dialogue with local service providers.

In **Liberia**, the Liberia Child Protection Network (CPN) involves a full breadth of child protection actors working together within a country-wide framework. This includes the government, UNICEF, international NGOs, a number of national NGOs and community-based child welfare committees. Each county identifies a lead agency that co-ordinates information sharing and action planning. Some of the reasons highlighted for the success of this CPN were UNICEF's commitment and the contribution of resources, and leading and convening the CPN.

In **Somalia**, there has been a similar effort by UNICEF, with NOVIB (Oxfam Netherlands) to co-ordinate child protection at regional level. The co-ordinators are undertaking organisational capacity building, establishing a common rights violation reporting tool for ten community child protection networks, and exploring with these regional networks how they will, in turn, relate to grassroots community-level groups to both receive reports of violations and facilitate responses.

Unfortunately, in many cases, community groups are required by NGOs and donors to provide data that is complicated and time consuming to collect and of little value to the children, families and community group members. Many supporting organisations are increasingly finding themselves under pressure from donors to report numbers ('units of services delivered', for example). Although it is important to know how many children are cared for, it is also important that the information covers the quality of care provided and that the data collection does not become so time consuming that it prevents the group from providing the care.

The core questions to ask about reporting are: Will the information collected improve the situation for children or the community group? Will it help deliver better outcomes for children? Is the manner in which the information is collected realistic?

Provide ongoing support

- Assist community groups to access funding.
- Facilitate networking with other groups to share best practice and increase to link communities with government officials.
- Advocate for support to this approach at higher levels.

In communities affected by HIV and AIDS, the impact on children will continue for several generations, even with the arrival of treatments to keep HIV-positive people alive and healthy. In conflict-affected communities or communities with highly vulnerable but 'invisible' children such as migrants or children with disabilities, community groups often work in isolation and lack support from important community leaders. As a result, community groups caring for vulnerable children will have a role to play

for a very long time. To ensure their longevity, it is important that supporting organisations:

- follow a community mobilisation approach. This means developing responses alongside the community rather than introducing ideas not seen as a priority by the community
- support groups over the long term. In emergency contexts, it is thought that an organisation should make a minimum two- to four-year commitment
- link to other networks of support. This can include other community groups and local service providers.

To assume a long-term commitment to the safety and well-being of the children they are working with, community groups need long-term and predictable sources of both financial and technical support.

With long-term funding, they can plan their work and undertake activities with less fear of raising expectations they cannot meet. Supporting organisations need to provide long-term commitments of resources to community groups, while also assisting them to access local resources where possible.

In most communities where groups are supporting vulnerable children, local resources are limited. Households are poor and often isolated. However, some community groups have managed to find some local resources that both increase impacts for vulnerable children and households and that provide longer-term support for the group to be able to do its work.

Long-term recognition and support from government is essential in order to expand the impact of work with

In **Cameroon**, community groups caring for orphans and other vulnerable children were startled at the conditions of many children and families that they identified when starting to do community surveys. Some groups conducted fundraising campaigns and others collected local goods (eg, food, clothing, school supplies). One group mobilised remittances from community members who were working abroad in the United States.

In **Malawi**, OVC committees often run their own fundraising campaigns. These can be very successful in communities that have a lot of local businesses. Committees undertake 'big walks' (sponsored walks) to raise money and raise awareness.

In Maluti a Phofung municipality, **South Africa**, Save the Children worked very closely with different government stakeholders to convince them of the potential that child care forums (CCFs) offered in supporting their work. At provincial level, there was also a lot of effort to get supportive members of different government ministries involved. This advocacy has led to departments allocating some of their budgets to CCF support. The municipality has now appointed a community developer to support existing CCFs. This person provides continuous support and acts as an advocate for CCFs within government structures. The Department of Social Development provides resources for a multisectoral OVC task team to meet regularly. This includes CCF representatives. There is a monthly meeting in the municipal offices on the last Friday of every month. The meeting time has not changed in three years and so everyone knows when it is happening.

children. Many groups mobilise support from local government personnel – eg, teachers, health workers, local administrators. It can be harder to get this support institutionalised so that when individuals leave their posts the support can continue.

A supporting organisation plays a very important role by assisting community groups to have regular contact with key individuals and organisations working in the district. District-level co-ordinating committees that can provide support to community groups have been established in several countries. These committees can play a key intermediary role between national and local structures.

Contact with other organisations working with children can improve programming by sharing experience and best practice. This also links the community groups to a larger movement of those supporting children. Effective ways to lead this exchange include the following.

- Make exchange visits to other community-based groups that are supporting vulnerable children.

- Establish networks between several community-based groups to share information and collaborate on a regular basis. Importantly, groups must agree to meet and must budget for costs. Initially, it may be necessary for the supporting organisation to resource this and structure the first few meetings.
- Promote links with district structures, local NGOs or government service providers: This assistance includes facilitating meetings between service providers and community group members, training group members to understand how government services should be provided, and supporting community group members to improve advocacy skills. Some groups bring in local organisations or service providers that can offer specialist support to provide training and information for group members. This means that group members should find it easier to access such services when they need to do so later on.

“Some NGOs thought that child care forums would take their work away. They did not want to work together. We solved the problem through meetings to

In **Mozambique**, existing community groups undertook situation analyses to find out the concerns of vulnerable children. The committees found a lack of financial and material resources within their communities to respond to this growing problem. While community structures and organisations in the area have a long history of providing various forms of support to vulnerable groups, in some cases for 40 years, only a few have secured resources to implement their projects or have management capacity.

Save the Children UK worked closely with the multisectoral District AIDS Nucleus, which has received World Bank funding for small district-level projects. Groups are encouraged to apply for funding in areas of their expertise that can benefit vulnerable children. Save the Children provided training in the application procedures. Community groups that were already supporting vulnerable children helped identify other community groups that would potentially be interested in implementing projects to benefit vulnerable children.

In 2004, 74 community groups comprising faith-based organisations, associations, OVC committees, youth groups and NGOs, submitted project proposals during the pilot year, of which 18 were funded, including emerging OVC committees, child parliaments, youth groups, theatre groups, farming and fishing associations, development associations, tailoring and carpentry associations, traditional healer associations, and organisations for people with disabilities. In turn, some of these groups have now accessed additional funding from other sources.

In **Ethiopia**, six OVC committees meet together regularly to identify achievements and problems faced. In these meetings, the emphasis is on the problems that hinder the performance of the OVC committees. Problems are discussed and remedies are proposed by the participants from various committees. OVC committees of some *kebeles* lack co-ordination, do not meet regularly and do not have an action plan, so the meeting helps the inactive *kebeles* to learn from the active ones.

Caring for highly vulnerable children is emotionally and physically difficult. It is very important that community group members not only get training and support on technical issues, but that they are also supported to deal with the difficult issues they encounter in their work. In **South Africa**, a local NGO, Tswaranang, supports members of the local child care forum to cope with the emotional impact of dealing with OVC and the aftermath of HIV and AIDS.

In **South Africa**, a system has been established in one district which ensures that information about the work of the CCFs is fed into district, provincial and national planning processes. At least one representative of the CCFs in the district (each municipality has one forum) attends the monthly OVC task team meeting, during which feedback is provided. The task team compiles monthly progress and status reports and submits these to relevant stakeholders – Department of Education, Department of Social Development and Save the Children UK (the local supporting organisation). This monitoring and reporting function acts as a watchdog to the task team and volunteers to submit their reports on time. Furthermore, task team members regularly attend meetings of national and provincial departments and OVC-related structures to report on the progress of the CCF initiative.

explain what is planned with CCFs. People ended up understanding and are now working together.”

CCF member, Maluti a Phofung municipality, South Africa

- Support regular information feedback. In some countries, local AIDS councils have regular meetings with community-based group members in order to share information.

The supporting organisation also plays an important role as an advocate at provincial or national level on behalf of community groups supporting vulnerable

children, to promote recognition of the needs of vulnerable children and the essential role of community groups. Ongoing advocacy may include representation by the supporting organisation at a national OVC working group or child protection network to lobby for recognition of the role of community groups in national policies. A supporting group may lobby for increased resources for community groups supporting vulnerable children – for example, lobbying for stipends for community group members if other types of volunteers, such as home-based care volunteers, receive stipends through a national policy.

4 Approaches in action

The activities that a community group chooses to do will vary, depending on the local situation. Sometimes national guidelines spell out the roles and responsibilities of community-based groups. Key tasks will usually include some or all of the following:

- identifying vulnerable children, keeping a simple register and monitoring progress. In conflict, post-conflict and other emergency settings where children have been separated from their family, this can include identifying separated children and family tracing
- responding directly to needs, for example, home visits, psychosocial support, preschool activities within the community, food donations
- referral to local services: bringing the child or family to the attention of authorities, facilitating access to services such as school or healthcare, reporting problems to social welfare or child protection authorities
- acting as a focal point for reporting physical or sexual abuse
- co-ordinating activities within the community in the interests of vulnerable children
- engaging in discussions with children on issues that affect them on an ongoing basis.

One important factor to consider is ensuring that the group is reaching the most vulnerable children, including very young children and older adolescents, ‘invisible’ children such as migrants or children with disabilities. Children who are involved in activities and programmes run by the community, such as recreation groups, homework clubs, feeding programmes or support to returning to school, are usually aged between seven and 14 years. There are far fewer activities for preschool children and for older teenagers, perhaps because younger children are less likely to speak out and because older children are often seen as ‘adults’.

Identifying and registering vulnerable children

- Provide training on data collection.
- Provide materials for registering children.
- Facilitate access to emergency child protection services.
- Find out other data collection examples locally and nationally.
- Link your community group to a larger data collection processes.

Once a community group has decided which children in their community are vulnerable, the first step is usually to identify those who are most vulnerable. It is important to ensure that all children are identified. The table opposite shows how a community group in South Africa made decisions about how to find all vulnerable children in their community. The table on page 40 shows the kind of form that can be used to assess individual children.

It is important to check that the most vulnerable children are not excluded, such as children who are working, who are discriminated against or abused within their families, or those who are dispossessed of housing or land. It is important for a supporting organisation to work with the community group to ensure that these children are also identified. Such children are rarely identified through door-to-door surveys.

“The accurate identification of vulnerable children and prioritisation of their needs is vital for the successful operation of Families Orphans and Children Under Stress (FOCUS). Volunteers use a mixture of intuition and objective criteria. However, after volunteers have made their prioritisation decisions, a committee involving community leaders reviews their judgements. The committee is able to verify the needs of the targeted households. This

Deciding how to identify vulnerable children

Method of reaching children	Advantages	Disadvantages
Door to door	See the situation	Transport Abuse is difficult to see Need an introduction and identity document Must be able to offer services after visiting
Mass meetings	Reach many people at once	The most vulnerable do not attend
Schools	Teachers know the children and are trusted Some already have a list of orphaned children	Do not capture the under-school age Many children are not in school, especially the most vulnerable
Churches	Same as for schools	
Clinics and hospitals	Can check the history of a sick child Abused children report to the clinic	Some parents afraid of nurses, so do not take their children there
Roadshows	Raffles attract street children	Non-vulnerable children also attend
Traditional leaders	Same as churches	

mechanism ensures transparency and fairness in the selection of beneficiaries. The close involvement of the community in selecting orphans for assistance contributes to the confidence that the community at large and community leaders place in the programme. Volunteers count all orphans in their catchment area and record them in a master register. They further prioritise the households in most need and record these in a priority register. The households on the priority register receive regular visits from the FOCUS volunteers.”

Choice Makufa, FOCUS programme, Zimbabwe²⁰

Once children have been identified, they are usually registered. Registering children is useful in order to:

- know how many vulnerable children exist and the most common vulnerabilities, in order to prioritise activities. For example, it can be useful to know how many school-age boys and girls in the community are not in school and why, in order to raise this issue with families and schools
- mobilise support from community members and local stakeholders by raising awareness of the extent of the problem
- keep a record of group activities over time in order to measure progress.

In South Africa, the form on page 40 is used in door-to-door surveys. The form was developed in discussion with community groups during their training and then the district and municipal social workers, an NGO representative and the chair of the District AIDS Committee reviewed it. It is translated into the local language.

However, record keeping can be challenging for community groups. Record keeping is time consuming and needs to be regularly updated because children's situations change over time. Confidentiality regarding children's and family's home circumstances is essential, although some groups may be tempted to keep specific lists, for example 'AIDS orphans', in order to mobilise financial support. However, this information will not be a true reflection of children's vulnerabilities in the community, and can be damaging to the child in the long term. At the request of a donor or an NGO, groups are sometimes burdened with complex data collection that does not contribute to their own work.

Registration may raise expectations and if action is not forthcoming it is counterproductive. In an evaluation of one project that established community groups to

Sample form to assess child vulnerability

Name of family member	Relationship to head of family (eg uncle, aunt, grandson)	Sex	Age	Do you have ID or birth certificate (verify)	Do you work? Yes/No	Are there disabled/sick people?	Is there support from government or grants – mention type	Questions relating to children						
								Where is mother/father?	Do you take care of sick parent/s?	Do you attend school/ crèche? Yes/No	If not, give reason	Do you have a clinic card?		
1														
2														
3														
4														
5														
6														
7														
8														

support vulnerable children, a child said, *“They registered us but I don’t know why. And they asked if we get grants and food parcels and I told them no, and they didn’t tell me why they asked these questions.”*

Wide-scale registration should raise concern when a database is called for at national, provincial or district level, without commitment to responding to the needs identified or to supporting the community groups who have identified the children.

Community managed enumeration with clear follow-through is more desirable. As any system of record keeping is developed, the supporting organisation needs to bear in mind the following:

- Is it information that will be of use to the community group in order to fulfil their role of caring for vulnerable children in the community?
- Are all volunteers collecting the same data so that information can be compared with others? If more than one community group is working in the same area, are they collecting similar information?
- How will the records be kept up to date – eg, through ongoing monitoring of individual actions (for example, recording if a child returns to school or receives a birth certificate) or through occasional updating of the overall picture?

When visiting households, community members should speak with both adults and children. Explain that this information is being gathered to assess the children’s needs and what the group may be able to offer to support that child or household. It is essential that anyone doing home visits has received child protection training and that the group has a code of conduct on child protection.

Helping children directly

Making a difference to children’s lives is the main motivating force for almost all members of community groups. This assistance shows children that people around them care for them and are listening to and responding to their needs. This can be shown in different ways: giving material goods, providing emotional or spiritual support and helping a child’s family provide better-quality care. All of these activities are interlinked – in the process of working with a child to grow food, an adult can give the child emotional support and skills for the future. Providing space for a child to talk about his or her fears or experiences in the past provides both psychosocial support and also practical support that helps the boy or girl to deal with life’s practical challenges.

Most community groups have few material resources. In the face of overwhelming problems such as deep poverty, it can be hard to see what makes a difference. However, there are many things that group members can do with the resources that are already in the community.

Providing material support

- Provide material support, eg, seeds, implements and other inputs for community gardens or food production; cement and other materials for the repair of houses; clothes, food, etc.
- Help communities to make links with others who can provide material support within their communities and from the wider community.
- Work with communities to explore innovative ideas to meet these needs.

In **Lesotho**, child welfare forums (CWFs) were trained in child protection. However, they found this very hard to implement because they had so many children in their villages who were hungry and lacked clothing and school materials. They began a ‘crop sharing’ initiative. A household that had enough land partnered with a child-headed household. The CWFs provided additional seed donated by an NGO. Together, the two households would work on the land and share the harvest. After this, the group members said, *“Now that we are giving something to these children, we feel more able to talk about abuse and other protection issues.”*

Groups can design activities that provide food, improve shelter or clothing or other activities.

For example:

- Establish communal gardens and share the proceeds with vulnerable children or assist households to grow more food for sale or for eating.
- Collect or make clothing for children.
- Teach children how to look after themselves, and their brothers and sisters (cooking, cleaning and child care) and helping in households where an adult is sick.
- Repair the roof, doors or windows of houses that are in a bad state. Provide a lock to make houses more secure.
- Set up homework clubs.
- Mobilise donations of food, clothing or resources to share with vulnerable children. If an NGO or a local business knows that there are a group of people in the community who are able to distribute goods equitably and transparently, they are more likely to donate material resources or money.

Junior Farmer Field and Life Schools in Africa bring together orphans to learn agricultural techniques, grow cash crops and get support from each other and from adults in the community. Agricultural extension workers give children seeds to grow useful cash crops on a piece of land in the community. Children learn how to grow the crops and work with the adults. Other people in the community can also work, such as elderly grandmothers caring for orphan children.

In **Mozambique**, a small group of vulnerable children, after being trained in husbandry, received goats and are responsible for tending to them. Since the project began in 2005, they are taking proper care of the animals and the goats are now reproducing. The project yields two benefits: vulnerable children are supported with material assistance and it gives the children livelihood skills that will serve them in adulthood.

In Kiwandja, **Democratic Republic of Congo**, at the request of the local community group, a supporting organisation financed the repair of a bridge that linked two communities because many children were falling and getting injured as they tried to cross the broken bridge to get to school. Community members were very happy that the bridge was repaired and were therefore willing to become involved in other projects, especially the reintegration of former child soldiers and other vulnerable children affected by war. The local hospital and school, for example, agreed to provide free schooling and hospital care for these children and local community members provided land that they could farm.

In **Angola**, the local child protection committee assesses the needs of vulnerable children. When community members have difficulties caring for their children, the child protection committee refers them for financial support. Groups of eight to ten women, mainly widows, then receive a loan to start a consumer co-operative. They are jointly responsible for the loan and buy products between them, re-sell them individually, save some money with the co-operative, pay token interest and keep the rest. They are expected to start paying back the money after a few months.

In **Swaziland** a school 'help club' was initiated in partnership between a member of staff and many children who maintain the running of the club. The club members grow vegetables in a school garden to help support the more vulnerable and poorer members of the school. The active participation of children and young people has made this successful and sustainable and keeps motivation going.

In **Mozambique**, OVC committees are invited to select children who could benefit from an education fair. In this fair, traders are encouraged to bring their wares to the community, including clothing, plastic shoes and school exercise books. Selected children are given vouchers that can be exchanged for goods and others can purchase the goods with cash. At the end of the day, the traders receive cash for the vouchers they have received. The day is also an opportunity for community awareness-raising about orphans and vulnerable children.

Supporting the delivery of emotional, psychosocial and spiritual support

- Offer training on basic counselling skills and psychosocial support.
- Provide toy bags to play with children.
- Provide materials for recreation and playgrounds, etc.
- Pray with children.
- Invite children to participate in religious activities, such as youth groups or prayer meetings.
- Encourage religious groups to participate in activities that support children, such as sports activities.

While providing tangible resources such as clothing, shelter, and food are often priorities for committees, the powerful effect of emotional and spiritual support should not be overlooked. Children need basic nutrition and health to survive, but require attachment, bonding, play and love for development.

Group members can provide direct support to individual children who need care and support through household visits. Many group activities also provide emotional support to children.

- Form support groups for guardians (especially child-headed households).

- Conduct memory box activities that help children develop a strong identity, remember their parent or guardian, and give them legal protection in the event of a caregiver's death.
- Accompany children to participate in cultural festivities and rituals, provided these are not harmful.
- Assist vulnerable families in identifying family members to assist.
- Form playgroups for children or build a community playground.

Children can give emotional support to other children:

- older children can play the role of 'big brother' or 'big sister' to younger children, for example those children living alone with old caregivers or disabled children
- they can run sports activities for other children and be friends to each other.

Spiritual support is also a significant source of strength for some children.

- Pray with children.
- Invite children to participate in religious activities such as youth groups or prayer meetings.
- Encourage religious groups to participate in activities that support children, such as sports activities.

In **Uganda**, children who are HIV-positive, and their caregivers, are supported to live positively. Umuhoza Stella is 10 ten years old and attends the local primary school. She is quite confident that she will have a good future, largely because of the support she has received from her family members. A local group, the National Community of Women Living with HIV/AIDS (NACWOLA), ran a Memory Book and Will Writing project with her mother. Stella's mother, Donata, says that, *"The exposure and support I got during the activities on the memory book project gave me the determination to declare my HIV status to my family members."* She was worried about Stella's health and took her for an HIV test when she was seven. Stella says, *"It was very sad hearing my mother disclose her HIV status, because it was a confirmation of my own status. However, I now have hope for the future and I would like to become a nurse and help people with AIDS."* Stella actively participates in the local Child-to-Child drama club. *"I now have many friends, some of whom I met when I was attending the Child-to-Child counselling workshop. I used to think I was the only HIV-positive child until I met some positive ones during the workshop."* The local supporting organisation has also given her a bicycle so her father can take her to hospital when she gets sick, and she has also received a home-based care kit.

In **Angola**, many children have lost family members during the war. Lulu, aged 14, lives with her 80-year-old grandmother. When Lulu was three years old, her mother died. She went to live with her grandparents as her father remarried and did not want to take care of Lulu. She was happy living with her grandparents but her grandfather died recently and her grandmother has lost her sight. *"My mother died a long time ago. I am alone now. My grandmother has gone blind and I need to take care of her. My father is not here, he spends all his time drinking. I go to work in the fields to plant maize every morning from Monday to Saturday."* Lulu does not have much time to play with her friends and one of her wishes is to have dolls to play with like other girls. The local community child protection network identified Lulu and her grandmother as being vulnerable and needing assistance. The network managed to trace Lulu's aunt and uncle living in a nearby neighbourhood. They are now assisting Lulu and her grandmother. The uncle built a small house for them, improving their shelter, and the aunt now helps Lulu to grow crops in the fields. The network also helped Lulu to have her birth registered, and for her and her grandmother to receive a grant of basic items, including oil, soap and blankets from the government social welfare agency.

Psychosocial support can also be provided alongside material support:

"Both my parents died when I was much younger and now I live with my grandmother, who has now become my best friend. After the death of my parents, my relatives did not care about me but instead grabbed the property that was left behind. They took our land and all efforts to try and get it back failed

because there were no clear documents on where the land was.

"I first suspected I was HIV-positive from my friends who told me that my mother died of HIV and that is why I was falling sick all the time. My grandmother did not want to tell me because she feared that I would kill myself. When I became seven years old I went to the priest and explained to him my

In **Mozambique**, children who are in the OVC committee, as well as adults, visit children at weekends and help cook food for them and do housework. One children's committee raised small sums of money from community members and organised a food distribution to vulnerable children. Seventy children received enough food for eight days.

In **Mozambique**, projects implemented by OVC committees have helped build a bridge between obviously vulnerable children (those that seem to be excluded from play activities and that often stay at home) and seemingly less vulnerable children. The OVC committee applied for funding to buy sports and recreation equipment. Community members say that it is now common to see all children playing, dancing, singing and helping each other with homework, including those that used to stay at home.

situation. He gave me 1,500 shillings and I went to Kagando Hospital for an HIV test, which turned out positive.

“I came back very sad and told my grandmother about it. She got in touch with NACWOLA. Since becoming a NACWOLA member, I have been counselled and accept my situation. I now support other HIV-positive children on how they can live a happy life. I have learnt a lot from NACWOLA in terms of good feeding, hygiene, memory books, care and support to others, and living positively. Counsellors visit me and advise me on eating nutritious foods like beans, ground nuts, maize meal, avocado and milk. They also introduced to me kitchen gardening. I now have greens every meal and the local group helped my family to start up a small income-generating project, from which we get money for our daily needs. Life continues here with my grandmother and I have hope of living until God decides.”

Geoffrey, 15-year-old Ugandan, HIV-positive

On page 46 is an example of a form that community group members use when they have made a house visit to a child and given some emotional or psychosocial support.

Whatever the initiative that is being planned, remember to think about how best to do this work. There are many income-generation projects or community gardens that do not work because of a lack of a market in which to sell goods, or other technical problems. Remember to make the most of local technical knowledge or the knowledge of older people in the community and remember to ask children what works for them!

“Adult members of the OVC committee wanted to create machambas (vegetable gardens) to benefit children, that would be about five kilometres from their homes. They wanted children to be responsible for watering the fields. When the children's committee found out, they held a meeting with the adults and explained that they could not accept that children would have to travel a long distance to tend to the gardens. The children explained that watering the gardens would interfere with school, preparing for their lessons and playing with their friends.”

Albina Paulo, A Luta Continua
OVC Committee, Mopeia District,
Mozambique

Form to track counselling session with a child

Child counselling form					
Name of community					
Name of child			Age		
Sex: Female / Male			Orphan status: Single / Double		
Nature of problem	Sub-problem	Tick here	Consequences of the problem	Tick here	Action taken
Violation of rights	• Survival and development	...	• Stunted growth	...	<ul style="list-style-type: none"> • Counselling • Dialogue with the family • Relocation • Referral, eg, to clinic, SWAGAA, police
	• Non-discrimination	...	• Ill health	...	
	• Best interest	...	• Out of school	...	
	• Participation	...	• Food security	...	
	• Other	• Loss of property	...	
			• Other	
Abuse	• Child labour	...	• Over-worked	...	<ul style="list-style-type: none"> • Counselling • Dialogue with the family • Relocation • Referral
	• Sexual exploitation	...	• Sick	...	
	• Emotional abuse	...	• Wounded	...	
	• Physical abuse	...	• Traumatized	...	
	• Structural abuse	...			
	• Neglect	...			
• Other				
Remarks					
.....					
.....					
Full name					
Signature			Date		

Supporting links with local service providers

- Ensure that community groups know who the service providers are, how to access services, and who they can go to with problems or complaints.
- Liaise between community groups and service providers so that community group members are recognised.
- Provide referral forms.
- Provide transport if it is necessary or liaise with service providers to provide mobile services to remote communities.

Make links for referral to, or support from, home-based care groups, schools, preschools, or faith-based or religious institutions.

It is most important to ensure that vulnerable children are accessing their rights and entitlements. This can be done through partnerships with other organisations and referral to existing services. The main services include:

- health, including access to voluntary counselling and HIV testing, healthcare for ill family members
- education
- birth registration

In **South Africa**, home-based care volunteers are encouraged to work together with child care forum members in order to be more aware of the needs of vulnerable children in the houses where they provide care and support.

In **South Africa**, in commercial farming areas, some child care forums have been established within schools. As a local councillor said, *“Schools are centres in the farming community. They have children in and around them who walk to school. And the structure is there. CCFs need a place where they can get together and talk about what they are doing. Schools may be the only structure that we have for CCFs in farming communities.”*

- government grants or food aid for households caring for vulnerable children
- agricultural extension and inputs for children and caregivers, where they are available
- police, social workers and formal and traditional courts for cases of abuse
- magistrates for cases of inheritance
- local businesses that can provide money or practical support such as assistance with transport to the local town
- churches and mosques, initiation schools, youth clubs, sports clubs and theatre groups can all provide emotional, psychosocial or spiritual support.

Community groups can play a very important role:

- Provide practical support to assist vulnerable children or households to access a service. Some groups provide transport to assist children or households to get to a local clinic or to get to the local administrative office to obtain a birth certificate.
- Remove barriers that prevent children from using services by advocating with the service providers. Sometimes children are unable to use a service because of discrimination by the service provider or because the caregiver does not allow a child to attend school, for example.

In **Mozambique**, community members are worried about the number of children who do not have birth certificates. In one community, 385 children lacked a birth certificate, in another only 7 per cent of the children surveyed had a birth certificate. The committees developed a series of posters describing in cartoon format how to register the birth of a child and the process for claiming a poverty certificate, which enables children to access free education.

In **Mozambique**, OVC committees take sick children to hospitals and health centres using bicycles and bicycle ambulances that have been provided by an NGO. Some groups have negotiated special clinic sessions and free treatment for children who are busy at home caring for sick parents. The special clinic time makes it easier for children to attend and shows that the local health centre recognises and values the role of the OVC committee members.

- Encourage more appropriate delivery of services that are currently inaccessible to vulnerable children – for example, through lobbying for a local NGO to start a service locally, such as a preschool crèche.

There are challenges in making referrals to local service providers. It can be hard to know what is available. Distance and costs limit access for not only the poor families themselves but also the group members. Often the attitude of local service providers is very unfriendly and others may resent what is seen as ‘preferential treatment’. One big concern is confidentiality, especially in health, police or legal cases.

Groups (and very often the supporting organisations) are tempted to find a quick fix, for example by paying a fee to a nurse to get care. However, it is worth the

effort in order to identify a longer-term solution for more children that does not depend on local resources being spent.

The following may make it easier:

- Involve local service providers such as teachers or health workers in the community group.
- Bring in local service providers for regular training sessions.
- Contribute to local development planning forums and HIV or OVC multisectoral committees where others can learn what the community group is doing to support vulnerable children.
- Develop referral forms that the OVC committee members use. On page 50 is the referral form used by the Centre for Positive Care in Thoyandou, South Africa.

In **Mozambique**, two volunteers are selected from each OVC committee to become home-based care volunteers within their communities. The volunteers receive training and conduct visits to households with chronically ill family members and child-led households. This link between the OVC committees and home-based care programme is vital in providing longer-term care to children and families affected by HIV and AIDS.

In Kitshanga, **Democratic Republic of Congo**, the local child protection network found that many children in the city were not attending school, often because their parents drank too much alcohol and did not take responsibility to ensure that their children were in school. The community network decided to take action. A number of local stakeholders were members of the group – eg, city officials, police officers. The head of the city forbade the sale of alcohol during the day and the police agreed to follow up this new rule. The army and the head of the city implemented a system of fines for parents of children who persistently absconded from school and stayed in the street. Teachers and network members conducted awareness raising to encourage children to come back to school. Members also worked with the school authorities to prevent children from being refused entry if their parents did not pay money.

In **South Africa**, child care forum members found that very many children lacked birth certificates. Many of the cases were complicated and needed specific support from Home Affairs officials. With the help of their supporting organisation and the Local AIDS Council, the Department of Home Affairs was lobbied to make it easier to access birth certificates. They agreed to set aside every Friday to work with CCF members to assist in processing documentation.

In **Mozambique**, some OVC committees are also becoming active on school councils to help ensure that the needs of orphans and other children made vulnerable by HIV and AIDS are taken into consideration in school activities.

In **Lesotho**, child welfare forums mobilised traditional leaders to identify chiefs' land that could be used by child-headed households to produce more food. Child welfare forum members offered their time and labour.

In Mbuji Mayi, **Democratic Republic of Congo**, child protection network members were involved with Save the Children UK in training police. Network members, including police who had been trained on child abuse, provided information about children illegally detained by police. Now, police who have been trained in child rights are working with community child protection networks on an 'early warning system'. This system is working in markets and other busy public places. When a child is first seen coming on to the street, network members and police protect him or her and try to trace the family, where appropriate. This links to preventive work with parents on attitudes about witchcraft.

Members of community groups play a crucial role in mobilising the broader community to develop a communal responsibility for vulnerable children, rather than trying to provide direct care for all vulnerable children in their community. Often such community group members shoulder the responsibility themselves for identifying and addressing problems. This leads to burn-out unless there is broader ownership by the community as a whole.

- Talk about the need to support and protect vulnerable children in other community forums. For example, in Ethiopia OVC members raise child rights issues in their funeral societies as well as at other public meetings.

"It is common here to see children aged five to seven carrying 25-litre jugs of water over a distance of many kilometres. The children are sent by their mothers, but nowadays community groups let families know that children of that age should not carry heavy loads. When it does happen, a member of the community group is appointed to ask the mother or the family to stop doing what they are doing, because in doing so they are violating the child's rights."

OVC committee member, Mozambique

- Take concrete action to tackle stigma and discrimination in communities.
- Community group members can be powerful role

Sample referral form

Centre for Positive Care	
Referral letter	
Service providers:	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Social worker
<input type="checkbox"/> Clinic	<input type="checkbox"/> Civic leader
<input type="checkbox"/> Chief	<input type="checkbox"/> Police service
<input type="checkbox"/> Pastor	<input type="checkbox"/> Councillor
<input type="checkbox"/> Traditional leader	<input type="checkbox"/> School
<input type="checkbox"/> Other	
Name of project: _____	
Name of volunteer/care supporter: _____	
Client information	
Name of client	
Sex	
Age	
Physical address	
Problem (reason for referral) – To be filled in by volunteer/care supporter	
To be filled in by service provider (Please document the service provider to client and sign below. Volunteer/care supporter will pick up this letter from service provider.)	
Name of caregiver	
Nearest clinic	
_____	_____
Signature of co-ordinator	Date

models to support children who are experiencing discrimination – for example, by actively caring for HIV-positive youth and challenging the discrimination faced by these young people.

- Meet other groups and encourage them to become involved – for example, local faith-based groups,

youth groups, preschool associations, farmer’s associations, local businesses, traditional leaders. Remember, it can be difficult for community members to make these links. The role of people from supporting organisations can be to facilitate initial contact between different groups.

A local carpet factory in Harrismith, **South Africa**, was very keen to support feeding for children in the community but didn't know how to go about it. Save the Children UK introduced them to the child care forums in the two local townships. They set up five containers that are kitted out as kitchens and provided the foodstuffs for the CCF members to cook. Each container feeds roughly 150 children a day, five days a week. Other businesses joined in and, in less than one year, there are now more than eight containers. Some local farmers are contributing food.

In **Lesotho**, a child welfare forum developed a partnership with a local hospital. As well as providing the group with resources such as agricultural tools and identifying a local retired agricultural extension worker who gave the group technical support, the partnership gave the group recognition and a sense of confidence in their work.

Supporting effective child protection and reporting abuse

- Promote links between the community group and specialised services.
- Provide training on child protection and child abuse.
- Establish systems for safe and confidential reporting of abuse, especially in complex political situations.

Community groups can play an important role in dealing with individual cases of neglect or abuse.

It is very important for community-based groups to make links with local service providers such as social workers, local magistrates and police, especially those with a responsibility for child protection, or NGOs that provide care for children.

- Consider inviting people to community meetings or other community events.

- Police, magistrates and district social workers can sometimes be involved in training for community members, which is a way of building up links between the two.

A community group can take action to make the local environment safer for children.

Sometimes children need more intensive or skilled support – for example, through counselling or legal protection – than a community group member can provide. Additional training is then provided to some community group members.

One of the most important tasks of a community group is to know when and where to refer individual cases of child abuse, neglect or sickness to others.

In **Democratic Republic of Congo** (DRC) some children are accused of witchcraft. Often these children are orphans, disabled or badly behaved and sometimes they are 'just in the wrong place at the wrong time'. Often a local community church contributes to the problem by confirming or discovering signs of witchcraft. Community groups and NGOs in DRC work with revivalist church pastors to examine the impact on the child of being accused of witchcraft, look at what is happening to such children, and change the pastors' role from contributing to the abuse and isolation of the child to advocating for protection of these children. Community child protection network members have received training on prevention of separation. One of the most common reasons for a child to leave home and live on the street is being accused of witchcraft. Community child protection network members lead discussions with parents about: the medical explanation of some sicknesses that the parents consider to be signs of witchcraft; how to promote discussion between parents and children; and child rights. Children at risk, and their parents, are identified by community members. Twice a week parents attend group discussions led by network members and religious representatives.

In **Swaziland**, women were concerned about orphans and other children made vulnerable by HIV and AIDS. With the support of Save the Children Swaziland and NGO partners like UNICEF, 'child protectors' are selected by their community and then introduced to the local leadership. The youth leaders involved in OVC programmes gave these groups of child protectors the name 'Lihlombe Lekukhalela' – 'A shoulder to cry on'. These people are adults in the neighbourhood trusted with looking after children in their locality so that they are protected from abuse. The Lihlombe Lekukhalela visit children in their homes to assess their living conditions and work closely with OVC committees. About six volunteers cover an area of 100 homesteads in their community. Whenever they find children with problems or specific needs, they communicate with the OVC committee to assist or raise the issue with other child protection channels such as NGOs or the police. The scheme began in 2002 in 16 areas with 96 Lihlombe Lekukhalela. There are now 768 volunteers covering 3,500 households. The Lihlombe Lekukhalela has now been expanded to include schools, using teachers as the resource persons.

In Keshero, Goma, **Democratic Republic of Congo**, a community group was able to protect some highly vulnerable children. Children had to walk a long distance to collect water in the Kivu Lake. This was very dangerous. Girls were often raped, some children drowned in the lake, and there were many soldiers in the area who abducted children to join army groups, militias and forces. The local supporting organisation provided funds to build three water pumps. The community child protection network collected a small sum of money from the families who used the pumps and used this money to contribute to school fees for children in these families.

In **Kenya**, the Speak for the Child project provides more intensive care for under-5s. Community volunteers carry out an initial door-to-door survey. However, where there are children that they suspect require more intensive support, a 'mentor' from the project will accompany the volunteer and assess the needs of the child and caregiver, then discuss an appropriate response with the community members. This approach works where there are adequate technical resources to support the members.

In **Uganda**, volunteers are identified from within communities and community groups and trained as 'mediators' and 'fit persons' to support children in conflict with the law and those in need of care and protection. These volunteers create awareness of children's rights, intervene in children's cases at community level, and follow up and support children in the justice system and on their return home. The 'fit person's' task is to give children in difficult circumstances temporary custody, support those charged with offences as they go through the justice system, sensitise communities about the challenges that these children face, work with community groups and personnel in the justice system to encourage mediation, prepare families and communities to receive their children, and assist children to get settled (reintegrated) when they return to their community. 'Fit persons' are trained by Save the Children and given bicycles for transport and a subsistence allowance. In many cases, they have become 'surrogate parents', looking after children until their family and community are able to receive them again. Volunteers belonging to the Laroo Pece Women Association (LAPEWA) work with 150–200 children each year, some of whom stay in their homes for 1–3 months. Children are less likely to commit offences and communities are more likely to accept children back. The 'fit persons' also play an important role in making sure that people working in the official systems treat children appropriately. For example, in one town 'fit persons' demanded the dismissal of a local child care group member who was having a relationship with a child. The local government in Gulu District is now supporting this idea of dismissal and encouraging it to be included in national policy.

In many conflict settings, community-based child protection groups play an important role in monitoring child rights violations. However, a review of many conflict countries showed that it is not possible for community members to address some of the most extreme rights violations. For example, in **Darfur**, UNICEF has struggled to support community protection networks because of security, logistical and other constraints, especially in reaching adolescents. In **Nepal**, some community monitors have received threats to stop their work – only those with relatives on both sides of the conflict feel comfortable in monitoring and reporting rights violations against children. In **Côte d'Ivoire** and **Democratic Republic of Congo**, Save the Children UK found that community child protection networks are at especially high risk of retribution and other risks related to exposure, protection and confidentiality due to their knowledge and proximity to violators and duty-bearers when dealing with issues of child recruitment and sexual violence. In such cases, it is essential that supporting organisations can set up systems where community committees may report violations, but such channels must be well managed; they require the building up of trust and respecting confidentiality.

Ten community child protection networks in North Kivu Province, **Democratic Republic of Congo**, carried out their work of family tracing and unification of children in very dangerous circumstances. One member had his arm broken by a soldier when he tried to negotiate for the release of a child in the army group. In another community, several network members, including a pregnant woman and some demobilised children, were abducted, beaten and put into a military camp by soldiers while the network members were taking these children to be reunited with their families in a minibus belonging to their supporting organisation, Save the Children UK. Despite all this, the groups continued to lobby with army forces and groups. They identified cases of military recruitment and rape, all using a similar reporting form. The children's identity and that of the network member were kept confidential, and the information was passed to the local supporting organisation who in turn conducted advocacy with the regional authorities. With the community information, the lobbying was much more effective.²¹

Supporting groups to help caregivers

- Provide resources or training to caregivers for income-generation programmes.
- Advocate for the introduction of social protection schemes for caregivers.
- Help community groups to link with other sources of support for caregivers within their communities and from the wider community.

An often-forgotten group is made up of elderly, very young or sick caregivers of vulnerable children. Grandparents – especially grandmothers – play an increasingly important role in the care of orphans. About half (in some countries even more) of the children who have lost parents find a new home with their grandmothers. Grandmothers are not

only numerically the biggest single group caring for orphans, they are also overwhelmingly the first choice when orphans and other vulnerable children express a preference for who will care for and protect them.

But older carers are a highly vulnerable group. The grandchildren are cared by the grandmothers – but at the same time, the children support the elderly economically and emotionally. By helping these caregivers, communities are also assisting children by raising living standards, giving caregivers skills in supporting children, or giving them time to relax also.

Possible activities include:

- income-generation activities for community guardians, caregivers or older children
- visiting houses and cooking and cleaning
- support groups for caregivers.

In Nshamba, **Tanzania**, grandmothers get a small pension every month according to the number of children they support, provided by donations made through a local OVC supporting organisation and staff from a micro-finance group. Twice a month, grandmothers and grandchildren meet separately to discuss issues such as daily life, HIV prevention, health, two generations living together, etc. These regular meetings help to form a social network for grandmothers and for children, and helps to improve relationships between them.

5 Useful resources

Training manuals

Child Welfare Society Zimbabwe, *How Can We Help? Approaches to Community-Based Care: A guide for groups and organisations wishing to assist orphans and other children in distress*, 1999

<http://www.womenchildrenhiv.org/pdf/p09-of-of-03-05.pdf>

This training manual includes useful sample forms for identifying vulnerable children, sample wills, criteria for being a volunteer in a child welfare committee, tools for working with foster parents, and an outline for training community childcare committee members.

Christian Aid/Islamic Relief/UNICEF, *A Matter of Belonging: How faith-based organisations can strengthen families and communities to support vulnerable children*, 2006

<http://www.crin.org/docs/A%20Matter%20of%20Belonging.pdf>

This manual gives some simple ideas for what faith-based organisations can do to support vulnerable children to remain within a family and in their community. It contains case studies of initiatives by faith-based organisations.

Healthlink Worldwide/NACWOLA, *The Memory Work Trainer's Manual: Supporting families affected by HIV and AIDS*, 2005

http://www.healthlink.org.uk/PDFs/imp_manual.pdf

This manual guides trainers through a course to support parents, guardians and carers affected by HIV and AIDS, by helping them to share information, hopes and fears with their children, strengthen each child's sense of identity and belonging, and plan for the future care of their children. Based on work by NACWOLA in Uganda.

International HIV/AIDS Alliance, *All Together Now! Community mobilisation for HIV/AIDS*, and *Tools Together Now! 100 Participatory tools to mobilise communities for HIV/AIDS*, 2006

http://synkronweb.aidsalliance.org/graphics/secretariat/publications/All_Together_Now.pdf and http://synkronweb.aidsalliance.org/graphics/secretariat/publications/Tools_Together_Now.pdf

These two source books are for people working directly with communities on HIV and AIDS. They are a toolkit and set of training activities on mobilising communities for HIV/AIDS prevention, care, support, and treatment and impact mitigation. They guide the reader through the community mobilisation process and include a range of simple training tools that can be easily adapted to a local setting.

International Save the Children Alliance, *The Spider Tool: A self-assessment and planning tool for child-led initiatives and organisations*, 2005

<http://www.ovcsupport.net/graphics/OVC/documents/0000816e01.pdf>

This set of three toolkits provides ideas to assist children to reflect, analyse and do further action planning in their organisations.

Keeping Children Safe, *Keeping Children Safe Toolkit*, 2006

www.keepingchildrensafe.org.uk

This is a set of tools that explains what the basic standards should be for all organisations working in child protection across the world. It includes a resource pack that provides guidance and activities to help the organisation meet child protection standards, a pack of training exercises and materials and also a DVD and CD-Rom to help with training and implementation of standards.

John Snow International UK, *Young People We Care! Making a difference in our community*, 2005

http://www.jsieurope.org/docs/young_people_we_care_v2.pdf

This guide is aimed at youth groups wanting to become more active members of their community. It provides training tools to support young people to become involved in HIV-related work and ideas for community activities.

Morgan, Jonathan, *Making a Hero Book: A guide for facilitators*, August 2006.

Available from www.repssi.org

This guide helps facilitators work with groups of children, using story-telling and art to identify problems, find solutions and mobilise communities to respond to these problems.

REPSSI, *Journey of Life training materials*, 2004

Available from REPSSI's website: www.repssi.org

These training materials include: guidelines to run an 8-hour introductory workshop designed to raise awareness of the problems and needs of children and offers guidelines on how the community can find solutions, including a workshop guide for children; action workshops for community members on community parenting and helping children to understand death; teaching life skills to our children; and training of trainers. Picture codes are also available and include guidelines for community-based discussions that can be led by any interested member of the community.

SAFAIDS/John Snow International UK, *A Future Planning Notebook for Families and Communities*, 2004

http://www.jsieurope.org/docs/future_planning_booklet.pdf

This booklet is useful for community members when they are discussing future options for children in

households affected by HIV. It is written primarily for families and gives information on discussing issues with family including children, living positively with HIV, planning for the future including choosing guardians and preparing wills, and legal and financial arrangements. It is written for Zimbabweans but some information will be useful for others.

Save the Children US, *Community Mobilization Manual: A field guide to mobilize communities for health and social change*, 2003

<http://www.savethechildren.org/technical/resources.asp>

This manual gives very simple and clear ideas for community mobilisation. Using examples from Africa, Asia and Latin America, the manual guides facilitators through participatory planning and design to programme implementation and monitoring.

Save the Children US, *A Community Mobilization Handbook for HIV/AIDS Prevention, Care and Mitigation: Save the Children USA Malawi Experience. Scaling Up HIV/AIDS Interventions Through Expanded Partnerships (STEPS)*, 2003

http://www.savethechildren.org/health/hiv_aids/images/malawimanual4.pdf

This manual is a step-by-step guide to using community mobilisation processes to set up community groups responding to HIV and AIDS. It includes training sessions and examples of how this community mobilisation process has been used, including for developing OVC responses.

International Save the Children Alliance, *Practice Standards in Children's Participation*, 2005

http://www.savethechildren.org.uk/scuk_cache/scuk/cache/cmsattach/3125_PSCP.pdf

This provides some basic guidelines on what to do and what not to do in children's participation.

World Vision, *Guide to Mobilising and Strengthening Community-led Care for Orphans and Vulnerable Children*, 2005

www.wvaidresources.org

This is a summary of the tools used by World Vision to establish community care coalitions at district and community level. It includes tools for mobilisers seeking to establish community-based responses and tools for facilitators training community volunteers and stakeholders.

Policy documents and programme descriptions

Academy for Educational Development, *Speak for the Child: A program guide with tools*, Washington, undated

<http://womenchildrenhiv.org/wchiv?page=of-06-00>

This guide is written for NGO and CBO programme managers involved in the planning, design, implementation, and monitoring and evaluation of community-based programmes to improve the care of young vulnerable children. The programme tools were developed in a programme in Kenya that was working with vulnerable under-5s. The report describes how the programme identified volunteer committees and linked with services. It gives examples of tools that were used to train and support volunteers and identify and provide programmes for young vulnerable children.

Firelight Foundation, *From Faith to Action: Strengthening family and community care for orphans and vulnerable children in sub-Saharan Africa*, 2006

<http://www.firelightfoundation.org/FtA%20-%20Africa%20ready.pdf#search=%22From%20Faith%20to%20Action%20Firelight%22>

This guide is primarily aimed at faith-based groups in the north and in sub-Saharan Africa wishing to support initiatives caring for vulnerable children. It advocates for a community-based approach, but provides guidance on how to ensure that orphanages are a temporary solution for some children. It highlights 12 key strategies for supporting

community-based initiatives and gives case studies from Africa to illustrate how community-based groups are responding to this issue.

International HIV/AIDS Alliance/Family AIDS Caring Trust, *Expanding Community-Based Support for Orphans and Vulnerable Children*, Brighton, 2002

http://synkronweb.aidsalliance.org/graphics/secretariat/publications/ovc0502_expanding_communitybased_support_ovc.pdf

This workshop report focuses on the role that NGOs can play as intermediary organisations to support community OVC initiatives. It is based on lessons learned from community initiatives in southern Africa. It provides useful summaries of the different roles that CBOs and community initiatives, NGOs and policy-makers and planners can play to scale-up quality community-based OVC responses.

Mann G, *Family Matters: The care and protection of children affected by HIV/AIDS in Malawi*, Save the Children Sweden, Stockholm, 2004

<http://se-web-1.rb.se/SHOP/Archive/Documents/2908Family%20Matters%20Malawi.pdf>

This case study describes the experiences of orphans, their caregivers and other family and community members being supported by community-based organisations in Malawi through Save the Children US's COPE programme.

Phiri S N, Foster G and Nzima M, *Expanding and Strengthening Community Action: A study to explore ways to scale up effective, sustainable community mobilization interventions to mitigate the impacts of HIV/AIDS on children and families*, Displaced Children and Orphans Fund, USAID Washington DC, 2001

<http://www.womenchildrenhiv.org/pdf/p09-of/of-07-01.pdf>

A review of projects in Malawi and Zimbabwe and exploration of the factors that enable an expanded response.

Tolfree, D, *Facing the Crisis: Supporting children through positive care options*, Save the Children UK, London, 2005

http://www.savethechildren.org.uk/scuk_cache/scuk/cache/cmsattach/3306_FacingtheCrisis.pdf

The first paper in Save the Children UK's First Resort series, this paper provides an overview of the main issues facing policy-makers and practitioners implementing family- and community-based alternatives. It considers some of the different 'packages of care' that individual children need in different contexts.

UNICEF, *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, UNICEF, New York, 2004

http://www.unicef.org/aids/files/Framework_English.pdf#search=%22Framework%20Protection%20Care%20Support%22

This framework provides international policy and programming principles on caring for children. It emphasises the need for children to remain in communities as far as possible. It has been developed and endorsed by many international actors. A companion paper published in August 2006 explores some of the proposed priority actions in more detail, such as social protection mechanisms, legislation and ensuring that forms of care for children follow international standards.

[http://www.crin.org/docs/Child%20Protection%20and%20Children%20Affected%20by%20AIDS%20\(Final\).pdf](http://www.crin.org/docs/Child%20Protection%20and%20Children%20Affected%20by%20AIDS%20(Final).pdf)

Williamson, J, *Finding a Way Forward: Principles and strategies to reduce the impacts of AIDS on children and families*, 2000

<http://www.crin.org/bcn/details.asp?id=8790&themeID=1004&topicID=1025>

This policy paper is a very useful exploration of the key policy and programming considerations for providing care for children affected by HIV and AIDS in Africa at a scale that is required. It includes a discussion of the need for supporting communities to mobilise themselves.

Networking

The Better Care Network brings together organisations and individuals concerned about children without adequate family care. It facilitates information exchange and collaboration on these issues. It advocates for technically sound policy and programme action on: reducing instances of separation and abandonment of children; reuniting children with their families, wherever possible and appropriate; increasing, strengthening and supporting family and community-based care options for children who cannot be cared for by their parents; promoting the development of and compliance with standards for all forms of care for children without adequate family care; and ensuring that residential institutions are used as a last resort. Its website contains many useful resources and it has a regular email posting.

www.bettercarenetwork.org

Notes

¹ UNICEF (2006) *Africa's Orphaned and Vulnerable Generations: Children affected by AIDS*

² These are included in Chapter 5: Useful resources

³ From UNICEF (2003) *Working with children in unstable situations*

⁴ Based on information from UNAIDS/UNICEF/USAID (2004) *Children on the Brink: A joint report of new orphan estimates and a framework for action*

⁵ Information from a forthcoming evaluation of COPE and SCOPE programmes

⁶ Ministry of Women and Social Action and UNICEF (2006) *A Situation Analysis of Orphans and Vulnerable Children in the Context of HIV/AIDS in Mozambique*

⁷ For more information on dealing with loss with different age groups, see Healthlink Worldwide/NACWOLA (2005) *The memory work trainer's manual: supporting families affected by HIV and AIDS*

⁸ UNICEF (2004) *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*

⁹ Adapted from Save the Children US (2003) *A Community Mobilization Handbook for HIV/AIDS Prevention, Care and Mitigation: Save the Children USA Malawi Experience. Scaling Up HIV/AIDS Interventions Through Expanded Partnerships (STEPs)*

¹⁰ Further information can be found in Save the Children (2005) *Practice Standards in Child Participation*

¹¹ Southern Africa AIDS Trust/Save the Children UK (2006) *Report on Regional Training Workshop on Child Participation, 5–9 June 2006*

¹² Southern Africa AIDS Trust/Save the Children UK (2006) *Report on Regional Training Workshop on Child Participation, 5–9 June 2006*

¹³ In particular, the following resources take readers through the main community mobilisation steps: Save the Children US (2003) *Community Mobilization Manual: A field guide to mobilize communities for health and social change*; Save the Children US (2003) *A Community Mobilization Handbook for HIV/AIDS Prevention, Care and Mitigation: Save the Children USA Malawi Experience. Scaling Up HIV/AIDS Interventions Through Expanded Partnerships (STEPs)*; International HIV/AIDS Alliance (2006) *All Together Now! Community mobilisation for HIV/AIDS*

¹⁴ UNAIDS (2006) *Report on the global AIDS epidemic, 2006*

¹⁵ Adapted from International HIV/AIDS Alliance (2006) *All Together Now! Mobilising communities for HIV/AIDS*

¹⁶ Adapted from REPSSI (2004) *Journey of Life*

¹⁷ Adapted from Woodhead M (1998) *Children's Perspectives on their Working Lives*, Save the Children Sweden

¹⁸ Mann G (2004) *Family Matters: The care and protection of children affected by HIV/AIDS in Malawi*, Save the Children Sweden

¹⁹ UNICEF (2004) *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*

²⁰ Makufa S C (2001) *Community Care of Orphans*, paper presented at Viva Network's international Cutting Edge conference, Netherlands, March 2001

²¹ Verhey B (December 2005, draft) *What are Child Protection Networks? Global mapping and analysis n view of actions on monitoring and reporting of child rights violations in conflict-affected areas*

