



BRAVEAURORA RE-INTEGRATION

HANDBOOK

Version: November 2011

FAMILY TRACING AND SOCIAL RE-INTEGRATION
WORK WITH ORPHANS AND VULNERABLE
CHILDREN IN GUABULIGA: IN THE WEST MAMPRUSI
DISTRICT OF THE NORTHERN REGION, GHANA
(WEST AFRICA).

Contents

Content.....2

Acronyms.....5

Abstract.....6

Introduction - the situation of OVCs in Ghana.....8

Definition of OVC.....9

Abuse of Residential Homes.....11

Residential Care.....13

Institutional Care.....13

Foster Care Placement.....14

Reunification.....14

Section 1: Introduction

General Overview15

The NGO Braveaurora.....15

The Guabuliga Orphanage.....15

Close Collaboration of BA with DSW and other Agencies.....	16
Reintegration Approach.....	17
Reintegration.....	18
Substitute family-foster care.....	19
Section 2: Background	
Aims and Vision.....	20
Mission of Braveaurora.....	21
Braveaurora key policy.....	21
Braveaurora philosophy.....	22
Section 3: Policies	
Child Labour.....	23
How to Recognize Signs of Child Abuse.....	23
Braveaurora Child Protection Policy.....	24
Sexual Harassment policy.....	26
Anti-bulling policy.....	27
Section 4: Services	
Background.....	29
Services Delivery to Children in Foster Family care.....	29
Transition from FFS to Young Adult Support Service.....	29
Content of Braveaurora Files.....	30
Records and Files in Braveaurora FF Community.....	31
Section 5: Caring for Children and Support Package.....	32

Start up Package –FC Community.....	32
Support Package for Existing families and FFC.....	33
Young Adult Support Package.....	34
Educational Benefit or Support.....	34
Support Systems.....	35
Project Monitoring.....	37
Section 6: Preparation and Moving Children in Braveaurora.....	38
Components of Moving Children.....	39
Taking Custody of a Child in Danger.....	40
Monitoring and Supervision after Movement.....	40
Communicating with Children.....	41
Section 7: Monitoring, Evaluation and Supervision.....	42
Who the Information is for.....	43
Summarization of Data.....	43
Conclusion.....	46
Recommendation.....	47
References.....	48
Appendix 1.....	50
Appendix 2: Braveaurora Reintegration Team.....	52

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community –Based Organization
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
UNAIDS	United Nation Program on HIV/AIDS
NHIL	National Health Insurance Law
ECCE	Early Childhood Care Education
DSW	Department of Social Welfare
UNICEF	United Nations Children’s Fund
CRI	Care Reform Initiative
SER	Social Enquiry Report
LEAP	Livelihood Empowerment against Poverty
FBO	Faith Based Organization
CRC	Convention on the Rights of the Child
USAIDS	United States Agency for International Development
FCC	Foster Care Community
NHIC	National Health Insurance Card
PTA	Parent Teachers Association
WASSCE	West Africa Senior Secondary Certificate Examination

Abstract

International research over the last years has shown the harmful effects of institutionalization on children. The purpose of this material is to assist the Guabuliga orphanage in the West Mamprusi District in North Ghana to carry out reintegration work, as well as to assist institutional homes and other concerned individuals to transform systems of institutional care into those based on family and community support.

It is necessary that all institutional homes make arrangements for those children who are living in institutions and for whatever reason cannot live with their parents either temporarily or permanently. This can be achieved by providing children with the three main types of substitute care: resettlement, fostering and adoption.

Several institutional care facilities in Ghana have been in operation for quite some time now, some of which have been established with good intentions believing that it is a better way for caring for children. However, evidence and international research in the field of development cooperation and children's aid have shown that family and community based forms of care are by far more likely to meet the needs of children. International organizations (e.g. UNICEF) and experts in de-institutionalization suggest that this process of de-institutionalization is beneficial to children, families and communities.

Agencies who have been involved in the process of closing down residential care institutions and providing alternative form of care have met many challenges and dilemmas along the way.

This handbook is based on current methods in providing services for children who are going to be resettled back into their families or placed under foster care in the community.

Below please find a short overview of the various chapters of this re-integration handbook.

The introduction defines the nature of OVCs in Ghana and OVCs in the various terms. It also explains the nature and scale of residential care and the reason why institutions are used as a solution to care for children. It highlights work that still needs to be done and the responsibilities of authorities and child care practitioners towards children.

Section 1 describes the overview of Braveaurora as an NGO, the Guabuliga orphanage and its various collaborators as well as the various steps in the reintegration approach.

Section 2 draws up the mission, aims, vision and philosophy of Braveaurora.

Section 3 describes the various Braveaurora policies that guide the operation of the organization and the disciplinary steps for children and workers of the orphanage.

Section 4 presents a detailed design of alternative services required to effectively deinstitutionalize children in residential care and carry out effective service for children.

Section 5 considers planning the transfer of resources necessary for effective de-institutionalization of children. It suggests the various needs of children in many forms. It also describes community support services and ways of transforming the community.

Section 6 deals with the process of preparing and moving children to their new placement. Moving children is sometimes traumatic for children and this section outlines the information needed to ensure that children are prepared for the move, in order to reduce trauma and increase the chances of a successful placement. It highlights the various steps to create an attachment between children and their care givers. It also highlights the various steps in child development.

Section 7 considers the responsibilities of care givers to carry out monitoring and evaluation. It describes the follow up visits and the assessment of the child's new placement to ensure the efficiency of the deinstitutionalization programme.

INTRODUCTION

THE SITUATION OF OVCs IN GHANA

Basic statistics for orphans and vulnerable children (OVCs) in Ghana put the prevalence of OVCs at an alarming rate. This is in spite of the implementation of several legal and policy frameworks for promoting social protection of the poor and vulnerable children in the country (e.g. the Care Reform Initiative or the National Plan of Action for Orphans and Vulnerable Children of the Ghana Ministry of Employment and Social Welfare). The rate of OVCs according to the (UNAIDS 2010) estimated that, there are about 1,100,000 children who have lost one or both parents, 500,000 or 790,000 have lost either a mother or father and 150,000 have lost both parents. It is indicated that children between the ages of 0-17 years are orphaned in Ghana. The estimated number of OVCs, according to the 2003 Ghana demographic and health survey, is 204,000 and this number will rise to 291,000 by 2015. (UNICEF)

Indigenous to Africa is the concept of absorbing OVC into extended families and within the community. In Ghana, extended families and communities traditionally take care of orphans. Spiritual attitudes and beliefs also reflect the use of the traditional communal and loving concept that humans are called to care for one another. However, the orphan crisis has now overburdened households, and many communities find it too difficult to give orphans the care and support they need.

With the added burden of poverty, HIV/AIDS and armed conflict, many communities are in a crisis situation. **The absorption of an orphan often results in an decrease in household income and resources.** The OVCs indicates 27% of all orphans in the country are living with world's most dreaded HIV/AIDS, out of which 58% of the households caring for these orphans are said to be female headed.

When a child is absorbed into an already poor household, it strains resources and results in all children in the home being identified as vulnerable. Case et al. (2003, p.10) find that in all countries, orphans are more likely to live in households with a higher fraction of elderly members and with less-educated heads. These already vulnerable households, due to age, economics and gender, do not have the material means to take care of an orphan. Furthermore, the fact that these households headed by the elderly are becoming less common is reflected in

Ghana's young population. Good ECCE practice advocates for parents as the first and foremost educators in a child's life; however, when the parents, the extended family or the traditional elders cannot act as a substitute, then other means must be considered.

In any country orphaned children deserve protection and provision through a set protocol. In other words, it is important to keep children in families and communities before opting for other measures. The Department of Social Welfare (DSW) in partnership with UNICEF has developed a plan, the Care Reform Initiative (CRI), to guide service providers to help OVCs in Ghana reach their full potential, provide children with appropriate alternative care and ensure that institutional care is used only as a last resort. The CRI's first objective is to provide families with access to extra resources in the form of scholarships, National Health Insurance and the social grant programme (LEAP) to prevent the disintegration of the family unit.

When children are already separated from their immediate families, then the objective is to reintegrate them into their extended families. Adoption into a family is also another option if prevention and reintegration are not possible, followed by a form of foster care. This hierarchy of alternative care is organized by local NGOs, FBOs and CBOs through informal family fostering, formal fostering and community caregivers (Ntozi, Ahimbisibwe, Odwee, Ayiga, Okurut, 1999). The logistics of providing necessary resources and support for children in families and foster families continues to be a problem for NGOs and other stakeholders due to inadequate funding and resources to provide scholarships, food packages and overall support for their programs.

DEFINITION OF OVCs

It is essential to have a clear and working definition of orphan-hood and vulnerability. An orphan defined in this document includes, all children under the age of eighteen who are maternal, paternal or double orphans. Notably, UNICEF provides that the vast majority of children are single orphans, maternal or paternal (2008). Defining an orphan as a child under the age of fifteen who is a maternal, paternal or double orphan confers with the once mainstream definition of orphan used within the international community. However, it failed to account for the children who are orphaned and just as vulnerable between fifteen to eighteen years of age. In accordance with the Convention on the Rights of the Child (CRC) "a child means every human being below the age of eighteen years."

This recognizes that OVC should include children beyond the age of fifteen. *The Children on the Brink 2004: A Joint Report of the New Orphan Estimate and a Framework for Action* (UNAIDS, UNICEF and USAIDS), updates the international community's definition of OVC as all children under the age of eighteen.

The Ghanaian orphan is similarly defined under the two variables of age and parental loss; a child under the age of eighteen with at least one deceased parent is considered an orphan. Guided by the CRC, Ghana similarly defines a child as a person below the age of eighteen in the country's Children's Act, 1998 (ACT 560). In Ghana, 16.3 percent of children under the age of fifteen have at least one parent dead (excluding children with parental status missing), 6.6 percent of children under the age of fifteen are not living with either parent and are included in the vulnerable category (Ghana Demographic and Health Survey 2003). The Ghana AIDS commission reports that the HIV/AIDS rate in Ghana is 2.7 percent, resulting in 270,000 children orphaned by the disease, all under the age of seventeen (IRIN 2007).

Defining vulnerability on the other hand, does not include such concrete indicators as age and parental loss. Instead, "vulnerable children are those who belong to high-risk groups who lack access to basic social amenities or facilities. The main sources of vulnerability include HIV/AIDS, poverty and conflict," according to the World Bank and UNICEF (2002, p.17).

Vulnerability in Ghana spans neglect, abuse, unregistered birth, malnutrition, mental and physical handicap, poverty, precarious family situations and other classified high-risk factors that may involve the material, social and emotional. At the highest risk of vulnerability continues to be orphans and street children.

According to the International Federation of the Red Cross and Red Crescent Societies, children are also defined as vulnerable if they have had such specific experiences: withdrawal from school, discrimination and stigma, emotional need and grief over illness or death of parent(s), increase of poverty, loss of property and inheritance right, loss of shelter, inadequate health care, vulnerability to physical and sexual abuse or engagement in child labor (2002). The other precarious living situations are further described as including children living with old and ill caregivers, within households that absorb orphans and with parents dying of AIDS, all of which increase a child's vulnerability. Quite obviously, vulnerability is not limited to orphans and often supersedes the numbers of absolute orphans.

Furthermore, due to a lack of overall child participation, children remain inherently vulnerable because their voices continue to be unheard, unconsidered and undervalued in many national and international forums.

The World Declaration on the Survival, Protection and Development of Children in 1990 stated it best:

The children of the world are innocent, vulnerable and dependent. They are also curious, active and full of hope. Their time should be one of joy and peace, of playing, learning and growing. Their future should be shaped in harmony and cooperation. Their life should mature, as they broaden their perspectives and gain new experience. (Smart 2003 p.7)

Recognizing children for possessing these innate qualities - innocence, vulnerability and dependency - sets up the standard to protect, develop and care for all children.

ABUSE OF RESIDENTIAL CARE

Adverse effects of institutional care living is not new information; it has been recognized as a problem for many years. The healthiest living condition for a child is obviously with a family who will love and nurture as well as providing food, shelter and clothing that will ensure this child's survival. Unfortunately, this is not reality for many of the world's children.

By definition, the word orphan means a child that has been left without parents to care for him because they are deceased. Today's international orphans usually have parents but they have abandoned them or their parental rights have been terminated. There are numerous reasons why people abandon their children; reasons seem to be similar worldwide.

Below is a list of the most common reasons why children are placed under institutional care.

- 1) Poor economic situation, poverty
- 2) Parental illness, mental and or physical
- 3) Drug or alcohol abuse by the parents
- 4) Mental retardation

5) Incarceration

6) Termination of parental rights because of neglect or abuse

7) Political and economic policies of different countries (one child policy)

8) Complicated medical conditions that the family cannot care for

Orphanages are part of every societal culture. How good or how bad an orphanage is depends on the particular country outlook on abandoned children and obviously the financial situation of these countries.

Nevertheless, in some countries there has been a strong reaction to the negative features of institutionalization, which shaped the pattern of child residential care use in many countries. There are both historical and current examples of the misuse of day care and residential care of children where parents voluntarily or involuntarily keep their children for long hours. In this case, children are likely to suffer the same harm as those who have been institutionalized in long-term residential care, since they lack consistent one-on-one care and attachment.

Delays in developmental health are common in many of the post-institutionalized children, the degree and severity of problems is directly proportional to the length of time of institutional care living. (www.adoptiondoctors.com).

Many of these children suffer from physical neglect, poor hygiene and a lack of a nurturing environment. Cognitive development in young children is critically dependent on their experiences during early infancy and childhood. The more hostile the environment, the more detrimental are the developmental delays. Even in today's more modern orphanages that are cleaner and full of toys and other stimulating activities, there is still no substitute for a mother-child relationship.

It is extremely difficult to care for many children in a group setting no matter the country you are in. Many children that live in orphanages suffer from lack of experiences with the outside world. Many of these children have not left the orphanage grounds; they lack the experience in going to the park, stores or even some other children's home for a play date. These are simple daily experiences that we all take for granted as part of growing up.

Worldwide, poverty remains as the most common reason for abandonment of

children. In some countries with extreme poverty, sometimes an institution is the only viable alternative for this child's survival. At least in an orphanage the child will receive the minimal daily life requirements such as food, shelter and clothing. While medical care is somewhat limited in some institutions. In an orphanage the child should be protected from abuse and neglect and may even be offered formal education.

RESIDENTIAL CARE

It constitutes care without a parent or guardian for longer than three months for large numbers of children (25 or more) or small numbers of children (between 11 and 24) in a building often referred to as a "children's home" which provides high quality, non-institutional residential care in a community.

It has therefore been suggested that when a child lives in an institution for longer than 3 months without the exclusive care of parents or guardians constitutes "long-term residential care" of the child and this is potentially harmful to the child's development. (Browne et al., 2004, 2005)

INSTITUTIONAL CARE

The reason behind institutional care consists of children who due to emergency cannot be placed in their homes and are therefore placed in an institution for a short period of time. It is important that when a child is placed under emergency foster family care, all possible effort be made to ensure that the case qualifies as an emergency. Another alternative is small family care with highly experienced staff specialized in providing services for children.

It is also necessary that care is provided with the support of a parent or guardian and that it is not more than 3 months before the child is moved to a permanent placement in a family-based care.

Residential care is basically for children in need of care for a short term. Residential care should as much as possible be similar to that of the home environment and be located in a local community.

Children with special needs need to be taken to specialized residential homes for special care and the right period of time. It is also important that family members or friends are involved in the child's care plan.

FOSTER CARE PLACEMENT

A foster parent is a person who is not the parent of a child but is willing to undertake the care and maintenance of the child. (Children's Act, 1998, Act 560)

Children are placed under foster care when there are emergency situations or family crises. This should be done immediately after the assessment of the child's situation. This can be part of the child care plan. It is necessary that parents of the child participate in the process. Placing a child under foster care is much cheaper as compared to institutional care. Foster parents can also act as role models to birth parents and also provide positive parental care to the birth parents leading to the rehabilitation of the family. Trained or skilled foster parents can support parents in difficulty so that the child can return to his/her family home when parenting becomes a positive experience.

REUNIFICATION OF CHILDREN WITH PARENTS

Children are sometimes separated from their birth parents or extended families and placed in institutions due to poverty which according to child rights activists is not acceptable. It is therefore necessary to provide support for families to enable them to reunite with their children. In cases where children cannot re-unite with their birth or extended families, provisions should be made to reunite children with their siblings. In cases where siblings are outside the child's resident place, efforts should be made to find the sibling and reunite them.

SECTION 1: GENERAL OVERVIEW:
BRAVEAURORA NGO

BRAVEAURORA is an Austrian, Swiss and Ghana based NGO (Non Governmental Organization) which was established in Austria in 2009 and in Switzerland in 2010 and was registered in Ghana as a fully fledged NGO in February 2010. BRAVEAURORA is also registered with the Department of Social Welfare (DSW) in Accra as an NGO. Its board consists of four persons (chaired by Dr. Christin Forstinger, co-chaired by Tamara Pottfay, financially supervised by Julia Weberbauer and supported by Sarah Ebieshuwa as official secretary) who are also represented in Braveaurora Ghana. Braveaurora Ghana has two local directors (Baba Seidu as country director and Dr. Christin Forstinger) and a supervisory board of four persons (Sarah Ebieshuwa, Tamara Pottfay, Julia Weberbauer and Julie Seidu).

The organization is humanitarian and non-governmental established with the objective of assisting those orphaned vulnerable children who lost/or are separated from their parents/relatives due to the death of one parent or both parents and the burden of poverty and lack of protection in the local community. BRAVEAURORA's major concern is to use the top down approach: Re- integration into (1) the existing families, (2) extended families, (3) foster families – the best interest of the child is the crucial criterion here.

THE GUABULIGA ORPHANAGE

The orphanage is located in the village of Guabuliga in the North Eastern corridor of the West Mamprusi District of the rural Northern Region of Ghana. The village is pre-dominantly a farming community which solely relies on rain-fed farming. A total number of Forty-Five (45) children have been registered in the Guabuliga Orphanage since its establishment in the year 2008. The Guabuliga orphanage has a local board consisting of locals of Guabuliga and the surrounding communities. BRAVEAURORA as an NGO has supported this - at this time already existing - orphanage with comprehensive measures since the second half year of 2008. A total number of fifteen (15) female children and thirty (30) male children are registered in the orphanage. The age of these children are between the ages of four (4) years and eighteen (18) years. No new children are admitted to the orphanage.

Currently, about fifteen (15) boys and six (6) girls are preparing to be reintegrated

but more children are expected to be reintegrated in the near future. The majority of children in the orphanage are there due to poverty. Poverty cannot be the main reason for separating children from their families and extended families, hence the need to provide family support systems to enable these children to grow up in their own environs.

The orphanage is made up of five (5) maternal orphans, thirty-two (32) paternal orphans, two (2) double orphans and five (5) children who are not really orphans. The gradual breaking down of the extended family results in many vulnerable children within the community. The nuclear family system is gradually gaining importance with less attention paid to the larger extended family. However, the best place for the child is a family and the plan is being drawn to integrate children into families, extended families and foster care services. It has also been observed that caring for orphans has traditionally been a responsibility taken by the extended family. Since the extended family system is currently overburdened, the NGO has taken it upon itself to support these children and their families to live a meaningful life.

CLOSE COLLABORATION OF BRAVEAURORA WITH THE DEPARTMENT OF SOCIAL WELFARE IN GHANA AND OTHER INTERNATIONAL NGO's and AGENCIES

BRAVEAURORA NGO works in close collaboration with the Department of Social Welfare since its very first action in Ghana in 2008. The BRAVEAURORA sparring partner at the DSW is Mrs. Helena Obeng-Asamoah. The BRAVEAURORA plans and strategy have been closely aligned with the DSW, so for example the whole re-integration strategy that BRAVEAURORA NGO plans for the children of the Guabuliga orphanage. BRAVEAURORA also has presented and deliberated its reintegration plans with UNICEF Ghana, who strongly supports the concept of reintegration. BRAVEAURORA NGO is in full compliance with all Ghanaian laws and fully represents the vision of the DSW of de-institutionalization and family/community-based care (and not the way of institutional care). BRAVEAURORA also learned from OrphanAid Africa NGO, who operates in the South of Ghana and successfully already has implemented its reintegration strategy.

The primary concern during the opening of the orphanage in 2008 (BRAVEAURORA NGO was not involved in the opening of the Guabuliga orphanage – but found an existing but utterly poor orphanage with almost no infrastructure, nor food or clean water – which it supported from the beginning

on with primary support such as food, healthcare, school support, etc.) was to provide basic services such as shelter or feeding. Currently (as of Quarter2 / 2011), the re-integration preparation works are in its fine tuning phase (the BRAVEAURORA preparation works for the reintegration project started already in early 2010) and Social Enquiry Reports (SERs) are carefully prepared from the BRAVEAURORA social care workers for every single child. In every single case the utmost best interest of each child is the most important aspect and every case is exercised under highest diligence and care. For the remaining children of the orphanage who will not be able to be re-integrated, BRAVEAURORA has built a new living space: a Foster Care Community for the host mother to permanently live with and take care of these children and give them daily structure and care.

Reintegration Approach

STEP 1. Information update: Updating documentation forms for each child, age, sex, profile, where she/he comes from, abilities, health, family background etc. which all falls under the SER.

STEP 2. Screening Potential Caretakers: Field-workers visit homes to explore background of potential caregivers and their ability to care for the children.

STEP 3. Making a Family Assessment: The family situation is reviewed; poverty assessment (what they do for a living). Family and community resources and assets are emphasized in the assessment (Can they really take care of the child?).

STEP 4. Holding a meeting: If the assessment determines that reunification is in the child's best interests and if the child and family wish to reunite, the child, family members, and other key resource persons are invited to attend a discussion to plan for the child's return. BRAVEAURORA will organize meetings for all parents of children to deliberate on matters concerning the reintegration and the kind of support they wish to undertake from September until when children are finally settled. There will also be monthly meeting for parents who are undertaking BRAVEAURORA sponsorship training to outline the way forward as well as share ideas with one another. In line with this, there will also be an orientation for the children and parents or caregivers to introduce the kind of support package that will be given to the child. The support package will be subjected to changes and adaptation of this package will take place if circumstances change. A letter of agreement will also be signed by the child and caregivers to ensure full support of both parties.

STEP 5. Facilitating Reunification and Following Up: The child is then reunified or reintegrated into the family. A designated field officer follows up on the case and monitors the child and family which will be documented.

STEP 6. Closing the Case: The case is evaluated and closed after the child becomes independent - that is when the child has gained self employment and is capable of caring for himself or specific reintegration criteria are given and the case is closed when all the criteria have been satisfied. Signing case closure documents may take place if the child is successfully reintegrated or when the child is finally independent or the case may not close if there is the need to still monitor him/her further.

Reintegration

When evaluating a child's situation, the first point of call is reintegration but this doesn't mean that reintegration must automatically be done. All aspects of the child's situation must be considered before a sound decision regarding reintegration will be carried out by following some basic principles.

- 1 Reintegration should not be attempted if there is a high risk of placing the child into danger. Before drawing a reintegration plan, protection of the child must be the first priority to ensure that the child is not placed in an abusive environment. It must not proceed if there is a sign of abuse.
- 2 Even though it is not appropriate to reintegrate children into physical conditions which are so poor that they will put the child's health and wellbeing at risk, poverty alone cannot be the only reason for separating children from their families. It is therefore necessary to find ways of reintegrating. In circumstances where the only reason for institutionalization is poverty, it is necessary that the authorities find ways of addressing the family economic circumstances and living conditions.
- 3 Reintegration should be planned carefully so the child and his family will be well prepared.
- 4 Reintegration cases should always be supported and monitored when the child finally moves to his home to ensure that the support package developed for the child is sufficient. Adaptation of this package is subject to change.

5 Reintegration checklist

Before carrying out reintegration the following conditions needs checking:

- 1 The child's previous history with the family needs to be checked.
- 2 Was there any previous history of abuse of the child or other children in the family?
- 3 Does the physical and material condition of the family correspond with the minimum physical needs of the child?
- 4 Does the family wish to take the child home?
- 5 Is there a package of care developed for the child and family?
- 6 Do the parents have a healthy relationship with the child?
- 7 Has a process of preparation for reintegration been undertaken?
- 8 Are the child and family ready for the reintegration?
- 9 Has the child had at least three visits home including overnight?
- 10 First parents should meet child in his/her environment (orphanage) and bring something from the new family to the child.
- 11 Is there a monitoring system or checklist in place for the child when he returns home?

SUBSTITUTE FAMILY-FOSTER CARE

There are significant cases where children cannot return to their birth or extended families. This can be temporary or permanent separation from their families. It is important that they still experience family life in order to ensure optimal health and development. This care can therefore be provided for all kinds of children by foster families. Examples of foster families are:

Emergency foster care

This involves placing a child for very short term duration under family care to avoid institutional placement. This involves a situation in which a child has been found on the streets or removed from a serious risk of harm or abuse. To ensure that the child experience normal family life, the child can be placed under foster

care followed by reunification with the family or an alternative long term placement for the child. Emergency foster care can only be taken for some few days and not longer than two months. It is therefore the wish of BRAVEAURORA to provide the necessary facilities for children who find themselves in this situation for a period of time while finding alternative care.

Short to medium term foster care

In situations in which a decision has been made that it is not possible for the child to return to the family at a particular moment in time but can be returned later on, the child can be placed under a short to medium term foster care. Examples include severe illness, long term hospitalization or imprisonment of a parent, where it is expected that once the parents recover or are released from prison they can resume full parental responsibility. A fully finished compound known as the BRAVEAURORA compound is available to take care of children in this category when it becomes necessary to do so.

Long-term foster care

For some children, it is clear that they can never return to their families but they still require a secure, stable family life. One way of providing a family to these children is through long term foster care.

1. Older children: studies have shown that placing older children is highly risky and can lead to a family breakdown. Therefore in some circumstances long term fostering will be used.
2. Groups of siblings: it is important that when placing children, siblings should be reunited or grouped together to influence family ties since they are separated from their parents.
3. Children should as much as possible maintain a relationship with their families even if they cannot live with their families. They should learn to accept their situation even though some of them are hurt for separating from their families. This acceptance comes more easily when they form a relationship with their families.

Support beyond the Termination

The support in the form of advice continues until the youngster assures him/herself that he/she does no longer needs any assistance from the organization.

Budget planning:

*Cost of transport by field officer to do assessments of potential families where reintegration will take place if applicable.

*Assistance to the family that will receive the child.

*Field visits to homes during the reintegration process can be two or three times a week but should be reduced over time in the long term due to bad influence on family dynamics

*Assistance to families to maintain child in school, feeding etc?

*Cost of tracing families if applicable.

SECTION 2: BACKGROUND

AIM AND VISION OF BRAVEAURORA PROJECT

The vision of Braveaurora is to act in the best interest of each child in the Guabuliga orphanage and to foster de-institutionalization by providing support through either 1) re-uniting the child with its existing family, 2) its extended family, 3) its foster family or 4) giving care in a Foster Care Community (FCC).

MISSION OF BRAVEAURORA PROJECT

With its comprehensive support measures and projects, Braveaurora intends to establish future perspectives for African orphans and vulnerable children which shall make a long-term social contribution to their further local integration. Besides help for long-term self-help, Braveaurora commits itself to sustainability and transparency as its highest principles.

Braveaurora aims to create an enabling environment for orphans and vulnerable children to grow up in a safe, permanent and loving family setting care structure (family based care) with a structure that is most suitable for providing care and protection for all children with equal rights and opportunities.

BRAVEAURORA KEY POLICY

Braveaurora intends to create a secure future for children in their own community by supporting parents and extended families who find it difficult to care for their children due to poverty and lack of protection.

All actions of Braveaurora are undertaken in the best interest of each individual child and in collaboration with each child.

All Braveaurora reintegration policies are inline with the guidelines, rules and statutes of the Department of Social Welfare and UNICEF.

BRAVEAURORA PHILOSOPHY

By undertaking comprehensive support measures of orphanages in Africa, Braveaurora intends to establish future perspectives for African orphans, which should make a contribution to their onward up growth and their long-term social integration in Africa. Braveaurora thus expects to be able to influence individuals'

fates in a positive and sustainable way and tries to contribute to the socio-structural development of Africa. Braveaurora has committed itself to the principle of help for long-term self-help.

- 1 Braveaurora also believes in the existing families of each child – to aid the reintegration process and strengthen families to care for their children.
- 2 We believe in the extended family system to reintegrate children into their families.
- 3 The foster family will also be a means of providing children with care and protection through the family setting.
- 4 The foster care community will be a last resort.

Reintegration of children into their families is important because;-

- 1 Growing up in a family setting is in the best interest of a child.
- 2 The family reaches out to the larger society where diverse cultural knowledge is learned and this impacts the child's development positively.
- 3 It creates family ties in the sense that in Ghana every important decision is made within the whole family - "collective thinking".
- 4 It enables children to develop morally and prepares them for adult life in a larger society.
- 5 Cost of operating orphanages is expensive as compared with the family setting.
- 6 Orphanages create an incentive for parents to push their children away – "responsibility shifting".

The family is considered as a long term solution for children as compared to institutional care, which is a temporary solution, and is considered the most sustainable alternative for caring for children.

SECTION 3: POLICIES

CHILD LABOUR

Child Labour is any economic or non-economic activity performed by a child which is either dangerous or hazardous and for which the child is too small to perform and which has the potential of negatively affecting his/her health, education, safety and normal development.

Considering the causes such as poverty, single parents, unemployment, large family size, low knowledge on family planning issues just to mention a few and the effect it has on children, BRAVEAURORA NGO seeks to support these vulnerable children from falling victims to child labour and its related problems. BRAVEAURORA thereby works to protect their rights and dignity as well as that of their families and the Guabuliga community at large by supporting them to undertake some income generating activities that will empower them to take care of their children.

The NGO also works in collaboration with the DSW and other organizations which have the mandate to educate and enforce the laws against child labour.

How to recognize signs of child abuse

Caregivers, teachers, health workers and other community members can recognize signs of sexual, physical or psychological child abuse by following some of these signs of child abuse:

Signs of physical abuse:

The child:

- Has some unusual injuries (burns, bites, bruises) in various stages of healing that can't be explained.
- Is unusually violent, fearful, or sad.

Signs of sexual abuse

The child:

- Has unexplained difficulty in walking.
- Show a lack of trust in adults.
- Has unexplained, sudden fear.

- Has information about sex and sexuality that is inappropriate for the child's age.
- Tries to involve other children in sexual activity.
- Has nightmares and sleeplessness.
- Suddenly withdraws and is depressed.
- Fears or avoids familiar places.
- Becomes rude or bitter.
- Wishes to die or tries to commit suicide.
- Is pregnant.
- Has a sexually transmitted infection.

Signs of psychological abuse

The child:

- Delayed mental or emotional development.
- Anxiousness.
- Delayed speech or sudden speech disorder.
- Fear of new situations.
- Low self-esteem.
- Inappropriate emotional responses to painful situations.
- Has extreme behaviour (too passive or too aggressive).
- Regularly runs away from school or home.
- Shows sudden under-achievement or lack of concentration.
- Displays attention-seeking behaviour.

Braveaurora Child Protection Policy

Braveaurora is committed to protecting the health and the general welfare of all vulnerable children under its care by providing them with a safe, non-discriminating and educational environment and keeps updated records of children.

The organization also has a clear position on not exposing children to any form of discrimination or abuse. It also works under the guidelines, rules and statutes that are consistent with that of UNICEF. It does not support the abuse of children in any form on its premises or in its programs.

The primary focus of the organization is permanent placement of children into their families rather than institutional care. This is going to be done through

foster care and returning children to capable biological families. All children will be carefully assessed and monitored. The organizations also work closely with the Department of Social Welfare to establish consistent and effective methods of family placement for the best interest of the children.

Braveaurora recognizes that all children are entitled to protection as indicated by the United Nations Convention on the rights of the child. The NGO also expects to families, community members and individuals to respect the right of the child and helps them to do so. Also the NGO provides a safe environment for all children.

Some violations of the rights of orphans and vulnerable children can include:

Physical abuse: Physical injury of a child through actions such as burning, kicking and beating to harm a child.

Psychological or emotional abuse: Extreme forms of punishment that are not physical, such as keeping a child confined without food, use of threats or abusive language, or failure to give emotional support and love.

Sexual abuse: Inappropriate sexual behaviour with a child, such as defilement, indecent assault, sex trafficking, pornography or forced marriages.

Child exploitation: Using children in activities which benefit others such as child labour or child prostitution. Legal support is needed in issues involving adoption, fostering or inheritance in any situation where laws are being broken. Community service providers should be familiar with The Children Statute and the Children's Act in order to be effective in helping vulnerable children access appropriate legal support.

Measures that have been put in place to help improve child protection support for OVC and their household:

- Awareness creation among children and their caregivers about domestic violence abuse and neglect.
- Raising community awareness of the signs and symptoms of child abuse, and how to report it to the authorities.
- Supporting families and authorities to move children out of dangerous situations into alternative care facilities or foster care.
- Advocating for individual children's rights by following up cases of abuse, removal to foster care or property rights through the legal system and following up with the authorities to ensure that the case is resolved.

- Sensitizing the community members to improve vital records for all children, especially birth, adoption, and death registration, as well as health and educational records.
- Advocating for enforcement of property rights for children.

Support from community members:

The Community members and groups play a major role in protecting children from harm. They are to:

- Identify cases of abuse and neglect.
- Report cases to opinion leaders, a social worker or to a Probation Officer.
- Help children get medical attention if needed.
- Help the child and family to find solutions and access services.

BRAVEAURORA Sexual Harassment Policy

In recent years the issue of sexual harassment is quite alarming, therefore any one working with children needs to be aware of this issue.

According to the legal encyclopedia, sexual harassment can be defined as:

An unwelcoming sexual advance and other physical or verbal conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive environment.

To avoid cases that could result in charges of harassment, one can apply common knowledge. More to the point too, here are some practical examples to help eliminate potential problems:

- 1 Never engage in rough, physical or sexual provocative games with a ward.
- 2 Never share a room with a child without prior approval from FFC caretaker.
- 3 Never allow or engage in any form of inappropriate touching.
- 4 Never make sexual suggestive comments to a child, even in fun.

N.B. It may sometimes be necessary for staff or volunteers to do things of a personal nature for children, particularly if they are young or disabled. This task should only be carried out with the full understanding and consent of children. There is the need to be responsive to a child's reactions. If a child is fully dependent on you, talk to him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting

a child to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately involved.

Anti-Bullying Policy

Bullying is behavior by an individual or group usually repeated over time, that intentionally hurts another individual or group either physical or emotionally such that those being bullied cannot defend themselves. This can be physical, verbal, and indirect and can come from children or staff.

Every organization is committed to ensuring that children and young people feel safe wherever they are within their environment. This includes commitment to tackling the issues of bullying both for those who are victims of bullying or the perpetrators.

The objective is to:

- 1 Give all children and young adult the best possible start in life and ensuring their on-going physical, emotional and mental health.
- 2 Ensuring children are, and feel, safer from abuse, domestic violence, bullying or environmental dangers.

Bullying is unacceptable and if suspected or reported:

- 1 An incident report should be written immediately.
- 2 An interview should be carried out and the problem discussed with the person involved.
- 3 An appropriate punishment should be given and monitored.

All children who are bullied should be offered immediate opportunity to discuss the issue with a staff member.

Continous support and monitoring should be undertaken to help the said child to gain self esteem and confidence.

Bullying from Staff or Children:

Any child or staff member who bullies must be disciplined by discussing the reason why they feel the need to bully.

Establish how the problem started and establish wrong doings and the need to change.

Issue a warning and provide counseling if the problem keeps recurring.

Render an apology to the one bullied.

Disciplinary Policy for BRAVEAURORA staff

It is important for all BRAVEAURORA staff to adhere to the same disciplinary policy concerning all children to maintain consistency and obtain the understanding of the children. Corporal punishment is not allowed because it affects the child's moral development and does not deter him/her from the mistake.

SECTION 4: SERVICES

BACKGROUND

Under the rules and guidelines of DSW and of UNICEF which are aimed at promoting de-institutionalization in Ghana, BRAVEAURORA complies with all applicable Ghanaian rules to offer integrated social care services for orphans and vulnerable children. The government of Ghana, through the Department of Social Welfare (DSW) has initiated a dynamic process which is the Care Reform Initiative (CRI) to transform the sector by closing “orphanages” and promoting kinship care and fostering. This shall be the basis for a positive change of the existing care system in Ghana. It is therefore the responsibility of the Government of Ghana to ensure that these systems meet their demand.

In line with these, various forms of support packages and services need to be developed and delivered to enhance the capacity of DSW to promote family base care.

Service Delivery to Children in Foster Family Care

1. Each child will have a letter of agreement to provide orientation, that is, “an introduction as to what the Foster Family Care entails.” If necessary the child should be informed about reintegration.
2. A copy of each child’s letter of agreement will be with BRAVEAURORA, family and school with financial components.
3. A start up package will be developed for all who will be resettling.
4. Health screening. Since the inception of the NGO, BRAVEAURORA has carried out various health screenings for the children and will continue until all children are resettled.
5. All children who are not in school will be sent to school if applicable.
6. Each child will have a file and be included in a database.

Transition from Foster Family Services to Young Adult Support Services

- 1 Before any child reaches the age of 18 years, he/she needs to be consulted as to how and when the child will leave the foster family services program and precede to the young adult support services if necessary. This is to indicate that this stage is a complete independence and it is necessary to come out with a desirable goal for the child.
- 2 A well-developed educational and career path will be written to support

the child to choose their desired career through counseling.

- 3 A letter of transition from foster family service to Young Adult Support Service will also be written and the necessary support package outlined and signed by the ward.
- 4 New living allowance will be provided if necessary.
- 5 There will be an agreement between the young adult support service unit and ward base on whatever decision is taken.
- 6 Weekly counseling meetings or weekly phone counseling for young adult's services is going to be mandatory for all children.
- 7 A letter of completion of training will be written and directed to a young adult concerning his/her transition out of the support service and countersigned by young adult.
- 8 After a full time education, or a minimum of three years completion of apprenticeship or vocational training, the beneficiary child will be transitioned out of the service.
- 9 Other support services will be provided for adults who have completed the young adult service and are residing outside the orphanage or are ex-orphans if necessary.

Content of Braveaurora Files

Braveaurora has the following documents of all children under the Family Support Services, Young Adult Services and Foster Family Community.

1. Social Enquiry Report
2. Birth Certificate original
3. Photo
4. Care Plans for each child
5. Copy of National Health Insurance Card (NHIC)
6. Letter of agreement with family
7. Follow up Reports
8. Medical File
9. Voters Identification Card
10. Court Order (if applicable)
11. School Report Card

Records and Files in Braveaurora Foster Family Community

The following records or files are kept at the foster family community:

- 1 Daily log Book
- 2 Individuals Children Files
- 3 Individual Children Care Plans
- 4 Admittance and discharge book
- 5 Receipt book
- 6 Medical records book (daily medical log book)
- 7 Incident reports book- which includes restraints and complaints
- 8 Record of meals as served to special children (if applicable)
- 9 Donation book (if applicable)
- 10 Visitors book
- 11 Staff files such as contracts, payments and records of staff training
- 12 Records of DSW inspections

Content of Medical Files

- 1 Medical history of all children
- 2 Any specific medical or other health interventions which may be required
- 3 Any necessary preventive measures
- 4 Involvement of a child's parent or family

SECTION 5: CARING FOR CHILDREN AND SUPPORT PACKAGE

This requires an understanding of a child's needs in all areas and how to meet those needs. It involves providing physical care and encouragement, love, support and guidance. All these should be provided with the goal of helping each child develop in his/her fullest capacity.

To care for children, one needs many different skills; the skills caregivers need change as children grow up. Therefore caregivers need to adopt these skills at each stage of a child development.

- 1 The children are engaged in decision making process. Caregivers often do not understand what to expect from children. Learning about children's capabilities, interests and needs at various ages is an essential first step in helping children grow. The care givers also learn to understand and respect the differences between children.
- 2 As much as possible the caregivers try to eliminate barriers that prevent children from discovering things on their own.

The role and purpose of providing these services to the children is to ensure that the children in care achieve the best possible outcomes and have the same life chances as all children. We try to ensure that each child has a care plan and permanency plan, a stable, high quality placement and that their health and education needs are met. We also ensure that young people are prepared and supported when they are ready to leave care.

START UP PACKAGE: FOSTER CARE COMMUNITY

At the initial stage, we try to ensure that each child has the following check list:

1. Bed
2. Mattress
3. Two sheets
4. Pillow
5. School uniform
6. Sets of clothes
7. Towel
8. A sponge
9. Soap
10. Access to school or training

11. Playing ground
12. Toys and reading books
13. Parents Teachers Association (PTA) dues
14. Shoes and slippers
15. School textbooks and materials
16. At least two or three balanced meals per day in the FCC.
18. Mosquito net on bed and window
19. All children should be screened for various related illnesses and vaccinated
20. First Aid
21. Routine Medicine
22. Access to a nurse or doctor

Living areas for all children is always tidy, safe for living and hygienic. All rooms are in good shape and well ventilated and well maintained with enough space to accommodate the right number of children.

SUPPORT PACKAGE FOR EXISTING FAMILIES AND FOSTER FAMILY CARE

All children under foster, kinship care or family care are to have the following items, “upon necessity” or “on need.”

1. Mattress
2. Parents Teachers Association (PTA) dues
3. Two sheets
4. Pillow
5. Mosquito net
6. Sets of clothes
7. Uniform (long term)
8. Towel
9. Sponge
10. Soap
11. Access to school or training
12. Access to reading books
13. Slippers or shoes
14. School textbooks and materials (long term)
15. All children will be screened for various related illnesses and vaccinated
16. Health Insurance Card (long term)

All these are bound with time limit before changes are made again. Before receiving a new item, the old one should be presented to ensure proper maintenance.

YOUNG ADULT SUPPORT PACKAGE

1. Mattress
2. New staying allowance (if applicable) depending on the distance if beneficiary is under foster family support service.
3. School or training fees paid in full (no cash)
4. Two sheets
5. Pillow
6. Mosquito net
7. Toothbrush
8. Sets of cloths
9. Uniform
10. Towel
11. Sponge
12. Soap
13. Access to school or training
14. Reading books or training materials
15. Slippers or shoes
16. School textbooks and materials
17. All children should be screened for various related illnesses and vaccinated

Educational Benefits or Support

All children in the orphanage are qualified for any educational support or non-educational support that will enable the child to acquire knowledge and skills which will lead to employment or independence. Even though elementary education in Ghana is free, it is still necessary to provide children with support which comes in a form of materials for school and PTA dues, shoes, clothes, food, medical care and allowances if applicable depending on the age of the child.

Before a child in transition may enjoy these benefits from the family support services, he/she will need to have an SER and pass through due process and approval by management. Any new child who needs to be placed under the FSS

will pass through the due processes to ensure that he/she deserves the support. Children under the program are also to be placed in groups based on their ages for each worker who has an in-depth knowledge about each child case to monitor and supervise.

Children who excel through the academic ladder and gain admission into the senior high school or government tertiary school will also have their fees paid in full.

Conditions to Enter Tertiary Education: children can enter the tertiary education if they perform excessively well in the West Africa Senior Secondary Certificate Examination (WASSCE), therefore all the children need to be given the necessary attention to take their education seriously to attain that level.

1. Wards that are performing badly will be given the opportunity to make their own opinions and suggestions as to how to find solution to the problem.
2. Wards that complete their tertiary education or apprenticeship successfully are to be supported to set themselves up.
3. Wards can also make changes concerning their school or programs with approval from management if necessary.

What is more important is that parents whose children are going to be reintegrated will be given the opportunity to contribute to support their wards if necessary. The organization has also outlined parents' responsibilities for them to perform at home after the parents have received the NGO microcredit support programme. Parents are therefore to make it a duty to attend their ward's meetings. Children who have no families are excepted from these considerations. School fees for all wards will also be paid at the beginning of the academic year or termly and will be monitored by a key worker who interacts with them and gains an insight into their attitude and performance at school as well as at home. This monitoring will take the form of collecting report cards, paying fees and checking the school attendance of each child.

SUPPORT SYSTEMS

It has been realized that poverty and lack of access to education are the main reasons why parents are sending their children to orphanages. Orphanages have become the most prevalent and the easiest response to the problems of poverty and social exclusion and they think that children will be better off in such centers. This organization however, sees the family environment as paramount for the good development of the child. Article 9 of the Convention on the Right of the

Child underlines the right of a child not to be separated from his parents. It is therefore important that children grow up in a family environment because it is considered the best environment for children. Institutionalization prevents the healthy development of children and has long term impact in their adulthood. In order for children to develop normally, they require a strong attachment to a care giving figure early in life.

If families are given the appropriate type of support and access to services that will help them in their parental responsibilities that will enable vulnerable children to remain with their families. Families living in communities that are adequately supported do not allow their children to end up in orphanages.

In addition, supporting the families to care for their children is a lot cheaper than having them in institutionalized centers. Children should not have to choose between the right to live with their families and the right to access quality education.

One of the major goals of Braveaurora is to create sustainable impact by sharing know how with the respective families and the local community that otherwise would not be available on the ground in Guabuliga to the existing families, extended families or foster families of the orphans and vulnerable children of Guabuliga. Braveaurora aims to provide a networking platform in helping the children and their families in Guabuliga to create a sustainable village.

Know-How Transfer to families, extended families, foster families and local community

Braveaurora will cooperate intensely with its local cooperation partners and other successfully operating NGOs or organizations in Ghana in order to share and build up knowledge in various areas that are only available to a minimum extent at this point of time in Guabuliga:

This will include for example: Know How Transfer and Knowledge Sharing with the respective care persons of the orphans and vulnerable children of Guabuliga (families, extended families or foster families) in:

- 1 Cooperating with Youth Harvest Foundation NGO (official cooperation partner of Braveaurora) of Bolgatanga in Sexual Education trainings or ecological production and cropping of fruits and vegetables
- 2 Cooperating with Ecological Farmers NGO of Walewale regarding ecological farming and sustainable plant nursing methods

- 3 Know How Transfer regarding farming knowledge (e.g. sustainable farming, avoidance of fertilizers, intercropping methods, etc)
- 4 Microcredit (e.g. supporting mothers in various production methods e.g. Kuli Kuli or Shea Nuts by interlinking the respective mothers with NGOs that provide microcredits)
- 5 Sharing knowledge with the families in waste management, hygiene, ventilation and healthy cooking methods
- 6 Implementing sustainable water solutions in Guabuliga
- 7 Know How transfer with respect to youth adult education (e.g. literacy classes, sexual education, family planning)

PROJECT MONITORING

Fellow-ups will be documented and information collected about how participants are using what they have learned and the difficulties they face. This information is to help to improve the training and plan for the next training or other activities to support them.

Group meeting will be organized where individuals can share their experience and learn from each other.

Refresher training will be organized to give individuals more advanced skills.

Support Child-focused community programs

The best ways to help vulnerable children is to help their parents or family take good care of them by funding child-focused community programs. A community-based service is any kind of support given to families with vulnerable children that helps them support their children within their families. It can be food support, educational support or support that will enable family members to generate an income (basic support to lunch a business, home based production training etc.)

SECTION 6: PREPARATION AND MOVING CHILDREN

The Individual Children:

Moving children is a program meant to prepare the children for resettlement, some of them to the new Braveaurora community, others to their own families and extended families and the others to Foster Family care.

We are therefore preparing the children individually, taking into account their individual needs with all the various forms of information that we have at our disposal.

Before the Preparation, the following is to be done:-

- 1 An in-depth evaluation report will be written about the child and covers all aspects of the child's health, development and needs.
- 2 A date will be set for the move so that all the due processes will be followed and prepared for the child to leave.
- 3 Movement is done by pairing children with their siblings and friends together.
- 4 Detailed information regarding the family circumstances and the wishes of the child's relatives will be stated.
- 5 The readiness of the family, parent or caregiver to take care of the child at home. All parties should be well prepared to receive the child and be ready to build up trust or relationship with the child. For instance, all parents must have:
 - a. Agreed to take the responsibilities of caring for their children.
 - b. Paid the child a visit in the orphanage at least once before the child leaves. The child should have also stayed at home for some over nights, afternoons and weekends.
 - c. Accepted the support package, rules and all that Braveaurora has to offer for the child.
 - d. Gone through some counseling sessions.

When involving children in decision making concerning their future, it is important to provide them with information in an understandable way so that they feel confident about making their own choices. This will aid the movement plan.

The Importance of Preparing Children before Moving:

1. It minimizes the amount of trauma children pass through during the

process.

2. If the children are happy and confident about the changes, the placement is highly likely to be successful.

Moving children to a new site: it will be very good if children get used to their new site for at least 3 months before moving so that caregiver can take care of them gradually.

Fostering and resettlement: this programme will take about 7 days so that the child can be well prepared and very confident about the new care giver or family. If a child needs more time to prepare, the preparation process will be extended. In case of resettlement or fostering, the family will be invited to come for a few visits before the child is taken home and also attend some private counseling. Before the child is taken home, there will be a look at the new placement or environment, so that one will have an idea about the child's feeling. It is also important that the child has first hand information about where he or she is going to live before moving.

It is also suggested that the social worker or the person involve in preparing the child to move will keep on supporting the child for a period of time according to the age of the child.

COMPONENTS OF MOVING CHILDREN

Many children have not had the opportunity to develop a healthy relationship with adults and this causes some difficulties. We therefore try to understand these difficulties and to create attachment with care givers to aid a proper preparation program. These preparations involve;

1. Forming trust relationship with adults

In other to achieve our mission, all the groups of people involved in the preparation programs for the children are to demonstrate that they are trustworthy. This means that the caregivers are all committed and keep their promises. They also need to play a major role by assisting in the preparation and movement of the child to enable a smooth transition of the new placement.

2. Addressing behavioral problems

In this preparation program, we also try to address the difficulties children face due to lack of attachment. The more a child recuperates delays and learns to manage the behavior the easier it is to find an appropriate placement and the higher the chances of placement success.

3. Familiarization with the new placement

It is also important to us to ensure that the child get familiarized with the new place. This we do by introducing the child to his new family or caregiver who will be taking care of him/her and the new place. For instance:

1. Each child will be taken home to know where he/she is going to stay or sleep.
2. All children will spend at least two nights at home which almost all the children have done.
3. Get to know the parent or caregiver and introducing the two of them to each other.
4. Helping the child to make his/her room or leaving place. For instance, cleaning, painting, fixing items, etc.

TAKING CUSTODY OF A CHILD IN DANGER FROM THE FAMILY

The custody of a child will be taken over from the family due to the following:

1. When there is evidence of neglect or lack of interest of the child and proper care is not taken.
2. When the child shows any sign of physical or emotional abuse.
3. When the caregiver, biological mother or care giver leaves place of residence for about five working days without prior notice to the worker who supervises the child.
4. When the child is taken from the place of residence, all the proceedings will be documented and written down.
5. The child will be moved to a safe place either to a foster family community or a fit person within the community.
6. Options of care will be discussed with the child.
7. Temporal custody for the child will also be applied which takes a period of six months in a local court through a social worker.
8. Tracing will also be done and all records documented.
9. If tracing is successful, a consultation with the child will be done and if the child agrees with the proceedings reunification or resettlement can be carried out.

MONITORING AND SUPERVISION AFTER MOVEMENT

1. Monitoring and supervision will be carried out to ensure that the new placement is essential.
2. A data base will also be developed with an individual record including

details of assessment, monitoring and evaluation, that is;

- Assessment of each child, the parents or caregiver, the new environment and his/her performance rate.
- The child's movement into the new placement will be monitored and recorded as to how the child settles into their physical and social environment.
- Success of the new placement, the parent or caregiver, child's health, development and behavior will all be evaluated.
- Follow-up will be done regularly for a period of time.
- Any child who is identified to have physical or psychological problems will be given additional support with more frequent visits and therapy. If the problem persists, the child will be moved to another placement.
- Parents and caregivers will be advised to create change when social or physical problems develop and are identified.
- A place of safety will also be developed for children who are at high risk for harm.

COMMUNICATING WITH CHILDREN

In order to help children communicate about their experience and feelings, it is necessary to use creative methods that are appropriate to the child's age and level of development. The use of drawings, story-telling, drama or plays can all help vulnerable children talk about their problems and solution.

Examples of some strategies used in communication and counseling include:

Listening carefully with interest: focus on the current situation. Do not focus on earlier mistakes. *"I feel that right now you want me to listen to you."*

Be gentle, kind and encouraging: Recognize the child's effort. *"You have worked so long and hard on this activity."*

If a child is dishonest, listen and try to understand why: Talk about how you feel about the child's situation or reaction. *"I feel..." "I'm disappointed when..."*

Involve children in play activities to help them express their feelings: Help the child recognize his/her emotions. *"It sound like you were really disappointed..."*

Do not lecture or teach, but be a helper: Reassure the child that he/she can find the right solutions. *"I know that you will be responsible."*

Encourage: Focus on the positive. *"You can do it." "You make me happy when..."*

Help children to solve problems: Encourage the child to find solutions to problems. *“It’s your choice.” “What can I do to help you?”*
Encourage expression of feelings: Ask more questions when you are not sure. *“Tell me more about...”*

SECTION 7: MONITORING, EVALUATION AND SUPERVISION

Monitoring and evaluation is the way a programme checks on how it is performing and learns what improvements are needed. It is part of the continuous project cycle and uses techniques periodically during the Action Stage. Some specialized assessment techniques are described below to monitor progress toward project goals, objectives and targets.

Supervision is also important to be created after the planning phase and before the design phase of a program or intervention. The plan will include information on how the program or intervention will be examined and assessed. This process is done after reintegration to ensure that children placed within their families are well taken care of as required.

Monitoring will be used regularly to collect and analyze data about programme activities to make sure the project is on track toward its targets. Monitoring is for use in day-to-day management and decision-making.

Evaluation will involve collection and analysis of data at a particular point (such as midway or at the end of a project) to judge whether or not the project has met its goals. Managers, donors and communities can evaluate a project to decide whether the approach is working and what it has achieved.

Indicators are the elements or measures that a programme or project wants to track. The goal of a project might be very complex (such as: “to improve the wellbeing of vulnerable children and households in the community”) so simple measures are created to “give an indication” of progress toward the goal or objective. That is, indicators measure what goes into a programme or project and what comes out of it.

These systems are based on the understanding that for a programme or project to achieve its goals, inputs such as money and personnel time must be available. Inputs will result in project outputs such as trained OVC counselors. These outputs are often the result of specific processes, such as training sessions.

If outputs are effective, the programme or project is likely to have positive short-term effects or outcomes such as increased number of vulnerable children completing primary school or later age at first sex among vulnerable children. This positive short term outcomes should lead to changes in the longer term impact of programmes.

WHO THE INFORMATION IS FOR:

Individual **project or activity level**: this is to enable managers to track both the process and the outcome indicators. Information from monitoring and evaluation at this level helps managers to know what is working and what needs to be changed in the programme. In addition, some donors may require reporting on specific indicators.

Outcome indicators: Outcome indicators measure progress toward a desired impact. Sample outcome indicators include: Percentage of vulnerable children who use vocational skills acquired through the programme; percentage of vulnerable children participating in peer group activities, and percentage of vulnerable children completing primary education.

Process indicators: Process indicators measure the degree to which activities have been implemented. Sample process indicators include: Number of community volunteers trained in OVC counseling; number of care givers trained in appropriate care techniques for orphans and vulnerable children; number of community leaders sensitized; and number of households receiving emergency supplies.

KINDS OF PROJECT RECORDS:

- Home visit report; that is the number of households visited, the kind of activities carried out and the outcomes and situations at each home.
- Attendance lists for meetings, sensitization activities and trainings for children and community members and registration of clients and services provided to each of them.
- Registration of items supplied to children and family members, example, number of textbooks, support services, etc.

SUMMARISATION OF DATA

In order to understand the progress of work in the programme, the information will be together and sorted out. This will help to get the number of vulnerable children the programme has reached and the type of services they are receiving. The data can be tabulated as follows to show the kind of services provided for the children.

Month:	Male	Female	Total
Total number of OVC.			
Out of the total number of OVC, how many received each of these services.			
Educational services			
School-based interventions			
Vocational skills training			
Medical support			
Income generating activity support			
Other(specify)			

Information that cannot be tabulated in numbers, such as interviews and observations, will be summarized.

BASIC PROVISIONS ON SUPERVISION

1. Children should be provided with a monthly allowance if necessary.
2. Passport pictures or NHIS inscription should be provided if applicable.
3. NHIS renewals should be made if expired to ensure continuity.
4. Educational aids and inscription should be provided if applicable.

In monitoring and supervision the following activities can be carried out:

- 1 Conducting reviews and writing out reports on the performance of the children.
- 2 Creating and managing behavior interventions programs for children. Updating programs as needed and providing training for parents and writing monthly progress reports of the children.
- 3 Addressing all required health needs of children including medication and emergency procedures.
- 4 Establishing and maintaining necessary reports, collecting of fees and school records.
- 5 Preparing, maintaining and submitting programs and budget including

income and expenditure to the authorities.

- 6 Serving as liaison to parent's advisory groups and explaining programs to parents.

CONCLUSION

This document is to raise the awareness of reintegration or resettlement of children back to their families, communities and the importance of deinstitutionalization of children from institutions to family based care.

The purpose of resettlement is not just taking the child home but most importantly, it is a medium through which children are united with their birth parents and extended family members. It also gives them the opportunity to regain their identities. The UNCRC emphasises children needs and rights regarding individual identity and care. It is therefore important that these rights are respected and observed and not defiled.

The success of deinstitutionalization is not just the reduction of the number of children in the institution but measures that will impact positively on the quality of life of children who have moved from institutions and the effect of institutionalization process upon them. It means providing the necessary resources and services to enable the child to develop his full potential while living in his own environment. Resettlement if carried out should ensure that the process is a positive one for every child involved and results in real transformation.

To ensure the success of the reintegration:

- A proper investigation should be carried out to ensure that the new placement is good enough and suitable for the child's development.
- The needs of the child should be met to ensure that he/she does not leave the new placement in search of help.
- Children should be made to depend on their families instead of the institutions.
- Children's needs should be planned and evaluated as much as possible and support should be designed to meet the different needs of each child.
- Children should be fully and properly prepared before moving to ensure that the move is a positive one and that children are not traumatized. They should not be moved until they are fully prepared, irrespective of whether this fits in with the timescale of others or not.
- Children are a part of a family and a community system and contacts with their families should be re-established for children who have not seen their families for many years.
- Under the UNCRC, families have the right to contact their children to enable them to care adequately for their children. It is therefore, necessary

that service providers work with the families as partners in the process of the deinstitutionalization.

- In cases where children cannot be reunited with families, all efforts should be made to reunite children with siblings.
- Children should be given the opportunity and guided to make their own choices.

RECOMMENDATION

It is important that when all the networks involved in child care and protection are promoted, it will reduce the heavy reliance on institutional care for children. The quality of services for families should be improved to ensure that parents are capable to meet the needs of children.

Intervention should be developed for children and their family members in case of emergency. The system of foster care should be encouraged and more training should also be carried out on it to increase its participation, thereby decreasing the reliance on residential care facilities.

Children should be monitored and evaluated as well as data collected to ensure the effectiveness of services provided for children. The inspection systems should be strengthened to ensure the standards of institutional care.

REFERENCE

Integrated care for OVC: A toolkit for Community Service Providers.

ovcsecretariat@mglsd.go.ug

UNICEF UNAIDS and USAID.2004.Children on the Brink 2004: A Joint Report of New Orphan Estimate and a Framework for Action.

www.pdarxiv.com/files/orphans_statistics.html

Cook. M. 1998. Starting from Strengths: Community Care for Orphaned Children, A Training Manual Supporting the Community Care of Vulnerable Orphans.

<http://www.ovcsupport.net>.

Action for the Rights of Children.2001. Critical Issues: Disability.

www.unhcr.ch

Parent-Child Communication Basic: A Life Long Dialogue: A Workplace Program to Enhance Parent-Child Communication.

www.advocatesforyouth.org/publication/pcbasic/introduction.html

Orphan Aid: Retrieved

http://www.ovcghana.org/what_is_cri.html.

Institutional Care: Question on Orphanages and Development.

<http://adoptiondoctors.com>.

Department of Labor 2004: Finding on the Worst Forms of Child Labor.

www.dol.gov/ilab/media/report/iclp/da2004/ghana.htm

Orphans and Vulnerable Children in Ghana. A Contextual Analysis: ECCD Stakeholders Adopting the Safety net.

http://www.tc.edu/faculty/bajaj/IP_Lisa_Deter.pdf

Government of Ghana Children's Act, 1998(Act 560)

Ntozi, J.P.M., Ahimbisibwe, F.E., Odwee, J.O., Ayiga, N.and Okurut, F.N.(1999)

Orphan Care: The role of the extended family in Northern Uganda, The Continuing

Africa HIV/AIDS Epidemic.

Smart, R. (2003). Policies for Orphans and Vulnerable Children: A Framework for moving ahead. Policy and USAID.

Keven, B. et al. De-institutionalization and Transforming Children's Services-A Guide to Good Practice.

International Federation of Red Cross and Red Crescent Societies (2002). Orphans and Other Children made Vulnerable by HIV/AIDS: principles and operational guidelines for programming.

UNAIDS-report on the global aids epidemic 2008

www.unicef.org/rightsite/sowc/pdfs/statistics.

APPENDIX 1:

NAMES OF CHILDREN

DATE OF BIRTH

Abigail Bukari	15 th January, 2004
Yussif Alhassan Seidu	17 th May, 1998
Ama Sulemana	15 th October, 2000
Augustine Haruna	18 th January, 1997
Awalu Kasim	6 th March, 2001
Ayuuba Kasim	20 th May, 1995
Charles Iddrisu	10 th June, 2004
David Azudoo Imoro	16 th January, 1998
Falira Musah	12 th March, 2003
Fiisu Duamnaaya Iddrisu	15 th May, 2004
Fusheina Alhassan	10 th June, 2003
Hakeem Kasim	26 th October, 2003
Iddrisu Yahaya	3 rd January, 1996
Ikasha Iddrisu	12 th February, 1997
Imoro Seidu	16 th January, 2002
Inusah Mani	25 th June, 2002
Isaac Dahamani	15 th October, 1997
Jaliu Sandow	5 th April, 1998
Jennifer Kwabena	12 th May, 1996
Joseph Yahaya	2 nd October, 2002
Kadiri Alhassan	17 th February, 2007
Lariba Dahamani	1 st November, 1997
Mariama Bukari Kpatidana	15 th August, 1997
Masahudu Issahaku	28 th May, 1998
Mba Sugri Wuni	16 th May, 1996
Mba Wuni Yidana	17 th June, 2006
Nashiratu Kasim	7 th December, 2000
Nashiru Iddrisu	25 th January, 1997
Nuura Musah	3 rd April, 1998
Nyaaba Yidana	15 th January, 2003
Pius Haruna	26 th January, 2002
Rahinatu Kasim	15 th December, 1998
Raphael Dokurugu	12 th February, 1997

Richard Kolgo Mahamadu
Rita Akua Mahamadu
Robert Fatawu
Salifu Iddrisu
Tahiru Bugri
Tahiru Iddrisu
Thomas Dahamani
Waliu Issahaku
Zilata Dahamani

13th May, 2002
13th December, 1998
17th April, 1999
8th May, 2005
10th August, 1998
15th May, 2002
16th January, 1993
12th January, 1996
10th August, 2003

APPENDIX 2: BRAVEAURORA REINTEGRATION TEAM ON SITE

Daniel Roessler

BRAVEAURORA PROJECT LEADER-GUABULIGA



Judith Kwogana

BRAVEAURORA SOCIAL CARE WORKER



Dahamata Alhassan

BRAVEAURORA HOST MOTHER



Alhassan Tinsoba

BRAVEAURORA CARE TAKER



DISCLAIMER:

The ideas, concepts and proposals mentioned in this handbook reflect the vision of BRAVEAURORA NGO and are the intellectual property rights of BRAVEAURORA NGO (subject to copyright laws). Any use without the prior written approval of BRAVEAURORA NGO, in whole or in part, copying or reproduction or transmission to third parties is not permitted.