SOS CHILDREN'S VILLAGES INTERNATIONAL

MS-Training Centre For Development Co-operation

Vision
"To become the leading provider of high quality training for civil society organizations in Sub-Sahara Africa".

Development Objective

Strengthened ability of civil society organizations and other stakeholders to empower people to question their situation and act to realize their vision of a dignified life.

DOCUMENTATION OF BEST PRACTICES UNDER THE SOS PILOT PROGRAMME: COMMUNITY ACTION FOR QUALITY ALTERNATIVE CARE PROGRAMME IN RWANDA, TANZANIA MAIN LAND, ZANZIBAR AND KENYA.

November, 2019

By:

Mr Zelote Loilang'akaki & Julius Birungi

ADDRESS:
MS-TCDC, P.O.Box 254, Arusha, Tanzania
Tel: +255-27-2553837-9
Fax: +255-27-2553836
Email: mstcdc@mstcdc.or.tz
www.mstcdc.or.tz

Table of Contents

A loving home for every child

EXECUTIVE SUMMARY

The Community Action for Alternative Care and Protection (CAQACP) is a three-year programme by CISU being implemented in Kenya, Rwanda, Tanzania and Zanzibar. The programme focuses on three strategic outcomes which include: Capacity building of SOS staff and partners to implement alternative care; Strategic service delivery to the vulnerable children who have lost parental care; and evidence based advocacy to inform policy and programming. Through piloting of alternative care models and services, the program resulted into substantial impact on the entire SOS Children's Villages organization.

The pilot project in close collaboration with Governments at various levels has empowered local Government structures and volunteers such Para Social Workers (PSW) and Children Protection committees (CPC) to support Caregivers and monitor children living under family Alternative Care (AC) settings. Based on project report review, a total of 260 PSW and 60 CPC members were empowered and acquired skills and knowledge on issues related to children right and protection. According to findings from various Key Informants and Focus Groups, the project has demonstrated a high impact in regard to positive parenting and restoration of relationship between the caregivers and their children. The positive relationship among the caregivers and foster children was influenced by the project through empowerment of 310 caregivers through Fairstart model across the target countries.

The project has further economically empowered Caregivers through the initiation of various economic activities not only to support the vulnerable children but households as a whole. The project has contributed to increased access to birth registration and registration and the civil books, a total of 115 children were supported to acquire birth certificates across all the countries. Quality health services and education through provision linkages to national health Insurance Cover were enhanced. A total of 127 children have access to health insurance. On case by case basis tailored on the individual needs of each child .In collaboration with local leaders, PSW and CPC have identified more children living under alternative Care (AC) as well as other caregivers such Guardian Angels and Fit person who are ready to support children temporarily during the process of seeking the placement for permanent AC. In collaboration with partners, the project identified more than 1538 children living under family AC programs across the countries apart from 200 children targeted by program.

Despite the project success stories there are still challenges for the project to be effective: there is no a well-developed module and guidelines used in economically empowering Care givers; inadequate project resources to support a sizeable number of needy families and vulnerable children in line with assessed needs.

There is need for the project to among others to continue strengthen partnerships with Government, institution and other development practitioner at national level in order to influence and advocate policy change for family AC within the target countries. Given the evidence of positive transformation on parenting to care givers and smooth relationship among the caregivers and fostered children, there is a need to continue with capacity building through Fairstart model, children right and AC issues to project staff, Community PSW, CPC and volunteers.

APPRECIATION

We are so grateful to all people who supported the documentation of this report on best practices. Special thanks to all project coordinators who led the project implementation and support in provision of valuable project documents for review and also played an important roles in logistical support during the field visits. We do appreciated the support of other SOS staff in respective MAs for their full participation and collaboration during data collection and development of respective country best practices.

We are indebted to caregivers, children under AC, community members and local leaders for availing themselves and providing valuable inputs which without them this report could not have been successful compiled. We extent our thanks to all Government officials at all levels as well as volunteers such as PSW, CPC members and AAC members for their availability and provision of useful information and insights which have added value to this study and documentation of the best practices.

We are grateful to the SOS Regional Coordination Office for their constant support, provision of project documents and linking us to the respective MAs.

Thanks
Zelote & Julius

A loving home for every child

ACRONYMS

AC: Alternative Care

AAC: Area Advisory Council

CAQACP   Community Action for Alternative Care and Protection

CBO: Community Based Organization

CDO   Community Development Officer

CPC: Children Protection committees

FGD: Focus Group Discussion

KII: Key Informant Interviews

LAAC: Locational Area Advisory Council

MVCC: Most Vulnerable Children Committee

NCC   National Commission for Children

NHIF   National Health insurance program

PSW: Para Social Workers

SWO: Social welfare office

TCAC: Tanzania Coalition on Alternative Care

VEO: Village Executive officer

VICOBA   Village Community Bank

VSLA: Village Serving and Loan Association

WEO: Ward Executive Officer

RITA: Registration Insolvency and Trusteeship Agency

1.0 INTRODUCTION

1.1 Brief Outline

This brief outline highlights the process undertaken to support the SOS country teams to document the best practices for Community Action for Quality Alternative Care and Protection (CAQACP) Programme –a programme that was implemented in Kenya, Rwanda, Tanzania and Zanzibar. The outline provides the background information about SOS CV international, MS-Training Centre for Development Cooperation (Ms TCDC), the scope of work, employed methodology, findings, challenges, lesson learnt, conclusion and the recommendation to improve similar future projects.

1.2 SOS CV International

DANIDA Civil Society fund (CISU) through SOS Children Villages International (ESAF) with funding from SOS Denmark implemented Community Action for Quality Alternative Care and Protection programme a three-year programme in the three countries of Kenya, Rwanda and Tanzania including Zanzibar. This is in accordance with SOS Children's Villages International Strategy 2030 focusing on a philosophy that "No child should grow up alone". During the implementation of phase several intervention programmes have been carried focusing on the three strategic outcomes of the project. These included: Capacity building of SOS staff and partners to implement alternative care; Strategic service delivery to the vulnerable children who have lost parental care; and evidence based advocacy to inform policy and programming.

1.3 Geographical Coverage of the CAQACP Programs

In Zanzibar the program is implemented in Tumbatu sub district within North "A" District. The island population practicing Islam (over 97%) and speaking Kiswahili. According to 2002 population census, Tumbatu Island had 9,443 people of whom 5449 are women. The majority of men in the island engage in shifting type of fishing which normally takes them away from their families up to six months and women remain the caretakers of their families. The 2010 TDHS estimated that, 16.5% of children in Unguja and Pemba were not living with a biological parent, and that 29.5% of children lived with foster placement. 10.1% are single orphans, and 0,8% are double orphans.

In Kenya, the program is being implemented at Kibulgeny, according to the findings of the feasibility (2017), Kibulgeny location is largely inhibited by peri urban slum dwellings with most families relying on daily casual wages. The location experienced high levels of poverty (63%). Out of a total population of 51,620 children in Kibulgeny location, 2,260 were registered as orphaned children receiving minimal care and support through local NGOs, Churches and informal care structures hence putting the life of the majority of orphans to a big risk of survival.

In Tanzania, the program is being implemented at Chanika and Zingiziwa ward Ilala District. Chanika (Tanzanian ward) Chanika is an administrative ward in the Ilala district of the Dar es Salaam Region of Tanzania. According to the 2002 census, the ward has a total population of 23,450. In Rwanda, the program is being implemented at Mukarange, Nyamirama and Ruramira sector at Kayonza District. According to 2012 census, the district have a total population of 344,157.

1.4 MS TCDC and the Assignment.

MS-Training Centre for Development Cooperation (MS-TCDC) is the "Training for Change Organisation" within MS Action Aid Denmark with an overarching capacity building mandate across the ActionAid International Federation. MS TCDC was established in the 1970s, hence has 50+ years of experience in the fields of capacity building, training and advisory services. The MS- TCDC specialize in areas of project planning, management, implementation, monitoring, and evaluation and impact assessment.

SOS Children Villages International (ESAF) in partnership with MS TCDC trained staff on programme led best practice documentation with the aim of enhancing staff capacity to document the successes and challenges to inform policy and programming as well as advocating for the scaling up of identified best practices. Twenty-one (21) staff from the three programme countries including the Regional Office attended the one-week capacity enhancement training from September 15th to 19th 2019 held at MSTCDC Campus in Arusha. The training participants developed and agreed on action plans after the training, among them was to document best practices in their respective countries.

1.5 Purpose of the assignment

SOS contracted MS –TCDC to support by work closely with the Members Association (MA) to document the programme (CAQACP – including innovations) best practices from phase one before the implementation of phase two of the programme which is anticipated to start in 2020. The best practice to be document will as well be shared during the close out meeting in the month of November 2019.

2.0 THE GOAL AND SPECIFIC OBJECTIVES.

The overall goal is to provide technical support to the three implementing countries to document best practices of the community action for quality alternative care and protection including the internal SOS innovation in alternative care.

2.1 Specific task objectives
i. On site orientation and mentorship to practically document programme best practices;
ii. Offer practical support in the actual process of documentation of the best practices;
iii. Participate in and support the process to document the key lessons learnt and challenges faced during the programme implementation
iv. Provide recommendations to the programme staff to be considered for phase two

2.2 Key deliverables
i. An inception Report detailing how the work will be undertaken, data collection tools and the revised work plan (briefly what is already contained in the capability statement)
ii. Three (3) overall documented best practices as per SOS BP template – for each targeted country
iii. Short Video clips (1 per country and 1 combined) as a digital version of documented successful stories or best practices

iv. A Draft Narrative report of documented success stories or best practice for printing – including summary of lessons learned, challenges, and recommendations on how SOS teams can improve their practices in future documenting of best practices

3.0 METHODOLOGY

The MA documentation of best practice methodology employed a participatory approaches such as FGDs and interviews that covered both quantitative and qualitative documentation research and data collections standards and principles and digital and visual tools. A review on available project documents were done, data collection tools (KII &FGD) were developed, conducted inception and capacity building meeting in respective county-a total of 34 SOS staff participated in inception meetings, carryout data collection and analyse the data and compile the report.

3.1 Documentary Review

The document review of various key program documents for the CAQACP were done. The purpose of the review was to find out what is already known and specify what remains to be found out. The documentary review also inform the process of primary data collection and selection of case studies for field visits and video interviews. The reviewed documents included project semi and annual reports, SOS partner's implementation agreements and work plans

3.2 Focus Group Discussion (FGD)

A FGD checklist of questions were developed and agreed upon during the inception meeting in each country. Groups were identified and a FGD checklist were administered to capture opinions and thoughts in regard to the best practices of the implemented project. A number of FGD were conducted for various groups such as staffs who are the projects implementer, others were beneficiaries who included children and the caregivers. The discussion were also held with the implementing partners from the Government such as the PSW, CPC members, and to Village Executive officers. During the discussion, in particular for caregiver, the men and female were separated in order to create a conducive environment for self-expression.

The FGDs participants' average ranged from 6 to 10, depending on the number of participants who turned up for the discussion. The consultant facilitated the discussions with one of the SOS staff documenting the discussion proceedings. The SOS staff in each country secured the permission to carry out the exercise from legal authority and mobilized the target group to participate into FGD and KIIs. In Rwanda, a total of five FDG were conducted, this include kinship care giver (7), Foster care giver (11), CPC (9), PSW (10), children (10). In Tanzania a total of six FGD were conducted, this include care giver men (6), caregiver women (9), PSW (7), children (7), Street Executive Officers (6) and a group which include community development officer (CDO) and Social welfare Officer(SWO) from Chanika ward. In Kenya, a total of five FGD were conducted, this include two group for children under foster care(16), one group for care giver, kinship and foster parents(12), one group for PSW (7) and a group which comprise of CHW, VCO and BWC(9). In Zanzibar, the interviewed Caregiver are (7), MVCC (9) and Sheha (3). In total more than, 146 people were interviewed through FGD.
(Refer appendix 3 for participants list)

3.3   Key Informant Interviews (KIIs)

A   Key Informant Interviews (KIIs) questions were developed and agreed during the inception meeting. The individual to be administered were identified and informed during the inception meeting. The tool was mean to get depth information from the key project implementers such as the project manager, monitoring evaluation officer and from the SOS CV director/manager. The KII tool were also administered to Government officials. In Rwanda, the KII interview were carried to Vice District Mayor, Social officer Makarange sector, Health Social officer and school principal. The KII were also carried to Project manager, SOS CV Director at Kayonza, M&E officer and Communication officer. In Tanzania, the KII were carried to SOS staff who include PM, M&E, SOS CV director, the Reginal social welfare for DSM, Virobo Street Chairperson and two OUT lecturers. Similarly for In Kenya and Zanzibar the SOS CV leaders, CAQACP project managers, and Government officials.

3.4   Video recording

During the inception meeting, the staff in collaboration with the consultant agreed on means to carry out video documentation. They proposed caregivers, children, PSW and other partners such as Government officials who were to be interviewed and documented through video. Video documentation were also carried out to individual who were identified to have success best practice during FGD. The host county arrange and secure documentation consent from individual and from the legal authorities.

3.5   Data Analysis and Report Writing

Since most of the data/ information was qualitative in nature collected through FGD and KII complimented with data collected through review of documents, the consultants organized the qualitative information under different themes. The themes were: Relevancy, Efficiency Effectiveness, Impact and sustainability. Quantitative data in terms of numbers and percentages was also collected and analysed. A comparison between data at baseline and data now has guided our conclusions and recommendations on whether the documented practices and indeed the entire pilot program has had an impact on society in regard to child care and protection.

4.0 FINDINGS FROM THE DOCUMENTED BEST PRACTICES

4.1   Relevance

The Pilot program and indeed the few documented practices correspond to local, national and SOS organization priorities. The family-kinship alternative care option is a major issues which is being considered seriously at international, national and local levels. In Kenya for insistence, AC is a government led process and the Children Act 2001 is in the process of amended to recognize other alternative care options such Kinship as per the Kenya guidelines of alternative care. In Rwanda, the Government have initiated Child Care Reforms in 2012, whose aim is to raise children in a family based care model. In Tanzania, the Regional Social Welfare Officer explained that, the Government is in support of the AC approach as opposed to keeping children in private centres, and the same sentiments were raised in similarly for Zanzibar.

According to the SOS 2030 strategy, strategic initiatives #1, focus on innovative alternative child care which is aimed at increasing the number of children and young people in alternative care

programmes[1]. At the local level, community members are concerned with the increased number of children who are living without proper care and are ready to collaborate with the Government and development partners to address the existing challenge. According to the assessment done prior to the commencement of the CAQACP project across the countries, among of the emerged issues was caregivers limited financial resources to support children under AC, limited capacity and skills on existing community structures to identify and report cases of child protection, unawareness of proper parenting skills, unawareness of legal procedure in issues related to AC and unawareness of family AC in regard to kinship and foster program.

The implemented best practices which include working in collaboration with partners to promote AC, economic strengthen to the caregiver, empower the caregiver on proper skills to raise their families, strengthen community structure for child care and protection, and the formation of the national forum to address the AC issues at the national level are in line and conform to the needs and priority of the beneficiaries, SOS as an implementing organization, the respective countries and CISU as a development partner. The implemented best practices responded the priority needs existed in the community on family AC.

At the international level, the implemented best practices under AC project supported by SOS is primality guided by three very important international frameworks specifically relating to children: The first is , the United nations Convection of the Risks of children 1989[2] which sets out the rights children are entitled to in all aspects of their lives. The convention further recognizes that caring and protective family is central to child's development. Secondly, the UN guidelines for alternative care of children adopted in 2009[3] that provides a framework for ensuring that governments fulfil children's rights to quality care in families of origin and in alternative care. Thirdly, the UN sustainable development Goals adopted in 2015 and valid up to 2030[4] accompanied by a pledge to "Leave no one behind"

4.2   Efficiency

The implemented best practices under CAQACP has produced results with minimum level of resources such as funds, time, logistics and personnel. In regard to capacity buildings, the caregivers, children, PSW and other local leaders were trained by SOS staff in collaboration with Government officials from social welfare departments who are the primary duty bearers on child protection. The table blew summarize the number of people reached out and trained under CAQAC programs.

Table1: The Beneficiaries empowered under CAQAC programs:

Theme	Group Category	Rwanda	Tanzania	Zanzibar	Kenya	Total
Fairstart Model	Caregivers	78	49	31	152	**310**
	PSW	62	0	0	0	**62**
	CPC/MVCC	0	0	10	0	**10**
	Staff	9	7	6	0	**22**

---

[1] SOS 2030 Strategy

[2] United Nations Conversion of the risk of children-1989

[3] Un guidelines for alternative care of care of children-2009

[4] UN Sustainable Development Goals -2015

A loving home for every child

Business empowerment	Caregivers	38	22	0	16	**76**
	PSW	204	0	0	0	**204**
Child Protection issues	Caregivers	38	49	31	0	**118**
	PSW	204	16	20	20	**260**
	CPC	45	0	15	0	**60**
	Social workers /AAC	3	0	0	30	**33**
	Staff	60	0	32	0	**92**

Source: Progressive Report from CAQAC Project- 2019.

In Rwanda, the training of the programs beneficiaries took place at SOS CV and within the village were the AC project is being implemented. In Tanzania, the training took place in Chanika where the SOS has a sub office. Similar for Kenya, the training was done at community halls which were easily accessed by the target beneficiaries. Also in Kenya, the Project used the existence of National guidelines on Area Advisory Council (AAC) operations hence no costs were incurred to develop other training materials. In all the country the CAQACP programs maximized the local available resources hence minimum cost was used in carry out various training for caregivers, PSW, social welfares officers, CPC and children.

In order to reach out and increase more awareness, child forums were organized at community level and other platforms to create more awareness on prevention, quick response and reporting of all cases of child protection. In Zanzibar there already established Community leaders (Shehias) and structures such as Shehias Councils and Most Vulnerable Children Committee (MVCC). The established forums. Platforms and committees has simplify the process of facilitate, identify and reporting challenges encounter by children under AC. For instance, in Kenya the process enable the identification and documentation of individual cases of 45 children. The established structure and empowerment to AAC members resulted in a significant reduction in the number of child care and neglect cases reported to police in Kibulgeny location.

The program implementation involved using the Government structures. For instance in Kenya, the Locational Area Advisory Council (LAAC) and County Alternative Care Committee were established with an overall objective of coordinating and strengthening family and alternative care services. In Rwanda and Tanzania they have Para Social Workers (PSW) and Child Protection Committee (CPC) in place and in Zanzibar Community leaders (Shehia Councils, and the Most Vulnerable Children Committees (MVCC) were formed to carry out the same tasks. Given the existing structure, the project only incurred cost on initial trainings to equip members with knowledge and skills required to effectively handle child care and protection issues, parenting, economic empowerment and Fair start model. Therefore was efficiency in using the existence opportunities and resources to deliver the objectives.

Regarding the AC guidelines and training materials, SOS used the available Fair Start model for parenting skills to caregivers and children. Government documents, manual and guidelines such child right, care and protection were used to orient different cadres on child protection. In Tanzania, training on Psychosocial Support to children, caregivers, PSW and community where according to Regional Psychosocial Support Initiative (REPSSI) manual. In Rwanda, they used the National Commission for Children (NCC) manual for training and facilitation. In Kenya, National guidelines on AAC operations were used. The project also use Social welfare officers to facilitate

various training such as CPC and PSW. The use of Government available manual on child protection and social welfare official to orient and train different cadre has made CAQAC project cost efficient

The support done to the identified beneficiaries is carried out in collaboration with caregivers and community leaders, Regular monitoring done by the PSW to caregivers and children, reduce the cost and time which could have been incurred by SOS to perform monitoring visits.

4.3   Effectiveness

The interviews and discussions conducted with the various group in different project locations revealed that the applied best practices has enable the CAQACP project to produce the expected planned effect on the target beneficiaries. The project empowered the caregiver and PSW and other community structures with appropriate parenting skills through Fair start training model. The model was aimed at imparting skills and knowledge on effective parenting, improving foster parent -child relationship and equip the caregiver to deal with trauma, stress, and discrimination. It was further aimed at raising responsible and productive individuals and this was achieved through positive parenting. Testimonies from the caregivers, PSW, LAAC and children attest to the fact that the training was effective in imparting relevant knowledge and skills in parenting and it has brought positive and lasting impact within the families. Information from various FGD and interviews from caregivers and children across the countries, revealed that there has been an improvement in relationship between caregivers and children and this has been brought about by the improved quality and care being offered to children.

"My children now listen to me very careful and positively responding to my guidance. This was due to good parenting and care actions that I offer them as a result of intensive parenting training I got form SOS project.'' Says one of the caregiver from Tanzania during FGD

Caregiver, PSW, CPCs, and LAACs members were equipped with knowledge on how to monitor and provided needed support to foster children for them to pursue their education progress. The process enable the caregivers and other stakeholders to encourage and support children by providing necessary requirements such as books, school uniforms school bags and other scholastic materials to the foster children.

"My grant daughter performance has improved, she used to be among the 10 last in the class for the last two years, but now due to effective parenting and care, she is goes to school regularly and her performance in school has improved, she is among the top 20 in class". Say one of the caregiver from Tanzania during FGD

4.4   The Impact

While it might a little early to talk about the impact of the program in general and Best practices in particulars at this stage there are good indications that the pilot project and indeed the documented practices have delivered the intended benefits to the targeted population. The key benefits have been categorised in terms of Capacity empowerment, Strategic partnership and Advocacy.

4.4.1   Capacity Empowerment

The implemented best practices have greatly contributed to positive impact to the project. The CAQACP being the pilot project, it has proven to deliver the intended benefits to the targeted population.

A loving home for every child

Parental and Child rights skills : From the discussion and testimonies of Caregivers, PSW, CPC, Social welfares officer and LAAC, it was clear that sufficient knowledge and skills have been imparted on child care and protection, parenting care, child rights and supporting children on health and education matter, and involvement of children in decision making process. For instance, during discussion with PSW from Rwanda they confessed that, before the training offered and by SOS they were not clearly aware of their key roles and responsibilities and that the training has greatly enhanced their knowledge and skills in handling child care and protection in their areas of jurisdiction. As the results, there is a significant reduction in the number of child care and neglect cases being reported. Through interview with children, most Kin children reported that their caregivers treated them fairly, and that they received the same treatment as the biological children living in the household.

Economic empowerment: The support given to caregiver as business model training and start-up capital has already started paying off. The acquired knowledge and skills on effective business model have improved the economic situation of the entire household and not only to the foster child alone. In Zanzibar, Out of the 31 caregivers trained on income generating activities 28 have already established their income generating activities which includes goat keeping, selling fish, selling of charcoal, small shops, farming, selling vegetables and tailoring. In Rwanda, all of the fifty caregivers are involved in various economic activities. Thirteen (13) families are dealing in agriculture produce, one family has established a boutique shop, four families bought cows and each give birth and their children are accessing milk. Nine families have goats, seven families improved their banana plantation and two families are selling fruits and one family are dealing with pots.

As one Caregiver (Milly) a female caregiver taking care of three children two of them being twins confessed. "Before the financial support I received from SOS I used to work in a Salon and paid on commission basis. When SOS approached me and asked what type of business I could do to support the children, I told them am a hair dresser and I would wish to open up my own salon if I could be supported, indeed today Milly is a proud owner of the salon that she used to work in on commission and employing two female workers and helping to train others in hair dressing. (Caregiver-Kenya)

Another care giver name withheld testified " Before SOS came to my rescue my marriage was on the verge of breaking because of economic hardships I was facing while doing odd jobs to look after my late Sister's Son. When SOS asked me what I could do to support my foster child I told them I have basic skills in tailoring to day the Foster mother of one owns a sewing machine and is being supported to enhance her skills in tailoring at a local vocational training school. (Care giver-Kenya)

Children empowerment: Through various platforms such school children committee forums and meeting organized by SOS, children have been empowerment with ability to share issues such abuse, mistreatment, children rights, and other form of violence. Children are now aware where to report any case of children violation. The children have been actively engaging and participating in national events in such as the day of Africa Child which is held annually in all countries. In Tanzania, as the results of parental training, the caregiver were able to identify areas of interest for their children, in collaboration with SOS under CAQACP project eight (8) children were supported to join and pursue their vocation trainings at Chanika and Zingiziwa ward.

A loving home for every child

Health Insurance: The program empowered the caregivers and supported the children under kinship and foster care to access health insurance. For instance, in Zanzibar, all the fifty (50) children were registered under National Health insurance program (NHIF). In Tanzania, 27 Children both direct and indirect beneficiaries were supported to secure health insurance. In Rwanda, all 50 children have access to health insurance under the household of their foster parents. The health insurance will go long way in improving the health situation of the children and increased engagement of caregivers with Government officials responsible for NHIF.

Birth Registration: The project empowered Caregivers and other community members on the importance of birth certificates. In Tanzania, SOS linked Government officials from Registration Insolvency and Trusteeship Agency (RITA) who conducted the capacity building on the importance of having birth certificate to the target community.) RITA officials provided special support to the caregiver and other families to simplify and ensure smooth process of getting birth certificate to the project beneficiaries. As the results, 60 children received birth certificate both direct and indirect beneficiaries. The National Commission for Children (NCC) in Rwanda, provided guideline for children birth registration, the child is required to be registered within the 15 days of birth, however apart from biological, other parents where the biological parents are unknown can facilitate the birth registration of a child. The SOS under CAQACP supported all 50 children to acquire their birth registration. In Zanzibar, the program five (5) were supported to get birth registration. In Kenya the program has assisted in linking foster parents with Government officials responsible for Birth registration.

Scale up. The project impact spilled over beyond the target areas, for instance, in Kenya, the Fair Start model was offered to 24 representatives drawn from 6 SOS Kenya MA locations and to 152 caregivers from Meru, Mombasa, Busia, Kisumu, Eldoret and from National office. The trained group have similar testimonies on improved relationship at the family level. This is a clear indication that the pilot program has generated the required impact to the targeted beneficiaries.

4.4.2   Strategic partnership

Partnership with Government: The project has strengthened partnership with Government departments and other stakeholders at the local and national level in addressing family AC issues. Working through various Government structure such PSW, CPC, LAAC, social welfare department and through local authority leaders, has resulted in the establishment of a strong network of various stokeholds who have a common goal of supporting children under alternative care setting. For instance, In Kenya –the partnership led to the establishment of County Alternative Care Committee (CACC) and revival of Kibulgeny Locational Area Advisory Council (KLAAC). The LAAC among other things, organized a school visits and children forum to discuss drugs and substance abuse and academic performance, sexuality among the teenagers. In Zanzibar, as the result of partnership the Sub district has offered free air time and coverage of the AC Program on the Community Radio (Radio ya Jammii). The Radio program will create awareness, sensitize, train and advocate for family AC issues within the community. Also, Zanzibar alternative care coalition with 24 participants has been established and trained on alternative care. The coalition comprised members from Non-Governmental organizations, Department of social welfare, Child right centre, Zanzibar legal services and SOS children's villages Zanzibar.

Partnership with other development Organization: Partnership and agreement has been made with various stakeholder working to advancing families AC programs. For instance, in Zanzibar, SOS Zanzibar has signed three (3) MOUs with Tanzania Media Women Association (TAMWA), Muzdalifah, and Zanzibar Female Lawyers Association (ZEFELA) to implement the program based on an agreed work plan in line with their respective mandates and missions For example, TAMWA 's mission is to advocate for Women and Children rights through rising awareness on cultural , policy and legal changes in society ; ZAFELA's mission is to reduce violence against women and children in Zanzibar and MUZDALIFAH's mission is to support communities and cooperating with them to participate in improving their livelihoods standards and support them with humanitarian relief. In Rwanda, they develop collaboration and they work closely with other development organization such as Compassion International, Save the Children and Africa Evangelical Enterprises (AEE). In Rwanda, At National level, SOS CV Rwanda is a member of National child rights network/Coalition. At location level, CAQACP has the Vice Chairmanship in the Child Rights Actors Network (CRAN).

University Engagement: Academia institution have also been brought on board through targeted research in order to advance family Alternative care programs. For instance in Tanzania, the SOS has partnered with Open University of Tanzania (OUT) to conduct a joint research on Social Action. The Social Action Research revealed gaps in strengthening evidence based advocacy and effective project implementation. The Moi University of Kenya in collaboration with SOS Children Village, Eldoret and Africa Early Childhood Network (AfECN) undertook an evaluation study Kinship and Foster Care Pilot Program in Kilbugeny Location.

The research results increased chances of SOS organization to have clear advocacy agenda and massages from the evidence-based studies conducted with partners. The research findings has been presented in different meetings and forums within the Country. The research findings provided a starting point and learning to other partners on situation of children in other forms of care. Furthermore, SOS in partnership with the department of Social Work and Social Administration, Makerere University held in country consultations on priorities for developing an Alternative Care Training Manual for Social Service Workers in all countries.

4.4.3 Advocacy

Coalition: In Zanzibar, Alternative care coalition has been formed comprising members from the Government Departments, local NGOs and SOS Children's Villages Zanzibar. The coalition which comprise twenty (24) members meets twice a year to discuss and review the alternative care progress within the County. In Tanzania, The project enable the launch of the process to establish a coalition to advocate for the family alternative care approach at National level. In Tanzania, SOS CV through the CAQACP project coordinated successful forums in August 2018 and 2019 in Bagamoyo and Morogoro respectively[5] with the purpose of bringing likeminded practitioners from NGOs, UN Agencies, Academic institutions and Government for knowledge and experience sharing and push advocacy agenda on active community engagement in provision of quality alternative care in Tanzania. Other objectives includes, increase knowledge on Alternative Care among NGOs and government representatives, and Formalized Coalition on Alternative Care- Tanzania Coalition on Alternative Care (TCAC) to be established.

---

[5] National Forums report for 2018 & 2019

A loving home for every child

In Zanzibar due to increased publicity and media campaigns, the program managed to engage 16 Members of House of Representatives (women, information and tourism committee) to advocate for budget increase in alternative care and raise their understanding on the whole concept of the alternative care in Zanzibar.

4.5   Sustainability

The documented practices and indeed the whole program implementation approach was participatory, for instance the training conducted for caregivers on Fair start model was also delivered to the PSW who are the key players in providing monitoring support to the caregiver and children under foster and Kinship alternative care programs. According to interview, one of the caregiver commented that, *once the skill is gained it becomes part of the caregiver*. Being a participatory approach, the continuous learning through peer to peer and experience sharing among the caregivers will enable them to promote quality child care in future even after the project phased out.

In Kenya, alternative care is a government led process, therefore the realized success through CAQACP project will be sustainable. The equipped personnel in the Government established structures will continue to use the knowledge and skills acquired to reach out more community members in addressing AC issues. The AACs are Government structures formed and mainstreamed into government structures from the Village, Sub County and County level. Members of AAC who have been empowered under CAQACP reside within the targeted community and they offer services voluntary hence no cost needed to sustain the already initiated activities.

In Zanzibar, Kinship care options is supported by the family structures. Consultations with the Shehia revealed that kinship care fulfils a dual social function. In a way, it maintains a given social order through the preservation of family's unity and its entity and further acts as a mechanism to compensate existing gaps (e.g. financial or parenting) within a family, and respond to adversity faced by a family or community. The empowered MVCC at Shehia level will continue to support children in alternatives care, and other most vulnerable children within their community. The established coalition which meet twice per year to discuss and review alternative care progress will continue to offer and provide needed guidance of AC implementation even after the project phased out.

In Rwanda and indeed in all other countries, the outcomes of economic empowerment program are expected to continue as the knowledge and business skills acquired will assist care givers not only to manage their respective IGAs but also expand them. *For instance, the story of Mily's Salon who was supported by SOS with an initial capital of KShs 50,000 in Kibulgeny location in Eldoret –Kenya during an interview confirmed that she is now able to make regular saving under the village Savings and Credit and her future plans is to expand the salon into a "Parlow" as she called it with a massage section and train more women in hair dressing.*

The established community institution such as CBOs are VSLAs are available to offer the needed support in relation to savings and loans to the caregivers and other association members. The initiated business and IGAs are also likely to be sustainable due to the Government established supportive structure within the community. For instance, the caregiver can easily access farming and livestock technical support from veterinary and agronomist officials who are available from

their respective village. According to the District vice Mayor[6], he admitted that, there will be a continuation of program support since the trained PSW and other leaders will continue to use the acquired knowledge to support the caregivers, children and the community members

Increased engagement with media houses through their Apex organisation such as TAMWA in Zanzibar has changed journalists and reporter's attitude on reporting cases related to child abuse and vulnerable children. Compared to the past whereby the reports focused mostly on accidents, the new trends among journalists now is on both preventions and on issues that affect the rights of children in alternative care and vulnerable setting

5.0   KEY CHALLENGES

According to various assessments done across the implementing countries, the identified needs of Kinship and Foster families include but not limited to, economic empowerment, Psychosocial support, healthy, education, legal issues and parenting training. However, the economic empower are among the top priority. For instance, in Kenya, based on their assessment, an overwhelming 93.3% of caregivers' ranked economic empowerment as the top priority need.

Despite the effort and resources the project devoted to economically empower caregiver's there are still challenges for the practice to be effective. First, there is no a well-developed module and guidelines to be used in economically empowering Care givers: In Rwanda, they borrowed from other development organization such as Save the Children and Compassion International. In Tanzania, Community development officers (CDO) facilitated the caregiver in regard to economic empowerment.

Secondly SOS staff were not well prepare and equipped to handle and support the economic empowerment of the caregivers, for instance in Tanzania the funds had been given out to establish saving groups were recalled back after the caregivers failed to meet their obligation. There is need of deliberate efforts to identify and administer an appropriate economic empowerment model to the caregivers. In Kenya some care givers complained that they had waited for so long to receive the support after being promised. In Zanzibar there was duplication of IGAs among care givers almost all of them selling same items which increased supply of the same goods hence loss of market for the items being traded.

Non-functional Government structure. The Government established good structure at all levels, however in other places these structure are not functional. For instance, during FGD with staff and caregiver in SOS Kenya, it was noted that, the Area Advisory Councils (AAC) were not effectively functioning especially in Kamukunji Sub location. In Tanzania there are children protection committee known as MTAKUWA, however during FGD with Street Executive Officers (SEOs), one of them, could not recall the last time when the committee members met though she is a committee member. Relaying on non-functional structures may delay and limit the timely achievement of the project objectives

While the pilot project has demonstrated a number of positives both intended and un intended, such as: better upbringing, being offered love and affection by the Kins and foster parents some

---

[6] KII with Kayonza District Vie Mayor on 23rd Oct 2019

A loving home for every child

foster parents and Kins mentioned cases of children feeling rejected and not being loved; inadequate support being given to make children happy and build their self-esteem, cases of discrimination at household level with much attention devoted to the biological children of the foster parent.

Inadequate project resources to support a sizeable number of needy families and vulnerable children was highlighted both by the Local Governments and the SOS Program Directors in all projection locations. In Zanzibar for example over 300 families were assessed as needy and with Orphans and vulnerable children but the project could only support 31 families and 50 children. Then there was a problem of the cut off age of 12 years 2 in short there is a need for extension of the program not only the support the current 50 orphans and vulnerable children but also to increase the coverage and the target group.

Business skills training and regular monitoring and follow up visits to families that started IGAs were still inadequate and were identified as key issues that need immediate attention. Meanwhile, partnership and coordination with other stakeholders such as Community based organization were emphasized to ensure efficient and effective delivery of services to the disadvantage kinship families.

Capacity is still inadequate both in terms of personnel, skills and knowledge on the part of project staff but also among the community Para Social Workers and volunteers. In terms of logistical support, for example in Zanzibar, the district has only three social workers who do not have reliable means of transport to support the program activities. In terms of staffing In Zanzibar the project is managed by two staff the project Coordinator and a volunteer. In Kenya the project is taking advantage of interns who had stayed for only three months by the time we visited the location

6.0 KEY LESSON LEARNT

6.1 Working with Government Established Structure.
The Governments where the project is being implemented had already put in place community systems and structures that have supported the project. For instance in Rwanda, structure such as Para Social workers(PSW) two in each village, village leaders, Cell and Sector social welfare staff and Guardian Angels who have been appointed to support any child at risk within community. In Tanzania they have PSW one in each village, Village Executive officer(VEO) and Village chairperson, at the ward level, there a number of local leaders such as Ward executive Officer(WEO), Social welfare officer(SWO), Community Development Officer (CDO) and also at the district and regional level. The case is similar to Kenya and Zanzibar. However, it was learnt that, the system alone without capacity building such as training on Fairstart model, child protection and business empowerment, does not guarantee the achievement of the expected results. According to FGD in Rwanda, through the training of PSW, village leaders and Cell Social workers, there was a great improvement in provision of quality care to caregivers and their children under alternative care program.

Partnerships and working through Government structures has enhanced the implementation of project interventions and achievement of project benefits. For instance, all Countries the use of PSW in monitoring and supporting the caregivers has enabled the project to reach and minister

more children beyond the fifty (50) targeted by the projects. Therefore, Collaboration with community, Government leaders both at local and national level and other key stakeholders has a potential to contribute positively to alternative care options in the spirit of giving the child the best possible quality care

The CAQACP has influenced the existing system, and expanded the horizon in supporting children living in alternative care arrangement. In Chanka and Zingiziwa ward, the PSW in collaboration with local authority officers were able to identified 942 children living in alternative care setting. They provided the needed monitor and support on psychosocial, education and in health related matter. They also, provided counselling to the caregiver in regard to appropriate parenting and solve family conflict. At Rwanda, though the project is working in three Sector, they managed to extent the training to nine (9) PSW who work in other nine Sector within Kayonza District. In 2017, 126 children were identified within the community under Alternative Care in which 50 children were chosen. In Zanzibar, apart from the 50 children under the project, 470 more children were identified within the community under AC.

Awareness creation for existing Government laws and guideline is key for informal kinship and foster of vulnerable children. In Rwanda, through the CAQACP project it was learnt that, most of the Government local leaders and community members are not aware of the existing laws and guidelines of making formal fostering of children hence many family have the informal fostering which is risk to both the child and guardians. For instance, without formal kinship and foster it is ease for caregiver to drop a child once they encounter challenge in relationship. In Zanzibar the partnership with ZAFELA and TAMWA has increased awareness on Government laws and guidelines regarding child care and protection.

It was learnt that, ownership, success and sustainability of project intervention depend much on effective engagement of government at different level. In all the countries, local government officers and community leaders were involved at different stages of ACQACP project implementation. Their involvement in all stage from planning, implementation and monitoring increased their ownership, trust and willingness to work and support more than the fifty targeted children under alternative care.

The Initial involvement of local leaders and use of already established Government structures such as the LAAC and Shehias Councils in Kenya & Zanzibar respectively in the identification and selection vulnerable children and care givers after being trained on the criteria for child to qualify for the SOS support can go a long way in not only identifying the most needy children but also ownership and support of the program going forward. *As one Elder explained during the FGD-Kenya, "we stay within the community and therefore it was easy for us to know which children have lost their biological parents and who among the relatives was more likely to give the child good care and protection"*

Government Commitments in terms of budget allocation to various priority interventions is driven by the political changes and this has an impact on the resource allocation to alternative care as one of the key project expected outcome. For instance the current allocation of resources in Kenya is focusing on the President's Big Four Agenda which means that all country programs must fit into those for prioritization.

A loving home for every child

6.2 Engagement and working with community structure

Community campaigns on alternative care arrangement are vital for awareness creation to community members, caregivers and other duty bearers to inclusively improve the welfare of children in alternative care, and provide quality care for children. The campaigns increase and enhance community participation and acceptance, to support and provide quality care to vulnerable children. Through campaign and awareness creation, many community members responded positively and are ready to foster the vulnerable children. During the interviews, it was noted that, community members are ready to welcome and take care of children under foster and kingship model/approach. Therefore, advance mobilization and training of community members prior to the identification and integration of children will be required. For instance, in Rwanda, PSW in collaboration with other community leaders have identified 27 people who are ready to receive and care children under foster or kinship arrangement. This signify the increase in AC among the community members as compare to previous situation where the primary focus was to find the orphanage centre for vulnerable or abandoned children.

Stakeholders involvement such as veterinary, agronomist, SOS who supported the business start-up kit, VSLAs and CBO leaders who provide monitoring and guidance on financial matters are necessary in the process of supporting the caregivers and vulnerable families to identify their potentials, opportunities and to initiate and running income generating activities for their self and family economic development.

6.3 Engaging and working with Partners.

Partnership with academic institution in research creates credibility and acceptability by Government and other stakeholders. This was evidence in Tanzania where a Social Action Research was conducted by the Open University of Tanzania (OUT) with collaboration of SOS children Villages. The research revealed gaps and strengths in practices for evidenced based advocacy and effective project implementation. The research results increased chances of SOS organization to have clear advocacy agenda and massages from the evidence-based studies conducted with partners.

In Tanzania, through conducting the national forums on alternative care, it was clear that, working in isolation cannot bring big impact at the national level for Children under alternative care. It also creates duplication of services that non state-actors contributes to the National goals including policies and working tools. It was evidently that, without a forum or coalition of alternative care practitioners it will be hard to advocate for care reform and having diversities with double standards in understanding and implementation of alternative care policies and other tools in proving care to children.

6.4 Target Beneficiaries Empowerment

Economic empowerment program has demonstrated that sensitization and training of care givers on parenting and overall child care protection is not enough to ensure that the child gets what is due to them. The economic empowerment does not only assist the child under the program but the entire family members. This was evident in Rwanda were all of the fifty caregivers are involving with various economic activities, others have initiated Income Generating Activities (IGA) with the support from SOS. During interview, one of the caregiver testy that, her pots business has increased

A loving home for every child

as the result of business skills acquired and the linkage to Village Saving and Loan Association (VSLA) done by SOS.

To ensure effectiveness of the project intervention it is worth considering adopting diversity of approaches other than relying on only one approach. For example, In Tanzania, parenting training through fair start model bore the intended fruits because of adopting different approach such as facilitation through TOT, Monitoring through PSW, peer to peer through caregivers as well as seminars and forums in the course of implementation. It has been learnt that, the fair start training manual is an excellent guide when it comes to parenting care, therefore the manual should be adapted into local context to allow sustainability and ease adaptation among the beneficiaries and stakeholders.

The children under foster and kinship arrangement had their dreams and things that they need to pursue in the future, however they did not have platform to share it with their caregivers. With SOS support through various training such Fair start, the caregivers parenting style have improved hence provided platform and opportunity for children share and be supported to pursue their life dreams. For instance, in Tanzania, parents in collaboration with SOS managed to support three (3) children who previously abandoned school to register and pursue vocational training is various field

The issues of family AC is being advance at international and country level. In all the visited countries, there are intentional reform and emphasis given to AC. For instance in Kenya AC is a government led process, SOS Kenya is a key partner in alternative care implementation. Currently, the government is piloting alternative care in Kisumu County. In Rwanda, the Government initiated the Child Care Reform in 2012, whose aim is to raise children in the family based care model. It emphasizes that all children should be cared at family level as oppose to established centres. In Tanzania, the Dar es Salaam Regional Social Welfare explained that, the Government is in support of the AC approach as opposed to the raising children in private centres, similarly for Zanzibar. In Kenya we were informed that, Government policy is now not to construct more SOS Villages in essence supporting alternative care options like Kinship and Foster among others.

Through the Alternative Care pilot Project, it has become more evident that, it is very costly to foster/keep a child in SOS village as compared to keeping a child under kinship/foster family. The later require little basic support as compared to the former which demands constant payment of a lots of bills ranging from salaries, equipment and maintenance (vehicles, electricity, and security), school and medical bills. Therefore, by employing the family alternative care approach more vulnerable children will be supported with less resources. According to Rwanda SOS CV Director, keeping and supporting children at the SOS CV is highly demanding and costly as compare to the alterative care which need minimum resources. The SOS CV Director Zanzibar said that the two costs are not even comparable. This was evident when compared children who have been reintegrated to the community and these who are still residing at the centre.

7.0 CONCLUSIONS

Through Staff dedication and commitment, collaboration with Government and partners, the project has deliver tangible best practices in the target communities in terms of restoring caregivers family relationships, empower family to who initiated various IGA, worked and strengthen the

A loving home for every child

Government structure to support family AC. The project has introduced the practical life changing Fairstart model, which the skills acquired from it brought transformation to the target caregiver and children under AC, as well as to staff under PSW. During interviews, the Fairstart model emerged as productive tools to enhance quality parenting hence should be extended to more staff, caregivers, community leaders and members in large.

The project approach was efficiency and effective since it capitalized in working and use Government established structure and other various stakeholders to reach out and serve caregivers and children under AC. The results were realized with minimum resources in terms of finance, personal and time. Through collaboration, more beneficiaries beyond the 50 targeted were supported across the MAs. The project implementation approach were effective, the project which include building SOS staff and partners capacity to implement alternative care were achieved through various implemented training such Fairstart model, children right and business training. The objectives on strategic service delivery to the vulnerable children who have lost parental care were achieved through direct support to target children and others within the community. The national forum were developed and MOUs were signed with Partners at national level which advocate and inform policy and programming at the national level.

Children's needs are Universal regardless of the care options they find themselves into. The children need physical development such as: access to nutritious food, and access to quality healthcare. They need emotional development such as: Love, affection, appraisal, guidance, life skills. And also they need educational and social development such as: having access to quality education, and provided with schools materials and uniforms and being allowed to engage in other activities, such as local clubs, and children's councils meetings. The CAQACP project has been holistic in addressing the needs of children under AC, however more advocacy is needed to engage more stakeholders at the national and local level to consider a holistic approach to children raise under alternative care arrangement

There undertaken business empowerment and start-up kit support to caregivers in launching their IGA was vital and proved to be effective, hence should continuous to invest in training and improved monitoring and follow up mechanism for the growth of various initiated enterprises. Going forward   it is important that the Care givers should start focusing on value addition and be helped to access markets beyond their current market focus and location. For instance, In Tumabtu (Zanzibar) diversification to enterprises such as sea-weed farming, soap production with local material (coconut, spices), basket weaving, and dried fruit will enhance further improvement of their incomes

8.0   KEY RECOMMENDATIONS

i.   The integration, care and protection of vulnerable children within the community helps them to learn and cope with cultural norms and behaviours of the communities where they live. The 2030 SOS strategy should guide the MA to innovate alternative care approaches which will help SOS in integrating more children into their respective communities. This will reduce the institutionalization of children and care givers, and align to government child care reforms and the families will have access to community support. During interviews in Zanzibar, one elder confirmed that children are seen as a key resources and support to especially the elderly families, and as such children kept in the traditional SOs villages will

never learn the traditional social values and cultures and that the family is deprived the much needed help from children. It was further revealed that children raised in SOS villages find it difficult to integrate into the local settings. The Sector Social officers from Rwanda commented that, it very hard to integrate the children who have been in an SOS Centre since they live a life beyond community standards.

ii.   The Project has achieved tremendous result in terms of creating a harmonious relationship to caregivers and children through a positive parental trainings. However, there is a need to emphasize more on engagement with child through various settings children clubs in schools, forming community children platforms where children can have an opportunity to raise their voice. Therefore, apart from CPC and PSW, let there be functional clubs were children can air out their concern about children rights and any form of abuse.

iii. The project has established partnerships and worked closely with different stakeholders who include: Government departments and local authorities' Community leaders, volunteers, NGOS and academic institutions such Universities. Creating formal partnerships through Agreements and MOUs with Apex Organizations as was the case for SOS Zanzibar who signed MOUs with TAMWA, ZAFELA can go a long away in not only reaching out as media houses as possible but also equipping journalists and other member associations with knowledge on alternative care and child protection. *when the media is well trained and given the right information that is well segmented and targeted it can play a vital key sensitization and advocacy role*

iv.   Given the role played by Teachers in schools in regard to monitoring and supporting all the children and in particular these who live in alternative care, there is a need to establish and maintain partnership with Teachers in primary and secondary schools. The Teachers can monitor closely children behaviours, academic progress and they can be a focal persons to be consulted by children in needs. During the FGD at Chanika, the caregiver raised the concern of Teachers treatment to their children, they use harsh words and more corporal punishment. The Project should think to administer the Fairstart model to all Teachers in the target areas.

v.   Training of Care givers on Fairstart, positive parenting, and issues of child rights proved to bare tangible results at the family and community level. Therefore, the project should continue to conduct such training and it should be extended to other caregivers, PSW and local Government authority leaders. There is need for continuous engagement especially through PSW, LAACs and other community leaders to enhance sustainability. Secondly The Caregivers who have been trained in Fairstart and various parenting trainings, admitted to have changed and restored relationship with their children and confessed that their previously parenting style was unfair to their children. Therefore, there is need to trained caregiver prior to the reintegration or placement of a child through foster or kinship arrangement. The Fairstart parenting model should be consider not only to the caregiver but also to all other parents within in the target communities.

vi.   The Project should come with more creative ways to integrate parenting skills and training on business model or empower the caregivers to initiate and manage Income Generating Activities (IGAs). This process will enable the caregiver to attain economic ability hence be

able to support their children in terms of food, clothes, education and health needs. Like Fairstart training model, there is no a specify curriculum or package to support the caregiver in terms of economic empowerment. During the interview, there is quite variation in terms of economic empowerment from MA to another unlike Fairstart model which seem to produce the same results across the Mas.
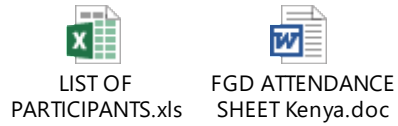
vii.   The SOS leadership under CAQACP should work and complete the AC training manual. It was noted that, the manual is still in process and in final stage of development. The availability of manual will support the implementing countries to have a references manual for teaching in their countries and it will bring consistent across the implementing Mas.

viii.   The project should continue to find and develop partnership with academic institutions such universities for joint research and advocate the AC approach at national and international level. The good example can be drawn from Tanzania were SOS partner with Open University of Tanzania (OUT) to conduct the Social Action research which identified gaps in AC practices and they are currently in the final stage of developing a proposal which will engage various stakeholders such as Government, Donor agency, Universities and development practitioners to address the issue of child right violation for children under AC and community at large.

ix.   The project should use the existing structure within the community such a VSLAs, VICOBA, and SACCOS to advocate the support of the families and Children under AC. For instance, during the discussion with Virobo street chairperson, he explained their intention to encourage social development groups such as VIKOBA to set aside a given percentage of their income in order to support the identified children under AC and these who are vulnerable within the community.

x.   There should be integration and link of projects implemented by SOS within the same community. For instance, family strengthening (FS) project can be link with CAQACP project in a sense that, FS should also aim to strengthening the family under AC. During interview with Vikongero Street Executive officer in Tanzania, she explained their intention of using part of the income from the water project to support the identified children under AC. The water project were supported by SOS under Family Strengthening Project. Currently they are on the process of open a project account.

xi.   The project worked very well at the grassroots level, there tangible results and achievement which have been realized as the result of working in partnership with Government, community and other in the grassroots level. However, the project should put more efforts and strengthen the collaboration with Government and other stakeholder to advocate the AC at the national level. For instance, the initiated coalition process in Tanzania should be finalized and emulated by other MAs.

A loving home for every child

9.0 REFERENCE

- CAQACP Annual Reports(2017& 2018)
- CAQACP Bi annual Reports(2019)
- CISU Zanzibar, Kenya   2018 Progress Reports
- Evaluation of Kinship and Foster Care Pilot program in Kilblugeny
- Final Policy briefing Piloted and tested models for child care in SOS Children Villages in kenya
- Good Practices at FAO Experience capitalisation   for Continous learning September 2013
- KII with Kayonza District Vie Mayor on 23rd Oct 2019
- Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case study from Zanzibar.
- Situation Analysis of Children in Rwanda 2017
- SOS 2030 Strategy
- SOS Care Promise: How Children Villages Ensure the Best Care for Children and Young People
- The Baseline Survey and Need Assessment of Tumbatu Community Zanzibar October 2017
- UN guidelines for alternative care of care of children 2009
- UN Sustainable Development Goals -2015
- United Nations Conversion of the risk of children 1989

A loving home for every child
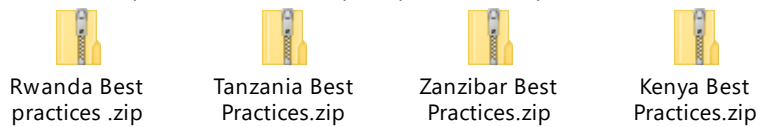
10.0 APPENDIXES

9.1 List of interviewed participants

LIST OF
PARTICIPANTS.xls

FGD ATTENDANCE
SHEET Kenya.doc

9.2 Tools used for data collection

Data Collection
Tools .zip

9.3 List of Bests practices developed per country

Rwanda Best
practices .zip

Tanzania Best
Practices.zip

Zanzibar Best
Practices.zip

Kenya Best
Practices.zip

9.4 TOR

A loving home for every child