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Mid-Term Evaluation Report for Community Action for Quality Alternative Care and Protection (CAQACP) Programme.



Mission

MS Training Centre for Development Cooperation endeavours to strengthen the capacity of civil society organizations and other stakeholders to empower people to question their situation and act to realize their vision of a dignified life.



Client: SOS

April 25, 2022

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Acronym

AAC:	Area Advisory Council
ACM:	Alternative Care Manual
CAQACP:	Community Action for Quality Alternative Care and Protection Programme
CBO:	Community Based Organization
CMT:	Case Management Tool
CPIMS:	Child Protection Information Management System
CSOs:	Civil Society Organization
DCS:	Directorate of Children Services
DSM:	Dar es Saalam
FGD:	Focus group discussion
CPIMS:	Child Protection Information Management System
KII:	Key informant Interviews
MVC:	Most Vulnerable Children
NCCS:	National Council for Children Services
NGG:	National Gatekeeping Guideline for Kenya
NICMS:	National Integrated Case Management System
PGM:	Parental Guideline Manual
RMO:	Medical Officer
SOP:	Standard Operation Procedure
TASWO:	Tanzania Association of Social Workers
TCDC:	Training Centre for Development Cooperation
UNCRC:	United Nations Convention on the Rights of the Child
VAWCC:	Violence against Women and Children Committee
VSLAs:	Village Savings and Landing Associations

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Executive Summary

SOS Children's Villages is implementing a four years (2020-2024) community action for quality alternative care and protection programme (CAQACP) in four Eastern countries which include Kenya, Tanzania, Zanzibar and Rwanda. The programs has adapted an alternative approach which replace the traditional institution care with family-based care. The approach employed is an attempt to place children in Alternative care options in the community and to reintegrates or reunite children from SOS Family Care (SFC) with their families of origin if they exist or place the children in different care options in the community The CAQACP expected outcome includes, Capacity development of child protection structures to have appropriate capacity to support quality care and protection for children in alternative care, systems strengthening to achieve improvement within government and community based structures and systems to provide effective alternative care and protection to children. The project was also focussing on advocacy resulting in SOS Children's villages and partners having raised public awareness and influenced governments to commit to and deliver policies, regulations and services that support alternative care.

In October 2021, SOS commission MS Training Centre for Development Cooperation (MS TCDC) to carry out a midterm evaluation with aim to assess the progress of the project implementation and provide corrective actions for the deviations and document promising practices. The consultants employed participatory approaches that covers quantitative research and data collections standards and principles in data collection, analyses and report writing for the midterm evaluation results from all the four countries. The methods applied includes documentary review, Focus group discussion (FGD), Key informant Interviews (KII), and Observation. Data analysis were done by organizing the data under different themes, triangulate and analyse the collected quantitative information from documentary review, FGDs and KIIs. In report writing a comparison were made of the data at the beginning of the programme and achievement based on the target during the midterm evaluation.

The midterm for CAQACP programme revealed that, child protection actors have improved their capacity to provide and support quality care and protection for children in alternative care. For instance, based on the interviewed of foster children in Rwanda, all of them 100% (10) acknowledged to know whom to call, where to go and or what to do in case they are in danger of sexual attack. 90% (9) of the interviewed children under AC acknowledged the improved relationship with their caregivers, they are being loved and well supported with school fees, school materials, food and clothing.

Evaluation reveal that, the CAQACP programme has strengthened systems and structures in order to support and provide quality alternative care services and protection to children living in alternative care. For instance, according to SOS Zanzibar CAQACP progress report¹, through SOS support to the government social workers, a total of 232 MVCs were mapped out and registered into the National Integrated Case Management System (NICMS) database system (DHIS2/ MVC_MIS). In SOS Tanzania, Through SOS support, a total of 108,833 (54,866 girls and 53,969 boys) were registered in Government Management Information System (GMIS).by Dec 2021.

¹ ZN_CAQACP Programme Progress Report: Semi Annual 2021

Through CAQACP programme, Governments have been influenced to implement policies, regulations and services that support quality alternative care and protection. For instance, In Kenya, the advocacy were carried out in collaboration with others CSOs resulted in review and development of national guidelines such as Standard Operation Procedure (SOP), Alternative Care Manual (ACM), Case Management Tool (CMT), National Gatekeeping Guideline (NGG) and Parental Guideline Manual (PGM): These guideline will shape and guide and improved national placement and procedure of children under alterative care.

The CAQACP programme had positive effect to the entire SOS Organization. For instance, in Kenya, the CMT guidelines were developed by the Department of Children Service (DCS) with technical and financial support from SOS and it was rollout to SOS staff. In Tanzania, the Gatekeeping Guidelines were developed and approved by the board on November 6th 2021. During KIIs, the AC Coordinator in Eldoret commented that, *“The CAQACP programme has made significant change, not only to the target beneficiaries such as care giver and children and Government but also to the entire SOS Children village, currently we have in place a refine case management tool which we are using for children Reintegration process.*

The CAQACP programme implementing teams across the countries have experienced the effect of Corvid-19 outbreak. The outbreak has negatively impacted the smooth implementation of programme activities due to lock down which resulted to limited community engagement, some of the programme funds were directed in Corvid -19 responses.

In future, there is need of more economic empowerment and support to the caregiver to initiate income generating activities (IGA) in order to meet the end needs of children under AC. The CAQACP programmes should continue to partner with other CSOs in advocate children under AC at the grassroots and National level.

In conclusion, CAQACP programmes is relevance since it serves the problem of the target beneficiaries and it is in line with AC national and international guideline and policies. The programmes efficiently used provided funds, personnel and available support from stakeholder and Government in achieving the objectives. Despite of Corvid -19 outbreak the program was effective since a number of guidelines and polices were initiated internally and at national level. There tangible impact which include relationship restored among the caregivers and their children, and system strengthened at local level. The CAQACP programmes is sustainable since it build, work and collaborate with stakeholders and Governments structure in achieving the programme objectives.

1.0 Introduction

1.1 Brief Outline

This brief highlights the process which was undertaken to conduct a midterm – evaluation for Community Action for Quality Alternative Care and Protection (CAQACP) programme. The outline provides the background information about SOS Children village, background information about the programme, the theory of change, the programme findings in Tanzania, Kenya, Rwanda and Zanzibar, Conclusion and general recommendation.

1.2 The Midterm Evaluation Assignment

In October 2021, SOS children villages (ESAF) commission MS Training Centre for Development Cooperation (MS TCDC) to carry out a midterm evaluation with aim to assess the progress of the project implementation and provide corrective actions for the deviations and document promising practices. The specific areas includes assess the extent to which:

- Project objectives are relevant to country alternative care needs, partner' and donor policies and/or Guidelines for Alternative Care of Children
- To assess the impact and effectiveness of the activities implemented in community action for quality alternative care and protection programme
- Consolidate and compare the country-based challenges and best practices for learning and scale up (alternative care status, identified gaps, recommendations) across the four countries, drawing out insights and learning
- To evaluate the efficiency of the project in relation to beneficiaries, cost and timeframe of the project.

1.3 Background Information

SOS children villages is implementing a four years (2020-2024) community action for quality alternative care and protection programme (CAQACP) in four Eastern countries which include Kenya, Tanzania, Zanzibar and Rwanda. The programs have adapted an alternative approach which replace the traditional institution care with family-based care. The approach employed is an attempt to place children in different care options in the community and reintegrated or reunite children with their families of origin. The programs is in line with the United Nations Convention on the Rights of the Child (UNCRC) and the recommendations in the UN Guidelines for the Alternative Care of Children hence it is founded on an internationally agreed framework of the UN Guidelines that has sparked a global movement.

The community action for quality alternative care and protection programme is built on the learnings of phase one of the project implementation. The programme seeks to ensure that children in need of care and protection at the community level are protected. In order to realize the programme objectives, the three outcomes are chosen. This outcome addresses the main challenges in relation to [provision of alternative care to vulnerable children.

The expected outcome includes:

- **Capacity development** of child protection actors to have appropriate capacity to support quality care and protection for children in alternative care

- **Systems strengthening** to achieve improvement within government and community based structures and systems providing effective alternative care and protection
- **Advocacy** resulting in SOS and partners having raised public awareness and influenced governments to commit to and deliver policies, regulations and services that support alternative care.

2.0 Midterm Evaluation Methodology

The consultants employed participatory approaches that covers quantitative research and data collections standards and principles in data collection, analyses and report writing for the midterm evaluation results from all the four countries. The methods applied includes documentary review, Focus group discussion (FGD), Key informant Interviews (KII), and Observation. *Refer appendix I for Participant interviewed list.*

2.1 Documentary Review

A review of various program documents which included programme designed documents, Technical Progress reports (semi and annual reports) for 2020 and 2021, and Annual budget plan, internal audit report and various research report which include reintegration research done in Eldoret and Fit person done in Tanzania.

2.2 Key Informant Interviews (KIIs)

The consultants conducted Key Informant Interviews (KIIs) for key players involved or who are aware of the implementation of CAQACP programme. The interviewed people include SOS Children villages programs staff such as SOS children village directors, M&E officers, Alternative care Manager Alternative care coordinators, and Advocacy National Coordinator. The KIIs also were done to Local and national Government officials such as social welfare officers, Community development officers and teachers. The key partners and other stakeholders such as civil society organization (CSO) representatives were also consulted during the data collection. The KIIs were blended in such that, in other places it was done face to face while other responded were done via virtual meetings.

2.3 Focus Group Discussion (FGD)

The consultants collected information through FGD from different stakeholders in the project areas within the four countries. The groups involved in FGDs include the implementing SOS Children Villages staff in the four countries, Programme partners such as Para Social Workers (PSW), Local Government official from the social development department, children protection committees, social welfare officers, community development officers, family of the care givers (men and women), and the children under alternative care programme. In Tanzania five FGD were conducted which include PSW, SWOs, Caregivers, Children, and staff. In Kenya at Eldoret, Six FGD were conducted, the group include SOS Children villages staff at Eldoret and at the Head quarter Nairobi, Care givers, Local Volunteers, Teachers and Journalist. At Zanzibar the FGD were done to caregivers, Most Vulnerable Children (MVCs); NGO; and SOS staff. The number of participants vary from 4 to 8, there were specific question developed for different interviewed groups. A checklist of questions was developed and administered to the target groups.

2.4 Observation

During the process of data collection, the consultant carried out an observation in which he comparatively observed and examine children within the family, caregiver social and economic progress, children under the AC, participation at the family and any significant difference among the children in programs and others within the family such as children freedom of expression and equally support and treatment within the family.

2.5 Data Analysis and Report Writing

The consultant organized the data under different themes, triangulate and analyse the collected Quantitative information from documentary review, FGDs and KIs. The Consultant also made a comparison of the data at the beginning of the programme and achievement based on the target during the midterm evaluation.

3.0 The Theory of Change and Assumptions/Risk Management

3.1 Theory of Change:

The CAQACP Programme developed Theory of Change (TOC) is still practical and valid to bring the desired change to the target beneficiaries who are the caregivers and children under the AC. The used TOC across the four countries clearly define the overall goal to be attained, that is Children who have lost or are at risk of losing parental care receive quality alternative care and protection in their best interests. The TOC has three major domain of change which centre on capacity building, system strengthening and advocacy as well as underline process to realize it.

Capacity Building: According to the mid evaluation findings, the capacity development to the various stakeholders have enhanced the provision and support of quality care and protection to children under AC. For instance, the trained caregivers on Fairstart in Chanika agreed to have learned better techniques to raise their children, they developed close and health relationship with their children. According to the interview, one of the child under AC commented that,

Our Mom participated in the parenting model, and she completely changed, when you make a mistake she have time to know what happen, then she warn you not to repeat, this is different from the previous situation, were she quickly judge and bit you. Nowadays, she is calm and friendly. She treat all of us equally and with Love.

By Aloyceana Jacob-Child under AC –During KIs October 2021

In SOS Kenya, the staff are currently in the process of reintegration of 44 children. The process has been influenced by different capacity building on various guideline conducted to staff. This include SOP, gatekeeping and case management tool.

System Strengthen: Based on the mid evaluation findings, it was evident that, by strengthening system and structure at the community level, it enable the support and provision of alternative care service to children living under AC. For instance in Zanzibar, the strengthened system such as children protection committees have enable the members to be vigilant and proactive in safeguarding the children under AC. During interview, one of the PSW commented that, “*Child cases are now taken more seriously and no room for family negotiations when a child is sexually abused as we take the matter straight to the police*”

Advocacy: The findings indicate that, the advocacy to the Government at national level can lead to the development, review and implementation of policies, guidelines and regulations which support quality alternative care services and protection. For instance SOS Children Villages Kenya collaborated with the Government and other CSOs to come up with national guides such as National Gatekeeping Guideline, Alternative Care Manual and Case Management Tool. SOS Children Villages Kenya participated in a variety of TV engagements on alternative care, which led to creating awareness of different care options, which are available for children as opposed to institutional care. Documentation for evidence advocacy has been done through development of documentaries in collaboration with government to document key milestones achieved in Alternative Care Implementation, Policy review and change, strengthening systems of CPIMS for availability of data for children in alternative care to support informed decision making in regard to policy formulation, allocation of resources to the child sector by government and designing appropriate interventions to improve programming.

In order to realize the programme objectives as per ToC, more effort to collaborate with stakeholders in carrying out advocacy to the Government will be needed. The joint advocacy campaign will help to realize other objectives such as increment of budget to support children under AC.

3.2 TOC Assumptions/Risk Management

The TOC underlines seven identified assumptions/conditions to meet for the realization of CAQACP programme objectives. Based on the mid-evaluation, the assumptions are still practical, however there is a need for monitoring and taking measures to influence the realization of assumptions or review the design of the programme in case of un-fulfilment of the assumptions.

During the mid-evaluation of CAQACP programme, there are few assumptions/risks observed which need to be taken into consideration in the second phase. These include the risks of Covid-19 outbreak, the risk of having more children in AC and risk of creating dependency syndrome.

- **Corvid -19 Outbreak:** The CAQACP programme should plan in advance on how to intervene in case there will be a continuation or another phase of Covid-19 outbreak. The prior planning will limit the divergence of programme funds for relief responses and help in avoiding implementation delay by putting other mechanisms in place such as online training and capacity building.

The underlying assumption in regard to conducive working environment is that, *“There will be no major disaster which will limit the programme operation across the countries”*

- **Having more Children in AC:** The CAQACP Programme is addressing the challenges of children in AC through capacity building, system strengthening and advocacy to the Government for resources increment and implementation of policies and guidelines for children under AC. However, there should be a focus on the course of children under AC. The SOS Children Villages and other CSOs should research on the course and advocate for the development of policies, bylaws and enforcement mechanisms to limit more children under AC. For instance address the issue of family planning and strengthening families to care for their children.

Creation of dependency syndrome: The CAQACP programme supports the caregivers who are in extreme needs to meet some of the basic issues such as health insurance, food, school fees and scholastic material for their children. This is good and it helps in bringing relief to the

target beneficiaries. However, economic empowerment is needed to the caregiver for sustainable Income generating activities which will enable to meet their family's needs.

4.0 SOS Tanzania CAQACP Finding

4.1 Capacity Building

The CAQACP Outcome One (1): Child protection actors have capacity to provide and support quality care and protection for children in alternative care. Among the indicators, is the % of targeted children in alternative care are accessing needs in all four development domains, % of alternative caregivers practicing positive parenting

According to Annual progress reports, a total of 135 (111 female and 24 male) foster, fit persons and kinship caregivers from Ilala, Kinondoni, Ubungo, Temeke and Kigamboni district were trained on positive parenting, child right and child protection. The participants acquired knowledge and skills on types of child abuse, signs of child abuse and how to recognize and support the abused child. As the result of training, there are 372 children (185 females and 187 males) from 91 alternative caregivers identified in five districts of Dar es Salaam Region who are ere accessing positive parenting services. This achievement is beyond the programme target planned of 200(50%) children by the end of 2021

Through SOS support, we are able to identify and support many caregiver and children who live under alternative care, for instance 185 families under alternative care were identified at Chanika and Singiziwas ward.

By Regional Social Welfare Officer –During KIs November, 2021.

According to programme bi-annual report 2021, the monitoring of the programme indicate success of the training to the caregivers. Among of the caregivers admitted to have asked for forgiveness from their children after acquiring the knowledge. Others had started extending the knowledge and skills to fellows in the community.²

Health Insurance Fund (CHIF) support: According to the progress reports, in 2021, there was a total of 121 caregivers and children supported by the programme to access health service through Community Health Insurance Funds (CHIF). The supported people include 82 children and 39 caregiver. The community health insurance support was evidence during the interviews with care giver and children under alternative care, According to one of the child under alternative care, the CHIF support to their family was a great relieve since through it she was able to access medical treatment in the nearby health centres.³

I no long live for Panadol, previously, if you complain of body pain or sickness my Mom will just provide you with a Panadol.” Through CHIF cared I can access treatment in a nearby medical health centre. We highly appreciate for the medical support we received from SOS.

By Child under AC-During KIs –November 2021

Children reintegration: Two (2) children had an opportunity to be reunified with their biological parents and three (3) reintegrated with their members of family of origin. This

² Tanzania CAQACP –Bi-annual Report 2021

³ Aloyceana Jacob Case study –children under alternative care –Dec 2021

happen after caregivers acquiring knowledge in appropriate services and support to beneficiaries.

4.2 System Strengthening

The CAQACP Programme Outcome Two (2): System and structures support care and protection services for children who have lost or at risk of losing parental care. The indicators includes, % of functional supporting structures (target 20%), % of children in AC registered in the Government MIS System (target 20) and % of targeted children and Young people in alternative care who participate in decision making concerning their own lives (target 40).

Functional supportive structure: In March 2021, a capacity building on child rights, care and protection was conducted to Violence against Women and Children Committee (VAWCC). In collaboration with Social development department, SOS through CAQACP programme facilitated 16 committee members to enhance children rights and influence child participation in their respective areas⁴. A total of 36 MTAKUWWA committee members from Ilala District and Kigamboni District were trained on children right and protection. Currently, two MTAKUWWA committees at Tabata Ward and Kigamboni District levels were functional because of the acquired support from SOS Children Village Tanzania.

One stop centre: SOS Children villages supported the establishment of one stop centre in Chanika ward in DSM, the one stop centre is a place in Chanika Medical Health Centre where the police, nurse and social welfare officer are available to support in identify and tracking of any child abuse. SOS Children villages supported the centre by facilitate a forensic training which were done to all personal working in one stop centre. SOS children villages supported with Computer, furniture such as tables and chairs, Television for news and entertainment, and games for children.

Results: The equipped one stop centre at Chanika has added the number of such centres from 16 to 17 across the whole county. The centre has reduce the distance of accessing medical support. Previously, the victim of child abuse were to travel more than 40km to access such serve at Amani health centre. Chanika and singiziwa wards are highly developing areas hence the centre enable the accessibility of police to such community. According the CAQACP coordinator, the centre is currently serving nearby communities such as people from Kisarawe and Mlongole. The fact that the one stop centre is being fully managed by the Government, it foster the ownership hence it is sustainable.

*One stop Center is useful in verify and tracking easily any conducted child abuse. This model need to be replicated by other district and the rest of the county.
By DSM social welfare Officer –During KII Nov 2021,*

FairStart Training: 12 Social Welfare Officers (SWOs) from DSM and 13 staff from SOS children villages were empowered as TOT on Fairstart model. The training aimed at developing TOT by providing capacity building to social welfare officers and SOS children village's staffs on parenting skills in order to reach more foster and kinship caregivers. According to June 2021 progress report, there was a total of 15 TOT on Fairstart delivering

⁴ CAQACP Programme VAWCC Training Report –March 2021

parenting skills to alternative caregivers in the five districts of Dar es Salaam. Through the trained TOT, 91 kin caregivers were equipped and practice parenting skills. The parenting skills were also shared to various group within the community which include School committee members, Women and Child Protection Committee (WCPC) and the representative of Tanzania Association of Social Workers (TASWO).

The training also aimed at empower child protection actors to acquire knowledge and skills in care and protection for children in alternative care based on Fairstart parenting skills manual⁵.

The training conducted to 13 Social Welfare Officers as Trainers of Trainees (TOT) in regard to FairStart Model, has contributed in reaching out the 135 caregivers with appropriate knowledge on parenting, children right and protection.

By SOS children Village manager-During Klls Nov 2021.

According to Temeke District SWO who was among of the participants in Fairstart Training, they were able to train the care givers in all the ward in two months. Through the conducted training, the caregiver developed strong relationship bond with their children.

The Fairstart Model shaped my life in regard to parenting, I realized I had areas which I was not doing in the proper ways. The Fairstart training is appropriate parenting model which should be done to all SWOs in order to reach more care givers in their respective areas.

Temeke District SWO –During Klls November 2021

Reviving of Children Council: Through CAQACP programme, the SOS staff in collaboration with SWOs in charge of children managed re-established 100 out of 102 Ward Junior Councils in five Districts of Dar es Salaam. The revived junior council have 196 members (104 females and 92 males). The trained children in junior council enable the children to demand their rights and wellbeing affairs from their parents, institution and in the Community.

Empowerment to the Fit persons: According to CAQACP Coordinator and repots, there were few active Fit Person in the whole region of DSM. For instance Despite of UNICEF support in the previous years, in Sept 2020, there were only 8 active fit person in Tameke. Given the situation, SOS organized a three days refresher workshop were 14 Fit person together with their partners (6 couples and 2 single) participated. According to Temeke Social Welfare Officer, the 14 Fit person with their partners were empowered and acquired the appropriate skills to handle children while on the process of finding an AC support, child rights and parenting skills. During the training, It was noted that, the availability of trained fit person will help in reducing a number of children take into institution care hence support the easily reunification and integration in the community.

Result: SOS advocated to the LGA through SWOs the need to revive and carry out refresher training to the Fit person in order to undertake their responsibility effectively. In 2021, the SWOs managed to cooperate with other partner such as Baba Watoto Organization to revive and trained the Fit person in DSM. SOS planned to undertake a research on fit person in

⁵ CAQACP Programme Training Report –March 2021

collaboration with other stakeholders to identify experienced challenges by the fit person, gaps and propose ways to address it.

Research on situation analysis of fit person program in DSM: SOS through CAQACP programme in collaboration with Regional Administration and Local Government (PORALG) – Dar es Salaam Regional Commissioner; Tanzania Association of Social Workers (TASWO) conducted the situational analysis on Fit Person Program aimed at identify the shortcoming of Fit Person Program in Dar es Salaam and provide recommendation for improvement. According to the research, the fit person program has managed to rescue children from streets and unsafe living environment; it has also managed to conduct reunification as well as supporting these children to carry on with their studies while with their parents. Social welfare officers and fit persons do not meet often to discussion the general welfare of the child. It was also noted that psychosocial support to children placed in fit person program was not done as professionally expected. The recommendation include, the fit person need to be reorientation on the recruitment process and the characteristics as well as their core work. All social welfare officers should be trained on fit person package as well providing resources for them to execute their duties accordingly. ⁶ The finding and recommendations are available for sharing to the Government and other stakeholders.

Children in AC registered in the Government Management Information System (GMIS): SOS under CAQACP programme supported the Reginal Social welfare department with equipment such as computer for registration of children under alternative care in GMIS. According to regional SWO, by Dec 2021, they managed to register a total of 108,833 (54,866 girls and 53,969 boys) vulnerable children in the national GMIS. The register children and their family were supported in various ways which include caring service, food, health, economically support to the care giver, and the psychosocial support. The equipment support enable the department to process the information regard the children under AC, make reference and link them to various available opportunity within the region.

*The available information in GMIS enable us to understand, process, track and support children in AC and their families based on their specific needs.
Regional SWO –During Klls November 2021*

Apart from Reginal SW office, Chanika and Singiziwa ward were supported with computers in which it enable them to track and report children issue in the Most Vulnerable Children Management Information System (MVMIS). The provided computer enable them to access information from the system and generate various reports to inform various stakeholders who are dealing with most vulnerable children (MVC).

4.3 Advocacy on AC to the Government

The CAQACP Programme Outcome Three (3): National government implement policies, regulations and services that support quality alternative care and protection. The indicators includes, Alternative care guidelines (including gatekeeping) developed and implemented, % of increment in national budget allocated and disbursed to children in

⁶ A situation Analysis of Fit Person Program in DSM –Nov 2021

alternative care(target 10%), and % of increment in LGA budget allocated and disbursed to children in alternative care (target 10%)

Indicator: Alternative care guidelines (including gatekeeping) developed and implemented

According to the Senior Alternative Care coordinator, the Gatekeeping Guidelines were developed and approved on 6th November 2021 by SOS board. After the being approved, the gatekeeping guideline was shared to all staff. Currently, the management has planned to roll out by train all the staff regard the guideline. It is expected that after the training and extensive orientation the guidelines will facilitate strengthening gatekeeping mechanism providing comprehensive guidance to staff SOS staff in Tanzania in making decisions and carrying out operations in accordance with the most universally accepted standards and accordance with Government gatekeeping approved legislation.

This indicator have been partly achieved, this is due to the fact that, the gatekeeping guideline was developed, approved by the board and shared to the staff.

% of increment in LGA and National budget allocated and disbursed to children in children in alternative care. The target was to acquire an increase of 10% of the budget.

LGA Engagement : According to SOS National Office Advocacy Coordinator, in March 2020, SOS under CAQACP programme organized and conducted the kick off workshop in Dar es Salaam (DSM), the workshop aimed at create awareness of the CAQACP programme as well share and discuss financial assessment for implementation of child related issues done by SOS in August 2018. According to the financial assessment-August 2018, it was noted that, there is a minimum budget is being allocate to support children development issue, also the allocated funds were not released as per plan. For instance 2017/18, the release of foreign development fund is more than 50% while that of local development funds remain at 0 %. ⁷

SOS through internal monitoring noted that, the DSM regional planned children activities were not done in time. For instance, the SWOs and medical personnel are supposed to conduct medical technical supervision for institution who are involved with alternative care arrangements to ensure quality and standard are being met, however, these activities were not done due to the shortage of budget. During the Kick off workshop, SOS discussed with decision makers at regional level the need of allocating more resources in children department.

Results: The DSM Regional Medical Officer (RMO) who oversees the whole social welfare issues within the region and regional planning committee agreed and promised to work on the issue of resource increment during the kick off workshop. However, during monitoring it was noted that, the increment was not realized since the monetary system were centralized hence

⁷ Financial Assessment for Implementation of Child Related Issues: A Case of Children Development Department, Department of Social Welfare and Gender Development Department-August 2018

little available from local resource to support children development activities at the regional level.

National Engagement: According to 2021, Child Rights CSOs' 5th Alternative report, the African Charter on the rights and Welfare of the Child, it was noted that, both Tanzania mainland and Zanzibar state have been increasing the budget allocation for the various sectors but there is no specific allocation for child rights issues instead it has been included in government organs. The statistics for Ministry of Health Community Development, Gender Elderly and Children (MoHCDGEC) budget funding average ration from 2015/16 to 2017/2018 was is 40%:60% for domestic and foreign respectively⁸. With a 27% increase in domestic funding from 2016 to 2018, there is no known sufficient mechanism to track the fund that went into promoting child rights specifically. Therefore, they recommended that there should be a steady increase internal budget funding and a need for the Government to establish a framework that will monitor and track the budget for promotion of child rights.

Through interview with staff and review of various report which include annual and semi-annual report, it was evident that, this results were not achieved at regional nor at the National level. Based on the framework, there was no baseline data, and there is no a thorough analysis of the available and needed resources. It was noted that, during the programme implementation, some initiatives were undertaken to address resources increase for children at local and national level through joint forum with other CSOs such as Tanzania Child Forum. More involvement and collaboration with other CSOs will be needed in future.

One of the output under outcome three (3) is Public awareness on quality alternative care has been raised, the indicator being # of media programs in which SOS has contributed with knowledge or IEC material as well as people reached during public awareness campaigns.

Community Dialogues, SOS carried out a number of community dialogue with the aim of reach different groups such as community members, the caregivers, the children's and young people in the society for awareness creation on quality alternative care. They used various media which include television and radios. They organized dialogue which brought together panellist such as Regional social welfare officers, District social welfare officers, Village executive officers and executive work from cells and some of the committee members. Among of the discussed issue during community dialogues include the whole concepts of alternative care, available options within the community set up, process to be undertaken in case they identify any child which need AC support, and reporting mechanism. Refer this link for more information. <https://youtu.be/ft2c4tjk74E> and <https://youtu.be/S1qymlobLiE>

Results: During the dialogue, it was noted that, other community members and caregivers do not support institution caring of children since is quite contrary with their beliefs hence they prefer children to be raise among the community members. Secondly, it was noted that most of the caregivers are fostering their children informally, they have no idea of legal issues regard raising a child in AC hence they might be victim in case of anything happen. Though the exact

⁸ Tanzania Child Forum -Child Rights CSOs' 5th Alternative report, the African Charter on the rights and Welfare of the Child 2021

number were not known, many people were reached through community dialogue through media in DSM.

The dialogue engagement were fruitful to create knowledge of AC in the community, the community members reached acknowledge to have been aware about the AC, and they become ambassadors for others within their families and communities

By SOS children Village National Advocacy Coordinator-During KIs Nov 2021.

Partnership and Collaboration. SOS has been partnering and working with other group to address the issues of AC, they advocating for the Government to ensure that they provide adequate resources in terms of funds and personnel to children department which deal with AC. The collaboration with other NGOs enable them to raise the voice which could have been difficult if it was done by SOS alone. The collaboration was also done with the Government under the ministry development, gender and children.

National Children Agenda: In 2012, the Government in collaboration with children stakeholders developed child Agenda with top 10 children priorities which was used to advocate decision and policy makers to give priorities to children concerns in the Tanzania. Despite of the existing agenda, there were still some children suffering from lacking of basic needs and many of them were still living in vulnerable situation. Given to the prevailed situation, in Dec 2020, the Government in collaboration with stakeholder which include SOS convene a workshop to review and prioritize children agenda for 2021-2026. The workshop were followed by a children consultative meeting in which the Ministry requested SOS Village to support the finalization of the Agenda. In April 2021, SOS organized a children consultative meeting in which the children were supported by the technical officer to come up with issues of their concern. The National children agenda will act as the advocacy tool to hold the Government accountable in regard to children issues. One among the national children agenda is the issue of most vulnerable children, which includes children who lost and are in need of parental care and issue of child right. The agenda have been developed and the process is to submit to the president of united republic of Tanzania in April 2022⁹.

During Key Informant interview with SOS National advocacy coordinator, through the implementation of CAQACP programme in the last two years, they made significant achievement in regard to support children under AC. The programme impact will be more evident in the near future. Among of the programme success are the developed children Agenda, awareness raised to community members using the media, partnership strengthen with other stakeholders. Through the implementation of CAQACP programme, SOS have acquired ability to network with partners and they become more visible and relevant in advocating for Children rights within the country.

Child Development Policy: According to interview with staff, in Dec 2020, the Government in collaboration SOS and other stakeholders conducted an evaluation of Child Development Policy of 2008, to examine and identify the gaps and the need of review it. The SOS focus was to ensure that, the policy will include alternative care aspects such as kinship, fit person and foster care options. It is also expected that, the policy will address the

⁹ Agenda ya Watoto 2021-2026-December 2021

challenges revealed by several studies conducted by CAQACP such as Social Action Research and the Child Rights Situational Analysis. SOS staff were part of the technical team and through CAQACP programme the evaluation were supported financially.

Results: The evaluation for Child development Policy was successful conducted by the Government. A validation workshop which involved other stakeholders such as SOS, UNICEF, Plan International and other CSOs was conducted in collaboration with the Government in Jan 2021. According to the evaluation report, there is a need of review and revising the child development policy of 2008. The recommendations were submitted to the respective ministry for implementation

Joint action plan: Under SOS CAQACP programme, SOS succeeded to develop a joint action plan with the Department of Social Welfare in the Ministry of Health Community Development Gender Elderly and Children. The key areas of focus in the proposed plan included but were not limited to priority areas of Alternative care options (community-based family care), Family reunification and reintegration, Capacity building, Psychosocial care and support, Monitoring and coordination, Data management system, and Policy and legal framework. The Joint action plan, once finalized and approved will help strengthening SOS partnership and support from the national government for the project be unwavering.

Result: According to senior alternative care coordinator, the joint action plan with the ministry enable SOS to strengthened its relationship with the MoHCDGEC (DSW), and improved SOS recognition on it is contribution to Alternative Care in the country, the profile of SOS has also elevated at the National level. SOS will support technically on the improvement of alternative care through capacity building to implementers such as Social Welfare officers and recruitment of foster care families and fit families.

4.4 Experienced Challenges

During the implementation of the CAQACP programme, there are a number of challenges which have been encountered. Some of the challenges have been addressed while other need to be taken into consideration in the next phase of the project.

Tanzania Social Action Funds (TASAF): According to the interview conducted to the PSW, it was noted that, the children under AC who have been enrolled to CAQACP programmes were not eligible to access Tanzania Social Action Funds (TASAF). This due to the fact that, there is a delay in enrolling needy people to the program and also the misconception that, these enrolled to other institution such as SOS are already having support.

Programme Implementation Delay: In 2020, the implementing team experienced the effect of Covid-19 outbreak. The outbreak has negatively impacted the smooth implementation of programme activities. Apart from delay due to limited community engagement, some of the programme funds were directed in Covid -19 respond by purchasing and distribute hands sanitizer to the partners in particular to Government officers in different district and regional office, SOS children village, and support of psychosocial training at SOS children village. The delay was also contributed by the death of the President. Some of the programme activities such as form and meeting with Government officials were delayed due to the death of President John Pombe Magufuli in March 2021. The CAQACP programme deal

with governmental structures hence it was difficult to conduct workshop or engage with Government officials during the accident.

The integration of the SOS Project: During staff interviews, it was noted that, the used system for recruitment and registered the needy people in SOS programme does not foster the integration. For instance, the caregiver under CAQACP programmes were not supported to initiate Income Generating Activities (IGA) through other project such Family strengthening Programme (FSP) since the system indicate them as beneficiaries already.

The CAQACP programme has engaged the PSW in monitoring and support the caregivers families. However, according to the FGD with PSW, they indicated that, they were trained in 2018 hence they need a refresher training to manage new emerging challenges in the programme implementation process.

There is a need of frequent training to PSW to acquire update skills on proper parenting, children rights and protection for effective support during project implementation.

Nzasa PSW during FGD-November 2021

There is a Government Management Information System (GMIS) which can be used for uploading, tracking and managing vulnerable children at national level. However, there is a minimum link and cooperation between personnel at the national and grassroots level. Therefore, there is a need of developing simplified and friendly system for MVC to be used at village/street or grassroots level.

4.5 Recommendation:

- The CAQACP project has done remarkable work of re-established and revive the junior councils in all districts in DSM, however SOS should join effort with others CSO to advocate for the regional local authority to set funds to operate the junior council within the region. During the interview with community development officers (CDO), the junior councils were previously supported by Save the Children and the operation ceased when they stop their financial support. Therefore, SOS should learn from other and ensure mechanism are in place which will ensure future sustainability of junior council operation

“The NGOs should be a voice to the Government to set aside funds for Junior Council operation within the region”

Community Development Officer –During FGD in Nov 2021

- The CAQACP programme should extent the capacity building and system strengthening to include village leaders such as village chairperson, village council’s members and the village executive officer. The empowerment to the village leaders will enable them to cooperate with community based organization (CBO) and Civil Society Organization (CSO) in identify and address the challenges of children under AC.
- There is a need of involving various social and community based groups such as VICOBA to support the need of children under AC. According to the interview with Chairperson of Imarika Community Microfinance group, in 2021, they contributed a total of Tsh

263,300/= (\$115) group children funds which used to support 20 members' children and 18 vulnerable children from their community with medical and scholastic materials.

- Support the care givers and children to access support from TASAF. SOS should collaborate with local leaders to advocate for enrolment of caregiver to TASAF. The misconception that the caregiver and their families are benefits from SOS should be addressed.
- There should be an integration of SOS Programmes: The employed system should allow the smooth integration of programme implemented in the same location. For example, the caregiver under CAQACP programme should be supported economically through Family strengthening Programme (FSP)
- In future, the CAQACP programme should adapt more technologies approach in particularly monitoring the progress of the caregivers and their children. For instance, an app which the PSS upload the information once they visit the caregiver family can be developed and used in all areas of operation. This will simplify work, task and ensure the programme objectives are achieved as per plan.
- There is a need of improving the one stop Centre at Chanika ward by construct/establish the rest place for the victim. There should be a convenient privacy for smooth operation and support the children who are victim of child abuse. SOS should partner with other stakeholders to advocate for the improvement and construction of the rest room.
- The programme should do more of community involvement in the process of design, implementation and monitoring of the project to allow contextualization and ownership of the project to the community and beneficiaries.
- The SOS under CAQACP Programme supported caregiver and children under AC to access medical services through National health Insurance Card support. The service is vital and essential. However for sustainability purpose, a mechanism should be in place in which the identified caregivers will be supported economically.
- The 12 SWOs trained on Fairstart model as TOT managed to transfer knowledge by reaching out 135 caregivers (111 females and 24 males) with positive parenting services, the CAQACP Programme should consider to train the remained SWOs in 102 ward in DSM in order to reach more caregiver with appropriate parenting skills.

5.0 SOS Kenya Findings

According to the result framework, The CAQACP programme Outcome I: Child protection actors have capacity to provide and support quality care and protection for children in alternative care.

5.1 Capacity Building

Fairstart Scorecards for Children

Among of the indicator under outcome I, is the # and % of targeted children in alternative care experience a high well-being and positive relationship with caregivers. The target were to increase from the baseline of 30(15%) to 70(35%) in two years.

During the midterm evaluation it was evident that, in July 2021, a total of 157 children were recruited under CAQCAP programme. 32 out of 157(20%) of the recruited children are being supported with school fees. Given the fact that the children were late recruited into the programme, despite of other support such school fees, and it was not evident that the children in alternative care experience a high well-being and positive relationship with caregivers. Given the lockdown due to Covid -19, there were no capacity building to the recruited children on Fairstart Model neither on children right and protection. Refer appendices # 8.5 for the list of children recruited in the programme.

Fairstart scorecards for caregivers (BI)

Among of the indicator under Outcome I, is the # and % of alternative caregivers experience an increased confidence in their knowledge and competence as caregivers. The target was 100(50%) caregivers.

The interview with staff reveal that, 76(38%) of the caregiver were recruited to the CAQCAP programme in July 2021. Similarly to the children, there were no detail capacity building to the caregiver in terms of Fairstart model. Assessment needs to the caregiver have been done and already being identified. Among of the identify capacity needs includes NHIF support, children school fees, children uniforms and Income generating activity project(IGA) support, birth certificates and psychosocial support. According the staff, the caregiver will be supported accordingly in the coming phase. Refer appendices # 8.5 for the list of care giver

Children and young people who experience a good well-being

Among of the indicator under Outcome I, is # of children and young people who experience a good well-being as a result of the services provided. The target is 90 from the baseline of 20. During the midterm evaluation exercise, it was noted that, a number of capacity building were carried out which includes:

Staff Capacity Building: Community Action for Quality Alternative Care and Protection (CAQACP) programme contributed to the number of SOS KE staff capacity building programs during COVID-19 outbreak in 2020. For instance, they conducted a training on psychosocial support for 25 staff from National Office and selected staff from County level. The training improved staff ability to work and serve community during challenging moment of covid-19 outbreak in Kenya.

“Basically, I can say that, through the conducted training, we have acquired skills and knowledge to serve during the Covid-19 lockdown in Kenya”.

By SOS KE-AC Coordinator during FGD Nov 2021

Beneficiaries Support: The CAQACP project supported children to meet their education goal through the payment of school fees. A total of ten (10) children under alternative care were supported with a total of Ksh 66,372 in 2021¹⁰. The support were vital in enable the target children under AC to pursue their education dream. During the household visit, it was evidence that the target family needed such support due to the fact that, most of them are in low economic status. One of the care giver who is caring eleven (11) children (six of her own and five from her late parents) expressed with gratitude the fee support she received from SOS Children villages programme.

I thank SOS children villages for their school fee payment to my child who is in form one, if it were not them, my daughter could have been home today.

Care giver, During KII –November 2021

Caregiver Support during Covid-19 Outbreak: In 2020, all 34 Families under CAQACP Project received support for food and non-food items in 2020. The support provided include Voucher, solar power, and study books. The management identify the need and provided family with voucher which enable them to procure groceries items for family use. The provided support contributed to the mitigation strategies in the target families against the pandemic effects which include but not limited to food insecurity, lack of jobs and psychological issues. All the children-45 under CAQACP project received scholastic materials. The Care giver families were also supported with radios to aid learning during the COVID-19 lockdown session. The SOS radio support and printed posters enable the beneficiaries to learn and take precaution to prevent infection from Covid-19. Volunteers also received PPEs to aid them in carrying out monitoring during the pandemic. In 2021, 30 care giver families that have been recruited into the CAQACP program have received voucher support for food and non-food items.

Children and youth participate in decision making.

Among of the indicator under Outcome 1, is % of targeted children and youth in alternative care who participate in decision making concerning their own lives. The target was 80(40%).

During the midterm evaluation, there was a limitation to access the children under the programme due to caregiver family distance and children timing (they were in school during the time of review). Also give the fact that, there was no or limited engagement with the recruited children through capacity building, workshops and trainings due to late recruitment, and given that there were no baseline data. It was obvious that, this result was difficult to obtain the supportive data to measure the achievement

5.2 System Strengthening

CAQACP programme Outcome 2: Systems and structures support and provide alternative care services and protection to children living in alternative care or in need hereof. The indicators includes:

¹⁰ SOS FY 2021 Beneficiary list –Dec 2021

of sub county AAC's functioning (frequency of meetings and adequate reporting) according to AAC Guidelines

Area Advisory Council (AAC): SOS Children villages under CAQACP Programme supported the capacity building of area advisory Council within the six sub county. The AACs members were empowered on issues concerning children affairs such alternative care, children right and children protection issues. The AACs is the key structure of the government at the grassroots level, they easily connect with community members and children at the ground. They also act as a link to the community and Government. Therefore it was necessary to train them to understand, handle and report cases of children abuse at locational level.

According to sub county Children officer, after the training, there were few cases of child abuse reported compared to last year because their members have been able to understand the approve levels and the referral mechanism. The AACs members were empowered to do that work. They are able to understand and resolve other cases at the location areas and provide needed feedback to the county level.

According to the interview with Uasin Ngishu children coordinator, the AAC members meet within their respective sub county as per plans.

Welfare Committee (WC): According to Uasin gishu County Coordinator, SOS Children Villages supported the training to eighteen (18) Local Volunteers (LVs). As the results, the trained volunteers have become information carriers, they take information from Government to community members directly. They were empower to do mobilization, sensitization and to identify, expose and take appropriate actions for children rights violation which are taking place at the community level. The County coordinator indicated that, the LVs are part of the Welfare Committee which operate at the sub county and location area. Their improved knowledge in relation CR and CP help in appropriately address and channelling children issues to relevant authority.

We engaged with SOS through children's department, we have a good partnership with them, they build the social welfare officers on child right, children protection and issues regard Alternative care Uasi Ngishu County Coordinator during –KIIS-Nov 2021

of children in Uasi Ngishu County registered in government CPMIS system capturing and reporting on the needs of children in various forms of alternative care

Capacity Building to Government Personnel to use Child Protection Information Management System (CPIMS) The Ag County Children officer for Uasi Gishu County, acknowledged the good collaboration with SOS Children Villages at both County and sub county level. He referred the capacity building done by SOS Children village to 21 Social Welfares Workers within the county on how to use the Government CPIMS Among the results from such empowerment include; Simplification of children tracking and monitoring, this is due to the fact that, the training enable the Government workers to shift from analogy to digital hence were able to upload and track of children in the system. The empowerment also help in reducing cost since the system used reduce paper work.

SOS is a big partner in term child protection, it's a child Centre organization, we work well with them to ensure we strengthening our system, for instance they 21 trained child officer on how to use the developed government CPIMS , this has simplify the work since instead of record through books and register-analogy we are use the Government developed portal.

Ag Uasi gishu Director for Children services –During Klls Nov 2021

According to Monitoring Evaluation Officer, the SOS under CAQACP programme have to carry out the CPIMS capacity building to 21 Child Officer or referred as social workforce and 41 Civil Society Organization (CSOs) dealing with children at Eldoret. They were trained on the database and given access rights to key in data. 60 CPVs and 44 members of the AACs and Village elders were trained on the case record sheet, the template used for documentation of cases to be input into the system and given an overview of the CPIMS, case categories and interventions.

The training contributed the increase of child protection issues reported in the data base and in particular Uasin Gishu and other locations with SOS presence. (2016/2017-45; 2017/2018-82; 2018/2019-134; 2019/2020-2967; 2020/2021-1863). A change observed in the last years is due to the fact that, community structures have been empowered to handle children cases at the community levels and refer these which need high level attention

Though the exactly number of children registered to government CPIMS system were not established, because the monitoring officer at the location has access rights to view only SOS Children villages data in CPIMS system. It was clear that, through capacity building done by SOS, the Government officials at Uasi Ngishu County and Sub County are registering, capturing and reporting on the needs of children in various forms of alternative care.

of children visited at least once per quarter by Para social workers in order to update family development plans, revise care plans and report according to scorecards, CSI and PDB2 standards, The target were 100 children.

During the midterm evaluation, it was noted that, there were minimum operation in 2020 due Covid-19 effect which resulted in lockdown in Kenya. Also there were delay in recruitment of new children under CAQACP programme hence limited time for visiting and addressing the issue of family development plans and revise of care plans.

of line ministries, child protection structures and CSO's in similar thematic areas working according to SOP's and guidelines set for AC

Under CAQACP project support, SOS participated in the process of developing the Kenya SOP which were operationalized in 2021. SOS contributed technically and financially towards the development of AC SOPs. SOS staff representatives from the locations and National office were trained and were able to review the SOPs for final approval and validation. The developed SOP is being used across the country. This ensure an existed of a common and standardized procedure for the process of children placement in any form of alternative.

As SOS KE, we used to be independent, but for the past few years we have developed a fruitful and health engagement collaboration with the Government.

By Nairobi Children Village AC coordinator-Klls Nov 2021

5.3 Advocacy on AC to the Government

The CAQAC programme Outcome 3: National government implement policies, regulations and services that support quality alternative care and protection.

Among of the indicators includes % increment of national budget allocated to AC service provision to children and families, % increment of Uasin Gishu County budget allocated to DCS to support children in AC. The target was from 5% baseline to 7% for both national and county budget.

Through review and various interview with staffs, there was no evidence of engagement with the Government at national and county level in regard to budget increment to AC service provision to children and families. The staff acknowledged that, the less involvement was due to lack of adequate availability of data for children in alternative care to support in lobbying for allocation of resources for children under alternative care. The undertaken approach was to strengthen CPIMS to enhance availability of data to support government engagement for budget increment. Therefore, this indicator was not achieved.

of policies reviewed on AC within the National Council for Children's Services

Collaboration with the Government: Based on the reviews of the number of policies and guideline, it was clear that this indicator was fully achieved.

Through CAQACP and other programme support, SOS KE were able to collaborate with the Government departments and other CSOs on advancing child care reforms agenda within the Country. They collaborated with the Government and other CSOs come up with national guide such as National Gatekeeping Guideline (NGG). Alternative Care Manual (ACM), and Case Management Tool (CMT). SOS KE offered technical and financial support which enable the review and the development of these National Guidelines.

“We collaborated with the Government bodies and other CSOs in review and develop various guidelines, such involvement has position SOS nationally and it is being referred as an organization which stand for care and protection of children”.

By SOS KE-Advocacy Coordinator-KIIs Nov 2021

Case Management Tool (CMT): The Case management toolkit and guidelines were developed by the Department of Children Service (DCS) with technical and financial support from SOS. The case management is process of placement of children in the right alternative care option, or it is a reunification of children with the family of origin. The CMT underline all procedure to be followed from identification, assessment and up to the closure in regard to the Children cases to be placed under alternative care.

The SOS staff were trained nationally and locally about the processes to be undertaken through CM. The staff have adopted and currently they are using case management tools to reunify the children in SOS Children village programs (reintegration), currently 44 children are in the process of reintegration. Based on the FGD with staff, it was evident that, staff have been able to translate information from just being aware of it to the level where they put into practice through ensuring the children issue are properly managed (*Refer Appendices*

The CAQACP programme has made significant change, not only to the target beneficiaries such as care giver and children but also to the entire SOS Children village, currently we have in place a refine case management tool which we are using for children integration.

By AC Coordinator-SOS Children Village Eldoret during KII, Nov 2021

Alternative Care Manual (ACM): SOS through CAQACP and other programme supported the process financially and technically in developing the National AC Manual. They supported by providing the contents which come from the SOS regional Alternative care manual developed in collaboration with Makerere University-Uganda.¹¹

National Gatekeeping Manual (NGM): SOS provided technical and financial input towards the development of the national gatekeeping guidelines for Kenya. The SOS shared the content with Government officials and other CSOs during the process of developing the Kenya national gatekeeping guideline. Internally, the SOS staff were trained on NGM. The training result show that, there is a change in perception on the target group recruited for the different program units such as SOS Family care, Family strengthening program (FSP) as well as the CACAQP program. In regard to the beneficiaries that were recruited during the year, institutional care is the last resort after all care options have been sought. Children are recruited on temporary care into the SOS family care while the process of seeking and resolve the reasons for separation. Staff are using Program database tools that is part of the gatekeeping and case management process in SOS.

Parental Guideline Manual (PGM): The SOS under CAQACP programme supported the development of parental guideline manual which will be used in the entire country. According to interviewed staff, the expected parental guideline have included some of the feature from Fair Start Model. This will be among of the big achievement under CAQACP programme since it will be used to roles out quality training on how to care children in alternative care (AC) across the county. According to the FGD with SOS national office, the parental guideline manual is in final stage and expected to be released soon.

Collaboration with the CSOs /Partners

SOS KE through advocacy unit have developed partnership with other CSOs who are engaging with issues related to children. SOS is a member of different technical working groups that are coordinated by Directorate of Children Services (DCS) and National Council for Children Services (NCCS). The technical working group include ending violence against children and child protection in emergency.

Children's Bill (CB): SOS work in collaboration with other CSOs to advance the development and approval of children bills. They have provided technical and financial support in championing different meetings, workshops and forum in advocating children issues. For instance, SOS engaged members of parliament who sit in different parliamentary committee such as Education, labour, social protection, Justice, and legal Affairs to support the approval of children bills. According to the SOS KE National advocacy coordinator, the children bill has gone through its first reading in Parliament. They are waiting for the other parliamentary

¹¹ FGD with National Office Staff –Dec 2, 2021

process to take place based on the calendar of Parliament in which the bill will be presented in the second reading and approval.

Research on reintegration-July 2021: SOS under CAQACP programme supported the research on Reintegration process in Uasin Gishu County. Among of the key findings from the research are that the community is not involved much during the reintegration process, lack of men involvement in child care, need for psychosocial support for the children and families during reintegration process, need to follow the 8 case management steps for successful reintegration and the need to address the gaps that contributed to the separation from the families of origin.

SOS Children villages has already adapted and are implementing some of the recommendation from the research on reintegration. For instance, SOS children villages are following the case management especially for the 44 children that are in the process of reintegration. According to the interviewed staff, four steps of the case management process have been implemented, this include identification of the children, child assessment, family assessment and case planning.

5.4 Recommendation:

- **Capacity building and follow up:** There is a need of build capacities and involve the local committee and leaders such Area Advisory Council, welfare committee's members and child protection volunteer to support and have an oversight to the vulnerable children. For instance, for the new recruited families under CAQACP programme in 2021, there is limited engement and training conducted to local leaders.
- **Advocacy at the grassroots level:** SOS under CAQACP programme is doing great when it comes to national level advocacy, however they should encourage and strengthen advocacy at the local level. They should collaborate with CSOs and Community leaders to put mechanism in place to advocate the care giver and vulnerable children to have their right. For instance, upon visit one of the caregiver, we found a sixteen year girls at home who have been expel from secondary school due to lack of school fee. The teenage girls stay at home is risk since she can be exposed to child abuse.

*I thank SOS for paying the school fee to my daughter, however, her twin was expel from school due to lack of school fees, I told the principle to keep the child in school till I found the money but could not agree. So far, I have no alternative, and she has to stay till I found school fee to pay.
Care giver –November 2021*

The consultant inquired from the SOS FSP officer of what could be done for the girls to resume her study? The officer was surprised that the child was not recruited since she qualified for the CAQACP programme support, he promised to follow and ensure the girl will be support to proceed with her studies.

*I wonder what happen since this girls qualify to be enrolled to CAQACP programs, surely I will make a follow up and ensure the girls will get the required support.
By Family Strengthen Program officer –During field Visit, Nov 2021*

- **Target a small coverage:** In future, much as CAQACP programme can work in more than one Sub County, it will be good if the program recruit children in one sub count for easily management. Recruited children and Care giver under one sub location can help the team conduct effective monitoring and ensure quality of service to the target beneficiaries. The spread/wide coverage recruitment will lead more travelling and management cost. For instance, it take us six hours of travelling to visit two care giver families.
- **Monitoring the Beneficiaries:** More monitoring is need for the target beneficiaries from both SOS personnel and children protection volunteers. Monitoring enhance the identification and addressing of any challenge faced by the target beneficiaries. Much as other CP volunteer do their work other do not hence they need follow up. According to care giver at Soy location, the CPV visited them twice while the care giver at Ziwa Sirikwa were never been visited neither by SOS nor by Child protection person since recruitment in July 2021. The visit could have led the discovery that, the other twin's sister qualify for the CAQACP programme support.
- **Monitoring and follow up to Partners:** Through CAQACP programme, SOS have conducted a number of training to different development and CSOs partners in regard to alternative care and child protection. However, follow up is needed to ascertain the impact of the train conducted to the partners. Monitoring will not only help CAQACP to realize the earlier impact of the project but also identify gaps for future capacity building as well as areas for partnership. For instance, upon visit to Eldoret Media groups who were trained on AC and Children right in October 21, they acknowledge to have developed some of the AC stories and that the training have changed their perspective in covering various issues related to children. However, they indicated that, they need further training and partnership in collaboration between CSOs, Government and media in developing and conducting radio programs session related to AC.

“The big challenge with our community, is a very low awareness on AC and children protection, we have to go a further level of partnership where we can develop programs in collaboration to create awareness to the community”

By Uasi gishu Media manager –During FGD, Nov 2021.

- **Staffing:** The CAQACP programme in Eldoret suffered staff turnover, this has contribute in project implementations and monitoring. The turnover has contributed the delayed in programme implementation. For instance, up to October 30th, 2021, only 52% of programme plan were carried out. The acting staff are stretched with their respective project. Timely recruitment will be essential. Were possible, advocacy officer should be employed to advance and advocate AC and children right issues at the grassroots level.
- **The Health Insurance Support:** The CAQACP programme has help and supported family to access the National health Insurance for care giver and children in the first phase of 2018 &19. However, the case in not the same in second phase. The care giver interviewed indicated to have not been supported to access the NHIF card. The project should work in collaboration with local leaders to support orphans and vulnerable children to be enrolled in the Government supported health insurance system. For instance, one of

the care giver who is caring three children of his late brother claimed to have not be enrolled to NHI due to lack of birth certificates paper.

My three children qualify to be in the National Health insurance, however they are not enrolled because I do not have their birth certificates.

Care giver-During KIs Nov 2021

6.0 SOS Zanzibar CAQACP Finding

6.1 Capacity Building

Outcome 1: Child protection actors have capacity to provide and support quality care and protection for children in alternative care. The Indicator includes: # and proportion of targeted children in alternative care experience a high wellbeing and positive relationship with caregivers:

CAQACP project in Zanzibar managed to select and support 62 (34 M; 28F) out of 230 Children living under alternative Care¹².

Wellbeing: During the FDGs with the 21 representative MVCs, 76% (16) of the MVCs said that, they experienced high wellbeing compared to before as they now get food, beddings, medication and education. On the other hand, 24% (5) of MVCs said that their wellbeing is not good due to lack of medication when they are sick or education needs such as uniform. The 5 MVCs said that this is due to caregiver's low levels of income.

Positive Relationship: In another note 100% (21) of the interviewed MVCs said that their relationship with family members have improved. They acknowledged that, there is good understanding; good communication; no fights; they console each other; the advice each other and there is sharing of household works. The above is an attribute of the training and material support by the SOS such as uniform, books, pens, and school bags. In addition, the training and case study sharing has changed the mind set of both guardians and MVCs where each part know better what to do and what not to do to each other. This is echoed by one caregiver who said that *'I did not know if it is poor parenting when you leave your child to roam around; neither did I know that it is important to monitor their actions and whereabouts especially school performance'*.

Self-actualization: 76% (16) of the MVCs said that they have improved their levels of self-defence, confidence, love, piece, negotiations and general expression. This was cemented by the KIs with the teachers who said that the MVC are more daring now, interactive unlike before where they isolated much, are clean and well-dressed when coming to school, are well settled unlike before where they had fear and they now perform better in exams. *"Some of them are now among the top ten unlike before where they were least performers,"* said one of the primary school head. In addition, the teachers said that there are better relationships between caregivers and foster children; teachers and foster children; and teachers and caregivers compared to the past before the training.

¹² CAQACP Zanzibar Programme Progress Report Annual 2020

Indicator: # and proportion of alternative caregivers experience an increased confidence in their knowledge and competence as caregivers.

90% (20) of the caregivers said that they have improved parenting skills such as child counselling; and monitoring of child school performance, nature of their friends and places of games. "Before my grandchild used to come after 7.00pm but now he is home early; before I did not know how to stop him from bad habits but now I am close to him and I can dare to discipline him," said one of the elderly caregiver. During the interviews, the caregivers confirmed to be more knowledgeable on how to raise the MVCs; more confident when addressing their issues and more compassionate than before. The above is also reported in the semi-annual report whereby 49 caregivers who were visited confirmed changes in parenting skills including: appraising children when they do better; reduced shouting when they misbehave; increased closeness and interaction and ensuring counselling, protection and guidance¹³. Apart from the report, the interviewed teachers said that they sense increased knowledge on parental skills by the caregivers due to the fact that many of the MVCs come to school settled and happy, clean and they attend class constantly. In general, the aforementioned is highly attributed to by the caregiver's mind-set change and increased compassion for children whereby the caregivers are more positive to the failures of the MVCs than before. This shift in caregivers is supported by the pragmatic parenting article which says that one of the best rules to parents is not to have too high expectations from children behaviour, attitude, feelings and emotional development¹⁴.

Indicator: Proportion of social services workforce/child protection actors working according to SOP's and guidelines set for AC

During the discussion with Para-social workers and child protection committees, it was clear that most of the child protection actors are well informed of their duties and they conduct them accordingly. For example, 100 % (4) and (10) of the Para-social workers and Child Protection Committee respectively said that the training has brought changes on them in the following ways:

Vigilance: One of the Para-social worker said that Child Protection Committees and the Para-social workers locally known as Shehia are now vigilant and pro-active in protecting child related rights including school attendance, health and sexual abuses. " *Child cases are now taken more seriously and no room for family negotiations when a child is sexually abused as we take the matter straight to the police*", said one of the Para-social workers. According to the Para-social workers, before the training when a child is molested, it ends up in forgiveness of the perpetrator at family level. On the other hand, the SOS-CAQACP progress report says that the Child protection committees have improved their engagement with children's issues and they now work according to guidelines¹⁵. Furthermore, the report does not show the number of cases attended but at least the committees follow the procedures, act on time and a number of cases are on progress. This is an attribute, from the series of training with the children committees and Para-social workers where their skills and knowledge have been sharpened hence increased confidence.

¹³ ZN-CAQACP programme Progress Report Semi Annual 2021

¹⁴ Pragmatic Parents; Positive Parenting: what it is and what it is not: <https://www.thepragmaticparent.com/positive-parenting/>

¹⁵ ZN_CAQACP Programme Progress Report Semi Annual 2021

6.2 System Strengthening

Outcome 2: Systems and structures support and provide quality alternative care services and protection to children living in alternative care or in need hereof.

Indicator: # of children in targeted areas registered in national information system capturing and reporting on the needs of children in various forms of alternative care

The SOS capacity building initiatives in Zanzibar have direct impact on system strengthening due to the increased levels of understanding, awareness and creativity in supporting the MVCs at all levels. For instance, through SOS seminars and lobbying it was possible to ensure registration of the MVC including access to birth certificates and establishment of structures such as child protection committees. According to the CAQACP progress report¹⁶, a total of 232 MVCs were entered into the National Integrated Case Management System (NICMS) database system (DHIS2/ MVC_MIS). This was evident during discussions as one of the social workers said that identification of the MVCs in Unguja was quite poor since 2005. However, following SOS support to the government social workers, the MVCs were easily mapped out and registered into the National Integrated Case Management System (NICMS) database system (DHIS2/ MVC_MIS). In addition, following enhanced skills on management of child rights and protection, the documentation of the MVCs have been expanded to capture more data such as: age, sex, birth certificate, education level, living conditions, caregiver details (age, divorced, single mother, employment, sex and kind of support available to care givers); abuse or at risk of abuse status; and HIV status of child and parents. This improvement in documentation has made it possible for various child actors to directly map, locate and direct interventions for the MVCs especially those with special cases such as disabilities and HIV and AIDS.

Indicator: # of child protection structures in targeted areas with coordinated action plans to respond to child cases

Systems are now flexible when it comes provision of access to child rights and protection as follows:

Reinforcement of grass root child protection structures: Following SOS support in the past two years, child protection committees and councils were formed and or strengthened; and Para-social workers recognized and respected at local level. For example, the CAQACP progress report says that a total of 68 pre-primary tutors were trained; 20 members from Shehia committees were capacitated; and 6 children councils were trained¹⁷. The structures are more productive and realistic according to the respondents. For example, 3 child violence cases were reported and attended by the respective authorities in Tumbatu unlike before; says one of the respondents.

Police Gender and Children Desks: Following capacity building of the government staff at various levels, Gender and Children desks are now present and capacitated in most police stations in Zanzibar. In addition, to speed process in case of sexual abuse, **one stop centre is established at certain hospitals to attend abused women and children.** The one

¹⁶ ZN_CAQACP Programme Progress Report: Semi Annual 2021

¹⁷ CAQACP ZN programme Progress Report Annual 2020

stop centre has the following officers to offer different services at once i.e. **Legal officer** for legal advice; **Social Worker** for psychotherapy services; **Doctor** for evidence gathering and medical services and **Police** for law enforcement

The discussion revealed that once a child is abused, immediately the child will be handled to the gender desk and investigations starts. This is contrary to the past whereby the desk was not there and when a child is sexually abused, by the time they meet a doctor for verification it becomes too late to confirm. Not only that but the child could suffer from critical pains when searching for police form no. 3 (PF3) before getting first aid. *“Sometimes the child is traumatized and fails to express properly but due to availability of the social worker at the centre, the children are more confident”*, said one of the caregivers. In addition to case management by the desk, to prevent child rights violation, the gender desks are now investing in awareness creation in schools, churches and mosques on issues such as: risk signs which children need to note for precaution; where not to go as a child alone, what not to take from strangers and what to do in case one is in danger.

Less cases of Child Abuse reported: Between 2015-2017 the rate of child abuse cases was 30-35 per month an average of one per day. Following SOS capacity building to various NGOs and public staff, affirmative actions to reduce child abuse were taken to threaten the offenders. According to the regional office KKI, nowadays they receive up to 5 cases per month. The major attribution is the awareness creation initiatives on child rights and protection among schools and religious institutions.

Indicator: # of children in alternative care in targeted areas receiving local social support from social security structures (e.g., cash transfer programs in targeted areas

MVCs receiving relief services: During the interviews with MVCs, 76% (16) of the MVCs said that they receive various support from SOS and government such as cash transfer, education materials (books, uniform, school bag and shoes); food and grants for business establishment by the kin parents. This is evident as the CAQAC 2020 annual report indicates that 22 deprived MVCs were selected to receive school uniforms to be able to return back to school.

6.3 Advocacy on AC to the Government

Outcomes area 3: National governments implement policies, regulations and services that support quality alternative care and protection. Indicator: Percentage increment of national budget allocated to alternative care provision - and social services (e.g., cash transfer programs

According to KII with the government official from the department of Community Development in Zanzibar, it was revealed that currently the government of Zanzibar give support to 255 extreme poor families (125 in Unguja and 130 in Pemba) whereby each family receives 30,000 per month. On the other hand, the official said that the government is slowly reducing the budget as many development partners such as Action Aid International and UNICEF are coming in to support child rights and protection initiatives. The increased budget is due to increased knowledge and understanding as well as commitment by the government and other various actors. In addition to budget allocation, a number of policy enforcement has

taken place following increased awareness and capabilities of the government organs. For example

- **Enforcement of the primary school Education Policy:** the policy requires every child to attend school once at age 7 years. Before, the MVCs at age 7 could stay without school registration and no penalty to the caregivers. Nowadays due to increased awareness creation on child rights, the social workers through the support of the para-social workers, map out school age children and sensitize their enrolment every start of a year and any failure to enrol a child holds the parents or caregivers accountable.
- **No bail for perpetrators:** Before the SOS initiatives, child offender's especially sexual abuse was granted bails. However following SOS awareness creation and support of other strong actors such as UNICEF, and religious authorities nowadays an offender is not granted a bail at all.

6.5 Recommendation

- For timely wide coverage, sustainability and more impact, SOS need speed up its involvement and collaboration with other agencies such as Pathfinder, Action Aid and others in finalize and use the draft curriculum with DSW for integrations of child protection module into government primary school curriculum; and Christian and Muslim Sunday and Madras sessions respectively.
- Prompt feedback to trainers is important to improve the training activities of SOS. Currently there is no evidence of training evaluation such as training forms to show feelings of the participants after each course. The feedback culture at the end of each course will also the training techniques of the trainers as well as alignment of contents
- Future upcoming SOS-CAQACP training program to focus more on adolescent and entrepreneurship apart from child rights and protection as majority of the children under alternative care are growing up and may need another higher level of training
- The government need to come up with more strong legal measures against parents who neglect/abandon their children without any care as the practice is too common in Tumbatu where fishermen will always leave behind a woman and a family
- Due to limited SOS services within community premises, where possible SOS can spare part of its budget to the partners such as grass root NGOs/CBOs for timely action in case of child rights violations. In addition, for sustainability and wider coverage, SOS plan of action on alternative care services need to be an integral part of partners action plan; thus, SOS need to lobby the partners especially government authorities at local levels. Not only that but the partners to be used to monitor CAQACP project progress such as levels of understanding of the caregivers on child rights and protection
- There is a risk of dependency syndrome among the caregivers as large proportion of them shows high expectations from SOS. Hence mindset change programs to remove caregiver dependence syndrome fuelled is vital.

- **Emergence Funds:** SOS with partner activists need to advocate for more budget allocation at the district level to address disasters such as: loss of a child including child search, maintenance and parent re-union; house on fire including family rescue, hosting and renovation. Currently the available budget covers only site visit and reporting; no relief services or else.

7.0 SOS Rwanda CAQACP Finding

7.1 Capacity Building

Outcome I: Child protection actors have capacity to provide and support quality care and protection for children in alternative care.

Indicator: # and proportion of targeted children in alternative care experience a high wellbeing and positive relationship with caregivers:

According to SOS 2020 annual report¹⁸, a total of 160 MVCs were selected and trained whereby 125 came from foster families and 35 from kingship families. Of these a total of 10 MVCs were interviewed during FDGs and the followings were revealed:

Child protection: 100% of the interviewed foster children said that they know whom to call, where to go and or what to do in case they are in danger. According to SOS-CAQACP base line data¹⁹, only 3% (6) MVCs were able to protect themselves whereby the target was to increase the number to 29% (46) by the second year. Since 100% of the interviewed MVCs claim to be capable of self-protection, this indicates that large proportions of the 160 trained MVCs are now capable of self-protection. For instance the MVCs said that when they sense danger such as sexual attack, they have variety of tactics such as: defend and escape; report to the police; link up with the village leader; contact Rwanda Bureau of Investigation; tell the Para-social worker or the neighbour; report to the ten cell leader; tell any security person in the street; and or my parents. This is a good indication of good understanding on child protection and how to deal with situations as children. According to SOS-CAQACP 2021 progress report, MVCs are now more resilient to life hardships. They report early any kind of violence to local authorities and they seek advice from their guardians and friends of families locally known as *IZU* i.e. *Inshuti Zumonyango*.

Source of Happiness: 90% (9) of the MVCs said that they are *happy* because the caregivers are now closer to them, they give them a number of services such as school fees, school materials, food and clothing. The SOS staff said that during the training apart from knowledge dissemination, training becomes a “**healing process**” especially during sharing of an episode by the MVCs and or the caregivers. During such time, participants learn from each other what works or does not work, encourage one another and where possible support each other

Improved Relationships: 90% (9) of the MVCs said that the *relationships* at household level has strengthen compared to before where the caregivers would be angry for no reason, shout

¹⁸ Program Progress Report 2020 for the Community Action for Quality Alternative Care and Protection (CAQACP) – Phase II

¹⁹ CAQACP RW Q# Programme Progress Report 2020: Annex: Result Framework

¹⁹ Community action for quality alternative care and protection; Phase I I:

and or acts harshly. “ *There was no love but after the training my parent apologized for what he ever did to me before*”, said one of the foster children.

On another note 10% (1) of the MVCs said that the relationship is yet to improve, as some of the caregivers are still harsh. This tendency could be due to strong caregivers characters as psychology of learning says that learners have characters of consciousness and well as unconsciousness; and they grow and develop at each stage of life from childhood to adulthood²⁰. Thus the unconsciousness of the few learners needs more time and perhaps extra lessons.

Knowledge and understanding: 100% of the foster children said that the training has improved their understanding on: how to live well with foster parents; child responsibilities; personal protection from sexual molesters and physical violence; self-protection from fights; isolations from bad games and habits such as drug use. The good result on the understanding shows how good both the contents and training approaches by SOS trainers were as the Psychology of learners says that teaching approaches matters a lot in subject understanding.²¹

Interactions: 90% of the foster children said that after the SOS training, they no longer shy away from peers rather they play with any child group and they feel safe. “*My parents do not prohibit me from going to play*”, added one foster child. The increased interaction is an attribute of the increased self-confidence.

Indicator: # and proportion of alternative caregivers experience an increased confidence in their knowledge and competence as caregivers

According to SOS annual report 2020, a total of 130 caregiver families were selected and given training with some relief service for those in extreme poverty.

Increased Knowledge and Confidence: Of the interviewed caregivers, 75% (15) of the caregivers said that they are now confident and knowledgeable, stronger and in control of the foster children. Nevertheless, some of the MVCs said that after the SOS-CAQACP capacity building initiatives, they no longer live in fear and anguish unlike before where they regarded themselves as useless generation. Not only this but also the Para-social workers who said that they can now attend MVC issues at community levels with confidence unlike before where they did not know their obligations and the communities did not trust and value them much. “*Before the training, I and my husband were unable to address the issues of the MVCs such as stress and anger; but after the training we have developed love and passion for the foster child and we can confidently deal with their situations without fear or anger*”, said one of the women. According to the baseline data, this means that there is 65% proportional increase in the number of caregivers who are knowledgeable and confident to raise the MVCs compared to the baseline of 10%; The achievements exceeds the 2 years set target of 50%.

²⁰ Psychology of Learning: Learners: https://archive.mu.ac.in/myweb_test/SYBA%20Study%20Material/edu-II%20psycho.pdf

²¹ Psychology of Learning: Teaching approaches: https://archive.mu.ac.in/myweb_test/SYBA%20Study%20Material/edu-II%20psycho.pdf

²¹ Program Progress Report 2020 for the Community Action for Quality Alternative Care and Protection (CAQACP) – Phase II

²¹ CAQACP RW Q# Programme Progress Report 2020: Annex: Result Framework

²¹ Community action for quality alternative care and protection; Phase I I:

Indicator: Proportion of social services workforce/child protection actors working according to SOP's and guidelines set for AC

SOS 2020 annual report shows that a total of 52 child protection actors were selected and trained on child rights and protection. These were persons in charge of social affairs, Para-social workers and Child protection Committee members are working according to SOP's and guidelines set for alternative Cares. The baseline data shows that 48% of these were able to work according to SOP and guidelines whereby the target was 80%.

During the interviews 100% (5) of the Para-social workers said that the training has given them the *knowledge and skills* to tackle MVCs matters in a more professional way. One of the Para-social workers said that she could now position herself better when solving foster child/parents disputes at the alternatives care homes unlike before the training. *"Before we were regarded as useless by the families but now they love us and they value our contributions,"* she ended. Another Para-social workers said that they have understood the laws and policies protecting children hence they can apply them and advocate for MVC rights at all levels. *"I was able to advocate for financial resources for an extreme poor foster home where the family got 250 USD to buy dairy cow to care for the family food and income needs",* said one of the SOS Para-social worker. In addition the Para-social workers said that the training has sharpen the understanding on: child protection, detection of an abused child and humbleness when one is helping a foster child. In addition the Para-social workers said that through campaigns and home visits they are now able to reach large number of the MVCs per time compared to before.

On another discussion with government officials, they said that following SOS training; government officers find it easier to deal with Para-social workers who are of great help on the ground when it comes to child rights and protection matters such as child registration and issuing birth certificates.

7.2 System Strengthening

Outcome 2: Systems and structures support and provide quality alternative care services and protection to children living in alternative care or in need hereof.

Indicator: # of children in targeted areas registered in national information system capturing and reporting on the needs of children in various forms of alternative care

Registration of MVCs: 86% of the MVCs were registered during the past less than 2 years in Kayonza district. According to the respondents earlier before SOS-CAQACP project a total of 720 MVCs were not registered; however currently about 619 of them are registered into the Rwandan birth registration system. According to the discussion with respondents, the major reason behind the increased registration is the increased awareness on quality alternative care among the foster parents as well as the removal of the fines which was imposed on parents who did not register their children soon after birth.

Indicator: Number of child protection structures in targeted areas with coordinated action plans to respond to child cases

According to the respondents, child protection committee and Para-social worker structures have been either established and or strengthened following SOS initiatives in the past less than

2 years. The 2020 SOS report says that 52 child protection actors such as Para-social workers and Child Protection Committees were supported in terms of knowledge and skills on child rights and protection. The capacity building has resulted into the following system performance changes:

Reduction of child abuse cases: The respondents said that child abuse cases such as teenage pregnancies, rape, school drop outs, child labour and child negligence have reduced due to awareness creation, punishment and immediate case reporting and decision making. This is attributed to by the well-established systems and structures to reveal and attend child rights abuses cases. For example establishment of the child protection committees, empowerment of the social workers, family strengthening, and awareness creation among the MVCs have all made it possible to reduce the child abuse cases.

Shortened Child court case processes: According to SOS report²², a total of 39 cases related to child neglect, physical and sexual abuses were reported and solved whereby the process was termed appropriate by the case management in charge at the Sector Social Affairs level.

Improved Children Security: 87% of the caregiver said that their children are now under security simply because they know how to protect and defend themselves in case of danger. The caregivers said that they don't allow the children to roam around. *"They are now in schools, no bad manners and they are well settled"*, said one of the caregivers.

Special provisions for disabled children: Initially disabled children were not taken to school but now it is a must and the respective schools are supported to ensure in place proper structures for the disabled. The improvement is attributed to by the improved capacity of the Para-social workers who visits many households per time to monitor their progress including raising issues such as poor living conditions such as that of the disabled.

Increased School performance: 81% of the foster children are now enrolled in schools and doing better than before. The respondents (caregivers, teachers and Para-social workers) said that the school performance, attendance and smartness for the MVCs have improved remarkably. This is because caregivers make close follow ups, teachers give them special attention and Para- social workers advocate for their rights to attend school. *"My child can now speak English very well and she stays in school from morning to evening unlike before"*; *"My daughter passed very well in primary school and she is now in the best public school"*, said two parents differently.

Better Child Actors' Collaboration: SOS staff has engaged and worked with various stakeholders at all levels to ensure holistic approach to child rights and protection initiatives. Such factors include Para-social workers, Village Savings and Landing Associations (VSLAs); Child Protection Committee; Community Health Workers and Children Assembly. These actors were assigned roles and coached thus each actor works in collaborations. *"Before the project, Para-social workers did not have the capacity to manage children but now we are the*

²² Program Progress Report for the Community Action for Quality Alternative Care and Protection (CAQACP) – Phase II Quarter one 2021

best to handle issues of the MVCs who are under alternative care”, said one of the SOS staff. These organs help each other to manage child rights and protection related issues.

Indicator: # of children in alternative care in targeted areas receiving local social support from social security structures (e.g. cash transfer programs in targeted areas)

Relief Services: According to SOS report, a total of 27 MVCs received support from the government poverty reduction programs estimated in Kayonza District. Initially only 3 MVCs could access government support in the area and the target within 2 years was to support 36 MVCs. The current achievement of 27 (75%) is good given the outbreak of Corvid-19 where many countries were affected economically. The findings in the report were confirmed by the respondents during the interview whereby 85% of the caregivers confirmed that they have received variety of supports from both SOS and government including Education Items; Food items; Capital; Housing and Health Insurance. This was given to foster families, which live under extreme poverty. The above has been possible through the support of SOS through awareness creation meeting with government actors.

7.3 Advocacy on AC to the Government

Outcomes area 3: National governments implement policies, regulations and services that support quality alternative care and protection. Indicator: % increment of national budget allocated to alternative care provision - and social services (e.g. cash transfer programmes

Budget Increments to favour MVCs: According to the Ward Social Workers, currently the government of Rwanda has improved its budget for the Child Protection Law. For instance in addition to previous budget, a total of 700,000 RF has been added to the budget to cater for the MVCs. One use of the money is to bring back to school the MVCs who have dropped out; mapping of the MVCs; attend Gender Based Violence issues; and cash transfer to extremely poor foster families. In addition the officers said that about 400 million RF have been allocated for Early Child Hood Education where MVCs are prioritized. According to the discussion it was unclear whether the increased budget is a direct attribute of the project or it is part of ongoing government human transformation strategies. On the other hand a number of policy changes were noted during the interviews whereby the respondents says that it is an attribute of the CAQACP project to some extent. Such policy/law changes includes:

Policy Reviews: The Child Protection Act requires all Rwandese to register their inborn child within 30 days. Due to awareness creation and campaigns supported by CAQACP project activities, the district legal and policy officer said that nowadays an average of 50-70 children are registered per day unlike before where an average of 10-20 were registered per day. The changes is due to policy/law amendments such as:

- Removal of the requirement for marriage certificate to register a child
- Removal of penalty whereby is a parent fails to register a child within 30 days the penalty would be 1,500 RF
- Removal of parents ID during registration whereby initially one cannot register a child if he/she does not have the national ID

Law Enforcements: In the past, the law states that every child should be in school at age 7 but it was not enforced compared to today where all children rights and protection actors make a close follow ups to make sure that every child is in school at age 7. In addition in the past a girl child was not favoured like a boy child but now they are all equal; and lastly currently the government advocates for right of every child to play unlike before. All these were possible through the SOS meeting with I2 Sector in charge of Business Development and Employment Promotion Officers (BDEPO) to strengthen their thinking and analysis around policies related to children and the coordination and implementation of Government activities for realization of children's rights²³. Not only SOS CAQACP project efforts but also due to the efforts of the Rwandan government which is currently implementing its National Transformation Strategy whereby one of the key relevant element is "Gender and Family promotion" whereby one of the area in the gender and family promotion is scaling up early child education and reintegration of street children into families²⁴.

Formal Integration of MVCs into families: In the past MVCs were mainly raised in children centres and or alternative homes. However currently the Government of Rwanda emphasizes on integration of the MVCs into families so that they can learn norms and cultures; understand poverty at household level; and become resilient. As a result SOS and the actors are supporting the formal adoption processes by the caregivers who are now called *Guardian Angel* or locally known as "**Malaika Mlinzi**" who act like a parent to the children. Remarkable changes are seen such as happiness and obedience.

7.4 Recommendations

- **Trainings:** Need for an appraisal forms soon after training to gain insight on the participants impression in regard to training contents, approaches and logistics for better future training outcomes
- **Number of participants per training:** It was noted that, there training which the participants exceeded 60. This is a too big class for proper knowledge dissemination hence there is a need for consideration to have minimum and manageable number per training session.
- **MVC custodian if there is separation:** There is a need to come up with clear statement about the next guardian in case the first ones die or separates. For example the guardian angel can state a name of a next keen to adopt the child in case of death or else
- **Capacity Building:** SOS capacity building to include economic empowerment initiatives for self-reliance of the foster parents
- **Reintegration:** SOS to put more efforts on family reintegration to absorb the number of MVCs taken out of SOS partner NGOs such as SACA
- **Advocacy:** SOS to advocate for partners especially government to tackle the root cause

²³ Program Progress Report 2020 for the Community Action for Quality Alternative Care and Protection (CAQACP) – Phase II

²⁴ 7 Years Government Programme: National Strategy for Transformation (NST I) 2017 – 2024 : Gender and Family Promotion; page 21

of street/ homeless/orphanages

8.0 Midterm Evaluation Criteria

8.1 Relevance of the of CAQACP programme:

According to the interviewed beneficiaries, CAQACP Programme is relevant since it address the key basic of the care givers which include knowledge and skills as well as techniques of how to raise children under AC. Through CAQACP programme, the awareness of children right and protections were created to the target beneficiaries and stakeholders. The interviews with Government personnel such SWOs acknowledged that, CAQACP is relevant at national level since it help strength system to support the AC. CAQACP is in line with Governments policy and guideline of support vulnerable children in alterative care settings. For instance, based on SOS Kenya national level engagement, it was clear that CAQACP programme is vital in influencing national policies and guideline such as the development of county Standard Operational Procedure, Alternative care Manual, Parental Guide Manual, National Gatekeeping manual and case management tool. The CAQACP programme is in line with UN guideline on alternative care of children.

CAQACP program is relevant, first in terms of advocating for Alternative care settings, Roll-out positive parenting skills and system strengthening which are the main components of outcomes under Result Framework.

SOS Tanzania SOS M&E Officer –During Klls November 2021

8.2 Programme Efficiency

The programme efficiency vary form one county to another. The use of available resources such as personnel, funds, system and time were different from one country to another. For instance, in SOS Tanzania, CAQACP programme used the available systems and structures to lead the implementation. The partnership and collaboration with the Government enable the expansion of the project to the entire region of DSM.

In SOS Kenya, the resources such as finds, personal and available networking were used for the achievement of the programme objectives, however there were delay in the programme implementation. In 2021, the programme were affected by Corvid- 19, hence some of the funds were directed to emergency support. In 2021, there is a delay in programme implementation. For instance, the caregiver and children under AC were recruited in July 2021. By October 2021, the funds spend was 52% which is the third quarter of the year. The staff turnover has also affected the implementation and monitoring of the programme activities. Due to this factors, the programme efficiency were not fully achieved.

In SOS Zanzibar, the programme was efficiency since it develop and partner with NGOS, CBOs, government staff, and local government leaders during the implementation of phase two. It closely partners with Media instruments such radio, magazine and TV for publicizing SOS events, sharing sensitization messages, documenting and reporting key child abuses, mentoring and coaching adult children to defend their cases, monitoring court case progress and preparing sessions for children rights in radio.

SOS Rwanda, there was good collaboration whereby the SOS staff, Government official and local community leaders work together toward the achievement of the CAQACP programme objectives. For instance, 81% of the foster children enrolment and improvement in their performance were noted. According to the interviews, this remarkable achievement was due to close follow up from the caregivers, teachers attention and Para- social workers advocacy for their rights to attend school

8.3 Project Effectives:

In SOS Tanzania, according to the interview with staff and beneficiaries, the project was effective, the project were implemented successfully and objectives were achieved. The project achievement was due to partnership and collaboration with the Government officials in different levels and other stakeholders. The CAQACP program reviews help the team to keep on track and focus on program planned objectives.

In SOS Kenya, programme capacity building was not carried out to caregivers and children, most of the training was carried out in the first phase 2018/2019. The system strengthening done at County and sub county level was done, at sub county, AACs and LVs were trained, and that the children officers were equipped to use the CPMIS. Advocacy was done in collaboration with other CSOs. The SOS under CAQACP programme influence review and development of national guidelines such as SOP, ACM, CMT and PGM for children which will shape and guide national placement and procedure of children under alternative care.

In SOS Zanzibar, social services workforce such as Child Protection Committees and the Para-social workers were empowered and are now vigilant and pro-active in protecting child related rights including school attendance, health and sexual abuses. For instance, during the FGD, one of the PSW commented that, *“Child cases are now taken more seriously and no room for family negotiations when a child is sexually abused as we take the matter straight to the police”*

In SOS Rwanda, system improvement and advocacy were done, based on reports, there were 27 MVCs receiving support from the government poverty reduction programs in Kayonza District. Initially only 3 MVCs could access government support in the area. SOS under CAQACP programme work with other stakeholder and manage to attain 75 % (27) from the target of 36MVCs (100%) within 2 years.

Based on what has been achieved across the four counties, there was enough evidence that, despite of challenges such as Covid -19, CAQACP programme were achieved hence the programme was effective.

8.4 Impact of CAQACP programme:

In SOS Tanzania, Impact: according to the interviewed with staff, the CAQACP programme contributed to the establishment of National Gatekeeping which will be soon roll out. The programme help in promote Alternative care settings like research on Fit persons. The programme promoted child rights and protection through re-established of child councils in 102 ward in Dar es Salaam region.

In SOS Kenya, the collaboration in development of national guidelines will influence and transform the communities and Government engagement with children under alternative care. The capacity building done to local staff on how to use CPMIS at sub county level will increase the efficiency and effectiveness in managing and reporting children issues. The project has

empower SOS Children village staff and broaden their ability to carry out intergradation using CMT, according to the staff, there are 44 from SOS children village which currently under the integration process which were also influenced by CAQACP programme. According to Kenya *Alternative care coordinator*, he commented that, *“The CAQACP programme is shaping and transforming how SOS KE conduct their business”*

Although it is earlier to assess the programme impact, there are positive signs which indicate that the CAQACP programme had brought earlier impact both at national and local level

8.5 Sustainability of CAQACP programme:

In SOS Tanzania, according to the M&E Officer, the CAQACP programme is sustainable because it invested in system strengthening, the collaboration with the Government and empowerment to local system such PSW, SWO and VAWC will continue even after the project. According to the SOS Children Village manager, the intervention were implemented in collaboration with the government who can sustain the interventions. The government system strengthened will continue operation beyond the project life. During the KIIs with M&E Officer, she commented that, *“The CAQACP programme will be sustainable because it focus on system strengthen. The collaboration and partnership with Government officials will enable them to carry out the project activities even after the phase out of the project.”*

In SOS Kenya, The CAQACP programme has engaged mainly system strengthening and advocacy by influencing the development of policy and guideline for AC. The developed guideline will still be in operation within the county after CAQACP phase out. CAQACP Programme developed partnership and work in collaboration with other CSOs to influence Government and communities in relation to children in AC, the collaboration will last longer even after the programme phased out.

In SOS Zanzibar, the child protection structures were established and strengthened. For instance, Women Desks were established in most police stations across Zanzibar as the result of capacity building to government staff at various levels. The women desk which stand as a one stop centre for abused women and children will continue even after the phase-out of the project.

In SOS Rwanda, the reduction of child abuse cases were noted. According to the respondents, child abuse cases such as teenage pregnancies, rape, school drop outs, child labor and child negligence have reduced due to awareness creation, punishment and immediate case reporting and decision making. This is attributed to by the well-established systems and structures to reveal and attend child rights abuses cases. The established system include child protection committees, empowerment of the social workers, and awareness creation among the MVCs. This will last beyond the programme phase.

The midterm evaluation indicate that, CAQACP programme is sustainable, this is due to the fact that, the programme mainly focus on capacity building, working with collaboration with other stakeholders, establish and strengthening the system in the target areas.

9.0 Conclusion and Recommendation

9.1 Conclusion

The midterm evaluation reveal that, SOS through the implementation of CAQACP programme across all the county, have made a significant achievement in ensuring children who have lost or are at risk of losing parental care receive quality alternative care and protection in their best interests. Through beneficiaries and partners interviews, the CAQACP programmes prove to be relevance since it tackle the problem of children in AC. The programme is in line with both national and international guideline and policies in regard AC. The teams used efficiently the available funds and existing structure to achieve the programme objectives. The programme was effective since most of the objectives in relation to capacity building, system strengthening and advocacy were achieved. The applied approach of work and collaborate with stakeholders and Governments structure in the design and implementation of the SOS-CAQACP have enhanced CAQACP programme sustainability.

9.2 General Recommendations

- Some of the activities were not carried out during CAQACP programme implementation due to COVID-19 outbreak. There is a need taking into consideration the effect Corvid - 19 by planning in advance cushioning mechanism in case of any continuation.
- **Economic Empowerment:** There is a need for more efforts on economic empowerment to support the foster parents/caregivers to initiate income generating activities for their livelihood sustainability. The economic support will reduce and limit the dependency of caregivers from the Government and other service providers
- **Advocacy at the grassroots level,** In Kenya the CAQACP programme advocacy at higher level led the development and review of different guidelines, However there is a need for the implementing teams across all the four countries to collaborate with other CSOs in advocating both at the national and local areas for practical mechanism of identification and supporting the children under AC.
- **Capacity building:** The SOS should continue with capacity building and system strengthening to target beneficiaries and Government stakeholders. The target and emphasis should be aimed at local Government structure. Example, it Tanzania they should target the village leaders such as village chairperson, village council's members and the village executive officer.
- **SOS Programme Integration:** The employed system should allow the smooth integration of programme implemented in the same location. For example, the caregiver under CAQACP programme should be supported economically through Family strengthening Programme (FSP)
- **Monitoring the Beneficiaries:** SOS team should conduct more monitoring for the target beneficiaries and partners. The monitoring help in ensuring the programme is attaining the planned objectives and it allow provision of any correction. Example, in Kenya, according to

care giver at Soy location, the CPV visited them twice while the care giver at Ziwa Sirikwa were never been visited neither by SOS nor by Child protection person since recruitment in July 2021. A checklist mechanism or advance approach of using apple for monitoring can be initiated and implemented.

10.0 References

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I I. Appendices

I I.1 SOS Tanzania Participants List



Tanzania
Participant list -Nov

I I.2 SOS Kenya Participants List



Kenya Participant
list -Dec 2021.pdf

I I.3 SOS Zanzibar Participants List



Zanzibar
Participants List.zip

I I.4 SOS Rwanda Participants List



Rwanda
Participants List-Nov

I I.5 Generic FGD& KIIS Tools



SOS Data Colection
tools.zip