



USAID/ DCOF – Three Country Child  
Care Reform Exchange Workshop  
Kigali, Rwanda  
March 23-26 2015

**COMPLETE WORKSHOP REPORT**

Grants Solicitation and Management (GSM)  
Special Programs to Address the Needs of Survivors (SPANS)  
Associate Cooperative Agreement No. DFD-A-00-08-00260-00

*This Workshop was made possible by the generous support and contribution of the American people through the United States Agency for International Development (USAID). The contents of this manual do not necessarily reflect the views of USAID or the United States Government.*

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## ACKNOWLEDGEMENTS

The planning of the workshop was performed by the following interagency Steering Committee members:

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- Simba Machingaidze, ChildFund Uganda
- Catherine Muwanga, USAID Uganda
- Innocent Habimfura, Global Communities
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- Valens Nkurikiyinka, Better Care Network, Rwanda
- Martin Hayes, USAID/ DCOF
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Lead facilitation was carried out by:

- Jennifer Collins-Foley, World Learning

## **ACRONYMS**

CWD	Children with disabilities
DCOF	Displaced Children and Orphans Fund
GSM	Grant Solicitations and Management
IRC	International Rescue Committee
FBO	Faith-based organization
GOR	Government of Rwanda
HHC	Hope and Homes for Children
NCC	National Commission for Children
NGO	Non-governmental organization
Q&A	Question and answer
SPANS	Special Programs to Address the Needs of Survivors
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WL	World Learning

## **OVERVIEW**

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The United States Agency for International Development (USAID) through its Displaced Children and Orphans Fund (DCOF) supported a sub-regional workshop held in Kigali March 23-26, 2015 to provide structured opportunities for technical exchange on care reform, approaches, methods, and tools. The workshop was designed to provide opportunities for exchange and to develop connections among personnel of the five care reform projects of USAID/DCOF in Rwanda, Burundi, and Uganda, as well as representatives of the three governments. It was planned with the active involvement of a Steering Committee that included representatives of the three countries. Participants included representatives of government departments, international and national non-governmental organizations implementing USAID/DCOF projects, UNICEF, and universities.

The workshop was held in Rwanda, which has become a leader in child care reform in the region, providing an opportunity for Burundi and Uganda partners to learn from Rwanda's country efforts, while also sharing learning from their respective countries. Workshop participants made a field visit to Rubavu, a district in the Western Province, where they engaged in structured, facilitated two-way discussions with Rwandan front-line social workers, psychologists, government officials, community residents, and others to understand the activities and methods used on site. Rubavu was selected as site for a field visit because it had the largest institutional child care facility in the country, with over 500 children and young adults, which has been closed through the prevention and reintegration work of the two USAID/DCOF-funded projects in Rwanda.

During workshop sessions in Kigali, participants engaged in facilitated exploration of ten priority topics related to care, which had been identified by the Steering Committee as highly relevant to care reform work in the three countries:

1. The role of the social workforce in conducting case management and leading deinstitutionalization in an integrated child protection system.
2. Methods to identify households with children at highest risk of a child separating to go into residential care or onto the street.
3. How to engage faith based communities in the transformation of current residential care institutions into community child rights service providers.
4. How to match household economic strengthening measures with households' needs and capacities in order to prevent unnecessary separation and to support effective reintegration.
5. Methods for monitoring the safety and wellbeing of children placed in family care (family of origin or another family).
6. The tools and process of documenting individual children in residential care.
7. Assessment and mediation prior to placement of a child in a family.
8. Methods for tracing families of origin or extended family members.
9. The importance of community-based services in sustaining placements and promoting child rights.
10. Preventing institutionalization and reintegrating children with disabilities.

These topics represented key technical challenges in programming. They are reviewed in the following sections.

DCOF's implementing partner for the workshop, World Learning (WL), organized and managed the logistical and administrative needs of the workshop through its USAID/ DCHA/DRG/ Empowerment and Inclusion Division's Grant Solicitation and Management (GSM) program. In country, World Learning's SIT Graduate Institute, which operates education programs in Rwanda, provided administrative and logistical planning support for the workshop.

## **BACKGROUND**

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Being outside of family care has a range of negative consequences for children, including developmental consequences, social marginalization, and risks of violence, abuse, and exploitation. The lack of family care has adverse consequences for these children now, and as they grow into adulthood, and there are potential negative consequences for communities and countries. Some governments in the region have begun to pay serious attention to the problem and to recognize the importance of family-based care for children's healthy development.

USAID/DCOF is funding five projects that are contributing to national childcare reform in Rwanda (two projects), Burundi (two projects), and Uganda (one project). Each of them seeks to reduce the risks of children leaving home unnecessarily and is supporting the reintegration or alternative placement of children who are outside family care with families. In Rwanda, UNICEF and the Government of Rwanda's National Commission for Children (NCC) oversee the national care reform program that started at the beginning of 2013. In addition, two non-governmental organizations (NGOs), Global Communities and Hope and Homes for Children (HHC), are implementing a complementary project that started in April of 2013. In Burundi, UNICEF is implementing a care reform project that began in January 2013. Also, the International Rescue Committee is implementing a project to prevent unnecessary separation and reintegrate children into family care that began in January 2014. With support from Handicap International, that project is also providing particular attention to the prevention of separation and reintegration for children with disabilities. In Uganda, Child Fund International and its partner organizations are implementing a project to prevent unnecessary separation and reintegrate children into families; it began in January 2014.

The collective child protection expertise of USAID/DCOF's implementing partners in Rwanda, Burundi, and Uganda is considerable. There is great potential for learning through exchanges among these three countries that are making similar efforts and facing similar challenges in reforming their childcare systems. Rather than bringing key project staff members and other key actors together for training, the workshop capitalized on their experience and expertise and provided an opportunity for exchange on key issues. It also established new connections across borders for future technical exchange on care reform.

## ***WORKSHOP DEVELOPMENT***

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Plans for the workshop began in October, 2014. USAID/DCOF established a steering committee of key stakeholders in the three countries. These individuals served in a consultative capacity to help establish the purpose and content of the workshop. Members of the Steering Committee included:

Sarah Larson Moldenhauer, IRC Burundi  
Lucia Soleti, UNICEF Burundi  
Simba Machingaidze, ChildFund Uganda  
Catherine Muwanga, USAID Uganda  
Innocent Habimfura, Global Communities, Rwanda  
Milton Funes, Global Communities, Rwanda  
Ramatou Tourre, UNICEF Rwanda  
Esron Niyonsaba, USAID Rwanda  
Zaina Nyiramata, National Commission for Children, Rwanda  
Francois Bisengimana, National Commission for Children, Rwanda  
Valens Nkurikiyinka, Better Care Network, Rwanda  
Martin Hayes, USAID/DCOF  
John Williamson, USAID/DCOF

Each country was informed how many participants that it could send to the workshop and the Steering Committee members from that country decided who should be invited. Prior to the workshop, representatives of the government and other stakeholder in each country prepared overview presentations about the state of care reform (policy and program) for children. USAID/DCOF reached out to experts working at the country level in programs focused on children in adversity to serve as presenters and facilitators; most of them were designated workshop participants. These practitioners had extensive technical and program experience, which provided the foundation for presentations and exchange in each workshop session. Facilitators designed participatory sessions that led participants through case studies, analysis, and debate on the burning issues related to policy and programming for children outside of family care or at risk of losing family care.

The original facilitator selected for the workshop, Marydean Purves, hosted conference calls with all technical session facilitators to help them determine the best approach for addressing their selected topic. She walked them through the design, timing, methodologies, and prepped them for the type of handouts they might use. She then produced draft session outlines for their review and edit. She also designed a draft agenda for the field-visit to Rubavu, which included a question guide for participants, and a facilitator's guide to assist at the de-briefing.

## ***FACILITATION PROCESS, DESIGN, AND FORMAT***

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USAID/DCOF prepared a working agenda in advance, which identified the timing, session topic, session facilitator, and presenters for the session in question. USAID decided to use two primary methodologies throughout the workshop. These included keynote presentations with Q & A follow-up in plenary and small group work with a maximum of eight participants per group. Parallel sessions in small group were designed as a means to allow provide time for all topics to

be studied. Note-takers\* were assigned by table to capture salient points and key takeaway messages.

The original facilitator developed a master program script, planning aids, and an overall 'production manual'. World Learning's (WL) alternate facilitator, Jennifer Collins-Foley, stepped in late in the planning process and on very short notice, and did an outstanding job of managing on-site workshop events. All materials are archived with World Learning.

Coordinating sessions were held with session facilitators via phone and Skype during the weeks leading up to the workshop and an in-person session was held the day before the workshop. Nightly meetings with facilitators were held during the workshop.

World Learning staff arrived in Kigali three days in advance of the workshop to coordinate with WL's field staff and the advance the USAID team on the venue and the workshop processes. USAID/DCOF was the principle liaison with the government representatives in all countries, and worked very closely with the Government of Rwanda National Commission for Children (NCC).

The workshop was held in the Grand Legacy Hotel, in Kigali. In order to facilitate cross-country exchange, and to maintain efficiency throughout the working sessions, participants were assigned in advance to specific tables. Six tables with eight persons were organized, with each including representatives of all three countries. To create a sense of solidarity and fun, the group at each table was asked to give itself a name.

Workshop sessions were primarily carried out in English, but a significant proportion of participants only spoke French. Four interpreters were prepared in advance with materials that oriented them on key terminology and advance presentations. Simultaneous English-French interpretation was arranged during sessions on workshop topics, as well as support for small group discussions. In some instances participants were helping their colleagues in groups, to complement this translation.

The field visit to Rubavu on days one and two involved group transport, overnight accommodations, and coordination of locales for site visits and discussion opportunities. All participants stayed in the Lake Kivu Serena Hotel in Gisenyi.

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\* Note-takers: Michelle Ell/Global Communities Rwanda; Deus Kamanyire/Hope and Homes Rwanda; Genevieve Uwamariya/UNICEF Rwanda.

The graphic features a central illustration of six stylized human figures in various colors (red, green, blue, yellow, purple, pink) holding hands in a circle. Two large, light blue curved arrows frame the illustration, one pointing left and one pointing right. Below the illustration, the text "Recommended Next Steps" is centered.

**Recommended Next Steps**

- 1) Tool sharing >> via a Dropbox
- 2) Share policies, laws, curricula
- 3) As technology and innovation occurs in case management, share promising practices
- 4) Visit other countries/sites for direct observation
- 5) Hold more regular meetings for exchange (on specific topics)
- 6) Action Research (eg. Foster care practices to influence policy)
- 7) Capture/record/share promising practices and use the Better Care Network as a vehicle for distribution
- 8) Create joint university curriculum for child protection workers – AfriChild Center?
- 9) 2016 Korea International social work conference – band together on a panel ie: child care reform
- 10) Continue to share challenges (so colleagues may help)
- 11) Create and use platform to continue exchange and plans.

## SUMMARY OF SESSIONS AND RESULTS

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### *Salient Points and Takeaway Messages*

#### **Day One: Opening**

**Purpose:** To introduce the situation of care and reform work in the three countries, introduce key information, and make the trip to Rubavu.

Welcome and introductory remarks were made by Mr. Peter Malnak, Director of USAID Rwanda, and the Honorable Oda Gasinzigwa, Rwanda's Minister of Gender and Family Promotion. An overview of child care reform was presented for each country and an overview of the *Guidelines on Alternative Care* was presented by the Better Care Network. A presentation was made on the role of the social service workshop, followed by discussion. Participants then boarded buses and traveled to Rubavu.

- 1) All three countries identified inadequate education, training and professional development for the corps of social workers working with children outside of family care or at risk of family separation
- 2) All three countries acknowledged a national shift in approach for the care of children outside of family care, from institutionalization to family-based alternative care.
- 3) Burundi's national system of alternative care is the least developed among the three countries. There are serious concerns about non-compliance with the government's Minimum Standards for Residential Care Centers. There is currently no policy for alternative care.
- 4) Public acceptance of institutional care is still very prevalent in all three countries, and requires serious effort to transform thinking and practices. Many child care institutions are economically motivated.
- 5) All three countries are working to consolidate responsibility for care reform in one governmental body, while welcoming technical and policy development guidance from specialist organizations.
- 6) Funding requirements to ensure quality implementation and monitoring play major roles in the ability to follow through on adopted measures.

An afternoon technical session "*The role of the social workforce in conducting case management and leading deinstitutionalization in an integrated child protection system*" outlined the different roles of social work professionals, social work para-professionals, auxiliary social workers, and volunteers, as a key success factor in effective case management and leading de-institutionalization. Participants applied the information in the presentation to case study small group sessions. One case study featured a child with a disability.

Participants boarded buses and traveled for about 3 hours to Rubavu District in northwestern Rwanda.

## **Day Two: Field Visits in Rubavu**

**Purpose:** To observe aspects of the Rwanda program in action, pose questions, and make comparisons.

Participants were divided into four groups to visit different operations of program in Rubavu. The participants first met with the District Vice-Mayor of Social Affairs, who emphasized the government's commitment to the child care reform agenda. The group then visited the Orphelinat Noel de Nyundo/ONN (Noel orphanage of Nyundo), which recently closed, since almost all of the more than 500 children and young adults who had been living there were placed in family care or in independent living situations. There were discussions with members of the team of Rwandan social workers and psychologists had arranged these placements. Next, workshop participants went to one of the following four site visits for discussions:

**Group 1:** Community Child Protection Committee

**Group 2:** Reintegration into a foster family. GOR's Malaika Murinzi (Guardian Angel) model

**Group 3:** Reintegration into a biological or extended family. GOR's Inshuti z'umuryango (Friends of the Family) model. These are community-based child and family protection volunteers.

**Group 4:** Reintegration of children with disabilities - Visit to the Ubumwe Community Center (UCC).

The foster care visit generated a lot of interest and comment. The overall impression was very favorable. The group was impressed with the fact that Rwanda uses qualified graduate social workers and psychologists in the reintegration process, noting the complementarity of the two professions. Some key success factors appear to be:

- Foster care is voluntary and appears to be sustainable;
- The friends of the family model seems to be a good model that can increase sustainability
- A group of emergency foster care families has been organized so placements are immediately available, when needed.
- E-technology (tablets) is used for documentation and information sharing in case management.

Some challenges remain:

- National guidelines for foster care and children homes are not yet approved.
- There are many applicants to be foster caring, but after assessment many are found to have hidden motives with pecuniary interest.
- There are some neighbors who criticize the foster care program by discouraging families to receive children.
- There is low understanding about the roles and responsibilities of foster caregivers beyond providing food and shelter.
- The role of community child protection volunteers is not yet clear among community members.

Visits to the other programs also identified some helping and hindering factors:

- There are functional linkages with existing community service structures.
- There is effective support for family strengthening and income generating activities.
- There has been reallocation of funding from institutional care to family based care.
- There have been some problems for those doing reintegration work to access information about children because of internal resistance of center staff and community members.

Overall, the participants formulated some recommendations to District authorities, social workforce members, and their partners:

- Document program, results and experiences so that they can be shared. Districts should allocate resources to the child protection system for sustainability
- Scale the program to the whole country.
- Create a compelling and easy mechanism for donors to transition from supporting residential institutions to supporting alternative care.

The chart below summarizes the key areas of similarities and differences of Burundi and Uganda with Rwanda. This comparison is valuable for identifying common areas of practice, and developing lessons learned country-to-country.

Similarities	Differences
Children with special needs (e.g. disabilities) not given priority.	Rwanda has social workers in collaboration with psychologists.
Social workforce need additional, specialized training.	Rwanda social workers are formally trained in social work; not so in Uganda or Burundi.
Parasocial workers operate at the community level.	Uganda has a curriculum for para-social workers, but Rwanda does not yet have this.
Approach typically involves the social worker, child, and mother.	Uganda structures at community level are more formal, whereas Rwanda/Burundi are more informal and community-based.
Child protection measures are enforced.	Different tools are used for assessment and monitoring in the three countries.
Temporary placements are used.	In Uganda and Burundi, institutions are used for temporary placement, but Rwanda uses foster care.
Case-by-case approaches are used to identify specific needs of the child and family	The particular needs of young adults living in the institution that was closed required different approaches from those for children when no family could be located.
A family solution in a community is prioritized.	
Referrals are made to services needed (e.g. health care) and monitored over time.	Rwanda and Uganda have a special desk at police stations for referrals concerning gender-based violence and violence against children.
Psycho-social counseling is provided.	

Problems and challenges remain for all three countries. The chart below references the approach used in Rubavu and what participants felt were key areas for improvement, along with some recommendations to address the concerns.

Challenges	Recommendations
Inadequate number of trained professionals	Incorporate practical courses into college curriculum
Lack of in-depth case management actions	More in-depth engagement of other partners to support case managers with techniques, approaches
Community-based structures not equipped to deal with risk factors	Develop appropriate curriculum (training and support model) for community-based structures. Provide incentives to CB structures.
How long to monitor progress of the child?	More resources for the system.
Challenge of commitment of the parties involved.	Capacity building at all levels, especially frontline workers.
How to get information on the child, especially those who have been abandoned.	
No law in Burundi to protect the person caring for the child.	Improve the legal framework, including laws on abuse and child protection.
Referral mechanisms not always working well e.g. follow-up, motivation, clear roles & responsibilities, case overload.	Better coordination
(Summarized) dysfunctional families lead to violence, sexual and other abuse, children turning to the street or going into institutions.	Improve parenting skills
Lack of confidentiality	Establish standard operating procedures for case management

### **Day 3: Technical Sessions for Exchange of Experiences, Review of Best Practices, and Recommendations for Applications.**

**Purpose:** To facilitate the sharing of skills, approaches, and knowledge for adaptation and integration

#### ***“Methods to identify households with children at highest risk of a child separating to go into residential care or onto the street”.***

The presentation made the point that poverty alone is not why children are separated from their families, arguing that many poor families do not place their children in institutions. Participants reacted to some provocative statements regarding the reasoning on this issue, and were told to agree or disagree with the statement and then defend their position. The session identified some groups at particularly high risk:

- Single parents/widows
- Child-headed households
- Families with members that have disabilities
- Marginalized ethnic groups
- Landless families – refugees, displaced persons
- And extreme poverty/destitution.

The current approach to identifying risk factors for separation in all three countries includes assessing the reasons why children already in institutions were originally placed there. Costs to conduct such assessments were identified as a barrier.

#### ***“ Understanding disability to prevent institutionalization and to reintegrate children with disabilities”.***

This session appears to have had a particular impact on the participants, as many had never considered that children with disabilities (CWD) are at particular risk of separation. Some of the key issues revolved around severe stigmatization of families with children who have disabilities; the lack of day care centers for children with disabilities results in some being placed in institutions; and institutions are often not prepared to address the particular needs of such children. Many participants subsequently identified needs of children with disabilities requiring action in their work back in their country. Groups detailed some of the reasons why children with disabilities are taken to institutions:

- Stereotyped perceptions of disabilities
- Shame related to having a child with a disability
- Lack of access to specialist services
- Poverty
- The perception that institutions can provide special care
- Parents’ fear of responsibility without adequate resources
- Not understanding that institutional care has disastrous effects on children with disabilities
- Conflicts within families
- The pulling effect of institutions
- Active recruitment of children who lack access to education.
- Lack of skilled personnel within health centers.

Many participants subsequently cited concerns regarding children with disabilities as an action step for their work back in their country of origin. Recommendations for addressing the problem included:

- Recruit and training foster families on how to work with children who have disabilities
- Develop a reintegration strategy
- Reduce barriers at all levels – household, community, policy
- Develop and strengthen specialized services and staff at community level
- Develop appropriate care services based on proper diagnostic assessment of children’s disabilities
- Sensitize communities to change attitudes and challenge stereotypes
- Assisting families to develop care plans
- Conduct research on concerning children with disabilities in residential care
- Sensitize and inform parents regarding early detection of disabilities
- Promote the rights of children with disabilities
- Document the knowledge base and develop communication materials for behavioral change.

***“The importance of community based services in sustaining placements and promoting child rights”.***

Key learning points included:

- There are range of basic ways that agencies or institutions engage with communities to benefit children, and any of them can be appropriate in certain circumstances
- There may be long term consequences for initial the roles and expectations established at the beginning of the relationship between agency/institution and community
- “Ownership” is based on a sense of responsibility and added value.
- Coordination of various initiatives at community-level is key.
- It is important to determine the scalability and sustainability of an initiative from its start.

The discussions revolved around responsibility issues: Who should be leading the initiatives and what are the lines of authority and reporting? How to train at different community levels on standards of care, knowledge on child rights, reporting for violations, etc.

***“Methods for tracing families of origin or extended family members”.***

This session ignited some debate, which centered on the cost of family tracing, as well as the potential to re-live trauma for a child. The session reviewed the elements of family tracing, national policy, methods and challenges, and how to collaborate to achieve successful matching. A key factor for Rwanda is that family tracing is the official policy of the Government of Rwanda through the NCC. It was recalled that there was significant innovation and learning in Rwanda in the late 1990’s concerning how to trace families of children who were separated at a very young age using such methods as mobility mapping and radio tracing

(<http://www.bettercarenetwork.org/BCN/details.asp?id=21730&themeID=1005&topicID=1033> and

<http://www.bettercarenetwork.org/BCN/results.asp?keywords=SEPARATED+CHILDREN+IN+POST-CONFLICT+RWANDA>).

***“Assessment and mediation prior to placement of a child in a family”.***

The session reviewed the purpose of child assessment and family assessment, how to conduct the assessments and how to prepare the child and the receiving family. Some highlights from the group work included the need to properly assess the motivations of the receiving family. They also emphasized the rights of the child to be involved in the discussion and choices in keeping with the Best interests principle.

**Day Four: Technical Sessions for Exchange of Experiences, Country Action Plans**

**Purpose:** To facilitate sharing of skills, approaches, and knowledge for adaptation and integration. To initiate country action plans.

Parallel sessions hosted smaller groups to study additional technical topics. These sessions generated a great deal of engagement and discussion.

***“The tools and process of documenting individual children in residential care”.***

The case management procedures picked up where the assessment session left off. The most valuable takeaways were the before and after placement checklists.

Child's file checklist		Child's file checklist	
I. Before Placement		II. After Placement	
1. Initial assessment for the child	8. Individual Care and Development Plan	1. Post placement Report	5. Family re-assessment forms
2. Initial Psychological assessment	9. Case management report	2. Visit reports/Post placement Intervention (same doc)	6. Proof of support to the family (financial/material with receipts)
3. Family tracing report	10. Preparation report	3. Psychological re-assessment forms (Portage, SPDS, Special needs)	7. Case management checklist
4. Proof of no trace found for family	11. Intervention Plan	4. Re-assessment of intervention plan (if the case)	8. Case Closure
5. Refusal of child by the family	12. Adjustment Plan		
6. Initial Assessment for the family	13. Exit form		
7. Best Interest of the Child Report	14. Contract -Reunification form		

***“How to engage faith based communities in the transformation of current residential care institutions into community child rights service providers”.***

One important takeaway from this session was that most faith-based organizations, which are the main funders of the institutions, are not aware of the damage caused by institutionalization. This session featured two documentary clips, which explored the role of faith-based organizations and ways of engaging with faith communities. Also considered were potential ways to redirect resources and efforts into community-based family care. Factors that push faith-based institutions to support institutional care include 1) donations, 2) response to crisis, 3) job creation for workers at institutions, 4), a sense of obligation, and 5) a strong sense of mission to help the needy and orphans as a calling and a divine mandate. In small groups participants considered the circles of influence that lead faith-based organizations to sustain their investment in institutional care as well as the circles of influence that affect their decision-making. Each of the circles exercises varying degrees of pressure to maintain the status quo. There is recognition that the word “orphan” is very

strong and appealing to donors. Some faith-based actors reportedly target children to 'reform' them. In Uganda, some politicians look to religious leaders for political support and want to identify with appealing projects such as helping the needy and, in particular, orphanages. The groups sketched out sample communication plans to advocate within faith communities for de-institutionalization.

***“Methods for monitoring the safety and well-being of children placed in family care”.***

Monitoring is the key to sustaining the quality of placements. This session outlined the purpose of monitoring, when to monitor and the frequency. It outlined some tools, the roles of the different agents, the challenges, and the standards. Some of the challenges that were highlighted included:

- Insufficient resources to do follow-up monitoring visits
- Long distances hindering contact
- Inadequate monitoring framework
- State of affairs of most families (depression and negative attitude)
- An inadequate workforce.

The presentation outlined some best practices for success:

- 1) Linking reintegration with community-based prevention work would be a huge help to monitoring children in a locally appropriate way that doesn't add to that child or family's stigma and discrimination
- 2) Monitor and support child, family, and community--not only the child. It's important to recognize that reintegration is about helping the child settle at home, helping the parents become more resilient and ensuring that the family is supported by the community.
- 3) Develop a comprehensive M&E Framework: including routine monitoring, and outcome evaluations.
- 4) Link monitoring with case management and information management.
- 5) Adapt monitoring tools to the target group (child, family and practitioners).

***“How to match household economic strengthening (ES) measures with households' needs and capacities in order to prevent unnecessary separation and to support effective reintegration”.***

This session stepped out of the specific child-care context into the larger sphere of household livelihoods and economic realities. The session reviewed

- Factors to consider before matching socio-economic measures with a household;
- How to use statistics and community knowledge to identify households to target with ES measures; and
- How various economic measures can be used to mitigate household vulnerability and achieve child protection outcomes.

The session presented the use of the Livelihood Pathway Approach with vulnerable and at-risk households.

***“Approaches and methods that can be used to strengthen efforts”.***

This plenary session described the legal landscape in Uganda, which currently governs child adoption, and loopholes that have facilitated lucrative adoption 'deals' for lawyers. The dangerous potential for child trafficking was discussed.

***“The US government's Action Plan on Children in Adversity”.***

The Action Plan has as one of its three principle objectives “Strengthen family care, including preventing unnecessary separation and reintegrating children.” The workshop, itself, was recognized as a result of USAID addressing this objective.

**The *Guidelines for Alternative Care*** provide authoritative standards for country programs, as well as examples of on-going initiatives in Africa.

***“3 CountryXChange Facebook Group***

<https://www.facebook.com/groups/3countryxchange>

USAID introduced a newly created Facebook page as a means for participants in the Child Care Reform workshop to continue to connect and exchange information. It can facilitate member networking, exchange of ideas, and sharing on best practices on child-care reform.

***COUNTRY ACTION PLANS***

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In the final portion of the workshop, participants were reassembled into three country groups to develop action plans. The groups considered the categories of advocacy, coordination, capacity building (organizational and human resources), and other compelling areas. They strategized short-, medium-, and long-term measures. While the exercise was certainly enriching, the final products will need further work to build them into applicable road maps. All three of the country groups mapped an ambitious agenda for the next six months. The plans did not envision much beyond 24 months. The challenge will be to maintain the integrity and cohesiveness of planning as it goes forward.

**RWANDA COUNTRY ACTION PLAN**

0-6 mos

7-24 mos

2-5 years

**Allies:** Min/Justice, Police, MINALOC, Media, MINEDUC, FBOs, Members of CPWG, University of Rwanda (UR)

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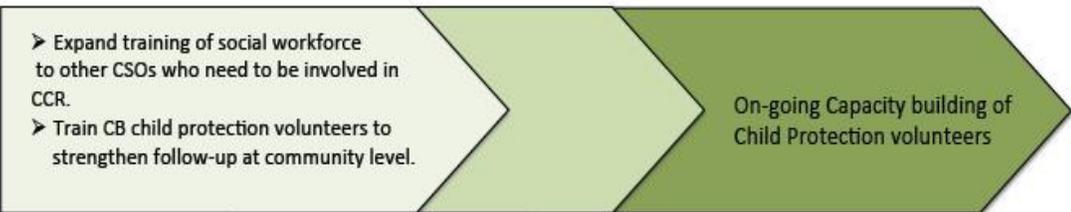
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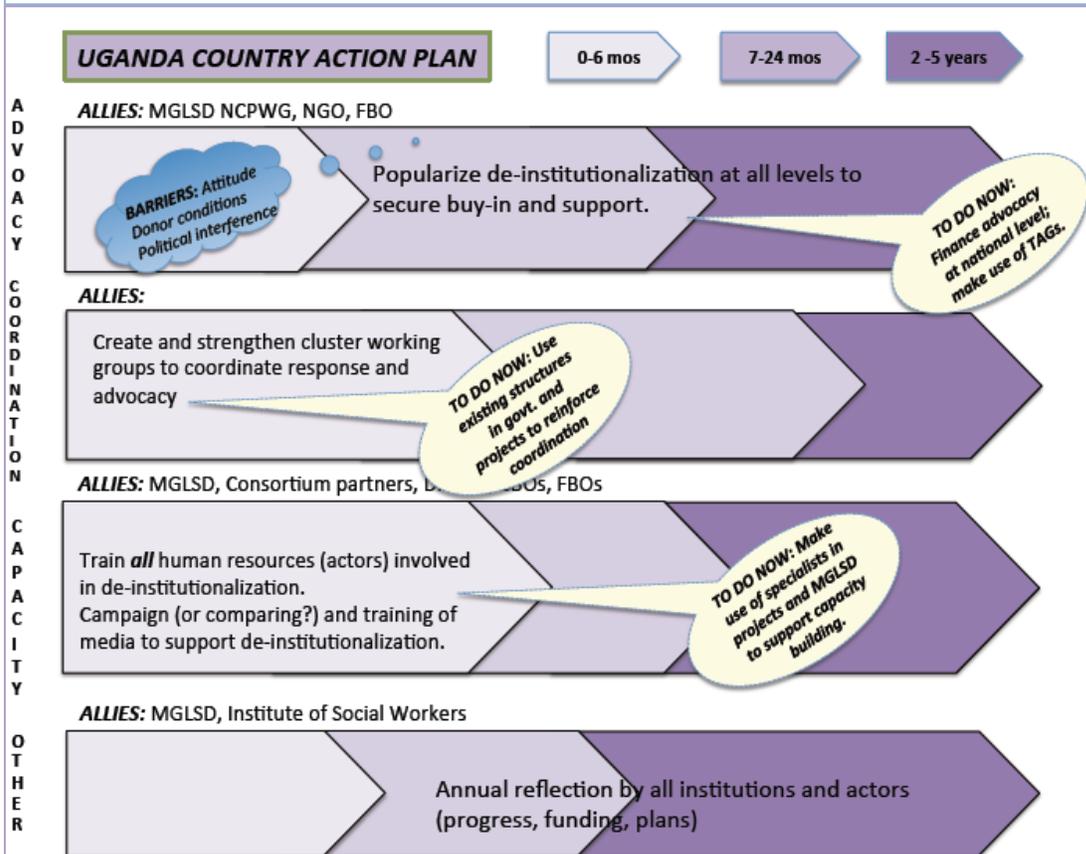
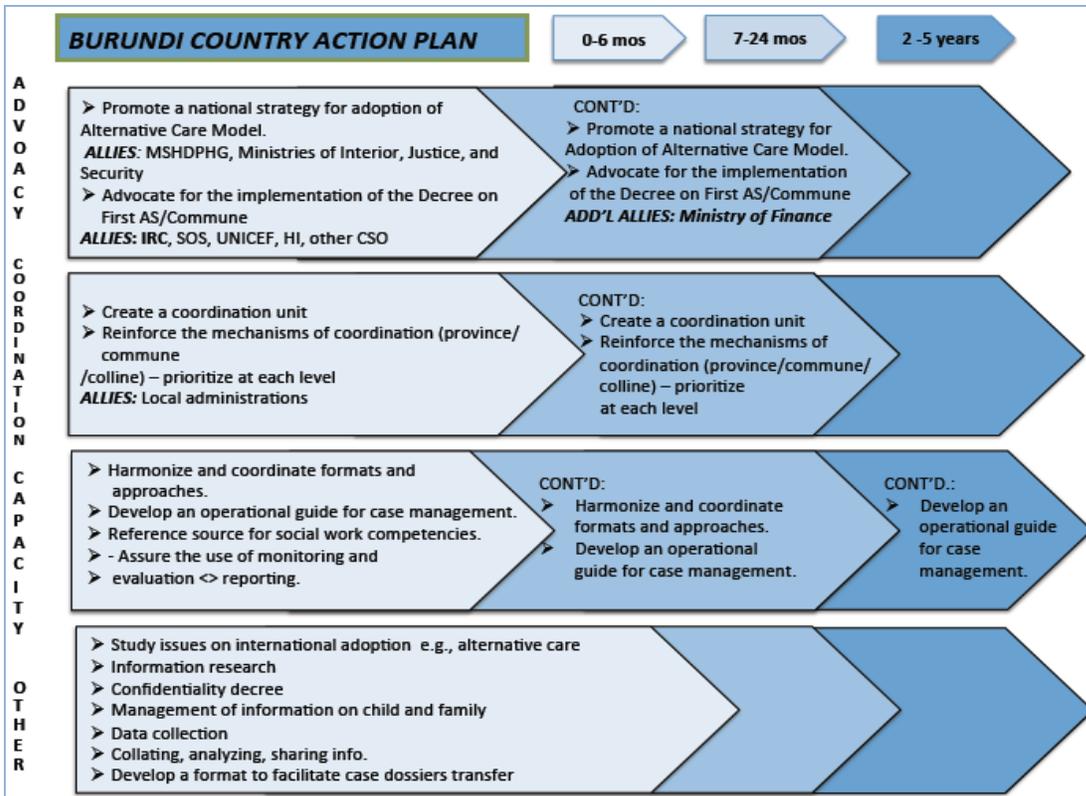
**ALLIES:** Members of the CPWG



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## **LESSONS LEARNED**

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***There is a good reservoir of expertise and technical knowledge*** in the tri-country region. Some of the presentations assumed very little prior knowledge or experience on the part of participants, which made for long and in some case unnecessarily detailed sessions.

***The consistently high level of engagement*** attested to the desire to share and learn. This testifies to the relevance of the workshop themes and topics.

***Too many topics of interest can result in superficial development*** of the themes. It is preferable to achieve a compromise between what participants would like to study and what is feasible given time and group size constraints.

***The value of a site visit cannot be underestimated***, and future events should include this activity, albeit with adjustments to the distance required to get there, and the type of activity once on site.

***Social media will capitalize on the spirit of community***. Most of the participants are willing and able to master the Facebook tools as a means to stay engaged.

***The process of developing country action plans*** is a critical bridge to linking the workshop learning products with the reality in the home country.

## **WORKSHOP ASSESSMENT: Most valuable/applicable sessions**

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This section identifies the priority takeaway points for the participants, which should provide guidance for future workshops and for next steps. Follow-on sections go into more detail on daily work and output.

***The field trip to Rubavu*** was cited as the most valuable and applicable activity for the participants. It included a visit to what had been the largest institutional child care facility in the country, with over 500 children and young adults, which has been closed through the prevention and reintegration work of the two projects. It also included discussions with the social workers and psychologists who have carried out this work, a presentation by the Vice Mayor in Charge of Social Affairs, and visits to four community sites for discussions with practitioners and families. The field visit helped ground the workshop regarding key areas of work and challenges. In the results section, there are tables which summarize problems and recommendations based on the experience in Rubavu.

***The exercises in small group sessions*** were identified by participants as the next most valuable activity. Particularly engaging sessions included: (1) The tools and process of documenting individual children in residential care, (2) work with children with disabilities, (3) how to engage faith-based organizations for deinstitutionalization, and (4) methods to identify households with children at highest risk.

***The group sessions to develop country action plans*** were also considered useful and essential as the foundation for next steps.

**Areas for improvement** had largely to do with time management. Participants also complained of presentations that were too long. Some participants felt that there were too many topics on the agenda, which led to superficial treatment of the subject matter. Some mentioned that they would have liked to attend all of the parallel sessions, which is a testimony to the valuable range of topics.

**The overall rating** on the quality of sessions, satisfaction, and self-perception of participation is 74%, with a median daily appreciation of 76%. Ratings improved progressively as the workshop unfolded. Day 1 had the lowest ratings, but by Day 4 the satisfaction rate had nearly doubled (from 57% to 85% = 49% increase). The Rubavu field visit had the most consistently positive ratings.

Participants cited some key factors that contributed to the success of the workshop. These included the field visit to Rubavu (after the initial presentations), the consistently high level of technical presentations and knowledge sharing, and the excellent facilitation.

Notwithstanding, nearly a quarter of the respondents (inconsistent response rate) on each day were only moderately satisfied. Comments provide a clue to this. Time management was cited more than any other factor as a problem during the events. Participants repeatedly mentioned they would have liked more time for unstructured discussion among the groups. The next most commonly cited factor was presentations being too long. A detailed list of all evaluation comments is in the annexes.

## ***RECOMMENDATIONS***

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1. Fewer topics on the agenda would allow for more discussion and in-depth treatment of the issues.
2. Smoother management of the bi-lingual context will save time and enhance learning.
3. The proximity of a locale for a site visit should be carefully considered, as distant sites are costly to organize, and travel time detracts from the learning opportunities.
4. Stricter adherence by facilitators and presenters to the guidelines for PowerPoint presentations would save time and produce more streamlined presentations.
5. Note-takers should use laptops for recording information to facilitate the report-out process.
6. Country Action Plans should be set up at the beginning of the workshop so that participants continually assess the information, inputs, and opportunities as they apply to the country context.

## ***NEXT STEPS***

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1. Finalize and implement country action plans.
2. Encourage all participants to join the Facebook page.
3. Devise a means to maintain the Facebook page.

## ***THE COMMITMENT TO ACTION: Participants list their intentions***

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On the final afternoon of the workshop, participants for the first time broke into groups by country. They identified action to take in the short, medium and long-term in the countries where they are working. The proposed actions suggest that many of the technical sessions made a significant impression on the participants, and resonate with their country context. Some action steps are very concrete, and they represent opportunities to maintain the momentum initiated during the workshop.

***Establish and maintain a community of practice*** was the principal commitment for many participants. For quite a few participants this was the first exposure to colleagues with so much professional and technical experience related to care reform. Several participants cited the Facebook page as a means for maintaining and fostering contacts and exchange of experience.

***Learn more about how to address the problem of institutionalized children with disabilities*** was a priority for numerous participants. The technical session on this topic appears to have provided new perspectives for many.

***Learn more about methods to research family of origin*** was the intention of numerous participants. This corresponds with some of the challenges that surfaced during discussions of problems at the country level.

***Engage with faith-based organizations (FBO) to engage with them on alternative care models*** was also a proposed action step. The idea of engaging FBOs as advocates rather than adversaries was a paradigm shift.

***Developing country action plans which include advocacy for policy reform*** was seen by most participants as outlining important follow up activities for.

***Capacity building, training plans, and application of best practices*** for country teams were also identified among the next steps.

The participants as a whole developed a list of Next Steps, many of which are incorporated into the individual country action plans.

## Appendix - Session Facilitators

Workshop Sessions	Facilitators	Co-facilitators
1. The role of the social workforce in conducting case management and leading deinstitutionalization in an integrated child protection system.	- Charles Kalinganire, University of Rwanda (UR), Rwanda	Lucia Soleti, UNICEF Burundi
2. Methods to identify households with children at highest risk of a child separating to go into residential care or onto the street.	Mark Riley, Child Fund Uganda	- Charles Kalinganire, UR, Rwanda
3. Preventing institutionalization and reintegrating children with disabilities.	David Ligneau, Handicap International	Alexis RUKEZAMIHETO, Handicap International
4. How to engage faith based communities in the transformation of current residential care institutions into community child rights service providers.	Mark Riley, ChildFund Uganda	Josephine Tusingwire, Retrak Uganda
5. How to match household economic strengthening measures with households' needs and capacities in order to prevent unnecessary separation and to support effective reintegration.	Nadia Elise Giteka, IRC Burundi	Francis Alira ChildFund Uganda
6. Methods for monitoring the safety and well-being of children placed in family care (family of origin or another family).	Ramatou Tourre, UNICEF Rwanda	Josephine Tusingwire, Retrak Uganda
7. The tools and process of documenting individual children in residential care.	Innocent Habimfura, HHC, Rwanda	Tharcisse, IRC Burundi
8. Assessment and meditation prior to placement of a child in a family.	Innocent Habimfura, HHC, Rwanda	Josephine Tusingwire, Retrak Uganda
9. Methods for tracing families of origin or extended family members.	Vincent Sezibera, UR, Rwanda	Charles Kalinganire, UR, Rwanda
10. The importance of community-based services in sustaining placements and promoting child rights.	Lucia Soleti, Unicef Burundi	Ramatou Torre, UNICEF Rwanda