

Hope and Homes for Children

Project SIerra Report - January to March 2008

1) Overview

Project Summary: Through *Project SIerra: A Family And A Future*, Soroptimist International (SI) will support vulnerable children in Sierra Leone, West Africa.

Project SIerra will enable vulnerable families to become self sufficient, and children to grow up in a safe family environment. It will improve the life chances of young women, and improve their ability to care for their own children and other children in their care, helping to prevent child abandonment. SI's international partner, Hope and Homes for Children, has worked in Sierra Leone since 1996, and in other countries of Africa and in Central and Eastern Europe.

Project SIerra is made up of three programme elements: Integrated Child and Family Support, Children Living Alone and Young Mothers. Together these give a full package of support for the most vulnerable children, mothers and carers in one of the world's poorest countries.

While the focus of the project is on Sierra Leone, its overall impact will be much greater as it will provide a best practice model that can be replicated in other countries with similar problems.

Project SIerra: A Family And A Future will:

- Improve the health and life chances of thousands of women and children living in extreme poverty
- Promote stability and self-reliance in post-conflict society by integrating the most vulnerable children and young women into a stable family and community life
- Provide education, training and small business support to enable families to become self-sufficient and face their futures with confidence
- Build the capacity of local childcare professionals and create models of excellence

SI Programme Focus

The Quadrennial Project directly contributes to SI's recent and current Programme Focus Goals in all programme areas, and to SI's contribution towards the Millennium Development Goals.

2) Programme Reports

Programme Overview: Integrated Child and Family Support (ICFS)

Locations: Bo, Mattru, Makeni, Kamakwie, Tambakha - 200 families, approximately 1,000 beneficiaries. (Bo and Mattru: 80 families. Makeni, Tambakha and Kamakwie: 120 families.)

This project targets the most vulnerable children and their families within individual communities. The aim is to strengthen families that are at risk of breakdown due to extreme poverty, illness or death of a parent. Beneficiaries are identified by working with local community leaders and organisations. The support for each family is individually tailored to that family's needs. The overall aim of this project is to work with an individual family to enable them to become self-sufficient. As one family leaves the programme a new family will join.

Update: Integrated Child and Family Support

This reporting period coincided with the second term of the academic year which started on 8 January for both primary and secondary schools. When the schools reopened our Social Workers visited the schools and families to ensure that all children and young people were able to attend. We discovered that several children were unable to return to school due to issues within their family such as illness, lack of money for transportation and food shortages. We have worked with each individual family to help them overcome these challenges. For example, we have provided bicycles to enable some children to cycle to school and for those whose schools are further away we have given additional money for bus fare. During this term many of the schools engaged in extra-curricula activities including sport and quizzes. Our team in Mattru has reported that several of the children on the project received special commendations for both these activities.

Work has continued in the area of community and family reintegration. In some areas counselling sessions, meetings and workshops have been held to discuss issues such as child abuse, domestic violence and inappropriate behaviour. Additionally, individual counselling sessions and mediation have been held for individual families and between neighbours to reconcile disputes.

Across all projects we have been working with families to improve their living conditions. Many houses have been repaired in preparation for the rainy season. This has included the provision of new doors and windows and the rebuilding of roofs and walls. Communities have been actively supporting our beneficiaries by helping to source materials such as sticks and mud bricks and providing labour. We have also given many families bales of second hand clothing, plastic sandals and dry food rations. In Mattru, five families have been provided with land to enable them to start their own gardens.

In Makeni and Mattru, work has focussed on assessing the progress of families who have received small business grants. Many of the families are doing well. For example, the Amara Family has established a small retail business and are now able to earn enough money to provide their own food. This achievement has also helped raise their status in their village and they now feel part of the community. The Katta Family has established a catering business, which has gone from strength to strength, and they are now considering extending it to cater for the workers at the Rural Community Bank. Additional support is being given to the families who have just started their businesses and to those whose businesses have been affected by rising costs of food.

At our Farm Resource Centre in Mattru, the pigs have contracted a rare disease that has caused dramatic weight loss. The situation was reported to the Animal Science Department of the Ministry of Agriculture and Food Security. A team from the Department visited the Centre and administered treatment to the animals. We are still waiting to see if it has been successful. In Makeni, preparation is underway to plant groundnut crops and over 2000 oil palm and cassava seedlings are being cultivated. Unfortunately most of the pineapple plantation was destroyed by wildfire. We are pleased to report that the piggery is doing well and many of the sows are pregnant. In Kamakwei, a nursery has been established which will provide 2000 palm oil seedlings for families and these will be distributed in August.

We have medical staff at each of the project areas and during this period they treated beneficiaries for common illnesses such as malaria, influenza as well as chicken pox outbreaks in Mattru and Makeni. More serious illnesses and injuries included snakebite, fractured limbs and dehydration. Additionally, one of the young people on the programme in Kamakwie underwent a major operation to correct a deformity on his nose.

During this period workshops were held across the projects in the following areas:

- Strategies for improving small business
- Parental responsibilities
- Child Rights
- Bridging the gap between home and school for vulnerable children

Case study: Integrated Child and Family Support

The Kallon* family live in a village roughly 8km from the town of Kamakwie. Thirty-two year old Sia is head of the family and cares for her five children alone, as her husband died in 2004. Sia is estranged from her family and her husband's family, as they did not approve of their marriage so Sia was left to raise her children with no support.

Poor clothing meant that the family could not attend community events. This alienated them from their neighbours. When Sia developed elephantiasis, her extended family attributed it to witchcraft, which further isolated the family from their community. Sia could not afford medication and her condition became so debilitating that she could not work or care for her children.

Within a year of the death of their father, all of the children had dropped out of school because there was no money to pay the fees. The children often worked for neighbours, just so they could get something to eat but this exposed them to exploitation and abuse.

The chief of the village recommended the family for support to HANCI-SL in February 2007. Social workers visited the family to assess their needs and together, they developed an individual care plan. The family identified that one of their most pressing needs was for clothes, so that they could be part of the community again. Getting the children back into school was also a priority and within a matter of weeks, our social workers had secured their return.

One of the children, 10 year old Bankello, needed medical attention for a serious problem with his nose. We facilitated Bankello being referred to a hospital where he underwent successful corrective surgery. Earlier this year, the youngest child contracted measles but Sia was able to take him to the hospital and he made a swift recovery. Before, the family would not have been able to afford any medical care at all as the cost alone of getting to the hospital would have been prohibitive. Bankello was delighted to have the operation and he commented that "it was very painful but I am looking forward to being handsome again."

Sia was also able to get support for her medical condition and was able to undertake work. With a small business grant from us, she has now set up a stall and is able to sell items like soap, kerosene, sugar, magi, palm oil and other basic cooking condiments.

As well as working with the family, we have also worked with the village chief to help the family integrate back into their community. The community is now more accepting and have a better understanding of the challenges the family face. In situations such as this, we often find that the community wants to become involved in supporting their vulnerable families.

The Kallon family's life is already dramatically different to before they joined the programme and they are already on the path to becoming self-sufficient.

*Names have been changed to protect identities

Programme Overview: Children Living Alone

Location: Freetown - the project will work with up to 50 children at any one time.

The project targets the most vulnerable children who are living on the streets of Freetown. Support focuses on children between the ages of six and 12, with the aim of reunifying them with their family, extended family or wider community.

The project will help these children return home. However, reintegration into family and community life can be difficult and requires ongoing guidance and support. When they join the project the children are counselled, given access to healthcare and provided with nutritious meals. Emergency placements are available when deemed necessary. Meanwhile, the project will work with the family and community to mediate the child's safe return and assess whether the family requires extra support. Once the reunification has taken place, social workers monitor each child's progress and care.

Update: Children Living Alone

During the reporting period, social workers continued to work closely with the children enrolled on the programme. Our Social Workers helped the children overcome problems relating to peer group pressure and poor relationships with their families.

Despite the rise in food costs, we have continued to provide a meal every working day for the children. We have provided food as part of the programme since 2007 and it has helped the children attend the centre for longer because they do not need to leave early to go and find food. This is one of the biggest achievements that the team have reported as children now stay in the safe environment of the centre for longer than ever before. Additionally, some of the children can now make a little money from the sale of the items they make.

Children enrolled on the programme are either attending formal schools or undertaking vocational training. Before the Easter break, all of the trainees were assessed and 60% passed. During the holidays, the training instructors provided additional classes for trainees who had fallen behind or would benefit from extra tuition. It was reported that the older students often help the newer ones. The children undertake training in tailoring, carpentry and welding.

During this time, the boys reported to our health clinic 85 times for common illnesses such as malaria, diarrhoea, vomiting, scabies, typhoid, colds and fevers. The nurse was able to successfully treat them all and there was no need to refer any of the children to hospital.

On the 14th February the team took part in a radio programme on the commercial radio station, Citizen FM. Six panellists, two of whom were HANCI-SL staff and two young adults who had graduated from our vocational training, participated in a debate about the effects of young children living on the streets. There was a forty-five minute discussion followed by a fifteen minute phone in. The discussions were mainly focussed on the development and growth of children living alone and the abuse of children living alone and how communities can become involved to reduce this.

Programme Overview: Young Mothers

Locations: Bo, Makeni and Freetown – working with 150 young mothers approximately 300 beneficiaries at any one time.

This project targets vulnerable single young mothers who are living alone. The scheme aims to reintegrate these young mothers with their families or to empower them to be independent, active members of their community.

Update: Young Mothers

The Young Mothers programme has continued to see good results during the reporting period and ten new young mothers joined the programme in Makeni.

The young mothers on the programme have either returned to formal education or are undertaking vocational training in hairdressing, tailoring, catering and gara tie-dyeing. Some of the young mothers have missed out on years of education so they attend our literacy classes to help them learn basic arithmetic and English. These are fundamental skills if the young mothers want to set up their own small businesses in the future.

From Monday to Friday, half hour classes are held to teach the girls about basic hygiene for themselves and their babies, how to care for their babies and family planning. These classes are led by a nurse and the girls have fed back that the sessions have been especially helpful as many of them had no prior knowledge of family planning. Childcare practices and personal hygiene of the mothers is reported to have improved greatly.

The small number of Young Mothers who have dropped out the programme has been reduced. This can be attributed to there being better emphasis on individual counselling sessions. In Freetown, for example, eight young mothers have individual counselling whilst all 30 of the young mothers take part in group counselling. In the case of one young mother who was frequently truanting from her hairdressing course, the team were able to ascertain that she had a difficult relationship with her mother and as a result she often stayed away from home overnight. Social workers were then able to act as mediators and to help stabilise and strengthen their relationship. It has also been observed that there has been a marked improvement in the rate of learning of some of the young mothers because of the consistent counselling and support they now receive.

We have continued to make follow up visits to the girls and their families at home. These meetings are used to discuss any problems the girls may have, how they are progressing on the programme and any child protection issues. Despite the hardships faced by some of the families, on the whole they are supportive of their children and want them to keep up their training.

Aside from the young mothers, the programme also benefits the local community. The young mothers whose families we have traced are involved in counselling sessions and through radio programmes and workshops, the community as a whole has a better understanding of the challenges faced by young mothers. Furthermore, this community acceptance has helped to increase the young mothers' self esteem.

Case Study: Young Mothers

Roseline* recently graduated from the Young Mother Support programme. Aged 18 years old, Roseline had been on the programme for two years and with support and training she has now become fully independent.

Prior to joining the programme, Roseline and her grandmother lived in dire poverty. They slept in an abandoned house and Roseline had to beg on the streets so that she could support her grandmother. It was during this time that Roseline became pregnant.

When she registered to join the programme, Roseline indicated that she would like to undertake vocational training and become a hairdresser. Alongside the healthcare and parenting classes, Roseline learnt her chosen trade. Roseline now has a regular job in a salon in Makeni and she is reported to be one of the most popular members of staff. Additionally, Roseline works from home in the evenings.

Roseline said, "I have now established a big customer base for myself. At the end of the first month when I received my pay, it was hard for me to believe that I now have such an amount. I have since rented a room for myself, my grandmother and daughter. Above all, my trade has made me more friends in recent days than any other time in my life.'

Roseline is now a well respected member of her community and she is able to care for herself, her child and grandmother.

*Name changed to protect identities

Hope and Homes for Children

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