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POLICIES AND PROGRAMMES SUPPORTING INTERGENERATIONAL RELATIONS

IN AFRICA

EXAMPLES OF GOOD PRACTICES AND INNOVATIVE APPROACHES.

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Parenting Uganda

1.0 INTRODUCTION

Grandparents in Africa contribute time, attention and care to their families either in their adult children homes or in families they head as a result of unavoidable circumstances like HIV/AIDS and War. Grandparents gladly provide advice and counsel critical to cultural and family values that serve as legacy from generation to generation.

In the African perspective, grandparents especially grandmothers are always looked at as good caregivers to children. Their role became more evident in the era of HIV/AIDS. In Uganda and in other sub Saharan countries, where life expectancy is reportedly to be at 45 years, a grandparent of 60 years is very old. Combined with the sad circumstances of having to lose sons, daughters, in-laws and often grand children, brothers and sisters, coupled with poor health conditions, inaccessible health services, lack of income, shortage of basic facilities including food, the grandparents are in a state that is inadequate to offer quality and to meaningfully contribute to the wellbeing of their families.

According to the Uganda Population and Housing Census, the elderly (60+) make up about 6.5% of the population. Of these, 85% who live in rural areas live in absolute poverty according to The Aged Family Uganda (TAFU). Among other challenges the elderly face include; poor access to services and utilities, limited income support, exclusion from development programmes, lack of political representation, Isolation. As a result, this age group has resorted to selling their property, begging, forcing their teenage daughters to marry among others. Despite formal representation provided for in local government, a national Department of Elderly and Disability under the Ministry of Gender, Labour and Social Development, these initiatives have had little impact on improving the daily lives of older persons in Uganda

2.0 Government initiatives – Case of Uganda

The ministry of gender, department of the elderly focuses on the priority areas that seek to improve on the quality of life for the Elderly. These areas are:

- Economic Empowerment of older persons;
- Strengthening the Formal and informal community support institutions;

- Enhancing Access to Social Services such as health, water and sanitation, food and nutrition, shelter, recreation, leisure and sports, education and training;
- Psycho-Social Support
- Care and support of older persons with disabilities;
- Research and information dissemination.

2.1 FORMATION OF ASSOCIATIONS OF OLDER PERSONS

The Associations have been established from village level to district level. They were formed due to the following reasons:

- to mobilize older persons to participate in development activities;
- to promote interaction and intergenerational linkages;
- to enable Government extend special services to them among other vulnerable groups;
- to use Executive Committees of the associations as electoral colleges for electing their representatives to Local Councils;
- to facilitate older persons to form savings and credit Cooperative Organizations (SACCOS) to access Government loans known as *“Prosperity for all”*

2.2 ASSESSMENT OF HEALTH NEEDS OF OLDER PERSONS

The Government of Uganda with support from World Health Organization conducted a study to assess the health needs of older persons. The main findings were as follows:

- The rate of morbidity was high since the majority (91%) had experienced illness episodes a week prior to the study. They mainly suffered from different diseases although the commonest were painful legs (23%) and backache (20.4%);
- The problem of impairment was high among older persons and physical disability ranked highest (56%);
- Accessibility to available health services was difficult and this was mainly due to high poverty among older persons;
- The available health services were far away and lacked relevant drugs and specialized personnel to manage diseases that attack older persons;
- Other health related problems included inadequate food, lack of firewood and poor sanitation. The facilities for human excreta disposal were not suitable. Older persons had squatting difficulties;

- The majority (78%) of older persons had lost relatives due to HIV/AIDS. They reported a burden of looking after orphans.

2.3 CASH TRANSFER PILOT SCHEME

The Ministry of Gender, Labour and Social Development with funding support from DFID and Help Age International has piloted a cash transfer scheme targeting chronically poor households including those headed by older persons. For a long time, it has been recognized that lack of cash among people in chronic poverty makes it difficult for them to benefit from mainstream development programmes. The scheme will be piloted in 6 districts. The lessons learnt from the districts will be used to expand the project to more districts in a planned, controlled and systematic manner.

2.4 WAYFORWARD

The government has committed to do the following in support of rights of the old persons;

- Strengthening sensitization of local governments and stakeholders to integrate programmes of older persons in sub-county and district plans;
- Build capacity of stakeholders at all levels to enhance delivery and utilization of services for older persons;
- Promotion of research and dissemination of best practices and experiences on older persons to support interventions;
- Strengthen collaboration and networking for collective utilization of resources for provision of quality services for older persons;
- Establish a coordinating body between Government departments, other service providers and older persons. It will act as a body at national level through which the concerns, problems and needs of older persons will be communicated to its agencies for action.

3.0 What Civil society organizations are doing in Uganda

The Grandparents Projects

Bernard Van leer Foundation (BVLf) has supported projects in Uganda for grandparents heading and caring for children orphaned by HIV/AIDS, below the age of 8 years. The role of BVLf partners was to mobilize communities with support from community leaders to identify homes headed by vulnerable grandparents. Data about these families would then be used to implement projects. These families would then be formed into Grandparents Action Support groups which would meet regularly for psychosocial support and learning.

Since 2003 to 2011, projects focused on the following areas;

- Improving the household economic capacity
- Food security
- Housing support
- Health and psychosocial support
- Strengthening and supporting childcare facilities
- Advocate for increase in school enrollment and attendance
- Strengthen young people skills
- Promote educational training interventions for grandparents
- Resettlement and kinship support

3.1 Example of the Family preservation model

The Family preservation (FAP) Model

The FAP model provides a holistic, integrated, family centered approach to childcare as opposed to the institutionalized mode of care for children. It is believed that the family is the best place where children can develop, learn and socialize with their caregivers, despite any circumstance they may be found in. Organizations work with grandparents' families through four stages that guide programme implementation namely; **Rescue, Stability, Permanency and Exit.**

At the rescue stage, the children and their grandparents are in a vulnerable state; either the children are sick, caregivers old and frail, not in school, with acute lack of food or malnourished, the shelter is in a very dangerous state, they lack adequate clothing, beddings and other households' utensils. In most cases, the children and sometimes the grandparents are highly traumatized and are in critical need of care and support. In other words, the family would be lacking almost all the basic necessities.

It is at this stage that the first contact with the family is made and it marks the beginning of the interactions.

The caregivers are; Trained in childcare, family provided with basic household items such as clothing, plates and saucepans, beddings, water containers, mosquito nets, etc... depending on the need. The children are supported to go to school either by providing them with school fees or scholastic materials or both. Those below 8 are enrolled in community home based Early Childhood Development centers to enhance their physical, mental and psychological development. The family graduates to the second stage “the Stability stage” after one year of interaction.

At the **Stability stage**, the family moves from the very dangerous situation to a more stable condition. Families in this stage have relative healthy children, the children and the caregivers are regaining hope in life and in themselves, begin to be joyful. Children start attending youth clubs for skills training/technical support for example trainings and IG support. The purpose of the IG support is to empower the caregiver financially so that they are able to save at least 10,000 Uganda shillings per week to enable them provide household basic needs. The family is helped to attain food security through the provision of farming implements, trainings, and linking them to agricultural extension workers for more technical support. The home is tasked to maintain good sanitation and hygiene, which includes a clean latrine, a bath shelter, a drying rack, rubbish pit, a food store, an animal pen and a clean compound. The family should also belong to an Action Support Group (ASG) for peer support and participates in community activities.

From stability, the family then attains **Permanency or “atenge” which** comes from a Luganda word “okwetengerera” which means to stand on your own). Here, Caregivers are provided with housing support, which includes roofing materials, shutters, and in some extreme cases, the whole house is constructed. The family is now a model home, having attained all the indicators within the eight building blocks (Education, Housing and sanitation, Health and hygiene, Food security, psychosocial support, Income generating Activities, participation, spiritual and mentorship).

Families in this stage are recommended to join the community saving schemes where they start receiving loans to scale up their IGA's. This is when the family graduates to the Exit stage.

At **the exit stage**, the family is self-supporting and can mentor other families. Families are helped with EXIT packages meant to further strengthen the capacity of them to generate more income so that they are able to take care of the household's needs including school fees and medical care for the children. The contents of the package depend on the household's need, but may include completing the house structure and additional grant for the IGA. The household then becomes a mentor and can support other households and is a role model. Children and their caregivers are expected to be joyful, welcoming, confident, and spiritually active and appreciative of the support.

The FAP model focuses on the child supported by the family and the family supported by the whole community. Therefore the model empowers the child, the family and the wider community.

3.2 Monitoring and Evaluation

This FAP model uses 7 program indicators to monitor and evaluate the progress of the households. Each family status is determined through weekly home visits and quarterly assessments. The indicators help staff and zone leaders measure progress of each HH as they go through the 3 stages.

Each stage lasts one year so that families can be independent in 3 years. A separate page is attached as appendix

3.3 Sample Activities

Home visits are especially important because social workers and community counselors talk to grandparents, carry out a needs assessment, and make a family case plan which describes the problems faced by the family, the strengths of the family, objectives and goals, and planned activities. With this case plan, members of the family understand what they need to do within a specified time period, and the social worker also uses it to plan interventions.

Trainings to equip the grandparents with the skills and knowledge to care for their grandchildren is also carried out by the social workers and other Trained village teams. Regular training includes income generating activities, malaria control, Nutrition and good feeding, child protection issues, hygiene and sanitation.

Awareness campaigns to promote broad community awareness, to increase community support for grandparents. This involves making the needs of elderly caregivers visible, and encouraging active support of grandparents by family,

friends, service providers, educators and political leaders. This is done through community training and sensitization, with workshops and consultative meetings.

Social support mechanisms

Grandparents are organized in Action Support Groups (ASGs). Each group usually has between five and 10 members. The groups meet once a week to discuss their problems and share solutions, and to support one another. The leadership in the groups rotates so that each member has the chance to act as leader, which increases confidence among group members. Further training is carried out within the ASGs.

Food security

Grandparents are trained to ensure food security, given farming tools and skills. They are also offered training in adult literacy so that they can read and count their money, as well as support the children in their school homework assignments.

Economic support

They are given non refundable grants (USD 100) to individuals and groups to help them start income-generating activities. Grandparents usually set up small businesses such as crafts, vegetable and food sales, or build houses for hiring out.

Legal support

They are encouraged and assisted to seek legal advice, for example over land ownership and inheritance rights. They are taught how to make Wills and identification of next of kin. They are also helped to relocate to their ancestral homes if they wish to do so.

These are a few of the examples of the activities that are done with grandparents heading households.

3.4 Challenges

- Disability brought by age (blindness, deafness, memory loss)
- Insufficient land for growing food or raising animals
- Succession planning, identifying next of kin or caregivers – those available are equally burdened.
- Education of children after ECD phase. Transition problems and the care needed by the sick children. Can our UPE schools provide it?
- Gap between civil society and government interventions
- How long will the Stable families remain stable over a period of years.

3.5 Lessons learnt

- Groups of grandparents become cycles of support
- Organized groups can easily attract more support from other bodies
- Home based ECD centers have been started and run by grandparents
- Caregivers running their Action support groups without much supervision
- The mentorship slogan where ASG strong members help the weak, the friendship created among members is so tremendous.
- Communities have developed organized structures that are trained and willing people to help one another

3.6 Way Forward

- The government, NGOs and CBOs should partner in developing policy and program interventions for such families
- More programs targeting grandparents in the country have to be initiated since they have been found to be the majority caregivers to orphaned children
- Not a lot of Research has been done in this area especially the role of grandparents in war stricken areas.

SUMMARY OF FAMILY PRESERVATION MONITORING INDICATORS

No	Indicator	Indicators
1	Housing	<ul style="list-style-type: none">• Have a latrine
		<ul style="list-style-type: none">• Permanent houses with strong roof, well maintained floor
		<ul style="list-style-type: none">• Bath shelters
		<ul style="list-style-type: none">• Animal pens
		<ul style="list-style-type: none">• Rubbish pits
		<ul style="list-style-type: none">• Utensil racks
		<ul style="list-style-type: none">• Kitchen
		<ul style="list-style-type: none">• Household items e.g. cups, plates, sauce pans
		<ul style="list-style-type: none">• Houses with proper ventilation
2	Food security	<ul style="list-style-type: none">• At least 2 meals a day
		<ul style="list-style-type: none">• Have a balanced diet
		<ul style="list-style-type: none">• Granaries/food stores
		<ul style="list-style-type: none">• Gardens
3	Education	<ul style="list-style-type: none">• All children below 8 years receiving early stimulation, cognitive development and nutrition at the care centers.
		<ul style="list-style-type: none">• All school going age children in school and in ECD centers
		<ul style="list-style-type: none">• Play space, play materials at home and in the ECD centers,
4	Health	<ul style="list-style-type: none">• Clean environment or compound
		<ul style="list-style-type: none">• Observe proper hygiene e.g. boil drinking water, clean water source
		<ul style="list-style-type: none">• Households with no major illnesses and all children immunized
		<ul style="list-style-type: none">• Households with no cases of malnutrition
		<ul style="list-style-type: none">• Number of death reduced
		<ul style="list-style-type: none">• Growth monitoring for all children below 8 years
5	Income	<ul style="list-style-type: none">• Income Generating Activities for all households or are employed and earn an income

		<ul style="list-style-type: none"> • Clients earning at least 10,000/= per week • Clients able to meet medical bills and educate the children • ASGs income projects making profits and savings
6	Participation	<ul style="list-style-type: none"> • Attend all planned community activities, meetings and trainings • All children above 5 years joining Children brigades
		<ul style="list-style-type: none"> • Participation in social group activities and community meetings
7	Psycho social	<ul style="list-style-type: none"> • Responsive clients and children e.g. smile, laugh, greet people • Clients who are spiritually upright, meet the spiritual and emotional needs of family members • Formation of support circles for counseling and mentorship
		<ul style="list-style-type: none"> • Group counseling for ASGs, Children, memory books and will making
8	Mentorship	<ul style="list-style-type: none"> • All households which have reached permanency should act as neighbors watch dogs • Act as mentors to the old and new households