

Help & Shelter/EU Child Protection Project

(Contract No. 2010/251-711)

Final Narrative Report

May 2012



FINAL NARRATIVE REPORT

1. Description

- 1.1. Name of beneficiary of grant contract: Help & Shelter
- 1.2. Name and title of contact person: Josephine Whitehead, Director/Secretary
- 1.3. Name of partners in the Action: None
- 1.4. Title of the Action: Promoting the rights of the child through education and the provision of services
- 1.5. Contract number: 2010/251-711
- 1.6. Start date and end date of the Action: 19th October 2010 – 31st March 2012
- 1.7. Target country or Region: Guyana - Hague and Zeelugt in Region 3 & Sophia and Good Hope in Region 4
- 1.8. Final beneficiaries and target groups: 420 children; 400 parents, childcare and service providers; 45 healthcare providers. Children exposed to abuse or trauma within the target communities.
- 1.9. Country in which the activities took place: Guyana

2. Assessment of implementation of action activities

2.1. Executive Summary

This report presents an overall summary of the Child Protection Project implementation and achievements in the communities of Hague, Sophia, Zeelugt and Good Hope. The project implementation period was initially 15 months but was extended to 17 months 13 days by agreement with the EU.

The general objective of the project was to promote the rights of children through strategic measures and engagements that would improve their lives and offer specific support mechanisms to families and the institutions that offer services and care for the children. The direct approach of the project was crafted to bring about community-based awareness of child rights and non-violent parenting, training for health care professionals and caregivers using standardised protocols that mandate an active response to child abuse, empowerment of children and families with counselling support and to encourage coalitions of persons, groups and agencies to combine their resources to fortify children against abuse and other vulnerable situations in the target communities.

The implementation of the project has resulted in many notable achievements due to parents' responsiveness, children's participation, support services rendered by the project, training of caregivers and service providers and the community-based group activities that guarantee sustained initiatives after the end of the project. The project expanded the scope of its proposed activities by yielding to three initiatives that were predominantly community-driven, namely conducting youth interactive

sessions, men's sessions and training for teachers in the target communities. These activities were separate from the training for healthcare professionals and service providers. These initiatives helped to promote direct contact with youths, especially those in early teenage years, and the teachers training workshops also included Sunday school teachers and those from other faith-based groups who coordinate youth activities for their organizations.

Men were reached in an environment of confidence and sharing on pervasive issues that affect them (and who, from all appearances play a major role in families regardless of culture or custom).

Prudent financial management and the support of the project's co-funders facilitated the smooth roll-out of the project activities in a relatively timely manner. The extension of the project did not require additional funding.

Community-based activities and programmes were rescheduled at various junctures whenever there was anticipation of reduced community participation due to social or cultural engagements in the individual communities. Project activities were also reduced during the pre- and post national elections periods and the Christmas season.

The project was able to complete other deliverables such as child abuse posters, parenting handbooks, training handouts, manuals, draft inter-agency procedures and fliers.

A report was produced after samples of persons within the 4 communities were surveyed to capture their awareness and opinions of the relevance and impact of project objectives. Findings and lessons learned were shared with stakeholders, the communities, the media and other agencies that work with children at a round table session in March 2012. Media coverage of the session was substantial and the stakeholders of the target communities have all stated their satisfaction with how the project was rolled out and that they are prepared to take the helm of some of the project activities which they have the resources to continue.

The most significant challenge the project encountered was the cultural, religious and traditional attitudes towards child socialization and the subjective relationships that exist between parent/child, which posed a risk of rejection of the information being shared in the parenting programmes, especially with regard to the rights of children and non-violent discipline. Entrenched customs and practices also represented a risk to the impact of the parenting work. In response to these risks, persons who had acknowledged the benefits of the programmes have signaled their intention to work with small groups and others within the communities who need to be reached but seem to be currently unresponsive or sceptical of non-violent parenting and alternative parenting methods to preserve child safety.

In this regard, the project provided the resource materials used during project implementation to further strengthen the capacity of those persons who live or work in the target communities and who have bought into the project objectives and will endeavour to sustain work that seeks to safeguard the welfare and environments of children and families.

2.2. Activities and Results

Objective 1: To raise awareness of child protection issues and alternative ways of parenting in a non- violent environment

Target:

- 50 Parenting programmes for 400 parents (including from faith-based & community policing groups and caregivers).
- Produce a parenting handbook and non-literary educational materials on positive parenting & child care.
- Develop a community-based model of parenting support.

Accomplished:

- 55 parenting programmes held in all 4 target communities reaching 652 parents, 102 teachers.
- Child abuse poster and handbook produced and disseminated in the communities.

Table of Activities January 2011-March 2012

Time Frame	Activity/Community	No. of Persons	Name of Group	Gender Ratio – M/F
January 2011	1. Parenting Skills & CP Programme- Vreed-en Hoop	28	West Coast Demerara Nursery Schools Cluster Group	All females
February 2011	2. Parenting Skills Programme - Zeelugt	12	Zeelugt Women's Group	All females
	3. Parenting Skills Programme – Zeelugt Shree Rama Mandir	7	Latchmie Saba Group	1 M / 6 F
March 2011	4. Parenting Skill programme - Zeelugt Health Centre	14	Community Parents	1 M / 13 F
	5. Parenting Skills Programme – Zeelugt Masjid	17	Masjid Women's Group	All females
	6. Parenting Skills & CP Programme – Genieve Nursery School	26	Parents/Teachers	All females
April 2011	7. Parenting Skills Programme - Zeelugt	23	Faith based Group	10 M / 13 F

	8. Parenting Skills Programme- Zeelugt	16	Baptist Church women's group	All females
May 2011	9. Parenting Skills Programme- Zeelugt Health Centre	18	Community Parents	All females
	10. Parenting Skills Programme – Zeelugt	20	Baptist Women's Group	All females
	11. Parenting Skills Programme – Zeelugt Masjid	23	Masjid Parents Group	9M / 14 F
	12. Parenting Skills Programme - Hague	10	Hague Back women's group	All females
	13. Parenting Skills Programme- Hague	21	Parents / Teachers	4 M / 17 F
	14 Parenting Skills Programme – Good Hope	110	Muslim League Seminar	30 % M/ 55% F / 15 % C
June 2011	15. Parenting Skills Programme – Zeelugt Health Centre	15	Community Parents	2 M / 13 F
	16. Parenting Skills Programme – Good Hope	25	Lusignan AOG Church group	All females
	17. Parenting Skills Programme – Vreed-en-Hoop	25	Father's Day School Activity	(65children) 18M – 7F
July 2011	18. Parenting Skills Programme - Zeelugt	29	Community Parents	All females
	19. Parenting Skill Programme - Zeelugt	26	Masjid Parents Group	8M / 18 M
	20. Parenting Skills Programme - Zeelugt	23	Baptist Women's Group	All females
	21. Parenting Skills Programme – Good Hope	7	Good Hope Parents Group	1 M / 6 F

August 2011	22. Parenting Skills Programme- Sophia	13	Parents Group Sophia	All females
	23. Parenting Skills Programmes - Zeelugt	23	Community Parents	All females
	24. Parenting Skills Programmes - Zeelugt	7	Parents of children being counseled	All females
September 2011	25. Parenting Skills Programme - Sophia	24	North Sophia Church Group	4 M / 20 F
	26. Parenting Skills Programme - Zeelugt	21	Community Parents	All Females
	27. Parenting Skills Programmes - Hague	24	Hague Primary PTA	3 M / 21 F
	28. Parenting Skills Programme – Good Hope	22	Good Hope parents group	5 M / 17 F
	29. Parenting Skills Programme - Sophia	14	Section E Sophia Group	All females
	30. Parenting Skills Programme- Zeelugt	15	Primary school teachers	All females
October 2011	31. Parenting Skills Programme - Zeelugt	7	Nursery school Teachers	All females
	32. Parenting Skills Programme - Sophia	26	North Sophia church group	4 M / 22 F
	33. Parenting Skills Programme – Good Hope	26	Good Hope Parents	3 M / 23 F
	34. Parenting Skills & CP Programme - Zeelugt	14	Zeelugt Community Policing Group	12 M / 2 F
	35. Parenting Skills Programme - Sophia	27	Section E Sophia parents group	4 M / 23 F
November 2011	36. Parenting Skills Programmes – Sophia	22	Men’s group from Sophia	All males
	37. Parenting Skills Programmes – Sophia	14	Sophia parents’ group	1 M / 13 F
	38. Parenting Skills Programme - Sophia	16	North Sophia Church group	All females

November 2011 (cont)	39. Parenting Skills Programme - Zeelugt	13	Zeelugt Baptist women's group	All females
	40. Parenting Skills Programme – Good Hope	12	Good Hope parents group	All females
December 2011	41. Parenting Skills Programme – Movie session - Sophia	35	Section E Sophia parents group	7 M / 28 F
January 2012	42. Parenting Skills Programme - Sophia	70	C Field Nursery PTA	21M / 49 F
	43. Parenting Skills Programme – Good Hope	8	Good Hope parents	1 M / 7 F
	44. Parenting Skills Programme - Hague	28	Hague Primary PTA	3M / 25 F
	45. Parenting Skills Programme - Sophia	11	C field Nursery Parents	1 M / 10 F
	46. Parenting Skills Programme – Sophia	10	Section E Sophia parents	All females
	47. Parenting Skills Programme – Sophia	14	Sophia Primary School level 4 Parents	2 M / 12 F
February 2012	48. Parenting Skills & CP Programme - Zeelugt	15	Zeelugt Primary School teachers	All females
	49. Parenting Skills Programme- Sophia	24	North Sophia Church group	2 M / 24 F
	50. Parenting Skills Programme - Zeelugt	14	Zeelugt Baptist church group	All females
	51. Parenting skills Programme - Sophia	19	Section E Sophia parents group	1 M / 18 F
	52. Parenting Skills Programme – Hague	9	Hague Nursery school parents	All females
	53. Parenting Skills Programme – Zeelugt	11	Zeelugt Full Gospel parents group	All females
	54. Parenting Skills & CP Programme - Sophia	22	Men's session - Sophia	All males

March 2012	55. Parenting Skills Programme - Zeelugt	175	Sai Baba religious group	(10% children) 30% M / 60% F
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Parenting Skills Education Programme Outline

- **Self** – Getting parents to review the parenting models they were exposed to, examining their relevance to their children and how childhood experiences shape their parenting model.
- **Childhood development** – S.P.I.C.E – Social – Physical – Intelligence – Creative – Emotional
- **Punishment vs. Discipline** - Addressing child behaviors versus the physical child.
- **Shapers** – Exploring the factors that shape the character of a child.
- **Flogging** – Why do children get licks and how socialization through violence becomes acceptable and spirals into a cycle of violence and dysfunction.
- **Parenting tips** – Tips for effective parenting – alternative methods of parenting.
- **Child Abuse** – Reporting child abuse, recognizing child abuse, the responsibility of reporting child abuse, the Childcare and Protection Agency hotline number. Response mechanisms and the local child protection system (how it works). The agencies involved in child protection - their actions and procedures.

Tools (literary and non- literary)

Fliers – public education on abuse, parenting, child rights, parents’ rights, domestic violence, reporting abuse.

- The project disseminated materials that are relevant and which address other factors and issues that are tangential to child abuse, protection, welfare and family empowerment.

Handbooks – the project received handbooks and child abuse manuals compliments of Childlink Inc. (formerly Everychild Guyana). echild@networksgy.com (no soft copies available)

- Literary materials such as the handbooks and fliers were delivered to health centres within the various communities to be disseminated to persons who were inclined to respond to reading materials.
- The child abuse poster was very useful with groups who were not responsive to literary materials. This poster is integral in facilitating conversation and talking points for interactive sessions on abuse and violence that are critical in the communities where the literacy level is basic .The poster also carries the Childcare and Protection Agency hotline number for reporting child abuse.

Parenting Handbook

(Copy of handbook in accompanying folder)

Project results:

- 1. To raise awareness of child protection issues and alternative ways of parenting in a non-violent environment**

Parenting programmes feedback (oral)

In an effort to capture an evaluation of the impact of the parenting activities within the target communities, these are some of the statements recorded from participants over the 15 month period.

Sophia

- I know it is hard for those parents who grew up without this information, it's a lot of work to spread this message.
- I'm glad I got to hear what was said here today.
- I will try some of what I learnt today.
- I learnt children are not really hard to deal with it's just how we approach them.
- I beat sometimes but I try to talk to my child so he will understand how to act.
- Frustrations sometimes get in the way but I now understand how my actions can hurt the child.
- I have noticed that since I'm beating less my child is talking to me more often and I'm also learning to speak with her more often.
- I never knew that a child learns to trust a parent more when they were sure the parent always gives them an honest answer to questions. I'm seeing that now with my child.
- I spoke to one of my neighbours about abuse, though it wasn't physical.
- I'm looking around the community for signs of abuse and for children who may be in a vulnerable situation.
- I'm going through a situation with my daughter, but I'm trying my best to resolve it without resorting to physical force as I use to before.

Good Hope

- Parents should not beat for everything a child does, but this is how they have been socialized.
- The community has many children being abused in all forms, it's good to learn how to report.
- I didn't get much licks (flogging) as a child and I think that made me better. I learned to listen to my parents.
- I like the explanation of the stages of development- S.P.I.C.E.
- Parents need to become models for their children.
- We need more sessions like this; we may be able to teach others.
- This community has some serious issues but it's hard when parents are at fault and children suffer and their rights ignored.
- More persons within the community need to be trained to respond to the needs of children.
- Poverty plays a role in how some children are treated in the community.
- I'm glad I came to the session; I learnt a lot of things.
- We will bring out more persons to the other sessions; we all need more information.

Hague

- I learned a whole lot of things, but I have to digest it.

- These are new things now that parents need to know especially of what really are the rights of a child.
- Never knew that self was so important to parenting.
- It was good to hear everybody sharing their experiences because we parent based on our own experiences and some are not good experiences.
- Teenagers need sessions like this especially the older teenagers.
- I never saw licks (corporal punishment) from that point of view. I now have to review how I communicate with my children.
- Parents sharing experiences was good but there are things I will have to change now that I have the knowledge.
- Need to have more sessions like this, it seems like a whole new world of information.
- I'm going to change a few things, like how I deal with my child.
- I never knew anything about the stages of child development, so I think I've misunderstood my children many times.

Zeelugt

- We need to beat less so that they will start to listen to us as parents.
- More interaction will increase the trust and communication.
- Finding time to listen is important to the child and it's their right to be given attention.
- Children who can't speak with their parents find it hard to express their feelings.
- Both parents need to agree on how to raise their children.
- People in the community now getting to understand what the project is about
- We want the project to do some children programmes at the Masjid
- I notice some children get put back in school that is very good.
- I hope we can get sessions like this every month.
- We still got some youths who have problems, but we have to find a way to reach them.
- I learn that we have to treat our children right from the early ages.
- We got to teach our children to be proud of themselves.

Developing a parenting model

The development of a community-based parenting model will, in its establishment be exhibited in the long term impact of the project outputs which through it programmes have presented to parents the constructs of a socially acceptable style of parenting that fundamentally encompass the core human rights values in the socialization of children and which also result in parents who intensify the non-violent approach to solving problems to the extent that it changes social behaviors and attitudes that put children at risk. The delivery of this model of parenting is also dependent on evidence-based interventions with parents in a setting where culture, customs and traditions can be examined for their impact on self efficacy.

A work in progress case in the community (case study)

Claire and her 4 children live in a very small dwelling in the community. She is 34 and has an older son who is 19 and the other 3 children are all under the age of 12. Claire lost her husband over 4 years ago and she now works 6 days a week doing 12 hour shifts. Her work schedule leaves her no time during the week, so preparing the children for school and other home chores like washing dishes, cleaning and filling up of water for the home are left to the 3 younger children, so whenever she returns from work in the evening and the work is not done she would get into fit of rage, beat all the children then demand

that they do all the home chores. She was invited to a parenting session at the community centre and attended with her 3 youngest children. All through the session she didn't speak and her children at various times were glared at and tugged to keep them stable, though they were mindful to stay out of the range of their mother.

At the end of the session all the participants were asked to give their evaluation of the session and it was then that Claire modestly stated that she had never heard such topics or information and she further stated that she was feeling so ashamed as she was one of the parents that hardly ever communicated with her children except when they got her annoyed and she shouts, curses or beats them and that can only happen when she is at home at the end of her tiring work day.

She was then encouraged to speak more calmly to her children and explain to them why she needs their assistance in the home for some chores, and at the same time she was encouraged to set family time on the day whenever she was off from work to engage her children in some fun activity.

Claire returned to another session of the parenting programme, 2 weeks after and at the oral evaluation segment she reported that over the past 2 weeks she had not beat and was restraining her shouting and cursing and she had noted a marked improvement in her relationship with her children. What was noted too was at this session her children were sitting very close to her, unlike the previous session. Her demeanor too had totally changed as she was more open and shared more in the session.

She vowed to continue attending sessions as she still need to find ways of coping with her children and the other challenges she sometimes faced.

Objective 2: Introduction of standard protocols for care givers – teachers, nurses, day care staff – to enhance their ability to recognize and give correct responses in cases of child abuse

Target:

- 45 nurses, teachers and caregivers trained using the standard child abuse protocol.
- Empowering the health service providers to respond to child abuse.

Accomplished:

- 61 healthcare professionals trained, including mid-wives, nurses, community health workers, medexes.
- 21 teachers and care givers trained in child abuse protocols and child protection. This group included Sunday school teachers.

Table of training Activities January 2011-March 2012

Time Frame	Activity/Community	No. of Persons	Name of Group	Gender Ratio – M/F
March 2011	1. Training for healthcare professionals & caregivers – Region 4	25	Nurses	All females
September 2011	2. Training for healthcare professionals & caregivers – Region 3	17	Nurses, medexes, community health workers, midwives	2 M / 15 F
October 2011	3. Training for healthcare professionals & caregivers – Region 3	19	Nurses, medexes, community health workers, midwives	3 M / 16 F
November 2011	4. Training for teachers – Hague & Zeelugt	10	Teachers Zeelugt & Hague Primary schools	All females

January 2012	5. Training for teachers – Sophia & Good Hope	11	Teachers – Sophia & Lusignan primary schools	All females
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Objective 2: Outcomes

- Resources for healthcare providers which could be used to widen their knowledge and enhance their ability to detect child abuse within the health care system, thus fulfilling their mandate under the Protection of Children Act.
- The Guyana Nurses' Association has agreed to use these resources as part of their continuing nursing education programme.
- The involvement of teachers in recognising signs of abuse and maltreatment and the acknowledgement of their responsibility to report and refer children that are affected.
- Better understanding of the inter-agency responsibilities within the existing child protection system.
- Child abuse posters disseminated to health centres and hospitals.
- Resource modules on child abuse detection provided to healthcare providers and caregivers.
- Inter-agency protocol circulated.
- Rights of the child and the responsive mechanism of the Childcare & Protection Agency promoted.
- Training of healthcare and service providers exceeded its target by 82%

Feedback from nurses' training

- We have definitely learned new skills and ideas.
- We have gotten a better idea of how the health institutions and the Childcare & Protection Agency have to work in collaboration.
- The modules and other materials will keep us properly engaged.
- I think the learning objectives were met.
- We need to put what we learned into practice and also share the information.
- Those of us from the rural areas will definitely have more knowledge to deal with situations in our health stations.

Feedback from teachers' training

- We are now comfortable knowing that care centres are properly managed.
- We are fully aware of how and when to make a report.
- There needs to be are view of when it necessary to take children from parents.
- The information was clear and understandable.
- There are still Challenges with the law and enforcing the child protection act.
- There is need for Community empowerment.
- We now have fresh perspectives on how to respond and recognize child abuse in the school system.
- There are still teachers who see corporal punishment as a means of discipline, but in most cases this attitude is exhibited by teachers who themselves suffered abuse in early childhood.

Objective 3: Empowering children and families to report child abuse and providing counselling and court support services to affected children

Target:

- Therapeutic interventions with at least 60 children.
- Be-safe sessions conducted with 420 children.

Accomplished:

- Therapeutic interventions with 77 children.
- Be-safe sessions conducted with 387 children.
- Youth interactive sessions (see summary of youth interactive activities)
- 493 children reached through presentations at nursery schools and other community sessions.

Table 1- showing Summary of direct children intervention & support services

2011	CURRENT CASELOAD	NEW CASES	REFERRED FOR INTERVENTION	BE-SAFE TRAINED	OTHER SESSIONS	CASES CLOSED	TOTAL ENGAGED
January	0	0	0	0	0	0	0
February	57	7	15	55	3	5	115
March	77	18	11	55	13	0	145
April	53	0	13	0	3	21	56
May	53	1	3	0	13	0	66
June	59	6	19	0	9	0	68
July	50	0	3	0	10	0	60
August	50	0	0	29	11	0	90
September	56	0	0	37	5	0	98
October	46	0	2	65	8	10	119
November	43	0	0	60	18	0	121
December	43	0	0	0	42	0	85
2012							
January	45	4	6	57	15	2	129
February	45	0	0	29	54	0	128
March	39	0	0	0	54	6	93

Outcomes:

- 277 youths attended sessions in Hague, Zeelugt, the Learning Centre in Good Hope and the Youth Clubs in Sophia, apart from children counselled under the project.
- 387 children exposed to be safe sessions.
- Dissemination of literary and non literary materials to youths.
- Increased capacity of children to confront abusive treatment.
- Children reintegrated into school.
- Families gain access to public and social assistance from government agencies.
- Children referred for foster care
- Parents referred for counselling support
- Children referred to the Childcare & Protection Agency for intervention due to abuse.

Table 2 - Summary of Youth Interactive Sessions

Time Frame	Activity/Community	No. of Persons	Name of Group	Gender Ratio – M/F
May 2011	1. Youth Interactive Session- Good Hope	13	Good Hope learning Centre	6 M / 6 F
June 2011	2. Youth Interactive Session- Good Hope	22	Good Hope learning Centre	9 M / 13 F
July 2011	3. Youth Interactive Session- Good Hope	19	Good Hope learning Centre	5 M / 14 F
	4. Youth Empowerment Session - Sophia	17	Agape Youths	12 M / 5 F
	5. Youth Interactive Session - Zeelugt	10	Youths of Tomorrow Club	All females
	6. Youth Interactive Session- Sophia	18	Pattensen Youth Club	8 M / 10 F
August 2011	7. Youth Interactive session - Zeelugt	11	Youths of Tomorrow Club	1 M / 10 F
December 2011	8. Youth Interactive Session - Sophia	16	Pattensen Youth Club	7 M / 9F
	9. Youth Interactive Sessions - Zeelugt	14	Youths of Tomorrow Club	All Females
January 2012	10. Youth Interactive Session- Good Hope	15	Good Hope learning Centre	7M / 8F
February 2012	11. Youth Interactive Session - Zeelugt	28	Zeelugt Masjid Youths	15 M / 13 F
March 2012	12. Youth Interactive Session- Zeelugt	16	Zeelugt Full Gospel Youths	5 M / 11 F

Feedback from youth interactive sessions

- We learned a new way to protect ourselves from negative words and actions.
- This was a good session we need you to come back.
- We learned a lot about child abuse.
- I like doing the activities that highlights non- verbal communication.
- I like the information about cigarette & alcohol.
- Peer pressure and young people sometimes always lead to devious behavior.
- Drugs use is mostly caused by peer pressure.
- Some children can make other change their minds.
- Youths do things to impress friends.
- Some people have bad memories from their childhood.
- Drugs are bad.
- Youths need to value themselves and drugs will not attract them.
- Sometimes young people follow the bad examples in the family

Objective 4: Creating an effective network of persons and organizations within the target communities, who promote and respond to child protection

Target:

- Project launched in four communities.
- Community groups, PTAs, individuals and organizations network within the community for the safety, protection and welfare of the children in the target communities.

Accomplished:

- Project launched in all four communities.
- All the communities have formed action groups to help and support child protection and cascading the awareness sessions within their communities.
- Reporting child abuse and a better understanding of the health care system is promoted through the dissemination of the new child abuse poster which has the CPA hotline number.
- Demerara Tobacco Company Ltd. has embraced the project and donated signs to be distributed to shopkeepers in the target communities stating that they will not sell cigarettes to children.
- The parent teachers associations (PTA) and community policing groups (CPG) in three of the communities are partners in child protection initiatives.
- The survey report, a copy of which accompanies this report, has provided information for sharing and baseline data for the community to utilize in its approach to project action sustainability and developing other community initiatives.
- Round table session hosted – sharing on all aspects of the project and assessing how the objectives were met.

Networking reach of the project

The project networked with a large number of agencies, ministries, organizations and companies that could promote the project objectives including

- ✓ Childcare & Protection Agency
- ✓ Ministry of Labour, Human Services and Social Security
- ✓ The media
- ✓ Railway View Literacy project
- ✓ Demerara Tobacco Company Ltd
- ✓ Childlink Inc.
- ✓ Ministry of Education
- ✓ Guyana Police Force
- ✓ Guyana Nurses Association
- ✓ Ministry of Health
- ✓ Georgetown Public Hospital Corporation
- ✓ Schools Welfare Department
- ✓ Region # 3 Hospital Administration
- ✓ Good Hope Learning Centre
- ✓ Community faith-based groups (churches, mandirs, mosques)

2.3. Activities that have not taken place

Under objective 2, the project had intended to conduct a final training programme for teachers in the Sophia community within the extended time period.

This activity however had to be cancelled because when contacted, the Chief Education Officer pointed out that the scheduled time proposed for the workshop clashed with the end of term and the national grade 6 assessment examinations. Time off for teachers' attendance to the training workshop would have negatively affected the schedules at the institutions, which was not a desired intention of the project.

Teachers from Sophia did benefit from training conducted in January 2012 although this was an attempt to further engage a larger population of teachers within the community. The Sophia community has approximately 38 teachers in the 3 main schools and 5 teachers from that total were trained.

Under Objective 1, two parenting programmes had to be cancelled, one because it had been scheduled during the Christmas season, and the other when the community mobilisers explained that there was a religious and social event attached to a wedding ceremony of a very popular family within the community and this would have affected the attendance because weddings have a very strong cultural significance in that particular enclave of the community.

These two cancellations did not significantly affect the overall project results as outcomes have exceeded targets by over 30%.

2.4. Assessment of the Results of the Action

This project has helped to expand the awareness of parents and build the capacity of the communities to sustain the project action and community-based responses to the needs and wellbeing of children and to deepen the awareness of the child protection system established by the Protection of Children Act.

The strategic implementation of the project under the specific objectives was successfully rolled out. This is evidenced in the surpassing of the majority of project targets and also the adding of a few unforeseen initiatives, which were also executed with notable levels of achievement.

Prior to the implementation period there was inevitable concern about the community dynamics that were expected to be dominant due to the cultural and religious and racial diversity of the target communities. In one particular small enclave of a target community, it was discovered very early on that the only way to reach parents was via the PTA as even the faith-based groups saw child abuse and protection as sensitive issues not to be discussed in public. This community incidentally had the lowest occurrence of physical abuse, verbal abuse being stated as the most evident form of maltreatment meted out to some children.

The parenting programme, which constituted a major segment of project action, was very successful in its roll out and surpassed its target by over 50%. Male attendance was however only 21%. There were very high levels of responsiveness to the programme's focus on change in the style of parenting, which proposed the removal of physical punishment. Reaching parents who had limited literacy skills was accomplished by the use of intense verbal interaction and of a pictorial poster. This type of innovative resourcefulness helped to accommodate the communication of community, cultural and traditional parenting practices which were reviewed and discussed in the roll-out of the programme by parents who had never been exposed to parenting skills education.

The training component of the project action was received in a very responsive manner by the healthcare professionals and teachers. A notable addition to this group was Sunday school teachers who pressed to be a part of the training workshops, which reflected a resolve on the part of faith-based organisations to be involved in child welfare and child protection initiatives that would equip them to positively impact the lives of the children who are members of their congregations. The impact and potential impact of the training for care givers and healthcare personnel also widen the scope of the project action beyond the borders of the target communities. Another significant result is the integration of the standard protocol into the continuing nurses' education course, executed through the Guyana Nurses Association.

The training component has effectively addressed with the groups their responsibilities, responses and the referral system that is mandated under the law to preserve a child's right to protection.

Another deliverable of the project was an interagency draft, outlining procedures for indentifying, responding to and reporting child abuse, which was circulated to the Guyana Police Force, the Schools Welfare Department and the Childcare and Protection Agency for their response as to its relevance for their action within the care and response system. Although this draft was accepted in principle by the various agencies, there was no concrete engagement to further consolidate the interagency protocols or the publishing of official act of sanctioning the list of procedures that would effectively establish standard responses that will guarantee appropriate action by the agencies that are tasked with networking for the protection of children from trauma and abuse.

The counselling service and support through therapeutic interventions offered to children within the communities was a very pragmatic approach which was sometimes faced with a high level of sensitivity by the residents in the communities where the counseling sites were established. There were however constant referrals from schools in the communities. The children who were receiving counselling support also benefited from home visits from the childcare counsellors who integrated home visits as part of their work with the children. The home visits and family assessments subsequently led to referrals for some parents who needed interventions for domestic abuse and other social services. The childcare counsellors were also involved in referring children who were reintegrated to school.

Project action and engagements with community stakeholders and persons from within the communities were resoundingly well received and subsequently led to the level of impact and outcomes of the project.

The community feedback meetings helped to strengthen the collective resolve of the residents in the communities to become willing partners of the project and to also set the ground for the community buy-in to the objectives in the long term. In all the communities there were persons who were recognized as key promoters of the rights of children and also regarded as trustworthy and respectable. In Zeelugt, where the project did 50% of its parenting programmes, the experiences and lessons learned were shared with the other communities. The first action group was formed in Zeelugt and the Zeelugt model was introduced to the other 3 communities.

At the project end all the communities exhibited a high level of preparedness and expectations regarding sustaining some activities that were implemented by the project.

The following table provides an assessment of project performance.

Action/ Objectives	Achievement Indicators	Impact / Outcomes	Risks
General Objective: Strengthening and promotion of the child protection system and providing services to improve the lives of abuse children in the target communities	Increase awareness of child rights. Implementation of the child protection system. Services and support for children and increase school attendance	More reported child abuse cases Collaboration of child welfare, protection and care institutions.	Cultural customs and traditional in parent/ child relationships at community based level.
Objective 1. Increased awareness of child rights, parenting and non-violent discipline methods developed amongst parents.	Parents interested in child protection issues. Parents using alternative methods of discipline. Behavioral change to parenting.	Survey revealed: <ul style="list-style-type: none"> - 652 Parents and 102 teachers engaged by the parenting programmes. - 84% parents have changed their parenting styles - 59% thinks corporal punishment not necessary as a method of discipline. - Parents given materials (literary & non literary) to cascade non-violent parenting model in the community. - Parents suggested other forms and ways to reach other target groups. 	<ul style="list-style-type: none"> - Domestic violence in the homes - Parent frustration and economic conditions in families. - Gender suppression and illiteracy in the home. No community support.
Objective2. Implemented a standard protocol for health care workers, social workers, and teachers to respond to child abuse	Adoption of the protocols that embrace the legal responsibility of health care professionals and care givers. Collaboration between the Health and Education ministries, the Police Force and the Child Protection Agency. Court cases based on investigations. Adoption by the Ministry of Human Services and the School Welfare Department.	<ul style="list-style-type: none"> - 61 healthcare professional and 21 teachers trained using standard protocols. - Commitment to act when child abuse is detected. - Nurses capable of best practice in defence of child rights - Compilation of data on child abuse cases - Community health centres to be made more children friendly. - Reporting cases to the 	Professionals who are not conversant with the Protection of Children Act Appropriate police response to reports being made at the station.

		<p>responsible agency.</p> <ul style="list-style-type: none"> - Referrals being made to the Childcare & Protection Agency - Improved communication between healthcare workers, teachers and other welfare agencies. - Teachers more sensitive to signs, symptoms and injuries exhibited by the child. 	
<p>Objective 3. Children and their families empowered to report abuse and gain access to essential support services including through the legal system</p>	<p>Therapeutic interventions for children who suffer abuse.</p>	<ul style="list-style-type: none"> - 77 children receive counseling and therapeutic services representing 17% above the target. - 387 children benefited from be-Safe sessions. - 277 youths (mostly teenagers) were engaged in youth empowerment session that addressed child abuse, peer pressure, self esteem, goals setting and personal responsibility. - Children placed in the care of the Childcare & Protection Agency for various types of interventions. - Children reintegrated into schools. - Parents receive counselling, public assistance and support those with difficult economic circumstances. 	<p>Children being moved out of the community when abuse is discovered.</p> <p>Non-existent after-school programmes or activities in the communities.</p> <p>Low literacy level of parents.</p> <p>Children affect by home situation where the parent(s) are alcohol or drug users/ abusers.</p>

<p>Objective 4. Create an effective network of organisations and individuals in the target communities protects for child protection</p>	<p>Persons and groups within the communities desire to become involved in the safety of children and the responsive community based mechanism that is addresses child abuse</p>	<ul style="list-style-type: none"> - Community meetings held for feedback and sharing of experiences. - All the target communities have established action groups. - The survey revealed that 96% of persons responding to the survey are willing to get involved in child protection initiatives. - Persons from within the communities can identify members of the action group who are networking for the improved wellbeing of children. - Commitment of a Tobacco company to support the communities' effort to safe guard the welfare of children - The community action groups' disseminating materials and using the resources received during project implementation to do parenting and youth programmes. - PTAs, policing groups, sports groups and the faith based groups are networked to respond to protecting the community's children. 	<p>The only foreseeable challenge is funding for the scope of the programmes and activities which the coalitions have been proposing at the community meetings.</p>
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2.5. Outcomes on the Beneficiaries and the Situation in Target Communities

Parents have reviewed their parenting methods, roles and responsibilities within the context of how their awareness of childhood development, communication and disciplinary practices affect the growth, wellbeing and protection of children.

Parents, through interactive and information-based programmes were responsive to the non violent parenting model of parenting while acknowledging the rights of the child should be guaranteed by the adults or guardian that raise them.

Through the child protection education more parents are reporting the cases of child abuse that they encounter in the community.

Care providers and the health care system have been provided with information and resources that impact their total understanding of the process of mitigation in response to children who suffer abuse or traumatic situations.

Children in the target communities were given counselling support, some were reintegrated into the school system, some were referred for protective custody or other interventions within of the child protection system, and some were monitored and subjected to interventions dealing with behavioral, hygiene and nutritional problems.

Children were empowered to be protective of themselves through Be-Safe sessions conducted at schools and in the communities.

During the final month of the project, community sessions were conducted in all 4 target communities. These sessions were attended by the community stakeholders and the project team. The communities exhibited strong commitment to consolidate the capacity-building and support mechanisms which create a safe and viable environment for the children that were developed during the project.

Resources developed during the project were shared with the key stakeholders. These include the survey report, which is intended to provide the communities with vital data and aid in crafting future projects.

In all the communities the persons who signaled commitment and resolve to continue to build strong community based systems that are responsive and networked into the national child protection system were assured of the continued support of Help & Shelter. Continued monitoring of the community to find ways of reaching the most vulnerable families with the parenting skills education was also advocated by the project team.

The community meetings were given a recap of activities that had taken place within the individual communities while a detailed outline was given of the materials and resources to be used in the continuing parenting programmes.

Other social maladies such as alcoholism, drug use/abuse, poverty, incest and gender suppression, which are enabling factors for child abuse and violations against women, are still very much part of existing community dynamics. These factors still require a direct focus of actions.

Media reviews of the Action

Help and Shelter amplifies importance of Child's Right

March 24, 2012 | By [KNews](#) |

...As EU funded project comes to an end

"Child Protection is everybody's business and is certainly not intended for just children who are abused but for all children across the board," said Colin Marks, as he revealed the findings of a Help and Shelter's Child Protection Project. The event was a round-table session held in the auditorium of the National Library yesterday. The project, which is set to conclude this month end was launched on January 30th, 2011, with funding primarily from the European Union (EU) and support from the Concerned Citizens Against Domestic Abuse (CCADA) group. The latter is an organization based in Atlanta, United States.

Marks, as the Project Coordinator, revealed that the project represents yet another watershed initiative implemented by Help and Shelter even as he pointed out that it fell under a special initiative-component of the EU that specifically emphasizes rights. As such the project is regarded as one that was specifically crafted from a rights-based perspective, Marks noted, even as he opined that "incidentally when people hear about child rights they sometimes get super-sensitive because they start thinking about the political ramifications..." However, he sought to assert that the rights of the child simply refer to the needs of the child. For this reason, he underscored that adults, parents and the community at large, are those who are expected to harness those rights to make sure that the children are able to benefit and grow up in a safe environment.

It was for this reason that the specific objective of the project was designed to promote the importance of children's safety through community-based actions. The ambitious programme was centered in the Region Three areas of Zeelugt and Hague as well as Sophia and Good Hope, both in Region Four, and was intended to raise awareness within the communities with a view of giving parents and adults new skills aimed at encouraging non-violent and alternative methods of parenting. "We have been addressing those with teachers, community based organizations, community policing groups, PTAs and shop owners because in all of these communities we have recognized, after extensive work, this acceptance of violence, in whatever form it takes, somehow contributes to the status of the safety of our children...because it is when that sacred right is violated then a child becomes vulnerable when a family, most times, becomes dysfunctional."

According to Marks, based on the in-depth look into the target communities, which are in fact like many other communities across the country, it was found that persons through their socializations are complicit and accept some levels of violence. As such, he noted that in dealing with the child protection project efforts were made, on many occasions, to fully address the whole issue of violence. Accordingly, the project sought to introduce standard protocols for those who offer care and services to children such as teachers, nurses and day care personnel, particularly in cases of abuse and suspected cases of abuse. It also incorporated measures to empower children and families alike to respond to the challenges in environments that make them vulnerable to abuse even as efforts were made to enlighten the target group of the avenues that are available to offer counseling support, court support and provide sensitization on other sensitive children's issues. "Why do we need the confluence of these actions in these communities? We only need to look at our newspapers...if we use our short-term memory and look back just three months or even 15 months we would see what is happening with our children and not only in these poor communities." However, Marks noted that the protection of children

in Guyana has come a far way, so much so, that some hospitals seek to ascertain the cause of a child's injury once they are brought to the hospital for medical attention. This, he noted, was not obtained in years gone by. "One week ago...I heard some parents complaining that before their child gets discharged they have to see the social worker. I think that is a significant move and it also underlies the fact that in lots of cases our children are just not safe. When a child turns up for care in the health care system it needs to be checked..."

Following dynamic sessions with community members over the project-period, the outcome of the project saw the creation of a strong network of organizations, persons and groups to respond appropriately within the target community to child abuse or any situation that puts children at risk. Remedial measures included the integration of school-aged children back into the school system but were not limited to parents vowing to refrain from beating as a form of punishment. "We still have got work to do...we have done 15 months of work...you are more or less at the pressure point but don't be afraid; there is support; Help and Shelter champions the work for and with vulnerable groups, especially those affected by violence," Marks told the gathering at the round-table discussion even as he stressed that "our children are really a prized possession. Yesterday's forum also saw representatives from the various target communities amplifying their intent to continue to embrace the initiative to keep their children safe by striving to ensure that they are protected from all forms of violence.

Collaboration of organisations crucial to address violence

March 25, 2012 | By [KNews](#) |

Addressing the scourge of domestic violence, child abuse and other such issues in any society is no easy task. However, not only has it been proven, but experts the world over have been promoting collaboration between various entities to combat the damning scourge of the social issues. Guyana is no different when it comes to embracing this notion which is aimed at effectively representing victims. The need for collaboration was recently amplified by Karen Gomes, a representative of Help and Shelter. That entity is one of the few local Non-Governmental Organisations (NGOs) that have been widely recognized for its work in addressing domestic and sexual violence and child abuse over the years. In fact it has been over a decade, commencing in 1995, that the body was founded, with a clear vision to battle the social challenges.

According to Gomes, Help and Shelter was created with the view of fighting against the prevalence of all types of violence, especially those of a domestic and sexual nature, as well as those that affect children. Due diligence on the part of the NGO has seen it becoming a leader in the fight against violence in Guyana, so much so that last year it was honoured with a Medal of Service by the Government for its commitment to the troubling issue. Persistence in this regard, according to Gomes, is linked to the realisation that domestic violence, as well as other forms of violence, is not becoming a thing of the past, but rather, there is evidence to suggest that such problems are on the increase. Studies on domestic violence in Guyana estimate that between one and two in every three women are victims, according to Gomes. "We also know that domestic violence against children, the disabled and the elderly, is an epidemic in our country...and so we have recognised that when we are dealing with domestic violence it is important that we look at every member of the family, because a lot of times we don't."

In order to properly carry out this task, Gomes said that it is imperative that "we look at the various agencies and how they can assist us..." These she pointed out are not limited to the Police Force and the Judicial System, but even community-based organisations such as churches and schools.

For this reason, Gomes said that Help and Shelter has included in its roles and responsibility, a plan to extensively raise awareness across all sectors, with a view of providing recourse for victims of various forms of violence.

Recourse, she underscored, is sometimes very difficult for survivors of violent situations. As such, Help and Shelter has engaged efforts to secure recourse for victims through lobbying for the strengthening of relevant laws and implementation mechanisms where necessary.

Additionally, Gomes noted that much effort is directed to building respect for the rights of women, children, youths and men exposed to abuse so that they can live free from violence and threats of violence. This, she said, is actively fostering high levels of awareness among members of the public. "One of our critical support activities is the support to women, men and children who are going through the court system as survivors of domestic violence and those who are sexually assaulted." According to Gomes, although the focus on the court is important, the NGO is often restricted by its limitations, with the foremost being that of finances. She explained that because of the unavailability of adequate funding for this particular area "we would tend to look at victims mainly in Regions Three and Four...we are, however, relying on the availability of other supportive services in the different Regions and therefore we see linking with partners as very important," Gomes said.

At the moment, Help and Shelter's main clients are children thus it is imperative, Gomes said, for the available support to be extended to meet their spiritual, physical and mental needs. The body just recently revealed that it has been able to forge meaningful collaborations with various community-based organizations in Regions Three and Four with a view of further raising awareness about the importance of the rights of children.

The move was made possible through funding from the European Union with support from the Concerned Citizens Against Domestic Abuse group in Atlanta, United States. The 15-month long programme was centred in the Region Three areas of Zeelugt and Hague, as well as Sophia and Good Hope, both in Region Four, and was intended to raise awareness within the communities with a view of giving parents and adults new skills aimed at encouraging non-violent and alternative methods of parenting.

However, Project Coordinator Colin Marks has asserted that "we still have got work to do..." even as he assured that Help and Shelter has been and will continue to champion the work for and with vulnerable groups, especially those affected by violence.

Health Centres need child friendly spaces – Help and Shelter

March 25, 2012 | By [KNews](#) |

...As continued efforts are made to reduce violence against children

The need for child friendly spaces at the local health centres has been underscored as one of the measures needful to help protect children against violence. This notion was recently highlighted by Help and Shelter's Colin Marks when he disclosed findings of a Child Protection Project on Friday. The project entailed a survey, which among other questions, asked "whether health centres are child friendly places?" It was focused in Zeelugt and Hague in Region Three and Sophia and Good Hope in Region Four.

The survey, according to Marks, saw 43 per cent of the respondents agreeing that health centres are child-friendly places, 22 per cent being certain that this was not the case, while 14 per cent said they didn't know. Another 14 per cent insisted that they were not fully child friendly. Six per cent said that this was sometimes the case while the remaining one per cent said maybe. But according to Marks the mere fact that some of these facilities are not outfitted with an area conducive to children's relaxation or play could be reason enough to deduce that they are not child friendly.

He said that in order to indicate that they are in control of their children, which could number at times two and three; some parents are forced to inflict physical blows on their children while visiting the health centers.

"We went into these health centres and none of them are really, really child friendly...These children have to and must run around and use the space around but this is the time that they get some licks and lashes...if a child (does not) have a little soft toy or something to play with....something that is child-friendly to focus then they will run around. "And some people don't like people to think they have unruly children and so the licks and lashes will follow." Such action, according to Marks, is tantamount to unwarranted violence. As such the project focused on reducing violence and better protecting children even as it promoted an awareness process which saw the facilitation of 51 parenting programmes within the target communities.

A total of 652 parents, 102 teachers and 277 youths were reached as a result. In addition, Marks said that child abuse posters and parenting booklets were printed and disseminated within the communities. Further, he noted that a Community-based parenting model is currently a work in progress to enhance awareness of the child rights protection movement.

The awareness strategy also saw parenting handbooks and training manuals donated to the project by Childlink Inc. being disseminated while 188 child abuse posters were disseminated to shops, internet cafes, police stations, barber shops, gas stations, community centres, churches and health centres.

Meanwhile, in a bid to introduce standard protocols for nurses, teachers and caregivers to enhance their ability to recognise child abuse and render correct responses within the child protection system, 61 health care professionals, including nurses, medex, midwives and community health workers were trained, Marks said. Also, 21 teachers, including Sunday school teachers, were trained while 322 child abuse definitions and child protection handouts were distributed, Marks added.

Additionally, empowering children and families to respond to and report child abuse, the provision of counselling and court support for children affected was promoted with the distribution of 228 fliers disseminated at health centres. Marks revealed too that the project also worked towards encouraging Child Protection Agency and Health professionals to recommit to collaborate. The efforts, he said, were however not limited to awareness and the introduction of protocols but according to him there were therapeutic interventions with 77 children and 'Be Safe' sessions were conducted with 387 children. A total of 493 children were reached through nursery school session and other engagements within the target communities, he added. Marks added that 72 children were referred to the Child Care and Protection Agency for interventions, nine were placed in foster care, five were reintegrated in the school system while four families were referred for social assistance and seven parents referred for counselling support.

As part of the project, too, there were moves to create an effective network of persons, groups and organisations within the target communities to work and respond to the safety and wellbeing of children.

As a result, three of the target communities have formed action groups to promote child safety and work at cascading the parenting sessions within the community. Moreover more persons are reporting child abuse using the Child Protection Agency's hotline number, Marks said, even as he revealed that there has been increased understanding of the child protection system.

Further, he noted that community action groups have since taken on the responsibility to disseminate literary and non literary materials that promote the safety and wellbeing of children. In addition Parent/Teacher Association members and policing groups are now members of community coalition. Marks said that Demerara Tobacco Company has also embraced the work of the project and has since donated signs to be distributed to shops within the communities that state they will not sell cigarettes to children.

Health workers trained to detect child abuse

May 7, 2012 Guyana Times

Staff from four health centres attached to the Georgetown Public Hospital Corporation (GPHC) recently underwent a three-day training workshop on detection of child abuse.

The workshop held at the GPHC Resource Centre targeted public safety officers, social workers, pharmacists, medexes, nursing personnel and maids of the Campbellville, Kitty, Industry, and Enmore health centres. The aim of the training was to ensure the staffers of the health centres are fully-trained and equipped with the knowledge and skills to observe and deal appropriately with suspected cases of child abuse, thus making these centres child-friendly spaces for abused children.

This initiative stemmed from a survey by Help and Shelter, which revealed that there is an increase of visible incidents where parents "lash out" at their children while seeking medical attention at the centres. Hence, the recommendation from the organisation for child-friendly spaces to be created in hope that it reduces the number of abuse cases.

The sessions were facilitated by child protection specialist Vidya Kissoon. There were also several representatives from the Child Care and Protection Agency (CCPA), who attended the sessions to answer questions from the participants, and also to enlighten them on child abuses, how to detect it, and where and how to make the reports.

Kissoon in an interview with Guyana Times said the GPHC organised the workshop because it realised that there is an increase in visible child abuse, and as such, it needed to be more proactive in dealing with these cases, and not only in the main hospitals but also at the health centres. He added: "The law now states that there is mandatory reporting in the Protection of Children Act, which says that all health care professionals must report abuse in hospitals and you have to ensure the staff is equipped, and that why they trained all the staff of the health centres".

Elizabeth O'Brian, one of the participants who benefitted from the programme told this newspaper that the programme was very edifying, not only to medical personnel but to all Guyanese. "The programme is about child protection, it really tells you how to detect or what to observed when a

child is being abused, there are certain things that present it, maybe physical, emotional, verbal and sexual”.

O’Brian noted that if persons have knowledge about cases of child abuse, then they should report it to the relevant authorities, otherwise they can be fined and/or taken to court. She also said that the programme had enlightened persons about where to make the reports and they were also given a hotline number to call.

GPHC Public Relations Officer Alero Procter said that the programme was initiated so that the health centre staff can be able to recognise any form or sign of child abuse. She added: “We are implementing an initiative to create child-friendly spaces at these four health centres which falls under the GPHC’s management.” She also disclosed that the hospital intends to train as many personnel as it possibly can to improve management of local health care.

The GPHC is hoping to host a follow-up session in the next six months to get an update on the progress the staff would have made as a result of the training. The hospital is also hoping to get the police involved in that follow-up session.

GPHC staff doing child protection training

Posted by Stabroek_staff On May 3, 2012

The Campbellville, Kitty, Industry and Enmore Polyclinic health centres which fall under the management of the Georgetown Public Hospital Corporation will become child-friendly centres, with designated child-friendly spaces.

The hospital said in a press release last evening that this initiative stemmed from a survey conducted by Help and Shelter, which made the recommendation for spaces to be created, which will seek to reduce the incidence of parents having to ‘lash out’ at children while medical attention is being sought at the centres.

According to a prerequisite of this project, all the staff of these health centres are to be fully trained and equipped with the knowledge and skills to observe and appropriately deal with suspected cases of child abuse.

Meanwhile, the training commenced yesterday and is scheduled to continue throughout the remainder of the week at the Resource Centre of the GPHC.

The participants include medical officers, medexes, and all categories of nursing personnel, public safety officers, social workers, pharmacists and maids.

The three-day sessions are being facilitated by Vidya Kissoon, consultant in the field of Child Protection. Officers from the Child Care and Protection Agency have also been included in the sessions and their task is to advise on the roles and functions of the agency and the protocols and laws surrounding the reporting of suspected cases of abuse.

The release said that yesterday’s session was very interactive and participants have committed to increasing their vigilance and actions to stop child abuse in the society.

2.6. Materials produced during the project

Copies of the following materials are in the accompanying folder:

1. Child abuse poster – 350 copies produced
2. Positive parenting handbook – 120 copies produced
3. Draft interagency procedures - 85 copies produced
4. Survey report – 18 copies produced
5. Fliers – 350 copies on abuse, parenting, child rights, parents' rights, domestic violence, reporting abuse reproduced compliments of Help & Shelter
6. Handouts – 392 copies on child abuse definition and other child protection information reproduced compliments of the Help & Shelter/EveryChild Pickney Project

Literary materials distributed.

- ✓ Child abuse poster - parents, police stations, barber shops, shops, gas stations, community centres.
- ✓ Survey report – community action groups, community policing groups, PTAs.
- ✓ Draft interagency procedures - Police Force Juvenile Branch, Ministry of Education, Ministry of Health, Childcare & Protection Agency, community coalition groups
- ✓ Parenting handbooks (75 handbooks compliments of ChildLink & positive parenting handbook produced by the project) - health centres, parents, schools, churches
- ✓ Fliers (compliments of Help & Shelter) – health centres, parents, schools
- ✓ 54 child abuse prevention training manuals (compliments of ChildLink) - teachers, Sunday school teachers

2.7. Service contracts

There were no service contracts offered for any works, services or supplies above 10.000€, during the implementation of the Action.

2.8. Sustainability after funding has ended

The psychosocial and therapeutic support services offered to children during the implementation of the action will be continued in 2 of the communities by Help & Shelter. This activity will continue to be integrated with home visits which maximize the impact of the service. There will be an effort to maintain all the counselling sites established during the Action.

Sustaining other components of the Action after funding has ended, is cradled in the community action groups' (community coalitions) commitment to work at the local level to utilize the resources and materials produced by the project. All the target communities have signaled their intention to continue the parenting programmes and youth empowerment sessions.

Advocacy and sustenance of the community responsiveness will also be the groups focus.

2.9. How has the Action mainstreamed cross-cutting issues?

The Action has placed considerable emphasis on the role of civil society and other local entities' involvement in promoting the human rights of all groups, which strengthens the tenets of democracy and good governance at the national and local level.

The stakeholders that are active members of the community coalitions have all brought a cross section of issues and experiences to the mainstream that they consider need the attention of the political and national players.

There was discovered in the various target communities, a voice to lobby for issues such as gender suppression which is directly linked to the economic status of families and which is in turn inextricably bound to the Action's main objective of promoting the rights of the child, in both physically and environmentally safe environments.

The active involvement by the people in this Action has also provided communities with an opportunity to realise the value of their inputs and participation in the collective development agenda of the society and communities.

Parents became aware of how changing their attitude towards corporal punishment, gender-based violence and family planning lends a voice to the global call that seeks to remove violence from the home and school environment and create economically stronger families.

Through the expanded reach of the Action, made possible by healthcare professionals who were trained and who work and reside in rural areas, there exists the opportunity for the indigenous communities to be linked to a service rendered, that guarantees the human right to the best practice in health care and the cross cultural issue of abuse that affects children in all communities.

In the communities there is a lot of work being done in the area of HIV/AIDS especially with youths, but this epidemic remains a critical factor for an overall safe and viable state of families. Stigma and discrimination still fuel the demand for public education and interventions.

2.10. How have the activities been monitored?

Project activities have been monitored by the project management committee and the board of Help & Shelter. Monthly narrative and financial reports have been submitted and reviewed to ensure that the implementation of project activities was kept on track.

The communities participated in the monitoring of activities through their representation on the project management committee.

A survey was done in all the target communities to ascertain the level of impact of the activities (the report accompanies this report).

2.11. What was learned from the Action

- Communities across the landscape of the country need to get involved in child rights issues.
- There is support within the communities for the promotion of non-violence in homes and institutions.
- There needs to be a coordinated approach to the enforcement of the laws and protocols that govern child protection and abuse.
- More community-based and innovative interventions are needed to change the cultural and traditional customs that reinforce the view that violence in families is acceptable

- Corporal punishment needs to be subjected to more review for its relevance in the system of discipline and its impact on the collective trust of human development.
- Healthcare workers and teachers need continuous engagements to reinforce the mandate of the Protection of Children Act.
- Counselling and psychosocial services need to be made available in community-based settings so referrals can be more effectively dealt with, especially for women and children.
- More men need to be reached with information on spousal and child abuse and the integral role of the males in the family structure.
- Law enforcement agencies need to work more closely with the other agencies tasked with preservation of human rights.
- Communities have to utilize more advocacies to address social maladies.
- Behavioral change can only be triggered through interventions that build capacity and foster inclusivity and exposure to new concepts.
- Long term funding is critical for community-based projects for more in-depth impact.
- Culture, customs, traditions and religious beliefs are at the base of people's actions; unless these key tenets are addressed in a cordial and comfortable atmosphere there is no hope for effective behaviour change at the societal level.

This body of knowledge that has resulted from the Action will be relevant to the crafting of other projects that target similar beneficiaries. Lessons learned will also help to inform other agencies that work in the same field.

The lessons and experiences gleaned from the implementation of the Action were presented at the round table session in March 2012 and were given additional mileage through media releases.

Monthly reports were published on our website, which accommodates the sharing of information and lessons learned.

3. Partners and other Cooperations

3.1. Help & Shelter did not have any partners in the Action

3.2. No Partners were involved in the Action

3.3. Relationship with State authorities

Help & Shelter enjoys good and responsive relationships with the state authorities across several ministries and agencies. Support and collaboration on other projects has helped to foster working relationships that benefit the state's mandated responsibility and the services we offer to vulnerable groups at a national level.

The relationship between the state and Help & Shelter has benefited the Action and reflects a continuance of collaboration on human rights, anti-violence, education and other civil rights issues that are part of confluence of actions in the pursuit of the conventions on the rights of the child and millennium development goals that the state subscribes to.

As part of the established principles of collaboration between Help & Shelter and the state, the project made a significant number of referrals to the Childcare and Protection Agency, the state agency that has legal responsibility for children who suffer violence, trauma, neglect or any other form of abuse.

3.4. Organisations involved in the implementation of the Action

1. Childlink Inc.

This organisation was the funding partner for the Pickney Project in the Sophia community, which Help & Shelter implemented prior to the Child Protection Project. Childlink Inc. supported the Action by providing handbooks and training manuals, which boosted our resource materials.

2. Concerned Citizens Against Domestic Abuse

This Atlanta-based non-profit organisation has provided co-funding for the Action. CCADA was formed in August 2010 after a meeting in Guyana between founder Carol Fraser and a team of Help & Shelter members.

3. The final beneficiaries and target groups

The relationships with the beneficiaries can be best captured in the oral feedback from the final meetings in the target communities.

Sophia

- We will continue to do the parenting session. But we will have to network with both our resource persons and materials to be able to reach all the sections in the community.
- I feel reenergized to continue this work, especially after viewing the presentation at the Round Table.
- I have indentified 2 places within the community where we will begin our parenting programmes.
- It is very important that we build on the success of the project and use the experiences to further reach the more vulnerable.
- I hope we can duplicate successful children programmes for other areas right within our one community
- This project has empowered parents to act and also reach out to others who really need help.

Members of the Sophia coalition group have identified a date for the first session in continuance of the parenting programme.

Zeelugt

- A child was abused by a family member just a week ago, and I got involved. Had I not been involved with this project I don't think I would have been part of the response that brought help to that child.
- As a teacher I see my role as very clear and I'm committed to be part of the community group once it will mean improvement in the live of children
- It's an uphill battle but I would like to see the level of abuse in the community decline.
- I will work on setting up an after school programme for children
- Some help has come from the regional body and soon there be more structured recreational activities in the community.

- I will support and work at building my capacity to conduct parenting sessions, so we can continue what the project succeeded at.
- I note that since the parenting programmes the teachers are more sensitive to the background of children and how it fuels their actions at school.
- The churches and other faith based groups have responded well so we have keep working with them the spread child protection awareness and non violent parenting, Thanks to the project.

The head teacher of the Zeelugt Primary school commended the project team and remarked that her teachers are continuing to use the resources and information they got at the training workshop and parenting programmes.

Good Hope

- As a result of this project there are now parents mobilizing to work with other parents to impact safer homes and better parent/child relations.
- We still have many issues that affect the welfare of children but we have started to find resources among ourselves.
- The NDC is willing to be part of any initiative that would make our communities better for the children.
- We have a small group of person ready to continue the parenting work.
- We are still looking for a way to attract teenage children to get involved in child protection and child abuse prevention engagements.
- We will continue to work with the policing group, PTA, churches and the NDC in public awareness activities that highlight family empowerment through non violent means.

Hague

- Hague is a small community and though the project has lifted our parents' awareness, I think we may need to work also in our neighboring villages.
- I think the PTA remains a very good avenue to continue the work the project has started in the community.
- We will review the survey report and find ways where we can make more impact in the community.
- There are no youth activities in the community so our children are influenced by the trends in other villages.
- I'm thankful that we have the resources provided by the project which will help us to reach others.
- I would like to see more men coming out to our sessions, but being a farming community, it's sometimes very hard to find time to attend.
- The 2 sections of the community need to work together for better impact.
- We hope to start regular Be Safe session at schools so the children expand their understanding of self empowerment.

The head teacher of the Hague primary school has signaled her intention to spearhead the work of the community coalition and will use the PTA as a main conduit of the parenting and child empowerment initiatives. She has also committed to making the school available for any activity that will enhance the safety and welfare of the community's children and families.

3.5. Existing synergies

The links and synergies created during the implementation of this Action are best described by the relationship between the mobilisers and other persons from the community coalitions who worked side by side with the project team to realise positive results. These same community personalities have taken full ownership of the project objectives and intend to work with whatever resources they have to sustain the work which was started.

3.6. If the organisation has had any previous EU grants targeting the same group, how has it complemented the previous Action? List all previous EU projects.

No previous EU grants,

3.7. Evaluate the services of the contracting authority

The contracting authority was professional and clear in it directives and communications.

4. Visibility

EU’s contribution to the action has been recognised is all reports, in all media releases and on all publications produced by the Action

There is no objection of the report being published on the Europe Aid website

Name of the contact person for the Action: Josephine Whitehead

Signature Location: Georgetown, Guyana

Date report due Date report sent