

COMMUNITY-BASED, HOLISTIC APPROACHES TO INCREASING THE WELL-BEING OF AFRICAN CHILDREN

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Although African children are highly resilient, many African children grow up today in very difficult circumstances characterized by problems of violence, poverty, and poor health care (Dawes & Donald, 1994). For example, in Angola and Sierra Leone, war and systemic violence have amplified poverty, severely damaged health and educational infrastructure, and placed large numbers of children at risk physically, socially, psychologically, and spiritually. In situations of armed conflict, children often suffer attack, separation from and loss of parents, displacement, abduction and forced soldiering, sexual violence, hunger, and increased health problems of various kinds. Further, in countries such as Uganda, the HIV/AIDS pandemic has taken a heavy toll on children and families. The most crisis besieged African countries have mortality and morbidity rates for infants and children under five years of age that rank among the highest in the world.

In this context, it is vital to construct holistic interventions that are as systemic as the problems facing children. The purpose of this paper is to outline the holistic intervention strategy of Christian Children's Fund (CCF), an international non-governmental agency headquartered in Richmond, Virginia, and to illustrate the application of the strategy on issues of healing wounds of war, reintegration of underage soldiers, and community-based health.

The CCF Well-Being Strategy

Founded in 1938, Christian Children's Fund is a non-profit, non-sectarian agency that promotes the well-being of over 2.5 million children in 32 countries. Recognizing the necessity of holistic approaches, CCF recently adopted a well-being program strategy that is framed by the U. N. Convention on the Rights of the Child and has three central tenets. First is the necessity of focusing on the whole child. Although programs frequently focus on one element of development, child development is in fact an integrative, holistic process in which there is

continual interplay between physical, emotional, cognitive, social, and spiritual elements. To make progress in some areas, it is often necessary to enable development in other areas as well. For example, in needy areas it is often a high priority to build schools and to encourage attendance by children. But in areas racked by war, violence-affected children may not be in a good position to learn. To enable full educational and cognitive development, efforts must be made to address violence-related stresses and to rebuild the social integration destroyed by armed conflict. In this sense, psychosocial programming should be an integral part of comprehensive efforts to assist children's well-being. In fact, a major goal of the CCF well-being strategy is to integrate psychosocial programming on aspects such as stress reduction, early stimulation and, behavioral health into its activities agency wide.

Second, child development occurs in a rich ecological context that includes the family, community, ethnic group, and societal influences. There is a continuing interplay between macro-level influences such as poverty and militarism with micro-level processes such as those which occur within the family or in the community. This ecological perspective reminds one that in order to assist children in difficult circumstances, it is necessary to strengthen and support children's life support systems, particularly the family. Individualized approaches are unlikely to succeed. Further, children's roles and development are culturally and socially constructed. One cannot assume the universality of views of childhood constructed in industrialized, Western contexts. The CCF strategy recognizes the importance of learning from local people and of respecting and, where appropriate, strengthening African traditions that have been damaged by centuries of colonialism and oppression. Traditions themselves constitute an important psychosocial resource as they provide a sense of social identity, self-esteem, and continuity in difficult circumstances.

Third, violence has reached epidemic proportions. In countries such as South Africa, decades of political violence have been followed by a wave of criminal violence that threatens children's well-being on a large scale. In zones of armed conflict, violence is systemic and pervasive at

levels ranging from the family to the societal. Large numbers of African youths have been militarized, denied education and job training, and continue lives of banditry and crime even following the signing of a cease-fire. The continued fighting blurs the lines between war and peace in many African countries, and it keeps large numbers of families living in emergency conditions. The CCF strategy recognizes that violence must be addressed through interventions that encourage healing and build bridges between a painful past and a hopeful future. It also recognizes the importance of prevention. Children are not well served by allowing the violence to occur and then trying to pick up the pieces afterward.

In implementing the strategy, CCF is taking a holistic, culturally grounded approach that assigns local people key leadership positions, mobilizes communities, uses local cultural resources, and builds local capacity. Since few roadmaps exist on how to work holistically and strong need exists for programs of the highest caliber, CCF builds extensive monitoring and evaluation into its programs. As illustrated by the work described below, the community-based approach of CCF aims to empower local people and to set in motion social processes and improvements that will endure long after the program funding period has ended.

Community-based Healing

In Angola, torn by armed conflict for over 35 years, several generations of children have grown up with war as a constant. Following a brief ceasefire in 1991 and the rejection by UNITA, the opposition group, of the results of the first free elections, Angola plunged into highly damaging phase of war in 1992. By 1993, nearly 1,000 people died daily. Large numbers of civilians, mostly women and children, were subjected to direct attack, community destruction, displacement, landmines, and sexual violence. By 1994 and the signing of the Lusaka Protocol, the international had responded with extensive material assistance. The Angolan government, noting the depth of the psychological wounds, invited CCF to provide psychosocial assistance.

The psychosocial needs were profound by any measure. In a worst-case study of 200 displaced children living in Luanda, CCF/Angola observed that 27% of children had lost their

parents; 94% had been exposed to attacks; 66% had witnessed mine explosions; 36% had lived with troops; 7% had fired guns; and 65% had escaped death. Children in the same sample reported fright and insecurity (67%), disturbed sleep (61%), intrusive images (59%), frequent thoughts about war (89%), and sensory-motor disturbance (24%). To address these needs, CCF/Angola, with the guidance of Carlinda Monteiro, constructed a national team of five Angolan trainers having backgrounds in education and social work. The trainers realized that psychosocial stresses had to be understood in cultural context. For example, in an orphanage, children were unable to sleep because they believed they were being haunted by a bad spirit. This led the trainers to seek the assistance of a traditional healer, who conducted a ritual to get rid of the bad spirits, and this enabled the children to sleep again. These and related experiences led the team to work to integrate Western and traditional approaches to assisting children. This insight became part of the foundation of a program to assist children training of adults who work with children.

To integrate psychosocial assistance into different sectors, the trainers conducted week-long training seminars for adults working with various NGOs and government agencies. Conducted in a participatory mode and tailored to the low levels of formal education, the seminars were spaces for mutual learning and problem-solving about how to assist war-affected children. The curriculum included children's healthy psychosocial development, the impact of war and violence on children, local belief and rituals surrounding loss and bereavement, activities for assisting children, and nonviolent conflict resolution. The activities for assisting children consisted of expressive arts such as drawing, song, dance, story-telling, drama, and other tools for improving emotional integration. Although the seminars did not teach traditional practices, they valorized these practices and encouraged discussion of how to combine the tools of different cultural systems to assist children. Following training, the adults implemented activities on behalf of children and received follow-up support from the trainers. The main results from this pilot

project—reduced problems related to sleep and aggression and improved social integration—led the team to expand the program on a national scale from 1995-98.

With the assistance of major funding from the U. S. Agency for International Development, CCF/Angola implemented the program in the eight most severely war-affected provinces: Benguela, Bie, Huambo, Luanda, Malange, Uige, Huila, and Moxico (in the latter two provinces, CCF collaborated with UNICEF). In each province, there was a three-person team of trainers who knew the local language and culture and who were respected by local people. Applying the model used earlier in Luanda, these trainers conducted week-long training seminars aimed to build local capacity to assist children and to mobilize communities around children's needs.

The province-based trainers' work included seven steps (Green & Wessells, 1997). First, the team conducted a local situation analysis to identify the areas of greatest need. Second, the team visited local communities, meeting with and demonstrating respect for local sobas (traditional chiefs), elders, influential women, and caregivers. If they expressed having strong material needs, the CCF trainers worked with other NGOs and local agencies to meet the material needs. Third, the trainers conducted sensitization dialogues with community groups. Many local people viewed problems such as children's aggression as signs of disobedience rather than as impacts of war experiences of violence. The sensitization dialogues helped local people understand children's behavior and activated them around assisting children. Fourth, using the community networks identified in the first two stages, the trainers selected well respected adults such as organizers of youth groups or teachers who were in a good position to assist children. Fifth, the trainers conducted week-long training seminars for groups of approximately 20 adults using the curriculum outlined above. Follow-up support was provided through regular site visits. Sixth, the trainees implemented activities on behalf of children. As the project evolved, trainees included more activities such as soccer teams and drama groups for increasing social integration. Since local people needed to see tangible improvements in their circumstances, the teams also began a program of giving small grants for community-planned projects such as school

construction or building community huts. Seventh, the work was evaluated using a mixture of qualitative and quantitative methods and indicators.

Over three years, the project trained 4,894 adults, who in turn assisted nearly 300,000 children. The impacts on children included improved child-child and adult-child relationships; improved behavior and cooperation in the classroom; less evidence of war-related games and toys; diminished isolation behavior; reduced violence and aggressive behavior; fewer concentration problems; decreased hypervigilance; increased hope; and improved school attendance. Adults, too, reported discernible benefits. Many reported that the training seminars had for the first time provided space in which they could begin coming to terms with their own war experiences. Sobas and elders reported that communities had become more active and hopeful as a result of the project. The community development projects had particularly large impact. As schools were built, for example, the physical structures became tangible symbols of communal healing and monuments to people's hope and resilience. These spin-off effects serve as a poignant reminder of the close connections between physical community development and psychosocial reconstruction.

In late 1998, war re-erupted in Angola, necessitating adjustment in this work. Still, the CCF team is continuing its presence, and the psychosocial work is as timely as ever for building communities' resilience and ability to tolerate the enormous difficulties associated with the war. Equally important, the approach of CCF/Angola provides a model that can be used to assist children on a large scale elsewhere. Already, CCF is adapting and using the model in Sierra Leone, Uganda, South Africa, Guatemala, and Albania.

Reintegration of Former Child Soldiers

In many African countries, troop shortfalls, widespread availability of light weapons, and failures to protect children have led military commanders to exploit children under 15 years of age, in violation of the U. N. Convention on the Rights of the Child (Brett & McCallin, 1996; Wessells, 1997). Although most child soldiers are in the age range of 14-17 years, children as

young as 7 years have been recruited. Children serve a variety of roles such as combatants, cooks, porters, bodyguards, and spies. In countries such as Ethiopia, girls comprise approximately 25% of the combatants. In many countries, girls are forced into sexual slavery, serving as “soldiers’ wives.”

Although some children are drawn into the military by hopes for power, money, or family honor, the more typical entry motives are victimization, desperation, and force. Often, children who have been separated from parents see the military as their best hope for food and survival. In Uganda, Joseph Kony’s so-called Lords Resistance Army forces children into the military at gunpoint, and resisters and deserters are either mutilated or killed. In the recent fighting in Sierra Leone, commanders forced youths to mutilate members of their own villages, thereby breaking the social bonds and insuring the youths will stay with the military.

The damage and suffering inflicted on child soldiers is morally repugnant and unacceptable. In addition, highly militarized youths who have been deprived of education and job training, who have little hope for the future, and who understand the power associated with guns, can have a marked destabilizing effect on societies. Steps are needed to reintegrate former child soldiers, to help them abandon their military identity, and to enable them to have a positive future in civilian life.

Accordingly, CCF has established programs for assisting former child soldiers in countries such as Angola and Sierra Leone. The CCF programs are culturally grounded and community-based rather than center-based. Although center-based programs may be useful in providing a transition space and basic counseling services, centers tend to become long-term residences, and little attention is typically given to follow-up and community integration. In addition, Western counseling is ill-advised in some contexts. In many Bantu cultures, for example, rural peoples believe that children who kill in combat are contaminated by the unavenged spirits of the people they had killed. Trauma is less the problem than is the breach between the living community and the community of the ancestors. A traditional purification ritual may be more appropriate in this

context than would Western counseling. In fact, many people believe that talking about one's war experiences invites the bad spirits to re-enter (Honwana, 1997).

In Angola, the CCF province-based teams, collaborating with UNICEF, have assisted former child soldiers through a network of approximately 200 *activistas*. Many of the *activistas* were connected with the local church and were recognized by their communities as being in a good position to assist returning youth. The provincial teams trained the *activistas* on the psychosocial impacts of child soldiering and on methods of enabling the integration of former soldiers. Following the training, the *activistas* conducted their work in three steps: preparation, re-entry, and reintegration.

While the former soldiers, whose median age was 13-14 years, were in quartering areas, the *activistas* traced and notified their families. The *activistas* listened to family members' concerns, educated them about the situation of child soldiers, and advised them on how to aid family and community reintegration. They also worked to increase understanding that problems such as disobedience might stem not from bad character but from war experiences. In the community, *activistas* worked to raise awareness of the needs of former child soldiers, to reduce stereotypes, and to hear concerns about their return. They also worked to gain support of local officials by conducting meetings with *sobas*, government leaders, and community influentials.

The re-entry work was very dangerous since Angola remained a divided country, and strong pressures existed in UNITA-controlled areas to continue fighting and to reabduct former soldiers. There were reports that groups of demobilized youths had been re-recruited, and some youth had disappeared en route to meeting their families. Further complications included last-minute changes in transportation dates and destination points, route changes, and difficulties of family travel in dangerous conditions. Recognizing that family reunification is one of the most basic forms of psychosocial assistance to children, the *activistas* provided extensive logistical and transportation support, accompanying the child soldiers to their rendezvous points and arranging temporary foster care when it was impossible for the families to meet the children. Of the 4,104

youths demobilized into the CCF/UNICEF project areas, over 50% were successfully reunited with their families. The activists also arranged community receptions, which were important in reconciling former child soldiers with their communities. Families and communities greeted the returning youth with great relief and joy that occasioned singing, dancing, and traditional re-entry rituals in which adults sprinkled the youths' faces and heads with flour or water.

To aid social reintegration, the CCF teams worked extensively with local cultural resources. With the aid of ethnographic training from Dr. Alcinda Honwana, a Mozambiquan social anthropologist, the teams documented traditional healing practices and their surrounding belief systems regarding life and death, illness and health. This documentation was a key part of the mobilization process since it valorized local practices and boosted the self-esteem of people whom colonialism had taught to regard their own culture as inferior. Although the evidence is preliminary, traditional purification rituals appear to have powerful effects on individuals and communities. If a returning child soldier is deemed to be contaminated spiritually, then the local healer arranges a communalized purification ritual to restore spiritual harmony with the ancestors. The rituals vary according to the ethnic group, situation, and other factors. Typically, the rituals include a purifying diet; demarcation of a space that the bad spirits cannot enter; use of special herbs for fumigation and bathing; ritual offerings to the bad spirits; and a symbolic action such as stepping across a threshold and not looking back. Such actions indicate a break with the past, and the healer may announce as it is performed that the young person's life as a soldier has ended and that he is now part of the community. The conduct of this type of ritual enables the community to accept the young person back without fear of spiritual reprisal. Although long-term follow-up studies of psychological adjustment have yet to be conducted, the youths who participate in these rituals seem to function remarkably well. There is great need of multicultural action research on these and related issues.

Social reintegration is a long-term, multifaceted process. In communities, activists have assisted by helping to identify school, job, and vocational training placements. These are vital for

building hope for the future and giving young people skills that will enable them to support themselves. In addition, participation in culturally appropriate patterns of activity provides a sense of normalcy, continuity, and social meaning (Gibbs, 1997). Unfortunately, many youths chose not to return to school due to embarrassment over having to take classes with young children in primary school. Since many youth will return to agricultural life, CCF/Angola, with the aid of funding from the World Bank, provided small grants for land purchase and quick-impact projects such as starting a small business. This approach underscores the importance of linking psychosocial healing with economic reconstruction in an integrated effort.

The re-eruption of war in Angola in December, 1998, disrupted work on reintegration of underage soldiers. Since more youths are being recruited at this writing, there will be great need of additional work along the lines outlined above. The same applies in Sierra Leone, where the CCF team has kept a presence under extraordinarily difficult circumstances but is now poised to help reintegrate former child soldiers. Although this reintegration work is prevention-oriented in that it seeks to reduce the risks of re-abduction and to create positive life options for youths, it is only one element of comprehensive prevention efforts. For this reason, the CCF teams have consistently supported policies that provide more effective protection for children and that outlaw such objectionable exploitation of children.

Health and Nutrition

In many African countries, children and families face very difficult health circumstances. In Uganda, for example, nearly every family has been impacted by the HIV/AIDS pandemic, and many children are HIV/AIDS orphans. Some orphans as young as 12 years are heads of families. CCF is addressing these problems through integrated approaches that link health and psychosocial elements. Since families affected by HIV/AIDS are often isolated and stigmatized, CCF/Uganda is working to build networks of support for affected families and to provide economic assistance for families whose earning potential has been devastated by losses of workers or by assimilation of orphans.

In its work to improve health, CCF takes a community-based approach that emphasizes self-help, working through local networks and processes, and building local capacity. In Senegal, for example, CCF conducts a four-year Child Survival project that is funded by USAID and that aims to improve the health of children under five years of age. Senegal's under-five mortality rate is 139 per 1,000 births, and nationally, 22% of children under five years suffer chronic malnutrition. In addition, large numbers of children suffer diarrheal disease.

Called "Community Action for Nutrition and Health," the project aims to reduce infant, child, and maternal mortality and morbidity through a comprehensive program consisting of multiple elements outlined as follows:

- *Nutrition/micronutrients*: growth monitoring, Vitamin A supplementation, anemia prevention, optimal feeding practices;
- *Control of diarrheal disease*: oral rehydration packets, food-based fluids, continued feeding and breastfeeding, symptom recognition, hand-washing and other prevention;
- *Malarial control*: impregnated bednets, prophylactic treatment for pregnant women, caretaker education in detection, care-seeking, and retraining village health workers;
- *Pneumonia case management*: training providers in case management, antibiotic supply, caretaker training in recognition, care-seeking, and compliance with treatment;
- *Immunization*: social mobilization, identification of drop-outs, improve government efforts;
- *Breastfeeding promotion*: promote exclusive breastfeeding through 4 months.

To build local capacity, the project uses an empowerment strategy of supporting Village Health Committees and Village Health Huts. It also builds the capacity of the Ministry of Health to improve the quality of services in the project areas, the rural subdistricts of Thiadiaye and Fissel, located in the Thies Region. Working through a network of community Health Motivators, the project provides education for caregivers and community influentials in behaviors that protect children and improve health. To work in the most impactful, comprehensive manner,

the project collaborates extensively with Senegal-based NGOs and institutions that focus on nutrition, agriculture, water supply, and national health programs.

As this example illustrates, health and psychosocial well-being are closely related. To improve health requires changing behaviors and attitudes of caregivers and community leaders. In addition, many health programs have limited impact because they fail to mobilize communities. This project emphasizes community-mobilization, which is in essence a psychosocial process. Processes such as mobilization and stress reduction are also part of holistic health. Mobilization generates hope, which in turn improves physical as well as emotional well-being. Similarly excessive stress can impair disease resistance and limit mothers' ability to make effective decisions about family health.

In light of these connections, CCF/Angola is now implementing a Child Survival program that integrates elements such as stress reduction, behavioral health, and community mobilization with more typical health interventions aimed at malarial control, immunization, and proper nutrition. This holistic approach is the hallmark of CCF's work on behalf of African children. In a very real sense, the well-being strategy is a matter of making programming as integrated, holistic, and dynamic as is the African child.

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