Alternative Child Care and Deinstitutionalisation in Sub-Saharan Africa

Findings of a desk review

Dr Ian Milligan, Mr Richard Withington, Dr Graham Connelly, Dr Chrissie Gale

November 2016

Table of Contents

Tables

Acronyms

CCI	Child care institution
CHH	Child-headed households
CWPC	Children without parental care
ICA	Inter-country adoption
INGO	International non-governmental organisation
NGO	Non-governmental organisation
OVC	Orphans and vulnerable children

Introduction

This desk review is part of a wider study commissioned to SOS Children's Villages International by the European Commission. The overall study aims to map the issue of alternative care and deinstitutionalization in countries in Asia, South and Central America, and Africa. It also seeks to increase the evidence on child protection, alternative care and deinstitutionalization and on how this can be addressed, in order to potentially inform future initiatives in these continents, at country or regional level.

The study comprises three continental desk reviews and six field-based case studies. This report is the desk review on alternative care and deinstitutionalisation in Africa. It is accompanied by two country case studies: one focussing on Nigeria and one on Uganda. The results of the regional reports and case studies are synthesised in a report entitled *Towards the Right Care for Children: Orientations for reforming alternative care systems. Africa, Asia, Latin America* (European Union, Brussels, 2017).

Aim of the study

This study aims to provide a brief mapping and summary of existing knowledge on alternative care and deinstitutionalisation in Africa.

In order to understand what can be actively undertaken to promote and implement policy and practice for deinstitutionalisation, it is important to understand the situation of children who are at risk of losing, or have already lost, parental care as well as the alternative care options available. It is also important to know about elements of the child protection system that function to prevent unnecessary placements into care and the provision of suitable alternative care placements other than institutionalisation. To this end, this study has considered a body of literature that documents these factors, taking both regional and individual country perspectives.

The overall purpose of this study is to present an 'introduction' to alternative care systems in Africa. It is hoped that the scope of this study will contribute to a wider understanding of 'institutional' practices in Africa. To help achieve this, we provide context- specific definitions and concepts of institutionalisation and alternative care, and identify similarities, differences, challenges, and achievements in the countries under study.

Scope of the study

The Sub-Saharan region

The geographical scope of this report is substantial and it would be impossible, within the time and resources available, to provide a thorough analysis of alternative care and deinstitutionalisation efforts in every single country. It is, therefore, a report of *selected* findings, based on detailed reports and studies from many countries, and groups of

countries, from all parts of the region. There are also some very useful reports, often commissioned by large International NGOs (INGOs) examining key issues such as kinship care and programmes for *Orphans and Vulnerable Children* (OVCs), covering sub-regions, e.g. East and Central Africa, West Africa, and Southern Africa. A large collection of documents of various kinds has been assembled and consulted (see methodology section for more detail). Inevitably, there are many more sources for some countries than others; however, this report does draw on as wide a range as possible, and aims to present the findings that are most significant in terms of the rights of children, and the efforts of state and non-state bodies to meet those rights.

Alternative Care

This report is about *alternative care*, which refers to children in formal or informal care settings and also to prevention efforts which focus on preventing the separation of children from parents or kin. It is based upon the *Guidelines for the Alternative Care of Children*[1] (Guidelines) as the principal frame for conducting the review and informing the analysis. As the focus is upon child protection/alternative care, the desk review does not cover literature on juvenile justice, although reforms in that field are also ongoing and include significant elements of deinstitutionalisation. In some countries some residential care facilities are used for both child protection and juvenile justice 'placements'. The Guidelines identify two basic principles that are described as the 'pillars' of the Guidelines: 'necessity' – that alternative care is genuinely needed, and 'suitability' - that when it is necessary, it is provided in an appropriate manner.[2] This review also includes some material on adoption, although adoption is not covered under the Guidelines for the simple reason that an adopted child is no longer deemed to be within the care system. Nevertheless, child protection social service agencies are often involved in managing domestic (national) adoption or monitoring inter-country adoption. In a few (mostly poorer) countries, there are examples of very inappropriate 'connections' between inter-country adoption and residential facilities, i.e. residential facilities being set up for the explicit purpose of facilitating ICA.[3]

We have discovered many reports that focus on *institutional care* and *kinship care*, and relatively few studies which examine *formal fostering*. It is very important to be aware of the different forms of group care and to distinguish between institutional care and other forms of residential child care. Much literature takes a starting point that all forms of residential care are institutional and to be condemned or closed down as soon as possible. But we need to be wary of dominant 'grand narratives', driven by 'western' experiences and perspectives, that refuse to accommodate other voices, including the

---

1 United Nations General Assembly. (2009). Guidelines for the Alternative Care of Children. Resolution A/RES/64/142.
2 Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012). Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'. UK: Centre for Excellence for Looked After Children in Scotland, p.22.
3 http://www.alternative-care-uganda.org/problem.html

views of those who may have positive memories of being cared for in what many describe as 'institutions'[4].

In this desk review we refer to many reports emphasising the problems facing vulnerable children and families in situations of extreme poverty, where large-scale institutional provision is the main form of care and where other forms of community-based support services are absent and proper individual assessment and gate-keeping seriously deficient. While the growth in number of institutions in recent years is undoubtedly a cause for concern, governments across Sub-Saharan Africa have also had to address the needs of much larger groups of vulnerable children: the OVCs who are not drawn into the alternative care system.

Orphans and Vulnerable Children (OVCs)

The term OVC is widely used to identify the large groups of children, mostly living with parents or kin, where severe poverty and loss of carers means that the children lack sufficient food and access to health, education and psychological support. Parents or carers too often require various forms of practical or emotional support as the traditional kin and community networks weaken. Many of the reports we consulted referred to policies and strategies to meet the needs of these very large, and rather ill-defined, groups.[5]

One result of the HIV/AIDS crisis has been the emergence of a new group of highly vulnerable children – the so-called 'child-headed households' (CHH), where a sibling group live under the care of the oldest child. The number of CHH has sometimes been mapped, and one study in 2000, which drew together statistics from various national or district reports, found the prevalence of CHH was 30 per 1,000 households in the Rakai district of Uganda, 4 per 1,000 in Zimbabwe and 0.3 per 1,000 in Tanzania[6]. Many OVC programmes will seek to target these households, among others.

Definitions

Alternative care: This includes formal and informal care of children without parental care[7]. Alternative care includes kinship care, foster care, other forms of family-based or family-like care placements, supervised independent living arrangements for children, and residential care facilities.

---

4 Smith, M. (2016). Preface. In T. Islam and L. Fulcher (Eds). Residential child and youth care in a developing world 1: Global perspectives. Cape Town, SA. The CYC-net Press, p.vii.
5 Boston University Center for Global Health and Development in collaboration with University of Nairobi Institute for Development Studies. (2009). Kenya Research Situation Analysis on Orphans and Other Vulnerable Children: Country Brief. Boston University/USAID.
6 Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. Psychology, Health & Medicine, 5(1), pp55-62.
7 UN General Assembly. (2009). Guidelines for the Alternative Care of Children.

Children: Defined as girls and boys under the age of 18 years.[8]

Children without parental care: 'All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.'[9]

Formal care: All care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.[10]

Foster care: 'Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved and supervised for providing such care.'[11]

Informal care: Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ('informal kinship care') or by others in their individual capacity, at the initiative of the child, his or her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.[12]

Institutional care: 'Large residential care facilities,'[13] where children are looked after in any public or private facility, staffed by salaried carers or volunteers working predetermined hours/shifts, and based on collective living arrangements, with a large capacity.[14]

Kinship care: 'Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.'[15] Kinship care is both a form of permanent family-based care and a form of temporary alternative care. There are two types of kinship care.

Informal kinship care is: 'any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ... at the initiative of the child, his/her parents or other person without this arrangement

---

8 based on Article 1 of the UN Convention on the Rights of the Child (CRC). (UN, 1989).
9 UN General Assembly. (2009). Guidelines for the Alternative Care of Children, Article III, 29a.
10 UN General Assembly. (2009). Guidelines for the Alternative Care of Children, Article III, 29b.ii.
11 UN General Assembly. (2009). Guidelines for the Alternative Care of Children, Article III, 29c.ii.
12 ibid., 29b.i.
13 UN General Assembly. (2009). Guidelines for the Alternative Care of Children, p.5.
14 NGO Working Group on Children Without Parental Care. (2013). Identifying basic characteristics of formal alternative care settings for children: A discussion paper.
15 UN General Assembly. (2009). Guidelines for the Alternative Care of Children, Article III, 29c.i.

having been ordered by an administrative or judicial authority or a duly accredited body.'[16]

Formal kinship care is care by extended family or close friends, which has been ordered by an administrative or judicial authority or duly accredited body.[17] This may in some settings include guardianship or foster care.

Residential care: 'Care provided in any non-family based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.'[18]

Small group homes: Children are cared for in smaller groups, with usually one or two consistent carers responsible for their care. This form of care is different from foster care in that it takes place outside of the natural 'domestic environment' of the family, usually in facilities that have been especially designed and/or designated for the care of groups of children.[19]

---

16 ibid., 29b.i.
17 ibid., 29b.i.
18 UN General Assembly. (2009). Guidelines for the Alternative Care of Children, Article III, 29c.iv.
19 NGO Working Group on Children Without Parental Care, Formal Alternative Care Settings for Children.

Methodology

The methodology employed in this study has been guided by recognition of a systems approach to child protection. It has also been framed by the principles of 'necessity' and 'suitability': that alternative care is genuinely needed and, when this is so, care is provided in an appropriate manner.

Literature Review search terms

A literature review has been conducted by means of a systematic search of academic and other web-based databases and identification of additional reports and materials including some unpublished literature. To source this literature, a set of search terms was used relevant to the focus of this paper. These search words, applied for each country, included:

Table 1: Literature search terms and results

Search terms
children without parental care in + country
children in alternative care in + country
children in institutions + country
children in foster care in + country
children in informal care in + country
gatekeeping in + country
child care reform in + country
child protection system in + country
deinstitutionalisation in + country
decision making for children in + country
child protection assessment in + country

The search largely considered documents that had been published in the past 10 years. Some unpublished literature was included when provided from a known professional source. In total, over 130 reports, evaluations and academic peer reviewed documents, with specific reference to the whole of Sub-Saharan Africa and individual countries, were found and scrutinised. Additional documents relevant to the topic of alternative care, and used for the purpose of informing the framework in which the study has been conducted, were also reviewed. A list of all documents can be found in the reading list attached as Annex 1.

Information was extracted from these documents to provide information on the following topics:

- Country context and general background information
- Reasons given for children being placed in, and remaining in care
- Documented outcomes for children in care
- Types of formal alternative care in the country
- Types of informal alternative care in the country
- Number of children without parental care
- Number of children in residential facilities
- Number or rate of children in formal alternative care (by different forms of formal alternative care)
- Number or rate of children in informal care
- Legal and Policy Framework
- Lead agencies responsible for child protection and child care systems
- Leaving care
- Adoption
- Care planning process and decision making (including gatekeeping and review of placements)
- Information on other family support services relevant to child protection
- Information on social work services including workforce capacity, training etc. of social workers, care providers, and carers
- Use of data
- Other relevant information

Sub-Saharan Africa

This report will draw on sources from many countries in the 'Sub-Saharan' region, thus does not include the countries of North Africa. Sub-Saharan Africa is, geographically, the area of the continent of Africa that lies south of the Sahara Desert. Politically, it consists of all African countries that are fully or partially located south of the Sahara (excluding Sudan, which is usually considered part of North Africa even though it sits in the east of the Sahara Desert). The United Nations definition of North Africa includes seven countries and territories: Algeria, Egypt, Libya, Morocco, Sudan, Tunisia and Western Sahara.[20]

Under the UNICEF classification there are 48 countries in Sub-Saharan Africa (see Table 2 below). It is a region marked by widespread, extreme poverty. The bottom 16

---

20 Source: Wikipedia, North Africa, https://en.wikipedia.org/wiki/North_Africa

countries in the global Human Development Index (HDI) (2015) are all in this region.[21] Even the two countries in the region with the highest (nominal) GDP (Nigeria and South Africa at 24th and 33rd in the global GDP rankings respectively (IMF, 2015)[22]) are found at 152 (low) and 116 (medium) in the HDI rankings. This region is also home to 90% of the 17m children who have lost one or both parents to AIDS.[23]

Child population

The population of Sub-Saharan Africa is fast growing. It was estimated to be around 800 million in 2007 but, with a current growth rate of 2.3%, the UN predicts a population of between 1.5 and 2 billion by 2050. Sub-Saharan African countries top the list of countries and territories by fertility rate, with 40 of the highest 50, all with total fertility rate (TFR) greater than 4 in 2008. All are above the world average, except South Africa and Seychelles. More than 40% of the population in Sub-Saharan countries is younger than 15 years old, with the exception of South Africa.[24] In some of the poorest countries, under-18s constitute over 50% of the population.

Religion

Religion is major feature of life in Sub-Saharan Africa, where many countries are classified as having a Christian majority, while in others the Muslim faith is dominant. Numbers and percentages are usually estimates, as reliable censuses may never have been carried out and, in any case, rapid population growth and migration may render previous estimates redundant. In many places, faith is actively practiced and is a major feature of day-to-day life and public discourse. This is significant with regards to alternative care, as all religions encourage their adherents to take care of those who are excluded or vulnerable, and the needs of children are often prioritised. There is a history of provision of Christian orphanages, along with education and health services. There appears to be less documented evidence relating to this type of provision by other faiths, however, there are also reports (much less frequently documented) of residential facilities being developed in madrassas serving Muslim communities.

The transnational character of many denominations means that churches in the developed world often have connections with African countries. These connections (much facilitated by the internet and social media) can facilitate interest and financial support. This is discussed later in this report.

---

21 Source: Wikipedia, List of countries by HDI, https://en.wikipedia.org/wiki/List_of_countries_by_Human_Development_Index#Complete_list_of_countries
22 Source: Wikipedia, List of countries by GDP, https://en.wikipedia.org/wiki/List_of_countries_by_GDP_%28nominal%29
23 Source: USAID, https://www.usaid.gov/what-we-do/global-health/hiv-and-aids/technical-areas/orphans-and-vulnerable-children-affected-hiv
24 Source: Wikipedia, https://en.wikipedia.org/wiki/Sub-Saharan_Africa

#	Country	Total population	<18s	<18s %	<5s	<5s %
1	Angola	22,137,000	11,619,000	52.5	4,021,000	18.2
2	Benin	10,600,000	5,099,000	48.1	1,657,000	15.6
3	Botswana	2,039,000	811,000	39.8	232,000	11.4
4	Burkina Faso	17,420,000	8,859,000	50.9	2,983,000	17.1
5	Burundi	10,483,000	5,164,000	49.3	1,897,000	18.1
6	Cameroon	22,819,000	11,037,000	48.4	3,630,000	15.9
7	Cabo Verde	504,000	180,000	35.7	48,000	9.5
8	Central African Republic	4,709,000	2,148,000	45.6	674,000	14.3
9	Chad	13,211,000	7,092,000	53.7	2,457,000	18.6
10	Comoros	752,000	354,000	47.1	116,000	15.4
11	Congo	4,559,000	2,170,000	47.6	738,000	16.2
12	Cote d'Ivoire	20,805,000	9,765,000	46.9	3,196,000	15.4
13	Democratic Rep. of Congo	69,360,000	34,914,000	50.3	11,907,000	17.2
14	Djibouti	886,000	347,000	39.2	109,000	12.3
15	Equatorial Guinea	778,000	341,000	43.8	115,000	14.8
16	Eritrea	6,536,000	3,118,000	47.7	1,060,000	16.2
17	Ethiopia	96,506,000	47,034,000	48.7	14,249,000	14.8
18	Gabon	1,711,000	747,000	43.7	243,000	14.2
19	Gambia	1,909,000	971,000	50.9	339,000	17.8

20	Ghana	26,442,000	11,601,000	43.9	3,677,000	13.9
21	Guinea	12,044,000	5,746,000	47.7	1,886,000	15.7
22	Guinea-Bissau	1,746,000	817,000	46.8	270,000	15.5
23	Kenya	45,546,000	21,524,000	47.3	7,048,000	15.5
24	Lesotho	2,098,000	906,000	43.2	262,000	12.5
25	Liberia	4,397,000	2,119,000	48.2	686,000	15.6
26	Madagascar	23,572,000	11,303,000	48.0	3,606,000	15.3
27	Malawi	16,829,000	8,533,000	50.7	2,870,000	17.1
28	Mali	15,768,000	8,247,000	52.3	2,951,000	18.7
29	Mauritania	3,984,000	1,808,000	45.4	584,000	14.7
30	Mauritius	1,249,000	303,000	24.3	70,000	5.6
31	Mozambique	26,473,000	13,393,000	50.6	4,399,000	16.6
32	Namibia	2,348,000	988,000	42.1	284,000	12.1
33	Niger	18,535,000	10,081,000	54.4	3,695,000	19.9
34	Nigeria	178,517,000	87,992,000	49.3	30,546,000	17.1
35	Rwanda	12,100,000	5,961,000	49.3	1,941,000	16.0
36	Sao Tome & Principe	198,000	92,000	46.5	31,000	15.7
37	Senegal	14,548,000	7,074,000	48.6	2,379,000	16.4
38	Seychelles	93,000	25,000	26.9	7,000	7.5
39	Sierra Leone	6,205,000	2,930,000	47.2	935,000	15.1
40	Somalia	10,806,000	5,678,000	52.5	1,957,000	18.1
41	South Africa	53,140,000	18,366,000	34.6	5,437,000	10.2
42	South Sudan	11,739,000	5,523,000	47.1	1,785,000	15.2

43	Swaziland	1,268,000	562,000	44.3	170,000	13.4
44	Togo	6,993,000	3,292,000	47.1	1,094,000	15.6
45	Uganda	38,845,000	20,774,000	53.5	7,115,000	18.3
46	United Rep. of Tanzania	50,757,000	25,241,000	49.7	8,657,000	17.1
47	Zambia	15,021,000	7,763,000	51.7	2,656,000	17.7
48	Zimbabwe	14,599,000	6,581,000	45.1	2,042,000	14.0
	Total	**923,584,000**	**446,993,000**	**48.4**	**148,711,000**	**16.1**

Source: UNICEF: http://www.data.unicef.org

Children without parental care

Major social, political and economic changes in Sub-Saharan Africa in the last two decades have changed the character, ability and capacity of families and communities to care for children. Many families are weakened by endemic poverty, HIV and AIDS, armed conflict, political instability, natural disasters, financial crises, and family breakdown. There is lack of information and data on children without appropriate care (CWAC) in the region.[25]

OVC

Most Sub-Saharan African countries have faced major challenges to the welfare of a large proportion of their children as a result of the impact of HIV/AIDs, regional wars, insurgencies and tribal and civil conflict, migration and displacement, unemployment, and endemic poverty. In particular, the impact of HIV/AIDS has resulted in large numbers of children who have lost either one or both parents - 15.1 million according to a recent estimate.[26] The consequences are obvious: high vulnerability of many children, an enormous strain on extended families, and an overwhelming of any conventional child protection or alternative care response, especially in a region with very limited social services infrastructure. The needs of these children has resulted in the emergence of the term 'Orphans and Vulnerable Children' (OVC), to capture the groups of children

25 Save the Children. (2015). A sense of belonging: *Understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa.* Nairobi, Kenya: Save the Children International. Preface, p.vii.
26 http://www.avert.org/professionals/hiv-social-issues/key-affected-populations/children

who's needs should be prioritised in government and NGO planning and action. One sub-set of children who are especially at risk, and who are neither in kinship care nor any formal care setting, are the 'Child-Headed Households (CHH), where a group of children live under the care of the oldest child. OVC programmes will often seek to target these children, who are frequently found in areas most severely affected by AIDS and where kinship networks have come under severe pressure.[27]

Orphans?

The terminology used in national statistics is not consistent, and much of this stems from changing the definition of 'orphan' (a child who had lost *both* parents) to include children who had lost one parent (UNAIDS, UNICEF & USAID, 2004). This usage was adopted by UNICEF and USAID, both very influential, global agencies deeply engaged in responding to the HIV/AIDS crisis in Africa. Adopting this wider definition, especially in the context of AIDS, meant a huge expansion in numbers of 'orphans', and the emergence of new categories of 'single orphan' (where one parent has died) and 'double orphan' (where both parents have died). Agencies recognised that all these orphans did not necessarily need support (where the extended family had the resources to care for them) and that it was important that government policies and support programmes target the most vulnerable children and families (UNICEF, 2015).

Prevalence of OVC

In Ethiopia (the second most populous country in Africa with an estimated population 78m in 2009[28]), the Ministry of Health estimated that 2.3% of the adult population are living with HIV or AIDS, with an estimated 18% of all households caring for at least one orphan. The number of 'one- or two-parent orphans' was determined to be more than five million in 2005.[29] In Nigeria, it is estimated that 5.7% of Nigeria's 88 million children (under 18) have one or both parents deceased, and 9.9% are considered OVC.[30] Southern Africa has also been very badly affected by the combination of poverty, migration, conflict, and HIV/AIDS. A recent update reports that:

> As of 2014, an estimated 13.3 million [11.1 – 18.0 million] children worldwide had lost one or both parents to AIDS. More than 80 per cent of these children (11.0 million) live in Sub-Saharan Africa. Many millions more were orphaned for other reasons.31

27 Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. *Psychology, Health & Medicine,* 5(1), pp.55-62.
28 FHI. (2010). *Improving care options for children in Ethiopia through understanding institutional child care and factors driving institutionalisation*. FHI, Page 21.
29 Ibid.
30 National Population Commission. (2014). *Nigeria: Demographic and health survey 2013*. Abuga: Federal Republic of Nigeria / Calverton, Maryland: ICF Macro.
31 http://data.unicef.org/hiv-aids/care-support.html

While a somewhat older set of figures shows the depth of the problem in Southern Africa, the worst affected sub-region:

> The countries of Botswana, Lesotho, Namibia, South Africa, and Swaziland face some of the highest rates of orphanhood in the world. The percentage of children who were orphans ranged from 12% (Namibia) to 20% (Botswana) in 2003 and this is expected to increase to 18% (Namibia) to 24% (Botswana) in 2010. These increases represent the largest UNICEF estimates of orphan growth in all of Sub-Saharan Africa. In South Africa in 2003, there were 2.2 million orphans, a figure that is estimated to increase to 3.1 million by 2010. AIDS is a major contributing factor to orphanhood in these countries; the percentage of orphans who lost a parent to AIDS ranged from 50% in South Africa to 75% in Botswana in 2003 (UNICEF, 2005)[32].

The result is that governments in the region, with the assistance of UN agencies and international NGOs, have responded with programmes aimed at meeting the needs of these OVCs. While addressing basics of survival such as nutrition, birth registration, and access to health services and education, these plans and programmes often overlap with arrangements for alternative care, with an emphasis on supporting kinship networks and avoiding recourse to institutions. One global initiative involved many Sub-Saharan countries with high prevalence of children affected by HIV/AIDS in developing 'National Plans of Action' (NPAs) to coordinate responses to the needs of OVCs.[33] In one study of the OVC plans in five southern African countries it was noted that, 'All policies call for the protection of inheritance rights; medical care, nutritional support, counselling and psychosocial support; and the endorsement of community-based care.'[34] The report also cautioned that: 'The extent of policy implementation, however, is another *matter*.'[35]

'We don't have orphans in Africa'
Some people have questioned whether the prominence of the term 'orphans' tends to play up the vulnerability of individual children, rather than the potential resources of the kin and community to meet these children's needs. During fieldwork in Uganda, undertaking a 'country case study' associated with this project, the author interviewed a number of child protection key informants who had become concerned about the use of the term 'orphan', in a culture where there has traditionally been a strong kinship care

32 UNICEF. (2006). *Excluded and invisible, State of the world's children*. UNICEF.
33 Engle, P. (2008). *National plans of action for orphans and vulnerable children in sub-Saharan Africa: Where are the youngest children*? Working Paper No. 50. The Hague, The Netherlands: Bernard van Leer Foundation.
34 Rosenberg, A., Hartwig, K., & Merson, M. (2008). *Government–NGO collaboration and sustainability of orphans and vulnerable children projects in southern Africa, Evaluation and Program Planning* 31, pp.51–60.
35 ibid.

response when children have lost their parents. According to one key informant, 'We don't have orphans in Africa'. This participant was quite prepared to argue that such was the strength of the extended family network, and the sense of community responsibility to children, that really no orphaned child in Africa was left in that condition for any length of time. Another key informant explained that in the Luganda language, if I had lost my father, and he was my uncle (for example), and if I was taken in by him, then I would not refer to him as my 'uncle' – 'I would be your father'.[36]

These informants were concerned about the huge growth in institutional care and a surge in ICA in Uganda. They felt that excessive, and sometimes inaccurate, use of the term OVCs and 'orphans' in government policy, and also in child sponsorship advertising, was not helpful, believing that it tended (unintentionally perhaps) to underplay the potential of kin to care for orphaned children.

Child protection systems building

Since 2008, UNICEF has been globally advocating a 'systems approach' to child protection.[37] This approach, also supported by major INGOs, seeks to move policy and practice away from a child protection approach – characterised by single issues and projects, e.g. 'street' children or trafficked children, which 'often results in a fragmented child protection response, marked by numerous inefficiencies and pockets of unmet need'[38] – towards more systemic and integrated mechanisms, providing protective services across the whole country. In partnership with UNICEF and others, many governments across the region have been attempting to develop this more systematic approach to child protection. This has involved an emphasis on drafting laws and policies so that protection is (potentially) afforded to all children, and gradually building up the necessary state and local government infrastructure to support referral (reporting), investigation, and community-based intervention. As this systemic approach to child protection is a new venture, it inevitably requires increasing budgets for social services, often from a very low base. Such system-building work also involves collaboration with the NGO sector (a major provider of alternative care services in many countries) but always characterises the Government as the 'duty-bearer', the one with the duty to exercise oversight of all actors in the system. A systems approach is understood to include: 'laws, policies, standards, regulations, and the mechanisms to facilitate coordination across service sectors.'[39] A recent paper spells out these

36 Milligan, I. (2016). *Key issues in alternative care and de-institutionalisation: A case study of Uganda.* University of Strathclyde, Centre of Excellence for Looked After Children in Scotland. Glasgow: Scotland. Pages p.20-21.
37 Wulczyn, F. Daro, D., Fluke, J., Feldman, S., Glodek, C., & Lifanda, K. (2010). *Adapting a systems approach to child protection: Key concepts and considerations.* New York: UNICEF.
38 ibid. Page.6.
39 ibid, Page.13.

requirements in more detail, and adds the necessity for a trained workforce and the importance of public engagement around child protection issues.[40]

Nevertheless, in many countries this represents an enormous conceptual and practical challenge, and even when legislation is in place it often proves very difficult to achieve the goals set out. New structures and service provision frequently remain concentrated in urban areas, where the professional expertise needed to run child protection systems is more easily found.[41] One study of child protection systems in nine of the least developed countries globally (seven of which were in Sub-Saharan Africa) confirmed that even in these very poor countries legislation:

> … is often strong, or moderately robust, commonly including provisions for mandated community-based child protection groups. However, local implementation of policy is often poor or variable, with stronger implementation in the larger, more accessible urban centres and districts.[42]

Formal and informal child protection systems

There is a growing body of research and comment highlighting the failure of formal child protection systems to engage and mesh with informal, traditional systems.[43] This is important because most formal child protection systems in low or middle-income economies start in the capital city and other large centres of population. Governments then usually seek to extend the reach of the service system into more rural areas, some of which are far away from major population centres. It is at this point that the formal system (with its many resource constraints and a lack of professional resources) engages with, or fails to engage with, indigenous cultural resources and practices. The authors of a 2010 working paper on child protection systems note that every community already has some form of child protection system.

> Every family, community, and nation has a child protection system in place that reflects the underlying cultural value base and diversity within that context. As such, a particular child protection

---

40 BCN & UNICEF. (2015b). *Making decisions for the better care of children: the role of gate-keeping: 5 country case studies.* BCN & UNICEF.

41 Child Frontiers. (2011). *Mapping and assessing child protection systems: West and Central* Africa. Hong Kong: Child Frontiers Ltd.

42 World Vision. (2012). *Evidence of capacity for national and local partnerships for child protection in nine of the world's least developed countries.* Presentation to XIXth ISPCAN International Congress on Child Abuse and Neglect, Istanbul, Turkey.

43 Wessells, M. G., Lamin, D. F. M., King, D., Kostelny, K., Stark, L. & Lilley, S. (2012). The disconnect between community-based child protection mechanisms and the formal child protection system in rural Sierra Leone: Challenges to building an effective national child protection system. *Vulnerable Children and Youth Studies, 7*(3), 211-227. Child Frontiers. (2011). *Mapping and assessing child protection systems: West and Central Africa.* Child Frontiers Ltd. Save the Children UK. (2007*). Protecting Children Community attitudes to child sexual abuse in rural Mozambique.* London: Save the Children.

> system manifests a combination of cultural norms, standards of behavior, history, resources, and external influences that over time reflect the choices participants have made regarding their system.[44]

The development of formal child protection systems often starts with UNICEF and International NGOs (INGOs) seeking to influence governments to create the laws and policies which will establish child protection mandates and identify the duties of various ministries, including the naming of a 'lead' ministry or department responsible for oversight and coordination. This means, in effect, starting at the centre with the 'Ministry' and central government structures, and working outward via regional and local governmental structures, while rural communities (at a physical and often cultural distance from the centres of power) continue to operate traditional responses to concerns about specific children in their midst. This approach usually means a family member or neighbour taking a concern to a village 'Chief', or respected civic grouping[45]. One study in Mozambique exploring community perceptions of child sexual abuse noted the existence of the two systems - 'customary rules and laws' and 'the national legal and judicial framework ' - noting that the latter fails to protect children from sexual abuse and exploitation. The report concludes that, 'while both systems continue to be present in theory, experience indicates that structures for resolving cases of child sexual abuse are often weak and ineffective', noting that there is a fear of reprisal if a case is reported, and that there are also fears of damage to the reputation of the victim and their family, as well as the reputation of the perpetrator's family.[46] A study of parents' perceptions and practices in preventing child sexual abuse (CSA) in urban Nigeria found that though many parents were aware of CSA, they were less familiar with behavioural changes associated with CSA. The study recognised a need for 'better empirical understanding of CSA prevention in Nigeria'.[47]

One survey of five West African national child protection systems found that, in essence, they were adaptations of European models. Even though these systems have indeed been adapted in recent years, the report discovered 'a significant disconnect between the formal systems and the beliefs and practices of communities about ways to protect children'.[48] The report draws attention to the tension between Western, individualistic approaches to children's rights and an African cultural context, which strongly embeds children's well-being within the family and community:

---

44 Wulczyn, F. Daro, D., Fluke, J., Feldman, S., Glodek, C., & Lifanda K. (2010). Adapting a systems approach to child protection: Key concepts and considerations, p.2. New York: UNICEF.
45 Save the Children UK. (2007). Protecting Children Community attitudes to child sexual abuse in rural Mozambique.
46 ibid. p.viii.
47 Olusimbo, K. & Olufunmilayo, I.F. (2011). Preventing child sexual abuse: Parents' perceptions and practices in Nigeria. Journal of Child Sexual Abuse, 20(6), 695-707, p.705.
48 Child Frontiers. (2011). Mapping and assessing child protection systems in West and Central Africa, p.iii. Child Frontiers Ltd.

Although local populations perceive child well-being as fundamentally rooted in the context of families and communities, the approaches of the formal system rely largely on concepts of individual rights, frequently deploying programmes and services to reach individual children according to predetermined categories rather than families or communities.[49]

A recent, detailed survey of informal child protection practices in Uganda discovered 'some, albeit poor, linkage between formal and informal (Community) Protection Systems.'[50] This report, which included interviews with 400 children and over 100 adults, revealed high levels of child abuse, but argued that community-based mechanisms continued to play an important role in child protection as, 'when violations occur, it is largely the family and community support systems that provide the first line of response.' The report also discovered that:

Religious and cultural leaders play an important role in child protection, including advocacy for child rights, challenging cultural values and social norms that place children at greater risk of abuse.[51]

---

49 ibid.
50 Walakira, E., Ismail, D. & Byamugisha, J. (2013). *Baseline survey on community child protection systems in Uganda. ANPPCAN & Department of Social Work and Social Work Administration Uganda*, p.xiii.
51 ibid. p.xii.

The report sets out a set of four limitations and challenges of informal mechanisms.

1. The capacity of the family and communities to prevent and respond to violence has over the years been progressively eroded due to breakdown of family/community cohesiveness.

2. If not well linked to the formal systems, in respect of certain violations it is likely that the children who are left entirely within the realm of the community-based informal system will miss out on critical services such as health remedies and justice.

3. Given the varied perceptions of what constitutes child abuse, self-interest imperatives, the inclination to prioritise harmonious co-existence within families and communities as well as the limited appreciation of the adverse impact of child abuse on the children, many community level structures tend to mis-handle serious violations against children such as sexual abuse in a manner that compromises the rights of the affected children.

4. Because of their informal and voluntary nature such systems are often resource constrained and are more inclined to offer support that does not involve substantial financial costs.[52]

In the light of such evidence, it seems clear that building nationwide, *formal* structures and systems will require giving serious attention to the existence of *informal*, traditional mechanisms. This in turn will require some additional resources, fresh thinking and a sustained effort at integrating both approaches in ways which will engage community leaders, challenge some traditional responses, and actually protect abused or exploited children.

---

52 ibid. p.xii.

Profile of children in alternative care

As a result of the lack of available information, it is not possible to provide a profile of the children in different forms of alternative care in the countries of the region. States may have some data, such as the number of children in institutions (especially where they run homes or institutions), but even here data is rarely disaggregated or detailed.[53] For the most part, information is only available at the institution or organisation level.

In a recent detailed 'Baseline study' of a group of 29 CCIs in Uganda, much more detailed data than is normally available was published. There were approximately 1,300 children in the sample. This revealed that there were more boys than girls, 53% to 47%, 60% were aged 10 and below, with 28% under 3 years. The study discovered that 45% of the children entered the CCIs between 0-3 years, and also found that 7% of residents were aged between 18 and 28.[54]

A South African study from 2007 also provides much useful data. It was based on a sample of 34 homes, 28 of which provided quantitative data for 1,007 children. This found almost equal numbers of boys and girls in the sample and across age bands. It found 17% aged under 3, 36% aged 6-12 years and a further 32% aged 12-18 years. This study also found 2% to be aged 18 plus. This study also examined official data, concluding, 'Official data about the state of residential care in South African institutions is extremely sketchy'.[55] Further noting it is one of the most prosperous countries in the region, with a long history of social services provision.

The information provided in these two studies is recent, and the respective residential institutions were examined in some detail, therefore the findings about the profile of the children is useful and may be indicative of a wider picture. However, the lack of data is so glaring that little can be said about patterns of admissions or the characteristics of the children in institutions, and even less is known about those in other settings. At this stage, in terms of reliable data, there is very little known about the children and their circumstances before, during or after placement in alternative care. In some countries there is even a lack of basic data about the number of institutions.[56]

53 Chiwaula, L., Dobson, R., Elsley, S. (2014). Drumming Together for Change: A Child's Right to Quality Care in Sub-Saharan Africa, Glasgow: SOS Children's Villages International, CELCIS at the University of Strathclyde, University of Malawi, p.35.
54 Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project. Kampala: Terre des hommes, Netherlands, p.8-9.
55 Meintjes, H., Moses, S., Berry, L. & Mampane, R. (2007). Home truths: The phenomenon of residential care for children in a time of AIDS. Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria, p.16.
56 Riley, M. (2012). Baseline Study: The state of Institutional Care in Uganda. Kampala: Ministry of Gender, Labour and Social development. Available at http://www.alternative-care-uganda.org/resources.html

Reasons given for children being placed in care (and remaining in care)

Within all the countries reviewed for this study, poverty and loss of parents or care-givers through disease (especially AIDS) and disruption of kin networks through economic migration or war and conflict lead to children entering care systems. However, there are also reports about many child protection issues in families or communities that can lead to admission to care, such as physical abuse, neglect, behavioural problems and sometimes problems in caring for children with disabilities or chronic conditions such as HIV/AIDS. There is a lack of systematic data, but there is some one-off data from some countries. One 2012 study from Kenya was based on examination of documents for 500 children and youth admitted to government homes in one region. This shows that poverty and orphanhood alone are given as reasons for over 40% of admissions.

> The most common reason children and youth were placed in the CCIs was destitution (36%), followed by abandonment (22%), neglect (21%), physical or sexual abuse (8%), and lack of an available or able caregiver (8%). Approximately half (52%) of all children and youth were placed for reasons related to maltreatment.[57]

A 2008 report from Namibia found that reasons for admission 'ranged from orphanhood, abandonment, neglect and abuse', but also noted that 'Some of the homes were unaware for the reason for some children's admission and wanted the question addressed to the social worker in the region'.[58]

But, such are the numbers of children affected by these conditions in Africa that not all of them end up in any form of alternative care setting. Many survive for a time *'on the streets'*, and some (more commonly in rural areas) survive in their own adult-less households, perhaps with some assistance from neighbours. The following extract from South African report on adoption, provides a comprehensive, listing of the many reasons why children enter care there.

> The influx of abandoned children entering the child care system and subsequently becoming eligible for unrelated adoption, is taking place in the context of a variety of social, economic, political and material circumstances. These circumstances include HIV/AIDS; widespread poverty and unemployment; constraints on

57 Morantz, G., Cole, D., Ayaya, S., Ayuku, D. & Braitstein, P. (2013). Maltreatment experiences and associated factors prior to admission to residential care: A sample of institutionalized children and youth in western Kenya, Child Abuse and Neglect, 37(10): pp778–787.
58 Dunn, A. (2008). Capacity to manage alternative care: Assessment report for Namibia. Namibia: Ministry of Gender Equality and Child Welfare, p.20.

the availability of housing in urban areas; lack of access to services that enable people to maintain family life; teenage births; rape and unwanted pregnancies; and expectations that abandonment will secure a better future for the child. Moreover, primary care-givers of children who are illegal immigrants or refugees, entering South Africa from other regions of sub-Saharan Africa, are vulnerable in the light of xenophobia and the fact that they do not qualify for state social assistance.[59]

The arrangements for children to be taken into the homes of relatives (informal kinship care) are, by definition, made by the families themselves and not by any state or NGO actors. A report about child protection systems in Sierra Leone emphasises the community context of such practices, including the possibility for children to express their own preferences.

> Deciding care arrangements for a child who can no longer live with his/her biological parents is often done spontaneously. Children were considered to belong to the community and would be sent to live with the relative most able to provide for the care and welfare of the child. There is often a fluidity of these arrangements and a child might live (often according to their own wishes) with different households over the course of their childhood.[60]

Another report on informal care, from East Africa, confirmed the informal nature of the arrangement, but emphasised the dominant positon of the child's father and suggested that children are rarely consulted, being informed once the care decision is made.[61]

Data on children without parental care and number of institutions

Data that would provide a clear understanding about trends on where children without parental care are placed is unfortunately consistently unavailable, beyond the simple fact that despite government policies various forms of residential or institutional care are widespread, and rapidly growing in some countries. It is also widely recognised that by far the largest number of children without parental care are in kinship care. However, there is a lack of numerical data on these children too, although there are a growing number of studies, referenced in the section on Kinship Care below.

---

59 Gerrand, P. A. and Nathane-Taulela, M. (2012). Developing a culturally relevant adoption model in South Africa: The way forward. *International Social Work*, 0(0) pp.1–11.
60 Child Frontiers. (2010). *Mapping and analysis of the child protection system In Sierra Leone: Final report,* Page.67.
61 Save the Children. (2015). *A Sense of Belonging.* Nairobi, Kenya: Save the Children International, Page.xi.

The following table has been assembled for this report. It draws together published information about numbers of CWPC and residential care facilities or institutions recorded in various countries.

Table 3: Children without parental care and number of institutions in Sub-Saharan Africa

Country	Total child population /year	Number of children without parental care/year	Percentage of child population	No. of institutions	Notes
Botswana	750,000 (2011)	44,327 orphans (official), over 110,000 (estimated) in (2010) / child-headed households 1.5% of all households (2002/3).	Approx. 6% (official), 16% (estimated) orphans	4 Children's Villages (3 SOS, 1 other), 1 temporary emergency shelter and 1 Children's Home (2011)[i]	
Eritrea	Approx. 1.5 million <15 (1995)	89,527 orphans, about 8% double orphans (1992/93), estimated at over 100,000	Approx. 6% (orphans)	1 (3 closed down by 1998)[ii]	
Ethiopia	41,014,500 (2011)	5,459,139 orphans / 77,000 child-headed house-holds (2005)	Approx. 10% (orphans)	87 institutions, housing 6,503 children (2010)[iii]	
Kenya	20.7 million (2008/09)	2.4 million orphaned children (2014), including 49,126 living in formal alternative care arrangements (2012)	Approx. 12% (orphans)	26 (State) and 707 (Non-State), of which 591 are registered, housing 8,176 (State) and 40,230 (Non-State) children (2012)[iv]	Estimates vary from 1.2 – 2.4 million for number of orphans No. of institutions includes small group homes

Country	Total child population /year	Number of children without parental care/year	Percentage of child population	No. of institutions	Notes
Mozambique	11.8 million (2008)	1.4 million orphans	12% (orphans)	140 residential units (2010)[v]	
Namibia	820,000 under <15 (2008)	The estimated number of orphans in Namibia is 155,000, of whom 2% have lost both parents. (2006)	Approx. 18% (orphans)	42 registered and unregistered children's homes, housing 1008 children (2009)[vi]	No. of orphans estimated to be 250,000 by 2021
Nigeria	85.4 million (2012)	OVC: 17.5 million, orphans: 9.7 million (2008)	Approx. 20% (OVC)		
Sierra Leone	2,886,300 (2013)	Approx. 690,000 without parental care	Approx. 25% without parental care	48 residential care institutions, housing 1,871 children (2007/08)[vii]	
South Africa	18.7 million (2005)	3.96 million orphans (2005)	Approx. 21.2% (orphans), 2.7% double orphans (2005).	181 children's homes, housing 10,361 children (2005)[viii] / at least 193 registered, with capacity for 12,920 children (2006)[ix]	
Tanzania	23.34 million (2011)	Approx. 1.1 million orphans, 2.5 million 'vulnerable' children (2006)	Approx. 5% (orphans)	22 orphanages / children's homes, housing 520 children in Zanzibar (2016)[x]	Prevalence of child-headed households 0.3/1,000 (1997)

Country	Total child population /year	Number of children without parental care/year	Percentage of child population	No. of institutions	Notes
Uganda	20.2 million (2012)	2 million orphans (2004)	14% (orphans) (2004)		Prevalence of child-headed households was 30/1,000 in the Rakai district (1997)
Burundi	2.98 million (2004)	508,000 orphans (2004)	Approx. 17% are orphans	-	
Côte d'Ivoire				8 Pouponnieres, 4 orphanages (state-run) (2011)[xi]	
Ghana	10.49 million <15 (2013)	1.678 million not living with either parent (2013)	16% not living with either parent	114 residential care facilities, housing 4,432 children (2013).[xii]	
Lesotho	975, 850 (2007)	221,403 orphans (2007)	22.6% orphans	6 (2004)[xiii]	
Liberia	1.94 million <15 (2007)	112,500 orphans, 13,500 double orphans (2007)	5.8% orphans, 0.7% double orphans	83 residential care facilities, housing 3,357 children (2013)[xiv]	
Madagascar	11.068 million <15 (2012)	-	12.6 % living with neither parents (2009)	46 (capital city only) (2009)[xv]	
Niger				24 NGO centres (2011)[xvi]	

Country	Total child population /year	Number of children without parental care/year	Percentage of child population	No. of institutions	Notes
Rwanda	5.84 million <18 (2012)	530,000 orphans, 64,000 double orphans,	91.1% single orphans, 1.1.% double orphans,	33 residential care facilities, housing 3,323 children (2012)[xvii]	Key informant estimated the figure in residential care was 1,457 in 2014
Senegal				1 rehabilitation centre, 4 private children's homes (2011)[xviii]	
Zambia	8.7 million (2007)	1.3 million orphans (2007)	14.9%		

(end notes provided as Appendix 1)

Institutional care

Number of institutions in Sub-Saharan Africa

There is very little reliable data about the numbers of institutions across the region. The data in the table above has been gathered from diverse sources, and while the quality of the data is variable, we hope that it is useful to bring it together in one place. There has been some data about use of institutions gathered in a few countries, often on a one-off basis, and in recent years there have been a growing number of detailed surveys of institutional care, some of which are noted below. Even where UNICEF and government ministries have commissioned studies in a province or an entire country, there may be categories of institutions not included by reason of child status, such as institutions for children with disabilities, or where independent/private provision is not included in a survey. Indeed, the report from Ethiopia specifically excludes homes which have been set up to prepare children for inter-country adoption. One other significant aspect of residential care is school hostels. School hostels are often not considered to be part of the 'care system' but, as children spend substantial amounts of time living in such institutions, they are clearly more vulnerable to various forms of abuse than they would be living in their own homes, notwithstanding the presence of some adult supervisors.

National variations in number of institutions

There is considerable variation in the number of institutions reported in countries across the region, and many for which no published data are available. In the next section we compare countries that appear to have few institutions and those that have many.

Rwanda has adopted a sustained deinstitutionalisation programme for several years. In 2013, a total of 33 institutions were reported to be providing a home for 3,323 children and the official aim was to reduce this to zero. Some 18 years earlier there were 77 institutions caring for 12,700 children. Out of a current child population of 5.9 million, the 3,323 children constitutes about 0.07% of children.[62] In contrast, Uganda has recorded 420 institutions on a recently developed government database, with a further 100 or more institutions not yet recorded. Combined, these institutions care for 45,000 children, amounting to 1.7% of all children in Uganda.[63] This is likely to be one of the largest percentages of children in institutional care in the whole region. Kenya is another country with a very large number of institutions. According to one source based on data from 2012, Kenya has 26 state and 700 non-state institutions, of which 591 are

---

62 BCN & UNICEF. (2015). *Making decisions for the better care of children: the role of gate-keeping: 5 country case studies*, Page.31.
63 Riley, M. (2012). *Baseline Study: The state of Institutional Care in Uganda. Kampala*: Ministry of Gender, Labour and Social development.

registered. These institutions were providing care for a total of 48,406 children, 8,176 in state and 40,230 in non-state institutions.[64]

A similar picture of recent, rapid growth emerges from a detailed study of 87 institutions in Ethiopia, published in 2010 and based on 2008 data.[65] The study excluded private institutions caring for children identified for inter-country adoption. They were not included in the study because the ministry leading the research considered that they provided only short-term shelter. Most of the 87 institutions (80%) were operated by NGOs, 14% by faith-based organisations, and only three by the Government. More than half had been established in the preceding 10 years. In Sierra Leone, a UNICEF report from 2008 discovered 48 homes, including three that were established for the purposes of inter-country adoption.[66] Only four existed before the war years, and around half of the 48 were set up during the war years (1990-2001). However, while a reduction might have been anticipated following the end of the war, in fact that overall number has continued to increase with a further 19 established between 2002 and 2008. A similar picture is found in Liberia, where there were only ten institutions in 1989, before the war, while by 2008 there were 110.[67] Rapid growth is also reported in Ghana, where the number of children's homes or residential care facilities grew from ten in 1998 to 148 in 2006, and 'Despite the closure of dozens of these facilities, many new – and mostly unregistered – homes have opened and the number of children living in residential care has increased from 3,388 in 2006 to 4,432 in 2012'.[68]

Some countries appear to have very few institutions, certainly in terms of the published data discovered by this study. Botswana, with an estimated 138,000 orphans in 2007, has four children's villages, one temporary shelter, and one NGO-operated children's home.[69] But comprehensive data for most countries is rarely collected and largely unavailable.

64 Ucembe, S. (2015). *Institutionalization of children in Kenya: A child rights perspective*. International Institute for Social Services, p.4.
65 FHI. (2010). *Improving care options for children in Ethiopia through understanding institutional child care and factors driving institutionalisation*, Page.27.
66 Lamin, D. (2008). *Mapping of residential care facilities for children in Sierra Leone*. UNICEF.
67 BCN & UNICEF (2015a). *An Analysis of Child-Care Reform in Three African Countries: Summary of Key Findings*. BCN & UNICEF, Page.23.
68 ibid, p.23.
69 Malinga, T. & Ntshwarang, P. (2011). Alternative care for children in Botswana: a reality or idealism? *Social Work and Society,* 9(2).

Faith-based support for institutions

As noted in the introduction, Sub-Saharan Africa is a predominantly Christian region and churches have been involved in creating and maintaining children's homes or orphanages.

In much of Africa, it seems that creating an 'orphanage' is often perceived to be the best way to serve children in crisis, rather than to focus on reconnecting the children with the families and communities they come from. However, faith-based NGOs in Sub-Saharan Africa and elsewhere are now advocating for a move away from institutional care towards more family-based service models (ACCI, 2016; Faith to Action, 2015). In some countries, external (overseas) funding from Faith-Based Organisations (FBOs) represents a huge proportion of the budgets of alternative care services for children. This approach can lead to a proliferation of ad hoc residential care facilities, which may be more accountable to the overseas donors than to the local community or government, and issues of long-term sustainability are a challenge.

Empathy for children in evident and severe distress is a natural driver for action; however, some responses are not appropriate. Nevertheless, it is widely recognised that if these 'orphanages' are established in a country or region where there is little governmental leadership and monitoring, and where there is a lack of community-based child protection services, then they will tend to contribute to a disorganised situation where the focus is on short-term rescue, with little thought to the longer-term impact of separation from family and kin, or the harm from long-term, large-scale, institutional care.

Where the underlying reason is poverty such rescue efforts may be an understandable response, but they can only be a short-term response at best. This 'rescue' response is, at least in part, addressing the needs of the carer to do *something* in response to present, *visible* suffering, rather than taking account of the background of each child and their *invisible* families of origin. The more difficult, but ultimately more worthwhile, job is surely seeking to return these children to their kin; providing the support that might be needed to the original family, rather than the substitute one. The use of alternative care to rescue to children from poverty (and associated vulnerability to exploitation) rather than familial neglect or abuse is the issue. NGO and FBO orphanages very often become a long-term response which does not seek to re-connect children to their birth families or kin, or to provide them with family-based, smaller-scale care. The result is damage done to the children and their life-chances in adulthood, and resources tied up in the wrong sort of care provision. These arguments

are being explicitly made in the Ugandan Alternative Care campaign, which is supported by the Government, major NGOs and some local FBOs.[70]

> The 'either-or' argument, to leave children destitute or put them into orphanages is not a valid response and not in the best interest of the child. It is cheaper and so much better for children to be supported in their families and communities.[71]

Problems with Institutional Care

Institutional care has long been a focus of deep concern among child welfare providers, policy makers, and the funding community; operational concerns include lack of gate-keeping, inappropriate admissions, lack of care-planning and review, non-compliance with national standards and licensing requirements, quality of care, safety of children from various forms of abuse, low staff numbers, lack of training, neglect of family contacts, and inadequate preparation for leaving care. The continued prevalence of institutions as the only or principal form of alternative care in some countries, and rapid growth in numbers of institutions in others, have led to continuing advocacy efforts to reverse the situation and develop prevention services and 'gate-keeping' mechanisms.

These homes, often misleadingly referred to as 'orphanages', are characterised by large numbers of children, untrained and poorly paid staff, absence of care-plans or reviews of children's circumstances, and lack of family tracing or contact. Recent reports confirm the picture.[72] It is important to note that not *all* residential homes/institutions in Africa are characterised by *all* these faults. Some are good quality environments, and some are focussed on short-term placement and moving children back to kin, or onto a family placement. A few organisations have the history, resources, and professional orientation to train their staff. Others are not large in size, and some homes may in fact be better classified as a form of clustered foster care. Indeed, the detailed mapping reports and research studies quoted in this section of the report reveal considerable variation in staffing and standards among the homes studied in each country.

70 Source: Alternative Care for Children in Uganda, http://www.alternative-care-uganda.org/supporters.html

71 ibid., http://www.alternative-care-uganda.org/orphanages.html

72 FHI. (2010). *Improving care options for children in Ethiopia through understanding institutional child care and factors driving institutionalisation.* FHI. Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project.* Kampala: Terre des hommes, Netherlands. Lamin, D. (2008). *Mapping of residential care facilities for children in Sierra Leone.* UNICEF.

It is worth taking note of a major survey of South African residential care, which warns that the situation in practice is much more heterogeneous than policy discourses may allow.

> Data from the study documents how residential care settings for children vary considerably across multiple axes, and how in many instances negative features associated with residential settings do not apply. These include concerns about children's routine dislocation from family, community and cultural background; their marginalisation from everyday society; and the absence of opportunities to develop secure, long-lasting attachments.[73]

In this report we will not outline further the well-known weaknesses of large-scale, poorly resourced, institutional care operating in isolation from families or community-based services, but simply point to the values and policy prescriptions of the Guidelines for Alternative Care of Children adopted by the UN General Assembly in 2009. These Guidelines focus on supporting vulnerable families and providing family-based care, when it is *necessary* to find an alternative home for children separated from their parents.

The Guidelines and residential care

The Guidelines do affirm the role of small-scale residential care with sufficient, trained staff to provide relational care, and connected to other parts of a family-oriented system.[74] To note this affirmation of small-scale residential care, is not to suggest that it is easy to implement, or that it can be achieved simply by down-sizing existing large facilities; the change of culture and orientation of a staff team is more fundamental than matters of bricks and beds. Various forms of residential group care for children and youth are in use, and continue to evolve, in all parts of the world.[75]

Rescue and institutional care

The Guidelines emphasise that alternative care should not be used to place children solely because of poverty in their family. However, in many of the countries of Sub-Saharan Africa, beset as they are by high levels of extreme poverty, disease and conflict, large numbers of children are at risk of becoming separated from their parents

---

73 Meintjes, H., Moses, S., Berry, L. & Mampane, R. (2007). *Home truths: The phenomenon of residential care for children in a time of AIDS.* Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria, p.iii.

74 Davidson, J., Milligan, I. Quinn, N. Elsley, S. & Cantwell, N. (2016). Developing Family-Based Care: Complexities in Implementing the UN Guidelines for the Alternative Care of Children, *European Journal of Social Work*

75 Courtney, M., & Iwaniec, D. Eds. (2009). *Residential care of children: Comparative perspectives.* Oxford: OUP; Ainsworth, F. & Thoburn, J. (2014). An exploration of the differential usage of residential childcare across national boundaries. *International Journal of Social Welfare.* 23(1), pp. 16-24.; Islam, T. & Fulcher, L. (Eds). (2016). Residential child and youth care in a developing world 1: Global perspectives. Cape Town, SA: The CYC-Net Press

or other close kin. In this context, the risk of family conflict, domestic violence and other dangers may lead some children to run away, take to the streets or seek some form of alternative care. Some families may reluctantly see the 'orphanage' as their best, and perhaps only, option for their child's survival[76].

In the context of desperate poverty and violence, abandonment and children ending up 'on the street', it is perhaps not surprising that the immediate human response is to create places that provide food, shelter, safety and nurture. In addition to the Christian and Muslim facilities mentioned previously, there are also increasing reports (again undocumented to date) from child protection experts across the region that Chinese corporations are also offering to set up 'orphanages' in areas where they are setting up enterprises. However, as we note below, extended family kin care is a very strong tradition across Sub-Saharan Africa, and the situation in which many children are in fact being cared for today. It is to family tracing and strengthening kin care that 'rescuers' must look first, and alternative care preserved only for those children for whom it can be shown to be 'in their best interests'; where family reunification is indeed impossible or where child protection dangers are too high. Decisions about those cases must lie with professionals embedded in communities and locally mandated citizens (such as local child protection committees).

76 Mann, G. (2015). *An Investigation of the circumstances of children living in residential care in Uganda, with a focus on those who are HIV+.* Ministry of GL&SD, UNICEF Uganda and UNICEF New York.

Standards and Monitoring

There is evidence from several reports that governments have established standards for residential institutions, and indeed that these are reviewed and updated. The same reports frequently draw attention to the fact that government agencies and inspectorates do not have the staffing or professional capacity to monitor the standards and to work collaboratively with providers to implement them.[77] A detailed survey in 2015 of more than 29 institutions in three districts in Uganda, including Kampala, confirmed the lack of adherence to regulations and standards, despite these having been recently revised and a National Alternative Care Framework developed.[78] The following finding from the Uganda report finds echoes in many others.

> The Uganda National Alternative Care Framework requires that the Ministry undertakes regular assessments of all known child care institutions. However, owing to logistical and human resource constraints, minimal efforts have been dedicated to this function. In addition, probation and social welfare officers at district level often struggle to fulfil their obligations under the Children's Act…. They are incapacitated due to lack of awareness of their roles, limited knowledge and appreciation of quality care standards…and a possibility of being complicit in unlawful practices committed by CCIs.[79]

The Uganda baseline report listed many areas where quality of care is compromised due to limited resources, lack of supervision, and minimal awareness of child development. Similar findings emerge from the detailed FHI[80] report about all residential homes in Ethiopia, which also noted that the children suffer discrimination in the local community and are 'frequently subjected to physical, sexual and psychological abuse, and exploitation while in institutional care.'[81] Both reports found that the staff in the homes seemed to have little interest in maintaining relationships with the children's families, or in developing forms of alternative care, such as kinship or foster care. Despite the similarity in findings represented by these studies from different parts of Africa, it is important to recognise that research has not been done in every country and there may be significant variations in practice.

---

77 FHI. (2010). Improving care options for children in Ethiopia through understanding institutional child care and factors driving institutionalisation. FHI ; Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project. Kampala*: Terre des hommes, Netherlands.
78 Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project.* Kampala: Terre des hommes, Netherlands
79 ibid. Page.32.
80 FHI. (2010). *Improving care options for children in Ethiopia through understanding institutional child care and factors driving institutionalisation.* FHI
81 ibid. Page 15.

The findings of this study provide data to illustrate diversity in relation to the age of children in the studies of residential institutions. In Uganda, Walakira et al. are clear that 45% of children in the homes were aged 0-3 at the time they were placed, and many spent long periods or their entire childhood in the homes. In contrast, in South Africa, Meintjes and colleagues found that:

> Contrary to popular perception, the child population in the children's homes in the study was neither disproportionately skewed towards large proportions of very young children, nor predominantly constituted by children who had been orphaned. However homes were providing care to an exceptionally high ratio of HIV-positive children.[82]

The diversity of operation of residential homes or institutions can be seen in the membership of the Alternative Care Framework, and the *Strengthen African Families* campaign. Many of the signed-up members are indeed small-scale NGOs running institutions of one kind or another, who are seeking to turn themselves into shorter-term placements and actively working on developing foster care, or tracing families and returning children to biological family or kin. Meintjes also reports on several of the homes in her study which are registered as 'baby homes', but which place large numbers of the babies in fostering placements, supported and supervised by the home. While not ignoring findings that point in the most negative of directions, it is important not to over-generalise about the standards and functioning of institutions, and to recognise the bigger problem is the overall system, or lack of system, in which they operate.

---

82 Meintjes, H., Moses, S., Berry, L. & Mampane, R. (2007). *Home truths: The phenomenon of residential care for children in a time of AIDS*. Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria, Page.ii.

Foster care

Across countries of the region, foster care is still largely underdeveloped and mainly exists as small-scale, pilot projects developed by NGOs,[83] perhaps with the exception of South Africa and Namibia (see below).[84] The Family for Every Child report[85] notes that the lack of appropriate mechanisms and structures, including a well-resourced workforce, hinders the development of large-scale foster care in the sub-continent, but also notes the emergence of smaller-scale programmes which can act as '*laboratories of learning*', run by NGOs and CBOs in Ethiopia, South Africa, Uganda, Kenya, Ghana and Sudan.[86]

It is also important to ask the question of whether the principle of 'necessity' is being operated in regard to the development of fostering in any particular country or district. Fostering may seem an obvious improvement when compared to institutional care, and (where properly resourced and monitored) it certainly meets the definition of 'family-based' care. However, for any placement to be suitable it must also be shown to be *necessary*, and that implies the existence of support services to vulnerable families, so that separation from parents is mitigated in the first place. Therefore, it is vital that any deinstitutionalisation process includes family support *prevention* measures as well as the development of alternatives such as kinship care or foster care. When numbers of children are moved from institutional care to foster care then the number of places in the corresponding institutions should reduce, otherwise the new foster care places *add* to the alternative care network, and (other things being equal) a net-widening effect takes place.

Some reports point to significant cultural barriers to taking in children from non-related families,[87] attitudes which can perhaps be considered the 'flip-side' of the strength of traditional kinship care. Foster care is a formal alternative care response and it involves funding of the foster-parents, typically via a monthly allowance to cover the costs of raising a child. Some governments in the region, including Botswana, Malawi, Rwanda, South Africa and Uganda[88] have begun to provide financial support, and its development is often associated with efforts to deinstitutionalise systems, providing an alternative

---

83 Subbarao, K. & Coury, D. (2004). *Reaching out to Africa's Orphans: A framework for public action.* World Bank: Washington, DC. Family for Every Child. (2015). *The place of foster care in the continuum of care choices: A review of the evidence for policymakers.* London: F4EC. p.35. Chiwaula, L., Dobson, R., Elsley, S. (2014). *Drumming Together for Change: A Child's Right to Quality Care in Sub-Saharan Africa.* Glasgow: SOS Children's Villages International, CELCIS at the University of Strathclyde, University of Malawi.
84 Meintjes, H., Moses, S., Berry, L. & Mampane, R. (2007). *Home truths: The phenomenon of residential care for children in a time of AID*S. Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria.
85 Family for Every Child. (2015). The place of foster care in the continuum of care choices: A review of the evidence for policy makers. London: Family for EveryChild.Page.35
86 ibid. page20.
87 Subbarao, K. & Coury, D. (2004). *Reaching out to Africa's Orphans: A framework for public action.* World Bank: Washington, DC.
88 ibid. Page 32.

family-based placement for children currently in institutions, or as an option to prevent children being admitted to institutions in the first place. However, foster care also requires the existence of a supporting system of social service personnel who have a wider range of functions: recruiting, selecting and training foster-carers and then, once placements have been made, monitoring and supporting the foster families.[89] The absence of such social services systems with sufficient, suitably-trained staff means that fostering systems are difficult to establish in countries with very poorly resourced social services infrastructures. Where foster care has started, but there are few monitoring visits, the dangers of neglect or ill-treatment of the child are significant. Indeed, a World Bank report that drew on a wide range of sources across the continent, noted that even in Kenya (with a relatively long-established social service structure and an extensive set of laws and regulations) basic monitoring of foster care is infrequent.

> Ideally, any (foster) placed child should be visited regularly by a social worker to ensure that he or she is adapting well to the new environment. Yet supervision visits by employees of the welfare bureaus are often hampered by insufficient means (such as lack of adequate transport) and human resources (too few social workers, often overwhelmed). In Kenya, although children's officers are expected to visit fostered children at least once every two months, evidence reveals that, in practice, supervision visits are quite rare, sometimes less than once every two years (Adhiambo Ogwang, 2001). In addition, lack of adequate training, as well as lack of referral to a temporary place of safety and effective sanctions in cases of abuse, strongly limit the scope of the role played by social workers.[90]

One of the difficulties in estimating the numbers of children in formal foster care is the fact that some NGOs that run orphanages may have added fostering and other services to their programme. In these contexts it is the social workers for the relevant NGOs who undertake the recruitment, supporting and monitoring of the foster-carers, and the NGO may also make some level of monthly payment. Clearly these kinds of practices will be helpful in providing family-based options for some children who would otherwise be in institutions, and also making the practice more widely known, though there is deficit in external quality assurance and monitoring. But when funding is entirely dependent on an NGO, this raises questions about sustainability.

---

89 Family for Every Child. (2015). *The place of foster care in the continuum of care choices: A review of the evidence for policymakers.* Family for Every Child. London: UK.
90 Subbarao, K. & Coury, D. (2004). *Reaching out to Africa's orphans: A framework for public action.* World Bank: Washington, DC, p.31-2.

In South Africa, there has been a huge increase in the numbers of children in foster care as a result of new government policies to prioritise foster care for OVCs, from 49,853 placements in 2000 to 418,000 by May 2007.[91] The increase in use of foster care has been driven by a cash grant of R610 for foster carers who can include relatives, therefore the South Africa figure does include both formal foster care (with non-related carers) and a type of formal kinship care, where the carers receive cash and are subject to monitoring.

Namibia is another country which has established a system of payments to families looking after OVCs. There, payments are also made to foster carers (over 13,000 in 2008), though an assessment of the alternative care system in 2008[92] found that many of these foster care grants were being claimed by kin carers who were already looking after the child.

> The foster care system appears more commonly to be used for securing income to look after a child rather than for securing care for a child.[93]

The author of that report also noted that the social workers were overwhelmed with the task of processing foster care payments and were not able to devote time to monitoring and case management. Subsequently Namibia did legislate, with the Child Care and Protection Act (draft 2010), including standards for foster care. The same standards also indicate that henceforth kinship care arrangements are not to be classified as 'foster care'.[94]

Kinship care

Numerous reports and studies concerned with the welfare of OVCs emphasise the tradition of kinship care of orphans across Africa, both as a historical/cultural fact and also as an extensive current reality in response to the widespread crises of disease, war and migration.[95] The quotation below, itself referencing several sources, summarises the continuing centrality of non-state organised kinship care.

---

91 Meintjes, H., Moses, S., Berry, L. & Mampane, R. (2007). Home truths: The phenomenon of residential care for children in a time of AIDS. Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria, p.70.
92 Dunn, A. (2008). Capacity to manage alternative care: Assessment report for Namibia. Namibia: Ministry of Gender Equality and Child Welfare.
93 ibid.
94 Ministry of Gender Equality and Child Welfare. (2011). Standards for foster care services in Namibia.
95 Subbarao, K. & Coury, D. (2004). Reaching out to Africa's orphans: A framework for public action. World Bank: Washington, DC, Ch.3. Save the Children (2015). A sense of belonging: Understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa, Nairobi, Kenya: Save the Children International. Roby, J. (2011). Discussion paper on children in informal care. Commissioned by UNICEF New York.

> In Africa, the extended family is the traditional social security system where the members are responsible for the protection of the vulnerable, care of the poor and sick and the transmission of traditional social values and education (Foster et al., 1997). It is widely accepted that most orphans would be cared for in extended families (UNICEF, 2003) and the current empirical evidence emanating from various African countries is clear / by far the majority of orphaned children are indeed living in or with extended families.[96]

Most kinship care is being provided by grandparents.[97] The extent of kinship care in specific localities is striking. In one province in South Africa, research revealed that 46% of people over 60 were taking care of children between six and 18 years of age and 20% were taking care of children younger than six.[98] This study also discovered that even distant relatives and friends were prepared to offer help to children, especially if some form of financial help was available.

But such reports also highlight the pressure on such traditions of care within the extended family network, as families that are already poor struggle to take on the care of additional children.[99] One study in 2000 claimed that: 'Increasing numbers of children are slipping through the extended family safety net, leading to child-headed households, street children and child labour.'[100]

96 Freeman, M. & Nkomo, N. (2006a). Guardianship of orphans and vulnerable children. A survey of current and prospective South African caregivers. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV.* 18(4), p.303.
97 Roby, J. (2011). *Discussion paper on children in informal care.* Commissioned by UNICEF, New York.
98 Freeman, M. & Nkomo, N. (2006a). Guardianship of orphans and vulnerable children. A survey of current and prospective South African caregivers. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV.* 18(4), p.303ibid.
99 Freeman M. & Nkomo, N. (2006b). *Assistance needed for the integration of orphaned and vulnerable children; views of South African family and community member.* SAHARA-J: Journal of Social Aspects of HIV/AIDS. 3(3), 503-509. Save the Children. (2015). *A sense of belonging: Understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa.* Nairobi, Kenya: Save the Children International
100 Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. *Psychology, Health & Medicine.* 5(1), 55-62.

Child protection risks in kinship care

Some recent studies have begun to examine the differences in care provided both by close and more distant kin. The researcher Jini Roby and colleagues noted that:

> ...emerging research suggests that the degree of blood relationship between the caregiver and the fostered child may be central to children's experiences in kin care, i.e. the more distant the relationship the higher the risk of neglect or abuse[101]

While kinship care is likely to remain the most preferred option for many children, and in reality the most available, numerous reports emphasise that outcomes for children are mixed, and children are vulnerable to various harms and risks. A recent, detailed survey in three east African countries provides much useful information.

> The findings demonstrate that girls' and boys' experiences of kinship care are diverse and that outcomes for children are mixed. Kinship care is a positive experience for some children enabling them to be cared for and loved by family members, to maintain a sense of identity, culture and inheritance. Furthermore, some children have increased access to education, health care and other resources when living with kin caregivers. However, for other children, kinship care is characterised by discrimination which can adversely affect their access to quality education, nutrition and protection.[102]

Further, a region-wide review of 15 qualitative studies of child abuse and neglect within extended families reported similar experiences of intra-household discrimination, and 'material and educational neglect; excessive child labour; exploitation by family members and psychological, sexual and physical abuse.'[103] Clearly, while there is an important role for governments to provide support to poor households who are caring for orphans and otherwise vulnerable children, there is also a real need to develop forms of intervention for protection.

Roby and colleagues carried out their study into intra-familial inequities using a sample of 500 children in kin care families, and found both similarities and differences with

---

101 Roby, J., Shaw, S. & George, L. (2013). Perceived food and labor equity and school attendance among Ugandan children living in kin care. *International Journal of Social Welfare.*
102 Save the Children. (2015*). A sense of belonging: Understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa.* Nairobi, Kenya: Save the Children International.
103 Morantz, G., Cole, D., Vreeman, R., Ayaya, S., Ayuku D. & Braitstein, P. (2013). Child abuse and neglect among orphaned children and youth living in extended families in sub-Saharan Africa: What have we learned from qualitative inquiry? *Vulnerable Children and Youth Studies*: An International Interdisciplinary Journal for Research, Policy and Care, DOI: 10.1080/17450128.2013.764476.

other studies.[104] They discovered that, in terms of kin children's perceptions of being *fed less well* than biological children, in fact it did not matter how close or distant the kin relationships were. Instead, children's perceptions of food inequity were actually more related to levels of household income, as household income increased so perceptions of food inequity decreased. They also explored reasons why requiring more household labour from kin children might be constructed by the children themselves as an acceptable contribution they make in exchange for their care, and as something they make even take pride in 'doing their part.' The researchers' conclusion points to the importance of governments in the region undertaking sustained efforts to support kin care families.

> Providing crisis kin care is a daunting task, especially for resource-limited families. Intra-household inequity between biological and kin children is likely to be exacerbated when resources are stretched thin.[105]

Adoption

Formal adoption appears to be rare in most African countries. In Namibia, for example, the average number of adoptions registered annually was about 80 per year[106] and in Gambia there were 23 recorded adoptions during one (unspecified) period[107]. In 2011, the number of abandoned children in South Africa eligible for unrelated adoption was approximately 2,600, yet national adoption rates were low.[108]

Although there are legal processes in place in most countries, this does not appear to be compatible with traditional values and cultural practices.[109] During the conflict in Sierra Leone, thousands of children were taken on by others and remained in these arrangements post-conflict, yet there has never been a culture of formal adoption to make the relationship official.[110] In South Africa, the overwhelming number of children in the child care system who are eligible for adoption are Black[111], yet the majority of

---

[104] Roby, J., Shaw, S. & George, L. (2014). Perceived food and labor equity and school attendance among Ugandan children living in kin care. International Journal of Social Welfare, 23(2), pp.205-214ibid.
[105] ibid. Page.8.
106 Kangandjela, L. and Mapaure, C. (2009). Work in progress: The Child Care and Protection Act in Namibia, in Ruppel, O. (Ed) Children's rights in Namibia, Windhoek: Macmillan Education.
107 Chiwaula, L., Dobson, R. and Elsley, S. (2014). *Drumming Together for Change: A Child's Right to Quality Care in Sub-Saharan Africa,* Glasgow: SOS Children's Villages International, CELCIS, University of Strathclyde, University of Malawi.
108 Gerrand, P. and Nathane-Taulela, M. (2015). Developing a culturally relevant adoption model in South Africa: The way forward, *International Social Work*, 2015, Vol. 58(1) 55–62.
109 Chiwaula, L., Dobson, R. and Elsley, S. (2014). Subbarao, K. & Coury, D. (2004). *Reaching out to Africa's Orphans: A framework for public action*. World Bank: Washington, DC.
110 Child Frontiers. (2010). *Mapping and analysis of the child protection system in Sierra Leone: final report,* Hong Kong: Child Frontiers.
111 Louw, A. (2009). 'Adoption of Children', in T. Boezaart (ed.) Child Law in South Africa, pp. 133–62. Claremont, South Africa: Juta.

children being adopted are White children being adopted by step-parents[112]. One study of Children's Homes in South Africa found widespread belief in residential settings that HIV-positive children were not suitable for adoption[113], suggesting cultural attitudes which inhibit the practice of adoption of children. Other studies have found the cost of adoption process prohibitive[114], or a disincentive for kinship or foster carers who may lose financial support if they complete the adoption process[115]. This suggests that current systems do not prioritise or proactively support adoption for children without parental care in many countries.

In an effort to overcome some of these cultural barriers, many states have made significant changes to legislation to promote adoption. In Sierra Leone, existing legislation was thought to be outdated and key stakeholders argued for legal and policy reforms to both domestic and inter-country adoptions.[116] In 2009, the Government suspended adoptions and took appropriate measures to review the Adoption Act, and by 2012 the Government lifted the suspension on inter-country adoptions. At present, inter-country adoptions take place under the country's existing legal framework, while an interagency committee continues to work on new adoption laws. In addition, the Alternative Care Policy promotes adoptions among Sierra Leone nationals. Similar developments in adoption legislation and policy can be found in Kenya[117], which promotes intra- and inter-country adoption via its *National Plan of Action for Children in Kenya 2015-2022*[118].

Although inter-country adoptions do take place, the number appears to be very low (although this may, in part, be due to out-of-date or inconsistent data).[119] There have been concerns within Sierra Leone of orphanages or adoption agencies strongly 'persuading' parents to renounce their parental rights, and evidence that many parents do not (legally) understand what is meant by adoption and signing adoption papers without understanding that the arrangement is permanent[120]. Other sources report that parents are not adequately briefed about the implications of international adoption and

112 Gerrand, P. A. and Nathane-Taulela, M. (2015). Developing a culturally relevant adoption model in South Africa: The way forward. *International Social Work,* 2015. 58(1), pp.55–62
113 Meintjes, H., Moses, S., Berry, L. & Mampane, R. (2007). *Home truths: The phenomenon of residential care for children in a time of AIDS.* Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria.
114 Chiwaula, L., Dobson, R., Elsley, S. (2014). *Drumming Together for Change: A Child's Right to Quality Care in Sub-Saharan Africa*, Glasgow: SOS Children's Villages
115 Gerrand, P. A. and Nathane-Taulela, M. (2015). Developing a culturally relevant adoption model in South Africa: The way forward. *International Social Work*, 2015. 58(1), pp.55–62
116 ISS. (c. 2016). *Country fact sheet for CRC*: Sierra Leone, ISS.
117 Ucembe, S. (2015). *Research findings on alternative care system in Kenya for children without parental care.* The Hague: International Institute of Social Studies.
118 Republic of Kenya. (2015). *National Plan of Action for Children in Kenya 2015-2022. National Council for Children's Services, Kenya.*
119 Chiwaula, L., Dobson, R., Elsley, S. (2014). Drumming Together for Change: A Child's Right to Quality Care in Sub-Saharan Africa, Glasgow: SOS Children's Villages International, CELCIS at the University of Strathclyde, University of Malawi.
120 Surtees, R. (2005). *Child Trafficking in Sierra Leone.* New York: UNICEF.

the cessation of parental rights.[121] At present, Sierra Leone is not party to the International Hague Convention on Protection of Children and Co-operation in Respect of Inter-Country Adoption[122], which may account for many of these concerns regarding inter-country adoptions. However, many nations, including Kenya, South Africa and Zambia are party to the Convention and its international principles and standards.

Legal and Policy Framework

Child Rights influence

Most African nations have made legislative efforts to ratify most of the international instruments concerning the protection of human and children's rights, particularly the UN Convention on the Rights of the Child (UNCRC) and the African Charter on Rights and Welfare of the Child (ACRWC), which place a greater emphasis on the child being part of an inter-generational family with responsibilities to contribute to the well-being of the family as a whole. For example, in Mozambique, the Children's Act (2008) reflects a commitment on the part of the Government to provide a legal framework for the protection of children, in accordance with the principles established in the UN Convention on the Rights of the Child. However, like most signatories of the UNCRC, many African nations fall short of compliance with both the spirit and letter of the treaty, the necessity of filing these reports requires some level of accountability to the international community.[123] Other legislative and policy developments include legislative and policy responses to inter-country adoptions, sexual and gender-based violence, and human child trafficking.

Colonial Origins

Another factor shaping the legal framework of many African countries is their colonial origins. In one study, the authors found: 'a consistent gap at the highest policy levels in terms of an overarching framework that defines the State's relationship to families and communities and the rationale for state action in relation to child protection.'[124] In former French colonies (e.g. Côte d'Ivoire, Niger and Senegal), the model reflected a view of the State as providing welfare and care for children and families in need, whereas in former British colonies (e.g. Ghana and Sierra Leone), state responsibility for protective interventions was confined to situations in which a child had experienced or was at risk of significant harm. Furthermore, in some countries, such as South Africa,

---

121 Lamin, D. (2008). *Mapping of residential care facilities for children in Sierra Leone*, New York: UNICEF.
122 Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption: Status Table. Available at: https://www.hcch.net/en/instruments/conventions/status-table/?cid=69
123 Mildred, J. & Plummer, C. (2009). Responding to child sexual abuse in the United States and Kenya: Child protection and children's rights. *Children and Youth Services Review.* 31, 601–608.
124 Child Frontiers. (2011). *Mapping and assessing child protection systems in West and Central Africa: a five-country analysis paper*, Page. iv.

there appears to be a tension between a child protection perspective and a child welfare orientation, which threatens to undermine the transition to a more holistic child welfare approach.[125]

National OVC Action Plans

As we have already noted, the policy response to child care and protection in many countries is closely aligned to each government's response to the crisis of children orphaned by HIV/AIDS.

In recent years, these responses have often taken the form of a national action plan, and are often developed by ministries in collaboration with other agencies, such as NGOs, INGOs and international donors.[126] For example, in Kenya, the policy landscape includes a National Children's Policy (2008) which provides the framework for implementing the Children Act (2001), a National Plan of Action for Children to address each policy area with relevant interventions for child wellbeing, and a Plan of Action for Orphans and Vulnerable Children. This framework is designed to strengthen planning and coordination, and build capacity between the various stakeholders within the system, including those in need of alternative care.

Alternative Care Policy

In addition to the development of broader children's welfare and protection legal and policy framework, many African nations have developed specific policies on alternative care. For example, the Guidelines for Alternative Care of Children in Kenya (2011) are designed to enhance the current legal framework and existing practices for children without parental care and those at risk of being separated from their parents, and the Guidelines for Alternative Care for Children and Minimum Standards for Charitable Child Institutions (CCIs), outline good practice on admissions, placement and review procedures. Similar developments in national policies can be found in Ethiopia, where the Ministry of Women, in collaboration with the Italian Development Cooperation, developed the National Guidelines on Alternative Child Care (2009) to bring them up to date with international standards. In Zanzibar, the International Guidelines for the Alternative Care of Children are recommended as a tool to improve existing legislation, policies and guidelines.

---

125 Schmid, J. (2007). Quo vadis? Trends in South African child welfare policies. *International Social Work.* 50 (4), 500-514.
126 Rosenberg, A., Hartwig, K., & Merson, M. (2008). Government–NGO collaboration and sustainability of orphans and vulnerable children projects in southern Africa. Evaluation and Program Planning. 31, 51–60. Save the Children. (2010). *Establishing, reviewing and implementing National Plans of Action for Orphans and Vulnerable Children in Southern and East Africa: Lessons learnt and challenges.* Save the Children UK, Southern and East Africa Regional Office.

NGO influence

Although governments appear committed to helping vulnerable children, they rely greatly on the support of NGOs, the private sector, and international donors to deliver the services and provide the support to children in need of care and protection.[127] Child protection strategies in West African countries, for example, have been organised according to specific categories of children and types of abuse that largely reflect international donor trends, such as orphans and other children made vulnerable by HIV or AIDS, trafficked children, street children, and victims of gender-based violence.[128] A similar scenario developed with the crisis of children orphaned by AIDS, which resulted in an increase in sponsorship schemes, community outreach initiatives, and residential care homes. The criterion for assistance was very often being orphaned, rather than other factors influencing support and protection within families and communities. Add outdated national policies and the absence of practice guidelines and international standards to guide donors and NGOs, and the result was inappropriate short-term schemes and a proliferation of residential care that gave little consideration to the needs and rights of the children.[129]

The implementation and enforcement gap

Another area of concern is that, despite significant legal and policy development, the extent of implementation is inconsistent. In Mali, for example, operationally, the concept of social protection has been narrowed to 'social insurance', and constraints to implementation have resulted in a fragmented delivery of social protection programmes that fall short of addressing the needs of vulnerable populations.[130] In Sierra Leone, the Government developed guidelines for the management of residential care facilities, but UNICEF found that the standards were not practiced, either because they were unknown or simply ignored by residential care institutions. This was because many CBOs/NGOs/INGOs providing residential care for children were not registered as child care institutions, meaning the ministry was unable to enforce the guidelines.[131] Although most (but not all) homes had internally developed standards and guidelines, and others (such as SOS Children's Villages) used guidelines developed by their international offices, the difficulty in implementing the guidelines developed by the Ministry remained problematic. In Ethiopia, for example, although the legal and policy framework created by the Government has enhanced the involvement of NGOs, UN agencies, INGOs, FBOs and CBOs, and the provision of care and support services to orphans and vulnerable

127 Rosenberg, A., Hartwig, K., and Merson, M. (2008). Government–NGO collaboration and sustainability of orphans and vulnerable children projects in southern Africa. *Evaluation and Program Planning.* 31, pp.51–60.

128 Child Frontiers (2011). *Mapping and assessing child protection systems in West and Central Africa: A five-country analysis pape*r. Child Frontiers.

129 International Save the Children Alliance (2003). A *last resort: The growing concern about children in residential care - Save the Children's position on residential care.*

130 Pereznieto, P. (2009). *Social protection to tackle child poverty in Mali.* ODI.

131 Lamin, D. (2008). *Mapping of residential care facilities for children in Sierra Leone.* UNICEF.

children has advanced, there remains a lack of standards and uniformity in the services and support offered to vulnerable children and their caregivers.

Lead agencies responsible for child protection/child care system

Some countries in the region have appointed a lead agency to lead on child protection and welfare, usually a directorate within a ministry. For example, the Department of Social Welfare (DSW) within the Ministry of Health and Social Welfare (MOHSW) in Tanzania is responsible for social welfare policy, including care services; in Namibia, child care and protection is led by the Child Welfare Directorate within the Ministry of Gender Equality and Child Welfare (MGECW). Similar models can be found in Kenya and South Africa. In Ghana, the Department of Social Welfare (under the Ministry of Gender, Children and Social Protection (MGC&SP)) is leading care reform. In Rwanda (2011), the reform process has established the National Commission for Children – under the Ministry of Gender and Family Promotion (MIGEPROF), whose mandate it is to protect and promote the rights of children in Rwanda.[132]

In Ethiopia, the child protection system (and, more specifically, alternative care) is the responsibility of three government ministries: the Ministry of Women's Affairs (MOWA); the Ministry of Justice (MOJ); and the Ministry of Labour and Social Affairs (MoLSA). In this model, each ministry is responsible for different components of the system, general oversight (MOWA), accreditation of institutions (MOJ), and supervision (MoLSA). A similar model can be found in Sierra Leone, where the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) has the lead responsibility for promoting the rights and welfare of children - along with the Sierra Leone Police, Ministry of Health and Sanitation, Ministry of Health, and Ministry of Justice, which have specific mandates for child protection.

Coordination between agencies, particularly other government departments, has been reported as being problematic in some countries. For example, in a review of five West African countries, it was found that none of the five countries demonstrated effective strategic coordination of the various components.[133] This was also the case in Mali, where the Ministry for Women, Children and Families (MWCF) was found to have limited coordination with other relevant government agencies.[134]

In most countries, the relevant department of Ministry works alongside civic partners in delivering services. For example, in Sierra Leone, UNICEF, international and national NGOs play a key role, particularly in regard to capacity building, monitoring and

132 BCN & UNICEF (2015a). *An Analysis of Child-Care Reform in Three African Countries: Summary of Key Findings.* BCN & UNICEF, Page.11.
133 Child Frontiers (2011). *Mapping and assessing child protection systems in West and Central Africa: A five-country analysis paper.* Child Frontiers.
134 Pereznieto, P. (2009). *Social protection to tackle child poverty in Mali.* ODI.

evaluation aimed at strengthening the national system of child protection. In Botswana, the Department of Social Services (DSS), works alongside key partners, such as the Mpule Kwelagobe Children's Centre and the SOS Children's Villages, to provide children's services for children without parental care. In Tanzania, the *Most Vulnerable Children Committees* (MVCCs) work with local NGOs, faith-based and community-based organisations, and the Government to respond to the needs of vulnerable children.

The international child rights and welfare community has played an important role in supporting government efforts for the care and protection of children. In Sierra Leone, many organisations that were instrumental in protecting children throughout the war remained in the country during reconstruction, and there is now a core group of international agencies (including Save the Children UK, Defence for Children International, Child Fund, and UNICEF) implementing child protection programmes.

Social work services

From the information available all, or nearly all, of the countries in the region have some form of social services structure, and many of them have their origin in the colonial-era government structures. However, in the poorest countries, their staffing levels are low and the resources available to carry out their tasks are minimal. The quote below from the West and Central Africa study is representative.

> The lower-middle-income countries are able to allocate more financial resources for their child protection workforces than the low-income countries, even when budget proportions are similar. In doing so, they are able to ensure that far more child protection workers are available for service provision. Whereas Côte d'Ivoire's social welfare workforce contains nearly 700 social welfare workers, in Niger fewer than 100 government workers are dedicated to child protection and family welfare. The distribution of these workers across the national territory remains of some concern because most workers in all countries are concentrated in urban settings. In all countries, the numbers of child protection and welfare workers are far less than those needed to take on the social challenges they are facing.[135]

The UNICEF country Director, in interview, suggested that Mozambique has a ratio of one social worker for every 100,000 families, compared to South Africa where it is 1: 70. This figure of 1:100,000 appears in other documents, though the original source of

---

135 Child Frontiers. (2011). *Mapping and assessing child protection systems in West and Central Africa: A five-country analysis paper.* Child Frontiers.

the calculation is uncertain. At this scale of need the precise figure perhaps does not matter, for it gives a vivid indication of the gap between structures and need. Non-filling of government social welfare posts is also regularly reported. One of the legacies of Apartheid-era South Africa was a well-developed social work system for White people and this at least gave something to build upon post-liberation. However even here, with many more social workers on the ground and a well-established system of training, the shortage of social workers and the overall lack of resources is noted, 'Long hours, low pay, lack of upward mobility, and difficult working conditions have contributed significantly to the low prestige of social welfare work.'[136] Another report on South Africa also noted the high caseloads and wide generic responsibilities of social workers, and the impact this has on practice, 'a focus on 'crisis' CP [child protection] cases only and lack of expertise in reintegration work'[137]. Similarly, in Kenya (a country with comprehensive child protection legislation and national child care structures) the reality is lack of resources to do the tasks associated with the role.

> Certainly, a lack of resources impedes the capacity of the system to work. During this study, there were only two Children's Officers staffed under the District Children's Officer for Kisumu District, as well as three Volunteer Children's Officers, one secretary and one clerk, and the occasional college students on short-term, unpaid attachments for work experience. Budgets were also limited. Children's Officers described how they often could not investigate charitable children's homes, much less private family's homes with children, due to a lack of petrol for vehicles or fare for public transport.[138]

Gate-keeping

One key function of statutory social services is to act as 'gate-keepers' when children are placed in any form of formal alternative care. Effective gate-keeping depends on individual assessment of children's needs and control over admissions to an alternative care home. When social workers are few in relation to the populations they are responsible for, and they have limited training and little authority over NGO provision, then actual gate-keeping is next to impossible. Nevertheless, as some countries, notably in this context Rwanda, have moved to reduce reliance on institutions and to build community-based support, a gate-keeping process has emerged (BCN & UNICEF, 2015b). This has involved a strong partnership between the state, one specialist INGO

136 UDAID. (2010). *Social Welfare Workforce: Strengthening for OVC*. USAID
137 Meintjes, H., Moses, S., Berry, L. & Mampane, R. (2007). *Home truths: The phenomenon of residential care for children in a time of AIDS.* Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria.
138 Cooper, E. (2012) Following the law, but losing the spirit of child protection in Kenya, *Development in Practice*, 22:4, 486-497, p.492.

and a number of local NGOs. The authors of this paper argue that it is possible to develop what they call 'informal gate-keeping' mechanisms, which may be the only option in low- or medium-income countries.

> Settings with limited state structures and services are more likely to rely on less formal models of gate-keeping involving community leaders, who may be religious leaders, chiefs or village elders, taking decisions on care arrangements in consultation with extended family members when parents or former caregivers are unavailable or unable to take responsibility for the care of a child….. This paper suggests that both formal and non-formal gatekeeping systems have an important role to play in the care of children and should be supported in partnership with each other.[139]

Development of para-professionals and volunteers

In the light of the challenges of recruiting and paying for professionally trained social workers it is not surprising that a number of countries have organised the recruitment, training and deployment of para-professionals (who receive shorter-term training) and volunteers. A systemic approach to the development of a cohort of para-professionals to care for OVCs is reported in Tanzania.[140] In South Africa, the 'child and youth care profession' has emerged, originating in training for residential workers, the Isibindi project has now developed a distance-learning model of training to equip workers in urban and rural contexts to provide community-based care for vulnerable households, including CHH.[141]

---

139 BCN & UNICEF. (2015b). *Making decisions for the better care of children: the role of gate-keeping: 5 country case studies.* BCN & UNICEF, p.7.
140 Linsk, N., Mabeyo, Z., Omari, L., Petras, D., Lubin, B., Assefa Abate, A., Steinitz, L., Kaijage, T., & Mason, S. (2010). Para-social work to address most vulnerable children in sub-Sahara Africa: A case example in Tanzania. *Children and Youth Services Review,* 32, pp. 990–997.
141 USAID. (2011). *Social Welfare Workforce: Strengthening for OVC.* USAID.

Conclusions, Challenges and Constraints

Challenges and Constraints

> Recurring themes through the research included weak leadership
> by governments in planning and coordinating services, low levels
> of financial and human resource provision for the coordination and
> provision of alternative care, and lack of data and information to
> inform evidence-based planning and policy-making.
>
> (Chiwaula et al., 2014, p.13)

The quotation above could also serve as a summary of the constraints which operate across much of this region, as governments (often with the support of UNICEF and major INGOs) attempt to tackle the proliferation of institutional forms of care and replace them with local, family support services. This review brings together findings from numerous sources across the sub-continent, and there are many common themes. These findings will not be news to those who have experience of working on alternative care in one or more countries. There are, of course, differences between countries related to their overall GDP, for example, some have relatively long-established social work systems within local and regional government systems, while these are virtually absent in some of the poorest countries. Many countries have seen a large growth in numbers of externally-funded institutions, while others seem to have fewer, but even basic data about numbers of institutions is lacking in most places. There are many similarities among countries of the region, and this report has identified a number of them. A lack of financial resources directed to prevention or alternative care is the most fundamental. This manifests itself in state social work systems that are thinly spread and often carrying significant vacancies, even within these 'thin' services. The reliance on local and international NGO funding and management of services, has implications for sustainability, coverage of services and coordination. Reliance on the NGO sector limits the development of state, regional or municipal capacity, and in particular hinders the development of proper 'gate-keeping'. The lack of capacity to monitor basic compliance with licensing and monitoring requirements is frequently reported.

Generally speaking, there are plenty of laws and regulations but poor implementation in almost all countries. It is important to acknowledge that many countries are making efforts at 'child-care reform', as it is generically referred to, 'In essence, child-care reform can offer an opportunity to strengthen an existing – but often fragile – child protection system'[142]. One recent report notes some successes in terms of increasing governmental capacity to lead reform and improve implementation of regulations.[143]

---

142 BCN & UNICEF (2015a). *An Analysis of Child-Care Reform in Three African Countries: Summary of Key Findings.* BCN & UNICEF, Page.5.
143 ibid.

Because of the overwhelming numbers of orphans and other vulnerable children, governments and NGOs have in fact been forced to develop relatively large scale OVC plans and programmes which attempt to bring food, health care, protection, and other resources to the vulnerable children and families.

When it comes to the social work services that do exist, the report finds that the emphasis is usually on crisis interventions or processing administrative decisions connected to allowances, for example. There is a lack of family and community-based support services to address prevention and many other deficiencies in areas such as record-keeping, care-planning and child protection awareness, which are required for any care system to operate in compliance with laws, regulations and standards. A lack of even minimal data at national level hinders effective planning, although some recent initiatives to create a database of institutions in Uganda and Kenya are significant developments in these countries.

In many countries, there is awareness at government and policy level about the undesirability of reliance on institutions, and as we have noted legislation and policy will often reflect this stance. However, there seems to be a widespread lack of awareness among the general public, as well as among many professionals, of the long-term outcomes for children who have been placed in alternative care (especially institutional care. Some institutions do aim to make children placement temporary) while work is done to trace families or recruit foster or adoptive families, but in many other residential care facilities loss of contact with family is not taken as an indicator of the need for urgent action. Lack of compliance with written standards is frequently reported, low staff-to-child ratios are common and training is often minimal or absent. Again, this is not universal and it is important to remember the plea of Meintjes and colleagues that the research has simply not been done to allow us to know what is happening in every institution[144].

Undoubtedly, some of the well-resourced and professionalised services are committed to staff training and higher standards of practice than found in other institutions. Some of these more professional services will have systems of care-planning in place, but they are the exceptions in this area as well. Similarly, some of these 'institutions' provide their own follow-up and care-leaving services, but we could find very little reference to the rights of care-leavers in policy or mention of care-leaving services in the literature, with the exception of recent work in this area across SOS Children's Villages. A recent eight-country report, commissioned by SOS Children's Villages, makes the following observations:

---

[144] Meintjes, H., Moses, S., Berry, L. & Mampane, R. (2007). *Home truths: The phenomenon of residential care for children in a time of AIDS.* Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria.

Across the region, it appeared that there was good practice in some organisations that support children towards leading integrated lives with their families or independent lives in their communities. However, aftercare provision was generally poorly planned and provided only at the discretion of individual organisations and within the means of limited funding streams. Follow-up on children leaving care was also weak, making it difficult to collect information on the outcomes of children after alternative care. The evidence collected indicates that, without adequate support, children in the region face considerable challenges and many struggle to cope independently.[145]

Key areas for targeted intervention to strengthen systems

Informal kinship care

The number of OVCs in informal care is much, much higher than the numbers in institutions. This is not to diminish in any way the value of a strong and sustained deinstitutionalisation or reform process. It is simply to point out that a focus on institutions alone will not address the current needs of the great majority of OVCs across Sub-Saharan Africa. The biggest issue is the quality of kinship care, and finding ways to support kinship carers must be prioritised. Part of that support will include the development of mechanisms which can offer protection from various forms of exploitation and abuses which children can suffer. Protecting children in kinship care settings requires a functioning local child protection mechanism. In many rural communities, this will require the bringing together of traditional, 'informal' child protection mechanisms with the more rights-based approach represented by formal child protection systems, which are being built (at least on paper) across the continent (see below).

Turning the tide on institutions

Some countries have seen an enormous growth of private, externally-funded 'orphanages', at odds with the stated goals of government policies. A key element in reform in these places must be to persuade donors to re-direct resources into other forms of family support work, and for sustained attempts to improve compliance with recognised standards and good quality care. Switching the emphasis from institutional services towards family support measures, and the development of various forms of family-based and small-scale alternatives, must be pursued if children are to receive services that meet the aspirations of governments, professionals, philanthropists, and

---

145 Chiwaula, L., Dobson, R., Elsley, S. (2014*). Drumming Together for Change: A Child's Right to Quality Care in Sub-Saharan Africa.* Glasgow: SOS Children's Villages International, CELCIS at the University of Strathclyde, University of Malawi, p.80.

concerned citizens for children to receive the best possible care. Requiring that institutions prioritise family resettlement and kinship care options will be the first step, in parallel with the development of various kinds of family support services. The development of national adoption may be another option that should be explored, and one that is certainly preferable to ICA. In many countries, formal fostering and adoption are unfamiliar concepts, and thus will require careful development by indigenous organisations familiar with local culture and customs. It is likely that some smaller-scale residential homes will be needed into the future to provide a range of emergency, short and long-term options providing specialist services – as they currently do in developed economies across the world.

Some existing institutions are already moving in these directions, but the current pattern of service development urgently requires a redirection of resources and effort by state, civil society and NGOs towards primary, secondary and tertiary family support (Davidson et al., 2012).

Resolving the formal v informal systems disconnect

> Awareness of the need to address the "formal" and "informal" systems is rapidly increasing, as well as the parallel disconnect in many countries and communities. This is key for respectful communication, power sharing, and shared decision-making by all actors.[146]

This paper has brought together findings from a growing number of studies which explore the issues around the lack of connection between traditional responses to child abuse and neglect, and the more formal systems that have been developed in recent decades. It now appears clear that child protection systems cannot simply be 'built out' from the centre and imposed on rural parts of countries, areas which invariably lack the numbers of trained professionals required to operate a formal child protection system – receiving referrals, investigating, assessing, and so on. Such formal systems *are* needed in order to sensitise communities to various forms of abuse which communities have traditionally found difficult to challenge and sanction, especially sexual abuse or exploitation. Sensitised communities will need local mechanisms, such as 'child welfare/protection committees', which have formal connections to systems of monitoring and referral to courts or mandated child protection actors who are authorised to intervene, assess, support and ultimately access alternative care options when necessary. A formal system cannot simply ignore or be 'laid over' existing traditional responses and mechanisms; it has to *engage* with them. This requires a political and professional orientation characterised by respect, which aims at integration with (and *enhancement* of) traditional mechanisms.

---

[146] Inter-agency Group on Child Protection Systems in sub-Saharan Africa. (2012). *Strengthening Child Protection Systems in Sub-Saharan Africa: A working paper*

Save the Children is one of the major INGOs in the field of alternative care and it has been a leading light behind the development of a systems approach. The following humble reflection from Mozambique perhaps offers an example that others can benefit from:

> One of the principal lessons learnt is the need for a more "structured and sophisticated" engagement on the part of Save the Children UK with culture and tradition. In particular it is important that we liaise with those members of the community whose views tend to inform local norms and values.[147]

Strengthening the capacity of governments to regulate and coordinate alternative care

Finally, it is difficult to imagine how any form of properly regulated system of alternative care can be envisaged in which the state (at central and local levels), is not a powerful and competent actor. This report has drawn together evidence from many African countries of the weaknesses in governmental capacities to actually implement recent laws or monitor standards in non-state institutions and services. Strengthening the institutional capacity of governments seems a necessary task. This will necessitate building capacity to monitor compliance with current regulations, but it will also demand more effective collaboration with, and among, the NGO sectors. The non-state sectors provide a huge proportion of the existing alternative care resources, and often employ a large percentage of the social service professionals in any country. Ways need to be found to obtain some degree of cooperation among NGO services, in order to create more consistent procedures and standards and a more even coverage of services.

All children in alternative care need good quality care and protection, and services that are orientated to keeping them connected to their families of origin or finding alternative families for them to be part of. The *Guidelines for Alternative Care of Children* indicate how that can be achieved. Governments with the institutional capacity to guide and oversee services and systems are a necessary foundation of any system which guarantees those rights and services. Vulnerable children and families need social service systems which are oriented to support families, and carers who are committed to working in line with recognised standards. These social service personnel and carers will often be found in the non-state sector, but it is only the state that can possibly establish nationwide systems and guarantee adherence to legislated requirements and standards. In Sub-Saharan Africa many governments are currently not equipped to carry out that essential function. Progress in alternative care awaits such strengthening.

---

147 Save the Children UK. (2007). *Protecting Children Community attitudes to child sexual abuse in rural Mozambique.* Page.vi.

References

ACCI. (2016). *Changing Mindsets and Practice: Engaging faith-based actors in de-institutionalisation and child welfare systems reforms*. ACCI Missions & Relief: Victoria, Australia. https://d3n8a8pro7vhmx.cloudfront.net/acci/pages/145/attachments/original/1462859130/ACCI_Relief_-_Changing_Mindsets_and_Practice.pdf?1462859130

Adhiambo Ogwang, E. (2001). *Child Fostering in Kenya. From Care to Abuse*. Paper presented at 12th Conference on Foster Care. International Foster Care Organization (IFCO), Koningshof, Veldhoven, Netherlands, July 15–20.

African Child Policy Forum. (2008). *Reversed Roles and Stressed Souls, Child-headed Households in Ethiopia*. Addis Ababa, Ethiopia: African Child Policy Forum.

Ainsworth, F. & Thoburn, J. (2014). An exploration of the differential usage of residential childcare across national boundaries. *International Journal of Social Welfare. 23(1)*, pp. 16-24.

BCN & UNICEF. (2015a). *An Analysis of Child-Care Reform in Three African Countries, Ghana, Liberia and Rwanda: Summary of Key Findings*. BCN & UNICEF.

BCN & UNICEF. (2015b). *Making decisions for the better care of children: the role of gate-keeping: 5 country case studies*. BCN & UNICEF.

Cantwell, N., Davidson, J., Elsley, S., Milligan, I. & Quinn, N. (2012). *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK: Centre for Excellence for Looked After Children in Scotland.

Child Frontiers. (2010). *Mapping and analysis of the child protection system In Sierra Leone: Final report*.

Child Frontiers. (2011). *Mapping and assessing child protection systems: West and Central Africa*.

Chiwaula, L., Dobson, R., Elsley, S. (2014). *Drumming Together for Change: A Child's Right to Quality Care in Sub-Saharan Africa*, Glasgow: SOS Children's Villages International, CELCIS at the University of Strathclyde, University of Malawi.

Cooper, E. (2012). Following the law, but losing the spirit of child protection in Kenya. *Development in Practice. 22:4*, pp.486-497.

Courtney, M., & Iwaniec, D. Eds. (2009). *Residential care of children: Comparative perspectives*. Oxford: OUP.

Davidson, J., Milligan, I. Quinn, N. Elsley, S. & Cantwell, N. (2016). Developing Family-Based Care: Complexities in Implementing the UN Guidelines for the Alternative Care of Children, *European Journal of Social Work*

Dunn, A. (2008). *Capacity to manage alternative care: Assessment report for Namibia*. Namibia: Ministry of Gender Equality and Child Welfare.

Engle, P. (2008). *National plans of action for orphans and vulnerable children in sub-Saharan Africa: Where are the youngest children?* Working Paper No. 50. The Hague, The Netherlands: Bernard van Leer Foundation.

Faith to Action Initiative. (2015). *Children, Orphanages, and Families: A summary of research to help guide faith-based action*. http://faithtoaction.org/resources/research-series/childrenorphanagesandfamilies/

Family for Every Child. (2015). *The place of foster care in the continuum of care choices: A review of the evidence for policy makers*. Family For Every Child. London: UK/

FHI. (2010). *Improving care options for children in Ethiopia through understanding institutional child care and factors driving institutionalisation*. FHI.

Freeman, M. & Nkomo, N. (2006a). Guardianship of orphans and vulnerable children. A survey of current and prospective South African caregivers. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV. 18(4)*, pp.302-310.

Freeman M. & Nkomo, N. (2006b). Assistance needed for the integration of orphaned and vulnerable children — views of South African family and community member. *SAHARA-J: Journal of Social Aspects of HIV/AIDS. 3*(3), pp.503-509.

Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. *Psychology, Health & Medicine. 5(1*), pp.55-62.

Gerrand, P. A. and Nathane-Taulela, M. (2015). Developing a culturally relevant adoption model in South Africa: The way forward. *International Social Work*, 2015. *58(1)*, pp.55–62.

Greenberg, A. & Partskhaladze, N. (2014). How the Republic of Georgia has nearly eliminated the use of institutional care for children. *Infant Mental Health Journal. 95*(2), pp.185-191.

Hunter, S. (2000). *National Systems and Strategies for Provision of Care to HIV/AIDS Affected Adults and Children*. Discussion paper presented at UNAIDS Workshop on the Role of Debt Relief in Financing National HIV/AIDS Programs. Lilongwe, Malawi.

Inter-agency Group on Child Protection Systems in Sub-Saharan Africa. (2012). *Strengthening Child Protection Systems in Sub-Saharan Africa: A working paper*.

Islam, T. & Fulcher, L. (Eds). (2016). *Residential child and youth care in a developing world 1: Global perspectives*. Cape Town, SA: The CYC-Net Press.

Lamin, D. (2008). *Mapping of residential care facilities for children in Sierra Leone*. UNICEF.

Linsk, N., Mabeyo, Z., Omari, L., Petras, D., Lubin, B., Assefa Abate, A., Steinitz, L., Kaijage, T., & Mason, S. (2010). Para-social work to address most vulnerable children in Sub-Saharan Africa: A case example in Tanzania. *Children and Youth Services Review. 32,* pp. 990–997.

Malinga, T. & Ntshwarang, P. (2011). Alternative care for children in Botswana: a reality or idealism? *Social Work and Society. 9(2)*.

Mann, G. (2015). *An Investigation of the circumstances of children living in residential care in Uganda, with a focus on those who are HIV+*. Ministry of GL&SD, UNICEF Uganda and UNICEF, New York.

Meintjes, H., Moses, S., Berry, L. & Mampane, R. (2007). *Home truths: The phenomenon of residential care for children in a time of AIDS*. Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria.

Mildred, J. and Plummer, C. (2009). Responding to child sexual abuse in the United States and Kenya: *Child protection and children's rights. Children and Youth Services Review. 31,* pp.601–608.

Milligan, I. (2016). *Key issues in alternative care and de-institutionalisation: A case study of Uganda*. Glasgow, UK: Centre for Excellence for Looked after Children in Scotland.

Ministry of Gender Equality and Child Welfare. (2011). *Standards for foster care services in Namibia*. Morantz, G., Cole, D., Ayaya, S., Ayuku, D. & Braitstein, P. (2013). Maltreatment experiences and associated factors prior to admission to residential care: A sample of institutionalized children and youth in western Kenya, *Child Abuse and Neglect. 37(10),* pp.778–787. http://dx.doi.org/10.1016/j.chiabu.2012.10.007

Morantz, G., Cole, D., Vreeman, R., Ayaya, S., Ayuku D. & Braitstein, P. (2013). Child abuse and neglect among orphaned children and youth living in extended families in Sub-Saharan Africa: What have we learned from qualitative inquiry? *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care*.

National Population Commission. (2009). *Nigeria: Demographic and health survey 2008*. Abuga: Federal Republic of Nigeria / Calverton, Maryland: ICF Macro.

Olusimbo, K. & Olufunmilayo, I.F. (2011). Preventing child sexual abuse: Parents' perceptions and practices in Nigeria. *Journal of child Sexual Abuse.20(6)*, pp.695-707.

Pereznieto, P. (2009). *Social protection to tackle child poverty in Mali.* ODI.

Riley, M. (2012). *Baseline Study: The state of Institutional Care in Uganda.* Kampala: Ministry of Gender, Labour and Social development. Available from http://www.alternative-care-uganda.org/resources.html

Roby, J. (2011). Discussion paper on children in informal care. Commissioned by UNICEF, New York.

Roby, J., Shaw, S. & George, L. (2014). Perceived food and labor equity and school attendance among Ugandan children living in kin care. *International Journal of Social Welfare, 23(2)*, pp.205-214.

Rosenberg, A., Hartwig, K., & Merson, M. (2008). Government–NGO collaboration and sustainability of orphans and vulnerable children projects in southern Africa. *Evaluation and Program Planning. 31,* pp.51–60.

Save the Children UK. (2007). *Protecting Children Community attitudes to child sexual abuse in rural Mozambique.* London: Save the Children.

Save the Children. (2010). *Establishing, reviewing and implementing National Plans of Action for Orphans and Vulnerable Children in Southern and East Africa: Lessons learnt and challenges.* Save the Children UK, Southern and East Africa Regional Office.

Save the Children. (2015). *A sense of belonging: Understanding and improving informal alternative care mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa.* Nairobi, Kenya: Save the Children International.

Schmid, J. (2007). Quo vadis? Trends in South African child welfare policies. *International Social Work. 50 (4)*, pp.500-514.

Smith, M. (2016). Preface. In T. Islam and L. Fulcher (Eds). *Residential child and youth care in a developing world 1: Global perspectives.* Cape Town, SA. The CYC-net Press,

Subbarao, K. & Coury, D. (2004). *Reaching out to Africa's Orphans: A framework for public action.* World Bank: Washington, DC.

Surtees, R. (2005). *Child Trafficking in Sierra Leone.* New York: UNICEF.

Todorova-Koleva, M. (2016). The process of deinstitutionalisation and development of residential care in Bulgaria, *Scottish Journal of Residential Child Care. 15*(2), p. 80-85.

Ucembe, S. (2015). *Institutionalization of children in Kenya: A child rights perspective.* International Institute for Social Services.

United Nations General Assembly. (2009). *Guidelines for the Alternative Care of Children*. Resolution A/RES/64/142.

UNAIDS/WHO. (2004). *Report on the global AIDS epidemic - 4th global report*.

UNAIDS/UNICEF/USAID. (2004). *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action*. New York: UNICEF. Available at, http://www.unicef.org/publications/cob_layout6-013.pdf

USAID, (2011). *Social Welfare Workforce: Strengthening for OVC*. USAID.

UNICEF. (2015). *Orphans – definition and explanation*. 2015 Update. UNICEF. http://www.unicef.org/media/media_45279.html

Walakira, Ismail, D.N. & Byamugisha, J. (2013). *Baseline survey on community child protection systems in Uganda*. Kampala: ANPPCAN & Department of Social Work and Social Work Administration Uganda.

Walakira, E., Dumba-Nyanzi, I. & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the Strong Beginnings project*. Kampala: Terre des hommes, Netherlands.

Wessells, M. G., Lamin, D. F. M., King, D., Kostelny, K., Stark, L. & Lilley, S. (2012). The disconnect between community-based child protection mechanisms and the formal child protection system in rural Sierra Leone: Challenges to building an effective national child protection system. *Vulnerable Children and Youth Studies. 7(3)*, pp.211-227.

Wulczyn, F. Daro, D., Fluke, J., Feldman, S., Glodek, C., & Lifanda K. (2010). *Adapting a systems approach to child protection: Key concepts and considerations*. Chapin Hall at the University of Chicago. New York: UNICEF

Appendix 1 – End notes to accompany Table 3

i Malinga, T. and Ntshwarang, P. (2011). 'Alternative Care for Children in Botswana: a Reality or Idealism?', Social Work and Society, 9, 2, pp. 1-11.
ii Morah, E., Mebrathu, S. & Sebhatu, K. (1998) 'Evaluation of the orphans reunification project in Eritrea', Evaluation and Programming Planning, 21, pp. 437-448.

iii FHI. (2010). Improving Care Options for Children in Ethiopia through Understanding Institutional Child Care and Factors Driving Institutionalization. North Carolina: FHI.

iv Ucembe, S. (2015). Research findings on Alternative care system in Kenya for children without parental care. The Hague: International Institute of Social Studies.

v Shibuya, T. and Taylor, V. (2013). 'Alternative care options and policy choices to support orphans: The case of Mozambique in the context of the SADC'. International Social Security Review, 66 (1), pp. 71-95.

vi Biemba, G. et al. (2009). Namibia Research Situation Analysis on Orphans and Other Vulnerable Children: Final Report. Boston: Boston University Center for Global Health and Development.

vii Lamin, D. (2008). Mapping of Residential Care Facilities for Children in Sierra Leone. New York: UNICEF.

viii Meintjes, H. et al. (2007). Home truths: the phenomenon of residential care for children in a time of AIDS, Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria.

ix Matthias, C. and Zaal, F. (2009). 'Supporting familial and community care for children: legislative reform and implementation challenges in South Africa'. International Journal of Social Welfare, 18, pp. 291–298.

x Yussuf, I. (2016). 'Orphanage centres not best places for children upbringing Tanzania', Daily News [online].

xi Child Frontiers. (2011). Mapping and assessing child protection systems in West and Central Africa: a five-country analysis paper. Hong Kong: Child Frontiers.

xii Better Care Network. (2015). Country Care Profile: Ghana. New York: Better Care Network and UNICEF.

xiii Tamasane, T. (2011). Analysis of Services for Orphans and Vulnerable Children in Lesotho: A Desktop Review. Cape Town: Human and Social Development Programme Human Sciences Research Council.

xiv Better Care Network. (2015). Country Care Profile: Liberia. New York: Better Care Network and UNICEF.

xv Delaunay, V. and Germain, L. (2012). 'Institutional care and child abandonment dynamics: a case study in Antananarivo', Madagascar. Child Indicators Research, 5 (4), pp. 659-683.

xvi Child Frontiers. (2011). Mapping and assessing child protection systems in West and Central Africa: a five-country analysis paper. Hong Kong: Child Frontiers.

xvii Ministry of Gender and Family Promotion, Republic of Rwanda (MIGEPROF) and Hope and Homes for Children. (2012). National Survey of Institutions for Children in Rwanda, Kigali: Ministry of Gender and Family Promotion, Republic of Rwanda (cited in Better Care Network. (2015). Country Care Profile: Rwanda. New York. Better Care Network and UNICEF).

xviii Child Frontiers. (2011). Mapping and assessing child protection systems in West and Central Africa: a five-country analysis paper. Hong Kong: Child Frontiers.

About CELCIS

CELCIS, based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Ours is a truly collaborative agenda; we work alongside partners, professionals and systems with responsibility for nurturing our vulnerable children and families. Together we work to understand the issues, build on existing strengths, introduce best possible practice and develop solutions. What's more, to achieve effective, enduring and positive change across the board, we take an innovative, evidence-based improvement approach across complex systems.

For more information

Visit: www.celcis.org   **Email:** celcis@strath.ac.uk   **Tel:** 0141 444 8500