



Submission to the UN Committee on the Rights of the Child Day of General Discussion on Children's Rights and Alternative Care 2021

June 2021

Who we are:

Transform Alliance Africa (TAA), initiated in 2016 is a growing collective of organisations currently working across Ghana, Kenya, Rwanda, South Africa, Tanzania, Uganda, Sierra Leone, and Sudan. The Alliance's vision is of an Africa free of institutions for children, where all children grow-up where they belong, in safe and loving families. Our mission is to be a catalyst to end the institutionalisation of children in Africa, by using our collective voices, knowledge, practice, and experience to strengthen families and encourage governments to take action. We welcome the upcoming continental study on Children Without Parental Care in Africa¹, the working group of the ACERWC on Children with Disabilities, and progress towards Agenda 2040, as important steps towards a world without any form of institutions for children.

Introduction:

Children without parental care in Africa are among the most vulnerable and disregarded groups of children. Now is the time for governments to design, build and maintain sustainable child protection systems. Too many of the region's children are living needlessly away from their families, in institutions, where locally developed systems could see them living in communities and with their parents. These children continue to be at risk of multiple violations, abuse, neglect, trafficking, child labour, sexual exploitation and poor access to basic needs.

The continent continues to be confronted with increasing numbers of abandoned and separated children in need of alternative care due to poverty, disease, harmful cultural practices such as female genital cutting (FGC) and myths and stigma around persons with disabilities, as well as natural disasters, ethnic and political conflicts, family conflicts, poor parenting and maltreatment of children - especially of children with disabilities. The numbers of children in need of alternative care will increase unless pre-emptive measures are taken. The pandemic has amplified the urgency of the

¹ https://www.acerwc.africa/wp-content/uploads/2020/06/Call-for-Consultants-Continental-Study-on-Children-Without-Parental-Care-CfP_May-27_2020.pdf

situation. We trust that the DGD will act as a catalyst for significant action on care reform in Africa and globally.

Our recommendations to the DGD

1. A moratorium on the registration and establishment of new institutions and better regulatory oversight of the current system

Africa has witnessed a proliferation of institutions for children for too long. As enshrined in Article 19² of the ACRWC, *‘Every child shall be entitled to the enjoyment of parental care and protection and shall, whenever possible, have the right to reside with his or her parents’*. Africa has traditionally cared for its own children in families and communities, not institutions. It is imperative that African governments, parents, families and communities re-claim the ownership of our own child protection systems, co-ordinating civil society and national resources to ensure the right outcomes for our children.

Governments should immediately stop the establishment and registration of new institutions and prevent unnecessary placements in institutions by enhancing responses to support vulnerable families and communities. It is, in our view, important for the Committee to note that many institutions are established not as a response to care or protection needs, but as businesses; using children as bait for funding from donors and volunteers or tourists. In these cases, children who are not orphans are removed from their families to institutions and presented as orphans to attract funding³.

2. Focus on prevention through a multisectoral, systems approach for holistic support

In Africa, factors resulting in child separation from families and communities are complex, multiple, interdependent and interrelated. They include a combination of material poverty, lack of access to services (e.g. health, education, and specialised services), family/community violence, other child protection risks, conflicts, epidemics, disability, additionally, political, legislative and cultural factors. Hence, an urgent and holistic approach is indispensable in responding to issues of children in/at risk of entering alternative care.

Governments and civil society must begin enhancing socio-economic support, through a blend of services that address the root causes of neglect, separation and abandonment. Governments should develop or enhance protection, social safety nets and welfare programmes to reach vulnerable and at-risk families to shield them from livelihood shocks that lead to separation. This should go beyond addressing livelihood needs, to also embed psycho-social services, including counselling and support group networks to address causes of separation.

Structures such as an inter-ministerial task force for care reform can help foster cooperation, coordination and promote a holistic approach, amplifying the impact of projects and programmes. This will enhance coordinated response, facilitate support and access to a diverse range of community-based services that help children thrive in families and communities.

3. Strengthen monitoring and oversight of child care and protection

² https://www.achpr.org/public/Document/file/English/achpr_instr_charterchild_eng.pdf

³ Cheney, Kristen, and Stephen Ucembe. "The orphan industrial complex: The charitable commodification of children and its consequences for child protection." *Disadvantaged childhoods and humanitarian intervention*. Palgrave Macmillan, Cham, 2019. 37-61.

A 2018 report showed that poor implementation of laws and policies is a significant obstacle to advance care and protection for children in Africa⁴. As a result, in spite of many relevant policies and guidelines the region's children continue to experience increased risk. Governments must invest time and appropriate resources in coordinating monitoring and oversight within communities, to prevent and respond to protection concerns such as child marriages, sexual abuse and exploitation, physical abuse and other forms of maltreatment that often push children into the streets or into alternative care. Community structures should also be mobilised to build vigilance against abuse, neglect and exploitation, especially for women and children.

4. Transform Africa's child care and protection systems

Too many institutions for children are camouflaged as educational or other types of facilities, but they are still institutional in nature. Governments should embark on reforming care through a transition from institutions to family-based programmes. This must be done carefully, to ensure that reintegration of children into families results in permanence. Civil society should work with governments to plan the gradual elimination of institutions and support of families and children being reunified, including those with children living with disabilities. In order to accomplish this, the following tenets for transformation can act as a useful guide:⁵

- Firstly, **sustained political will**: this includes strong leadership reinforced by a strong legislative and policy framework and a national strategy to guide reforms. For sustainability, care reform should be embedded within the national fiscal plans, plans of actions and policy guidance. This is a major indicator of governments taking responsibility and a show of political goodwill. We strongly recommend that governments should have a unit designated to oversee the care reform process. Since the judiciary is a gate-keeper in many of the cases that end up in alternative care, they should work together with concerned ministries to ensure children are not unnecessarily placed in alternative care, and that the right decisions are made on the best form of care based on their best interest.
- Secondly, **evidence and know-how** should be available in-country to inform policy and other regulatory frameworks, as well as practice for service development. Children in alternative care have largely fallen off the national statistical and international development narratives. What exists are just estimates from specific countries⁶. Governments should improve and expand data collection methodologies to ensure disaggregated data of all children.
- Thirdly, a strong national **social workforce** equipped with knowledge and skills to respond to issues of children who are already vulnerable and reinforcing the role of the workforce in newly developed services. The workforce, equipped, supported, supervised and trained should be able to deliver the transition from institutional to family and community-based care, and work with families to ensure permanency. Traditional child protection structures should not be neglected, as these are assets to build upon. African culture takes every child as the responsibility of the community. Whenever possible these structures should be used to identify children at risk, and can be supported to facilitate transformative and sustained change.

⁴ https://www.africanchildforum.org/index.php/en/component/com_sobipro/Itemid,158/pid,2/sid,203/

⁵ <https://www.hopeandhomes.org/wp-content/uploads/2016/12/End-the-Silence-Policy-Paper-Final-Copy.pdf>

⁶ <https://data.unicef.org/topic/child-protection/children-alternative-care/>

- **Active and organised civil society** can be a key driver for reform - not only by developing know-how and innovative projects, but also by advocating for legislation, policies and funding mechanisms to protect and promote children's rights. Civil society organisations also play a key watchdog role, ensuring governments are held accountable for the violations that affect children without parental care and implementation of the UN Convention on the Rights of the Child.
- **Funding and resources** are key in the transformation of care systems. Resources are necessary in building capacities for transition and after care support. Unfortunately, many governments in Africa have not prioritized investment in child protection generally. A recent study estimated that U.S. Christians donate approximately \$3.3 billion to support residential care each year⁷. This is just one category and one donor country. Private and institutional funders can be educated on the importance and sustainability of family-based care, but also helped to understand that investment in families and communities contributes to better outcomes of children. These funds could ultimately then be shifted to programmes that support children in family-based care.

5. Protect children and staff working in institutional settings during COVID-19

Many parts of the continent continue to grapple with access to care and treatment for children and families due to the pandemic. We are conscious that children and staff in residential and institutional care settings are more at risk of infection and have hardly been prioritized in current vaccination drives⁸. It is imperative that governments recognise and prioritise staff working in alternative care provision and children living in residential and institutional care for receiving the vaccine, given their high risk of becoming infected or spreading the virus. We refer the Committee to our recent Call to Action on Covid 19⁹ which includes more detail about how the pandemic has impacted on vulnerable children in or at risk of being placed in alternative care.¹⁰

6. Support for Young People Leaving Alternative Care

Research has consistently shown poor outcomes for young people leaving alternative care globally¹¹. They are among the most marginalised categories in Africa, significantly missing in data, policy, services, and legal frameworks. As a result, governments should endeavour to include them in social protection and other welfare programmes, ensure that they are supported to achieve their educational aspirations, equipped with job and employment skills, life-skills (interpersonal skills, relationships, communication, self-awareness, self-esteem and confidence, conflict resolution etc). Governments should develop mentorship programmes for care leavers, to navigate life beyond care and be guided through life challenges. Civil society and academia should invest in research on leaving care and care leavers across the region, which will help develop supportive legal and regulatory frameworks. Lastly, governments and CSOs should enhance the participation of care leavers in decision making processes and in all processes that affect them.

7. Do not leave behind children with disabilities in care reform

Children with disabilities in Africa face multiple socio-economic and cultural challenges within families and communities. In many situations, children with disabilities are separated from their

⁷ <https://www.faithtoaction.org/BarnaStudy2021/>

⁸ https://alliancecpha.org/en/system/tdf/library/attachments/covid-19_alternative_care_technical_note_final.pdf?file=1&type=node&id=37605

⁹ <http://transformallianceafrica.org/wp-content/uploads/2021/02/TAA-Call-V3.pdf>

¹⁰ COVID-19: Action for Children Without Parental Care in Africa. <http://transformallianceafrica.org/wp-content/uploads/2021/02/TAA-Call-V3.pdf>

¹¹ <https://careleaving.files.wordpress.com/2020/10/building-positive-futures-main-report.pdf>

families and end up being abandoned within institutions. Some may end up living in institutions until adulthood. The medical model of disability remains prevalent in the region in terms of responses and policy initiatives. Persons with disabilities are still significantly excluded in legal and policy discourses and in the delivery of services to families and communities. Such exclusion leads to adverse impacts on their physical, social and intellectual development and wellbeing.

In light of this, children with disabilities should be the first, not be the last in care reform processes. Addressing the root causes of separation by providing early and adequate support to families and communities before placement in institutions is critical. This includes mainstreaming children with disabilities in national social protection programmes. Enhanced awareness to address stigma and discrimination at community and national level is also critical. Governments should enhance or develop inclusion policies that do not segregate children with disabilities from families and communities and condemn them to institutions. In the development of services, governments and CSOs should work together to ensure that children with disabilities have access to mainstream schools by addressing accessibility and providing the necessary support children with disabilities may need. Furthermore, children with disabilities must be ensured access to community-based health care services, including orthopaedic and physical therapy services, as outlined in the UNCRPD.

We urge the Committee to study examples of successful reintegration and transformation programmes focused on children with disabilities in Africa to better understand what the ingredients of success and the particular challenges are. The UN Treaty Body System should provide further encouragement and guidance to governments to ensure that the human rights of children with disabilities are fully met in alternative care provision and care reform processes.

8. Prioritising Children below three years in care reform

Africa has a silent growing problem of institutionalised children below the age of three. The proliferation in some countries and the fact that the care system is largely poorly regulated means these children are at even greater risk. Research confirms that the first five years are particularly important for the development of the child's brain¹². These studies show that our brains are constructed over time, however, by the age of five 90% of our brains are fully developed, indicating that the first three years are the most critical in influencing the child's brain architecture. Genetics determine the period when specific parts of the brain are developed, and nurture shapes their formation. Institutionalised children, due to a structurally neglectful environment, are prone to a variety of problems that impact brain development. Institutional environments are not responsive to the specific needs of children and lack the consistent care necessary for healthy child development.

As a result, we are asking the governments of Africa to invest in foster care, including emergency foster care, local adoption, kinship care and Kafalah to avoid children being institutionalised. Additionally, governments and CSOs should be able to offer psycho-social support services to vulnerable parents in public hospitals, where abandonment is most likely to happen. With provision of psycho-social or livelihood support, many women including teenage mothers could be encouraged and helped at this crucial time to keep their baby. As in other parts of the world, a moratorium on the placement of all children under 3 in institutions for children should be an objective in Africa.

¹² The Center on the Developing Child at Harvard University <https://developingchild.harvard.edu/resources/8-things-remember-child-development/>

Conclusion:

The Alliance envisions an Africa where every child grows up in a loving and caring family. Ultimately, this can only be achieved through a global groundswell of commitment to enhance political will, reinforce and support the social workforce, promote an organized and active civil society, and last but not least, ensure adequate funding and resources. This is a collective responsibility that requires national ownership and governments leadership, in partnership with CSOs, funders, children, families and communities. The global human rights system has a key role to play in providing strong coherent guidance and encouragement for African governments to take practical action.

Contact: Stephen Ucembe stephen@transformallianceafrica.org



People for development

