



# 2021 Day of General Discussion (DGD)

## Child Rights and Alternative Care: Transforming Care Systems in Africa



### Preamble

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The Africa Working Group on Children Without Parental Care (CWPC) is an informal group of stakeholders with a shared vision where every child in Africa lives and grows in a safe, nurturing, and loving family environment to reach their full potential. Following consultations with civil society organizations (CSOs), children living in alternative care, and young people with lived care experience, we call for increased advocacy, capacity building, partnerships, investments, and data to transform care systems in Africa. The Working Group presents this submission for consideration by the UNCRC at the 2021 Day of General Discussion (DGD) and commits to working with the Committee and other stakeholders in implementing the DGD resolutions.

### Introduction

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The Convention on the Rights of the Child (CRC) recognizes that “in all countries in the world, there are children living in exceptionally difficult conditions, and . . . such children need special consideration”. CWPC in Africa embody this statement. Whether they are children on the move, on the streets, or within alternative care, these children have dreams, aspirations and hopes for a better future. And yet, they are deprived of opportunities, are vulnerable to violence, exploitation, and abuse, are invisible in national programs and left behind in every conceivable aspect of life. Traditionally in Africa children are recognized as being the responsibility of the whole society.

Over the past 30 years, the UNCRC and the African Charter on the Rights and Welfare of the Child (ACRWC) have provided the fulcrum around which child rights in Africa have evolved. These frameworks reinforce the family unit as the basic building block for any society and natural environment for the growth and well-being of all children. Yet, poverty, diseases, urbanization, orphanhood, conflicts, and natural and man-made disasters, conspire to disrupt the traditional

family structure, and increase the numbers of CWPC and their likelihood of entering into alternative care. Trafficking, “voluntourism”, and corruption fuel the trend, while social exclusion and discrimination based on disability, religion, gender, and ethnicity undermine efforts to address this issue.

In Africa, a diverse ecosystem of actors are involved in providing alternative care for children, both formal or informal, and/or residential or family based. The provision of alternative care in Africa is fragmented, un-coordinated and unregulated. Weak regulatory mechanisms and perverse incentives result in harmful systems, exposing children to violence, abuse, and exploitation. Consequently, CWPC are also deprived of love, support, and social protection.

Many residential care institutions provide the basic needs of the children, but neglect to meet their need for love and familial care, severely hampering children’s social, emotional, cognitive and physical development, especially in the early years. Institutions put economic interests ahead of the best interest of the child. In some cases, children are actively recruited into orphanages, using false promises of education and food. These orphanages are profit-making ventures and exist to attract the lucrative international flow of volunteers, donations and other funding.

Additionally, premature placement of CWPC back in family-based care systems without first addressing the push and pull factors that led to family separation can result in further family breakdown and fuel separation. Post-placement support systems and follow-up mechanisms are critical for CWPC transitioning from institutional care.

The COVID-19 pandemic is making the situation of CWPC even more precarious and has resulted in both an increase of children placed in alternative care and those at risk of losing parental care. The pandemic is having and will continue to have a dramatic impact on Africa’s most vulnerable children and families, compounding structural weaknesses in child protection and welfare systems and increasing the risk of family breakdown and child separation. Children living in institutions are at higher risk of virus transmission and yet may be the last to receive vaccination.

This year’s DGD theme “Children’s Rights and Alternative Care” provides a welcome opportunity for the global community to interrogate key systemic challenges, structures and strategies towards a transformative environment that promotes and protects CWPC.

“I was treated as a number, or a person without a personality.”

Institutional Care Leaver, Egypt

“... they did what was in my best interests, but I wasn’t able to make decisions myself. I had no emotional support. My rights weren’t respected. There were days when you just needed someone to give you attention.”

Institutional Care Leaver, Ghana

“... at times, we were beaten by different staff with sticks and hose pipes. Emotionally, we all desired to run away because of the abuse . . . It drove me to want to die.”

Institutional Care Leaver, Tanzania

“...when we get out institutions of ....., education stopped immediately, they forgot about us, they don't follow us to see how we're doing, how we're living, whether we are eating or not, whether we are sleeping streets or whether we are moving, begging for food or not.”

Institutional Care Leaver, Uganda

To provide optimal alternative care to children and guarantee their rights, underlying questions of family systems strengthening, data, financing, political commitment by governments, coordination and holistic care service delivery must be interrogated.

## Consultation Process

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Between 8 April and 20 May 2021 the Working Group undertook a number of internal reflections on the focus, scope and process of its submission to the UNCRC Day of General Discussion, and a series of consultations with children living in institutional care (15 May), CSOs working on CWPC across the continent (18 May), and young people between 18 and 30 years with lived care experience (20 May). The consultations, which captured the lived experiences of CWPCs from Burundi, Egypt, Ghana, Kenya, Rwanda, Sierra Leone, South Africa, Uganda, Tanzania, Zambia, Zimbabwe, have informed the substance of our submission on prospects for transforming care systems in Africa.

## Prospects for transforming care systems in Africa

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The trend in Africa is towards over-investment, promotion and use of residential institutions for the provision of alternative care, as opposed to promoting and resourcing family and community-based care models. Consequently, current programming approaches promote child separation through the creation of legacy systems that foster resistance to change among providers of residential care. The drivers of this phenomenon are systemic, requiring high leverage and high-impact interventions. The Africa CWPC working group would like to propose the following principles, building blocks and enablers for transforming care in Africa.

## Key principles

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The working group offers five mutually reinforcing principles to guide efforts in transforming childcare in Africa.

- *Make CWPC visible* by investing in data and information systems, and inclusion of CWPC in national budgets and programmes. Specific attention should be paid towards children with disabilities, many of whom are hidden in institutions.

- *A focus on prevention, early detection, and rapid response* to potential family breakdown, should be at the core of efforts to respond to issues of CWPC. Without greater action to understand and address the scale and drivers of CWPC, thousands of children will be deprived of family care. As poverty is one of the drivers of family separation, linkage with social protection is key. Frontline service providers, in particular, social and health workers, need to be trained for early detection of risk.
- *Holistic care services.* A coherent response requires deliberate identification of CWPC, trust and relationship building with these children, and their integration into families and societies. A core package of health, nutrition, education, child protection, social protection services and skilled workforces should be available to these children to enable them to catch-up on their developmental milestones. This holistic package of support should also be available for at-risk families.
- *Reintegration.* CWPC should be promptly reintegrated into their families and communities, through a robust case management process including family tracing, careful planning, follow up and monitoring and evaluation.
- *Be intentional in seeking the opinions and voices of children and young people* with lived care experience.

#### Good case examples of prevention of separation

i. Family strengthening and support program solutions at a maternity hospital in Kenya. The intervention was founded in 2013 with several objectives that included curbing child abuse, neglect, and abandonment, creating a nurturing environment for children by providing parenting skills and a mechanism for a supportive community for parents through the monthly parental support groups. Major impact included scaling down early institutionalization of babies by preventing the abandonment at birth and improving care giving.

ii. Early intervention and family preservation - a proactive solution to vulnerable families and their children in Kenya. The intervention utilized local resources to solve local problems. Impact included: a significant reduction in out-of-home placements, reintegration, families helped to stay together, community resilience and ownership strengthened. The above homegrown solutions are scalable.

<https://bettercarenetwork.org/library/strengthening-family-care/parenting-support/preventing-abandonment-at-pumwani-maternity-hospital>

### Building blocks of the African response

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1. **Strengthen family systems:** Family systems strengthening should be at the core of efforts to prevent family separation and to reintegrate CWPC into families. Children should never be unnecessarily separated from their families because of poverty. Instead, services should be redirected to supporting families and communities struggling to care for their children. The working group recommends a practice change in the care provision as follows:
  - **A deliberate and planned shift from investing in models of institutional care** towards investments in transformative family and community-based care programming approaches. Such a shift should refocus investments on provision of contextually appropriate care and improving quality of existing care systems. It should also include

putting in reasonable efforts to prevent family separation and out-of-home placements of children, phasing out institutionalization based on concrete transitional plans, and developing family and community-based services.

- **Invest in family based alternative care models/systems of care** e.g. kinship care, foster care, legal local adoptions, Kafaalah, guardianship to allow the child to remain in familiar surroundings, culture, and traditions. These must be adequately resourced, and incentivized.
- **Mainstream alternative family care into national social protection systems and programs** to ensure holistic and integrated approaches, continuity and sustainability.

2. **Provide complementary multisectoral services and opportunities.** Family based care systems without multi-sectoral support are neither effective nor sustainable. Hence, the working group recommends the following practice changes to strengthen families' capacities to care for children.

- **Universal health and education services for all**, including preventive care and specialized and targeted services for CWPC and other vulnerable children, including those with disabilities, and their families.
- **Community-based services** that prevent family separation and children entering alternative care. This includes parenting classes, support groups for vulnerable parents and early childhood services, such as day care and respite care centers, which support children's development and give parents the opportunity to work.

"We should teach our parents how to care for their children and ways to handle their own children."  
A boy who used to live on the street,  
Kenya
- **Social safety nets and financial assistance** to prevent and address poverty and social exclusion and to enable households to work and respond to economic shocks, without selling assets or jeopardizing the health, nutrition, or education of their children.
- **Hospital-based services** that identify and support vulnerable teenage mothers, women, and others at-risk of giving up their babies by offering psycho-social support services, including counseling and livelihoods support services.
- **Emergency foster care services** to avoid institutionalization of abandoned children, especially for those under the age of three years.

3. **Create an enabling policy and institutional environment for care transformation.** Without urgent action to address key systemic bottlenecks through the creation of an enabling legislative, policy and institutional environment, progress will be stalled. Hence, the working group is proposing increased investments and actions in the following enablers:

#### Key systemic bottlenecks

- Limited data, workforce, resources, and financing of care systems.
- Weak legal and policy framework, and their enforcement and implementation.
- Weak stakeholder coordination, monitoring and accountability mechanisms.
- Inadequate engagement of young people with lived experiences in care reform efforts.

- **Policy and legislative frameworks.** Strengthen existing national policy and legal frameworks by developing appropriate legislative, administrative, social, and educational measures.

- **Data for action.** Data for programming on the extent, trends, drivers, and patterns of distribution of CWPC are very scarce in Africa. Hence, investing strategically in routine systems for data collection and research on good practices and lessons should be a priority and a foundation for the response.

#### A scalable model for CWPC monitoring

Since 2016, Agape Children's Ministry (ACM) has been using free mobile applications on smart phones to conduct quarterly street censuses in Kisumu and Kitale, Kenya to track street population trends. This easily scalable solution can be deployed throughout Africa

- **Document, share, amplify and scale up innovative solutions.** Innovative and viable context-specific solutions exist in Africa, but these are either unknown or the scope is too small to make a significant difference. Priority should be given to documenting, sharing and amplifying such practices and facilitating their adoption, implementation and scaling through south-south collaboration and communities of practice.

- **Invest in social service work force.** In many countries social services are undervalued and under-resourced. It is essential to invest in expansion and professionalization of social workers. Social workers should be given the tools and skills to undertake comprehensive assessments and planning on how best to support children and families. Their caseloads should allow them to undertake prevention work alongside responding to children and families in difficult situations. See example from Rwanda: <https://www.unicef.org/rwanda/media/1676/file/2019-TMM-Programme-Case-Study.pdf>

- **Establish strategic partnerships.** Achieving strong results for CWPC require strategic partnerships and enhanced coordination and collaboration among governments, international organizations, CSOs, academia, and the private sector. The working group recommends:
  - Forging new partnerships for innovation and greater reach of holistic services.
  - Creating in all countries an open platform and ecosystem of multi-agencies with shared vision, and mutually reinforcing actions to bring about systems change and scale critical services and opportunities.

- Rolling out frameworks and tools for mutual accountability underpinned by ethical standards of practice.
- **Pursue innovative and sustainable financing modalities.** The working group is proposing a mixed financing architecture for predictable and sustainable financing for childcare, including:
  - Re-directing financing from institutional care to family and community-based care.
  - Advocating for a budget line for CWPC in all national budgets.
  - Mobilizing domestic resources, and Official Development Assistance for CWPC.
- **Be intentional in engaging CWPC,** including those with disabilities. CWPC should be treated as partners in development rather than just recipients of services. They should be enabled to express their views on care systems, they must be listened to and should be fully engaged throughout the process of designing and implementing solutions and opportunities.

## Conclusion

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The Working Group envisions an Africa where stakeholders are acting, learning, and collaborating intentionally to transform care systems for the benefit of CWPC. Government leadership and oversight of this ecosystem of actors will be critical for speed, scale, and sustainability. Mobilizing political will and building capacity of Governments to steer the process will be our point of departure. We invite the UNCRC Committee to consider our submission and provide us with support and guidance on moving forward.