

Meeting on African Children Without Family Care

Windhoek, 30 November 2002

FINAL REPORT

1. INTRODUCTION

This workshop followed the November 25-29 Eastern and Southern Africa Workshop on Children Affected by HIV/AIDS. Approximately 50 people, representing 17 countries, attended the one-day workshop, which was convened by the UNICEF Eastern and Southern Africa Regional Office in Nairobi with the support and co-operation of USAID and Family Health International.

The objectives of this workshop were to: Share knowledge, information and experience relating to alternative forms of care for children without family care (orphans and other vulnerable children in each country who are living in institutional care, on the street, child headed households etc.) with a major focus on how to strengthen and greatly increase better care for such children in Africa; Identify issues of common concern relating to alternative care, and discuss possible solutions; Enable delegates to incorporate this information into country-level action; and Consider possible next steps.

2. PERCEPTIONS OF ALTERNATIVE CARE

In the absence of regional data on the extent of alternative models of care, participants were asked for feedback on a range of questions. The consensus was that, compared to five years ago, in most countries represented:

- The percentage of orphans living outside family care has remained under 50%;
- The number of street children has increased or greatly increased;
- The percentage of street children who are orphaned is between a third and half;
- The number of orphanages has either stayed the same, or is steadily increasing;
- The number of children in the orphanages has stayed the same, or is increasing;
- The number of child-headed households has greatly increased;
- The number of children in residential institutions other than orphanages has increased.

In most cases there were exceptions to these perceptions of trends – for example some countries said the number of orphanages, and number of children in orphanages, have decreased significantly over the past five years. An exception was the number of child-headed households which almost all delegates said had increased or greatly increased.

3. COUNTRY PRESENTATIONS

Seven countries made short presentations on the situation of alternative care in their countries. Some of these presentations were impromptu.

3.1 Ethiopia – *Dr. Gutema Bulti – Director, Department of Children, Youth and Family Affairs, Ministry of Labour and Social Affairs*

The speaker referred to a government programme targeting vulnerable children, which is being implemented in 14 major cities with financial support from UNICEF. One component of the programme is focussing on orphans.

The programme addresses school services, community-based temporary shelter, health services, community organisers at different levels, and the provision of an identity card to give access to services – especially medical services.

A further dimension to the programme is the linking of orphans to individuals in the community who sponsor their schooling and assist with reintegration into the community.

Another speaker from Ethiopia – Tsegaye Chernet, Regional Co-ordinator of the World Conference for Religion and Peace, based in Nairobi – said there was now a considerable body of knowledge relating to OVC in Africa, and called on countries to share knowledge.

One Ethiopian programme on street children employs over 170,000 children, who provide skills training to other children. This programme currently has 10 protection-centres in Addis Ababa, but is being expanded in other parts of the country. Other countries were visiting to share this experience and already the programme had trained police from Kenya and Uganda.

Ethiopia counted itself among the most advanced countries on non-formal education, having learned from Bangladesh, and they had also imported ideas from other countries on credit schemes.

3.2 Zimbabwe – *Dr. Greg Powell, Director, Child Protection Society*

The extended family system is still very strong in Zimbabwe, as is evident from the fact that there are thought to be about 800,000 orphans of whom only 3,000 are in institutions. However, extended families are confronted by severe poverty in many cases.

In 1996 there were 38 institutions caring for 2,274 children. Since then a national orphan policy has been introduced which discourages the building of child-care institutions. Those which have been built are family based, and more aware of the psycho-social needs of children.

The average occupancy of Zimbabwean orphanages is 106% overall, and 128% in government institutions. Their experience is that one can never build enough orphanages to meet demand – those which are built are always full because they attract children, although usually for the wrong reasons.

A survey of orphanages revealed that most are medium-sized – three accommodate less than 20 children; 16 have between 20 and 50 children; and 14 homes have 50-140 children in care.

In terms of quality, 11 of the homes are considered “good”, eight “adequate”, six “poor” and 13 “very poor”. Most of the government institutions are rated “very poor” – these comprised mostly remand institutions and probation hostels.

The study revealed that the average cost of housing a single child is greater than the total income of a typical Zimbabwean family.

Six institutions are looking after children under the age of six, which is “disastrous” – especially for babies who suffer emotional deprivation and recurrent viral infections. Even before the advent of HIV/AIDS, babies in institutions had unusually high mortality rates, and these rates are rising further as a result of the pandemic. Some institutions accommodate only girls, or boys, while

others are mixed and separate children at the age of six – with dire consequences for children who are separated from their siblings.

Research shows that the majority of children in institutions do not need to be there – only 25% have no known relatives. 45% have at least a mother alive. Most children could be reintegrated into their families with good social work.

The biggest single reason why families in Zimbabwe don't want to care for children is that they are worried about the cost of education. Overall the reasons for institutionalisation are abandonment 27%, financial and social 20%, mentally ill parent 11%, orphaned 14%, behaviour problems 13%.

Once committed to an institution, it is very hard to get out. By law each child's status is meant to be reviewed every three years, but this does not happen in practice and children stay in institutional care until age 18. Reintegration into families happens when the institution needs space to accommodate new arrivals.

In terms of psychological disturbance, research shows that dormitory style accommodation produces much higher level of emotional disturbance than family-based institutions, with remand and probation institutions and facilities for refugees showing psychological disturbance levels of up to 75%. A majority of children in institutions over the age of nine wet their beds.

When children come to attention of the department of welfare, they are taken into care on a "Place of Safety Order" while the case is reviewed, which should ideally happen within two weeks. In practice, only a third of these cases are reviewed in less than 3 months, and many take more than two years. The situation is getting worse as social workers emigrate. Without a social worker's report, children cannot get out of an institution – they are stuck.

Zimbabwe has recently reviewed its legislation to allow social workers outside of government service to review these cases. Unfortunately many of these professionals are also leaving the country for better-paying work abroad.

A very small number of Zimbabwean children are legally adopted – only 187 in 1996 – with fewer than one in five adopted by a black family. Foster care showed a much better uptake with 755 cases. One institution has fostered 30 children in a year by going around to church groups to talk about the need for foster parents.

However, fostering also requires a report by a probation officer, and the shortage of these professionals results in serious delays – currently there were 15 children in one institution awaiting fostering, but these cases cannot be concluded. On the other hand, in terms of Zimbabwean culture, many children are fostered within the extended family without coming before the court.

3.3 Rwanda – Straton Nsanzabangwa, Director: Vulnerable Groups, Ministry of Local Government and Social Affairs

In Rwanda there are many categories of children living without family care, including children in centres or institutions, those in child-headed households, fostered children, street children, children in prison, displaced children and ex-combatant children.

After the 1994 genocide Rwanda had over 100,000 children in more than 50 centres. Today there are 2,000-3,600 children in 26 centres. This reduction is based on a government policy called 'a child, a family' which based on reunification and fostering.

There are two categories of foster care: spontaneous fostering by many families, and fostering arranged by non-governmental organisations (NGOs) for some of the children in institutional care. The problem is the legal status of these children, because there is no legal adoption.

There are many child-headed households due to the genocide, armed conflict and HIV/AIDS. The government is attempting to provide health services, education and housing for these children, but is constrained by a lack of resources.

Street children are seen as a cross-cutting issue because they come from child-headed households, escape from centres, and belong to other categories. Government policy on street children consists of prevention and re-socialisation. However this is very difficult because of a lack of programme methodology, and this is currently a matter of discussion.

Children are in prison because they are suspected of crimes, or are born to mothers in prison. The policy is to return them to their families when they are three years old. Children who commit crimes when they are under 14 are put in a centre for re-education. There is a problem with prisoners who are 14-18 years old, of whom there are many, and the government is trying to establish courts for minors to expedite their cases.

The reintegration of child ex-combatants is a further challenge facing Rwanda. The policy is to remove these children from the front line to centres for re-education and reunification with their families, but sometimes these families cannot be located.

Children who cannot be reunited with their families are “residual cases” and are obliged to remain in the centres. “Economic cases” are children who are reunited with their families but, after a couple of weeks, return to the centres or move onto the streets.

3.4 Uganda – Jane Mpagi Sany, Director, Ministry of Gender, Labour and Social Development

Uganda conducted a population and housing census in September, and some statistical information is expected soon. A health and demographic survey has also recently been completed.

The legislative framework for children is in place, starting with the Constitution of 1995 which emphasises the care of children and says the best place for a child is in the home. Where a child cannot be accommodated in the home, the State takes responsibility. The Children’s Statute of 1996 has similar provisions.

Uganda has reception centres and babies homes, which are guided by Children’s Statute and the Children’s Law of 1965. These institutions are run by both State and NGOs, particularly faith-based organizations. The reception centres provide only temporary care, and children are resettled with their families as soon as possible. There is a programme of tracing and resettlement, and those that cannot be resettled are fostered. The Children’s Statute also has some provisions on adoption.

Uganda has been told that their adoption laws are not child friendly. Originally, Ugandan children could only be adopted by people from Commonwealth countries. The 1996 Statute allows anybody to adopt a Ugandan child, but says they must stay in Uganda for three years while the child is being watched over by a social worker, to minimise the risk that the natural parents will claim their child back. This has proved to be an impediment, and is being discussed at present.

Uganda has seven remand homes spread through the country which, since 1997, have been run by local governments. Since there are 56 districts, not all have remand homes. Orphanages have mushroomed in recent years as the country was bombarded with the problem of orphans due to

HIV/AIDS. The country also has transit centres which cater for street children. Many of these children are on the street because of unrest and armed conflict.

A recent survey found there were about 4,000 street children in Kampala, and approximately the same number of NGOs providing shelters or other services to them (i.e.: one NGO per child!) The resulting programme has been working with police and local government and has managed to take many of these children off the streets, and resettle them or train them in transit centres run by NGOs. Of 250 street children removed from the street, only two were orphans.

Statistics in 1991 showed just over one percent of households were child-headed, but new data are awaited.

The biggest challenge for residential care in Uganda is co-ordination – the country has very good initiatives, but has limited data to co-ordinate the response. The national meeting in preparation for the Stockholm Conference in May will afford an opportunity to map out information on children in residential care.

John Williamson said that, from a donor's perspective, Uganda had done very important work regarding institutional care. A survey in the early 1990s found half of children in institutions had both parents living, 25 % had one parent living, 20% had relatives, and only about 5% of children had no relatives. This led to an initiative to reunite these children with their families – about 1,700 were reunited, legal guidelines were established, and a number of bad institutions were closed. The actual number of children in institutional care was significantly reduced as was the number of institutions. This was done during the time when AIDS was rapidly increasing the number of orphans.

3.5 Namibia – Rosina Mabakeng, Director, Ministry of Women Affairs and Child Welfare

The policy of the Namibian government is to promote community care rather than institutional care for children, and the purpose of institutional care is transition – short-term accommodation while placement within the community is being arranged.

There is only one State-run children's home in Namibia. Street children have a drop in shelter, also run by government, which provides vocational skills training. There is also an out of school centre for children and parents who are on the street, where they can learn certain skills like cooking and sewing, so they can start up income generating activities.

Namibia has approximately 83,000 orphans. The government-run home accommodates 120 children and there are approximately 10 private institutions, including two SOS villages and several children's homes run by churches. It is not known how many children are in unregistered institutions, and no study has been conducted to find out why these private institutions are mushrooming. However, it is suspected that profit is the motive. A recent visit to a shelter found that all the children had been brought in that morning for the first time.

The main aim of Namibia's policy is to reintegrate child back into society. However, a major challenge is the acute shortage of registered social workers – 118 for the whole population, and one social worker in the Caprivi region with a population of 79,000 – which prevents reintegration and results in children staying longer in institutions.

There is no programme dealing with children in institutions who reach the age of 18, and no regular follow-up of those who are reintegrated with their families. Some institutions have children up to age of 20.

In terms of child-headed households, a study of orphans and vulnerable children found only one or two, but there are indications that numbers are on the increase.

The government programme for street children involves collecting them from the streets and reintegrating them with their extended families. A recent study found very few children on the streets had no family to go to – most cases involved poverty, abuse of the children or abuse of alcohol within the family.

In terms of juvenile justice, Namibia has only one (private) institution taking care of young offenders.

Adoption, in terms of local culture, tends to be informal. The government is against international adoptions, but issues of what is in the best interests of the child are emerging, and “we have to work out something in that area.”

Foster care is mostly by law, but a lot of it is also informal. There is a grant associated with formal foster care, which raises concerns about people taking children so they can access the money, while neglecting the child.

3.6 South Africa – *Sonja Giese, HIV/AIDS programme manager, Children’s Institute, University of Cape Town*

A lot of legislative development and reform has taken place in South Africa since 1994. The country has a great deal of infrastructure and advanced social security services, and so has the potential to address the issue of orphans and vulnerable children in very strong way.

Three very important pieces of child-related legislation are currently under review:

- The Children's Act which includes provisions for children in residential care and other types of care.
- A Juvenile Justice Bill, dealing with children in prison and also the establishment of programmes to keep children out of prison.
- The Social Assistance Act, which will make provision for social security for children living with sick parents or children living alone, among others.

In terms of residential care, a developmental quality assessment has been undertaken to produce a set of guidelines on how to run institutions, including regular assessment and professionalisation of child care workers.

The South African Government’s policy is not to establish any new residential care facilities. However, through international agencies, new facilities are being established both for orphans and people living with HIV/AIDS, including AIDS villages. This response to HIV/AIDS affected people serves to contribute to stigma, discrimination and isolation.

As in other countries, South Africa has the situation where children in residential institutions are cared for up to the age of four then moved into other institutions till 18, which means they are not equipped for life outside of the residential facility and some end up on the street.

The policy of a continuum of care favours care in the family, with residential care being the least favoured option. Research has shown that caregivers prefer children to be kept within the family. But some families can’t afford to keep children, so ways are being sought to strengthen communities through improved mechanisms for addressing poverty and providing free basic education.

South Africa also has a national integrated plan which involves the Departments of Health, Education and Social Development, and includes life-skills in schools, home- and community-based care (although home based care is mainly directed at the care of terminally sick adults), and

voluntary counselling and testing. The integrated plan functions in terms of conditional grants to provinces but in some areas, unfortunately, large portions of these grants remain unspent.

The Children's Institute at the University of Cape Town has been commissioned by the National HIV/AIDS Directorate to develop recommendations on how the Departments of Health, Education and Social Development can respond to increasing numbers of orphans. The Institute is currently writing up their recommendations. Some of the core recommendations are:

- To consider support not only for children who are orphaned, but for children who are at risk of being orphaned – who are often even more vulnerable as a result of caring for a sick adult in a household whose resources are depleted;
- That the definitions of “orphans” should be sensitive to local understandings of the word. In some communities, the word “orphan” is synonymous with being unloved and uncared for. Definitions often fail to recognize that many children in South Africa are not cared for by their biological parents anyway, and that the death of a grandparent or other caregiver may have a more profound impact on a child than the death of a biological parent.
- To consider orphanhood within the context of poverty. There is a strongly supported move in South Africa to introduce a basic income grant, which would provide poverty relief to the whole population..
- To listen to the children. The Institute's research involves working directly with children and their caregivers, and they have found that children's descriptions of their own experiences are very often different to caregivers' descriptions of children's experiences.

3.7 Malawi – *Peston Kilembe, Director Social Welfare, Ministry of Gender, Youth and Community Services*

There are an estimated 865,000 orphans in Malawi of whom 3,600 are in institutions. Extended families still very strong, because they are taking care of the vast majority of orphans.

Institutional care covers care and protection of children who have no homes, no parents and need immediate care. Institutions are categorised according to how long they care for children:

- institutions that keep children for less than two years, such as babies homes (two in Blantyre), before they graduate into other orphanages.
- normal orphanages (12 registered in Malawi with a total of 3,600 children) include both government and private institutions.

Babies homes are not very pronounced in Malawi, while reformatory services cater for juveniles in conflict with law in places of safety. The majority of children who need care are provided for through community outreach programmes.

Community outreach programmes integrate skills training, provisioning and psychosocial support. Beneficiaries are given one meal a day which is designed to cover single- or child-headed households, and poor households.

Fostering means placement in an “alternative home” and no registration is required. Adoption, on the other hand, is legally binding – the child belongs to that particular family. By the time a child, social workers have worked with for some time. Malawi only very rarely allows international adoptions because half of cases in the past have resulted in problems.

The biggest challenge is the growing number of street children, pointing to problems within the extended families. A task force is being formed to look at this problem. A related problem is child prostitution.

4. The role of older people in caring for OVC – Tavengwa Nhongo, Regional Representative, HelpAge International

Research carried out since 1992 by HelpAge and others indicates that 70%–90% of those providing care for sick people and orphans are older people, the majority being women. Many will deplete their savings and possessions to provide food, clothing, medicines and school fees, until they are destitute and in need of support themselves.

HelpAge International and its partners are involved in various community, national and continental efforts to provide solutions to the problem. Practical small-scale and innovative programmes are being implemented to benefit both the sick, orphans and older people. A good example is a uniform-making project in Zimbabwe.

The African Union has developed a Policy Framework and Plan of Action on ageing, which discusses HIV/AIDS. Governments across Africa are being encouraged to develop policies that harness the potential and capabilities of older people in providing care to orphaned children.

Suggested action to benefit OVC include:

- Implementing the OAU Policy Framework and Plan of Action on Ageing, and other international and continental declarations on HIV/AIDS.
- Develop HIV/AIDS policies and legislation that factor in the crucial role that older people play.
- Include older people in development programmes such as Poverty Reduction Strategy Papers.
- Provide HIV/AIDS information to older people – both for themselves, and to equip them to prepare the children in their care for adulthood.
- Invest in the building of skills among older people on caring for people living with AIDS and for orphans.
- Conduct further research, as there are still many grey areas regarding the role of older people in caring for orphans.
- Promote fostering and adoption of children, since there is a lot of hesitancy in Africa about these practices.
- Promote day-care centres rather than residential institutions. These centres allow family caregivers time to pursue other activities (such as income generation) that benefit OVC.
- Donor and development agencies should target older people, who in turn will care for OVC.

5. Discussion

Due to pressure of time, only a few points were allowed from the floor. These included:

- A concern about the growing number of abandoned babies in Lesotho;
- A situation analysis by Save the Children strongly indicated that children want to be asked where they want to go, as some families are abusing rather than helping them;

- The tendency for short-term institutions, such as reception centres and shelters to become permanent institutions;
- What happens to transit centres when there are no children in them?

6. Presentation of SCF position paper on residential care – Dr. Douglas Webb, Save the Children Fund UK (SCF UK)

Dr Webb gave a preview of a Save the Children Alliance position paper, developed by his colleagues Andrew Dunn of SCF UK and Elizabeth Jareg of Redd Barna (Save the Children Norway). He said the paper might be formally launched in Stockholm in May 2003.

He drew on a definition of institutional care from Tolfree's book, *Roofs and Roots*: "A group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society."

The position paper attempts to interpret institutional care within a child rights framework, without excluding concepts of child development, even though the two concepts are sometimes seen as contradictory.

SCF had worked with children in about 20 countries, listening to their views on institutional care, and these had been incorporated into the position paper. Some of the key findings were:

6.1 What have we learned:

- Long term care can disturb a child's sense of identity and development of appropriate social behaviour.
- Few outsiders are concerned with what happens within institutions, children felt reporting mechanisms were not open to them.
- Institutions are ill-equipped to deal with children who have experienced traumatic loss, serious abuse, handicaps, or HIV/AIDS.
- Some forms of family-based alternatives can be unsatisfactory, resulting in homelessness and or exploitive labour.

6.2 Programme experience and research:

- Residential care is the primary alternative care strategy in some Eastern European countries – in Russia one percent of all children are in some form of residential care.
- Rates of institutionalisation have risen around 20% since 1989 in Eastern Bloc in particular.
- In Uganda about 3,000 children were in institutions in 1997, 85% of whom had traceable relatives; in Morocco 25,000 are in institutions; SOS villages care for 50,000 children in 131 countries.
- Global guesstimate up to eight million children in institutional care (Tolfree).

6.3 Residential care challenges the following principles of the International Convention on the Rights of the Child (CRC):

- Non-discrimination
- Best interests of the child
- Survival and development
- Participation
- Protection from abuse and neglect
- Periodic review of placement, obligation of the State

6.4 Socio-economic factors in the institutionalisation of children:

- Macro-economics, debt, marginalisation
- Rapid unplanned urbanisation

- HIV/AIDS pandemic
- Armed conflict

6.5 Family level factors:

- Death or disappearance of one or both parents or carers
- Divorce, separation, remarriage
- Migration
- Poverty
- Child abandonment (increasing due to HIV/AIDS)
- Behavioural problems
- Discrimination, disability and gender
- Abuse and neglect of child, alcohol abuse
- Parents or family not able to provide care

6.6 SCF Position:

- The State must ensure that standards of care are in line with the CRC, and that policies and laws are in accordance with the CRC.
- Children have the right to live in caring family environment – there is an obligation on the State to ensure families are the first priority for resources and interventions.
- Child care and protection should be part of basic service delivery
- There is need for a UN resolution on the development of international guidelines on minimum standards of care, monitoring mechanisms and following up of violations.
- Funding agencies supporting social care projects should assess projects in line with CRC.
- States have a responsibility to report interventions which violate the CRC – whether government or non-government.
- Agencies must have rigorous codes of conduct regarding child protection and the behavior of their staff towards children.
- There is a need for more enquiry into this issue, especially longitudinal research, and studies which examine alternative forms of care in a cultural context. We need an empirical basis for arguments against residential care.

6.7 Required responses:

- Exposing abuses and rights violations – all actors have an obligation to uncover and expose.
- Achieving policy change – a lot of welfare systems in sub-Saharan Africa are based on archaic British models.
- Finding alternate roles for institutions – e.g. community care or outreach centres, rather than incarceration.
- Research, especially on policy and cultural environments and resource implications.
- Raise public and institutional awareness.
- Build consensus of national principles of good practice, starting with situation analyses.

6.8 Discussion

The floor was opened for discussion. Points included:

- Institutions are a cultural import from the USA and Europe, where this model has been abandoned. Why is it still being exported? The reason may be that it serves the needs of donors. “If you don’t understand and trust the community, it is much better to put the children in a box where it’s easier for you to keep track of them.”
- How do you screen people who introduce institutions? Some are abusers of children. Need very strong rules and regulations.
- Don’t leave registration of orphanages to departmental officials, who will cave in to pressure. An independent council should approve registration of institutions.

- Monitoring of child-care institutions must be far more rigorous, involving people with credibility and sensitivity to children, working in a transparent manner, with the power to go to any institution without warning.
- The media should highlight instances of abuse so that people from civil society take government to task.
- How can we formalise structures, with support from the community, in an accelerated manner, to prevent abandonment of children?
- Most caregivers of OVC are older people (e.g. grandparents) yet their situation and needs are not being considered. If we don't take them into account, orphan policies will not succeed. Older people do not get HIV/AIDS information, yet they socialise children.

7. Summation of morning session – Pelucy Ntambirweki

Summary of the critical issues emerging from the presentations:

- Governments as primary duty bearers have an important role to play in fulfilling the rights and safeguarding the lives of children without family care. They must honour their commitments in terms of the International Convention on the Rights of the Child (CRC), and formulate and implement a comprehensive policy framework for these children.
- All presentations made it clear that the institutionalisation of children is a last resort. However, many children are forced by circumstances to live in institutions – for example the increasing number of abandoned babies in Lesotho. Governments, through the United Nations, should establish a minimum package of standards for institutional care, and enforce a zero tolerance policy on child-abuse.
- Adoption and fostering should be done in a proper manner, while reducing bureaucracy and rigidity. Governments should ensure that children are fostered or adopted as soon as possible to reduce the time they spend in institutions, and should follow up cases of adoption and fostering, particularly those living away from their original home or country.
- The increasing number of children in institutions and living on the streets is closely linked to abject poverty at the community and household level. Parents and guardians can no longer take care of large families. Governments need to implement viable poverty-elimination strategies to arrest this worsening situation.
- There is an urgent need for research, situation analyses, information sharing and learning from experience/good practice in different countries, instead of “reinventing the wheel” in the formulation of policies and programmes.

8. Key Areas for Action

Delegates were given a series of issues which had emerged during the morning session as being of particular concern. They were asked what they would like to see achieved in the next 2–5 years in relation to each of these issues. Participants were divided into country groups for this exercise, and the responses reflect the views of these groups. The top priorities to emerge are listed below:

8.1 Better forms of alternative care

- Support households accommodating orphans as well as ensure support to the elderly
- Provide a package of services and support to caregivers
- Involve caregivers in poverty reduction initiatives
- Establish and support small group homes in communities

- Provide free basic education
- Ensure siblings are not separated
- Carry out research on the changing situation of orphaned children
- Overcome barriers to non-kindred foster care
- Document and share good practices at community level

8.2 Bureaucratic barriers to fostering

- Review existing policies and legislation
- Ensure implementation of existing laws
- Devolve authority for placement of children to NGOs, while government set standards and monitor implementation
- Develop guidelines
- Strengthen economic capacity of caregivers
- Develop foster care 'banks'
- Promote effective income generating activities
- Promote awareness of foster care
- Remove bureaucratic impediments

8.3 Adoption

- Sensitize communities on adoption laws and issues
- Implement existing laws on adoption
- Review laws which make adoption difficult
- Improve follow-up of adopted children and families
- Review adoption laws to reduce maximum age (?)

8.4 Abandoned babies

- Ensure universal access to ARVs (mothers and children)
- Establish a continuum of care
- Establish transit orphanages – as places of safety with referral systems for future fostering
- Promote fostering
- Provide maintenance care grants for single parents
- Establish drop in centres for abandoned babies (safe abandonment!)

8.5 Proliferation of orphanages, and lack of monitoring/regulation

- Raise community awareness and discuss disadvantages of orphanages
- Promote alternative care arrangements – in the best interest of the child
- Ensure linkages of existing institutions to communities
- Educate funders and policy makers on better care arrangements
- Review legislation
- Research, analysis of existing situation
- Establish an independent body to register orphanages

8.6 Abuse within institutions

- Open homes to facilitate monitoring
- Establish a code of conduct based on zero tolerance for abuse
- Establish multi-sectoral monitoring committees
- Ensure follow-up by the relevant government bodies
- Promote transition to family-based institutions
- Screen and train institutional workers
- Empower children to identify and report abuse
- Monitor abuse through community whistle-blowers

8.7 Cross-cutting

- Increase the number and capacities of professional social workers
- Establish cadre of semi-professional social work aides

8.8 Community reintegration of children in orphanages

- Provide policies, clear guidelines
- Strengthen linkages between orphanages and communities

8.9 Proliferation of orphanages

- Conduct research, explore alternatives
- Review legislation
- Build capacity to monitor orphanages
- Educate donors and decision-makers – raise awareness of risks of orphanages
- Train magistrates to encourage strengthening families rather than institutionalisation
- Be more culturally sensitive
- Provide guidelines on orphanages, strict enforcement

8.10 Government coordination

- Monitor institutions
- Implement minimum standards
- Involve national planning commission in national plan of action for children
- Strengthen existing national networks
- Have forums to plan and exchange information
- Strengthen coordination structures at national and local levels

8.11 Reintegration of street children

- Enhance collaborative efforts between police, NGOs, government and private sector
- Develop clear guidelines for reintegration process
- Follow-up after reintegration
- Promote and support back-to-school initiatives
- Pay special attention to young children
- Provide vocational training for street children
- Implement and support tracing and family reunification programs

8.12 Research

- Conduct quantitative and qualitative studies on conditions of children in orphanages
- Integrate into existing national research (DHS, MICS)
- Conduct situation analyses

9. Discussion

The following are point made by participants during the discussion of the areas identified for action.

It is dangerous to reject institutional care out of hand - some people are even saying it's better to leave children on the street than to put them into institutions, so we don't rob them of their survival skills!

People in rich countries are told there are more orphans, therefore we need more orphanages. People who give \$10 a month want to see results in the form of bricks and mortar. The challenge is to describe the alternatives clearly. Instead of saying we need \$10,000 to put kids in orphanages, we should say we need \$10,000 to keep kids out of orphanages.

Major donors do not support the building of orphanages – they have seen the misery of these institutions in Romania and Russia. For smaller donors it's important to have a joint advocacy strategy, with clear case studies, to show that institutional care is more expensive, that children in institutions have problems reintegrating into society and are prone to abuse, and that it's much better for children to grow up in a family environment.

The media in the USA “rediscovered” AIDS in Africa 2-3 year ago. In general they have been accurate – describing the statistics and impact on families – but incomplete, because impression that American public gets is that Africans are helpless, hopeless victims. Based on the articles most people have seen, they believe that most of the adults in countries hard hit by AIDS are dead of dying. Such distorted views don't lead to support for strengthening families and communities. It is very important to get the media in the north to give a more complete picture of the kind of heroic responses that are being made at the community level. This would provide a basis for advocating appropriate action to strengthen family and community capacity.

Potential foster parents are often dissuaded by the cost of education. One strategy would be to persuade small donors to support school fees rather than building orphanages.

Often we discuss things, but we don't communicate. One delegate gave talks to people in Germany to explain how the community can care for these children. Fourteen volunteers came as a result of these talks, and funding is being channelled to the children, rather than to institutions.

It's the African voices which are the most persuasive in the north.

Institutionalisation of children alienates them from their communities. When institutionalised children return to their communities, they find that nobody knows them. Also, they become used to TV sets and swimming pools in (certain) orphanages. We have seen instances of children running back to the orphanages – it's necessary to make them reflect surrounding situation.

When you get to SOS Children's Village you are not in Malawi, you are somewhere else. Still trying to see how these orphanages can fit the realities of the country. SOS provides care from the cradle to grave – they send you to university, find you a job. They are responding to criticism by starting some “side-shows,” but it a lot of pressure is needed to change this ‘religion.’

The most difficult task is the reintegration of street children. Once on the street, a child develops a high level of confidence by surviving harassment from police and communities. Simply returning a child to their community doesn't mean we can easily re-establish their situation. (In Ethiopia) only smaller children have been successfully reintegrated.

Reintegration is also one of the most difficult tasks in an orphanage. Children need to be given new skills so they are not a burden on the family – for example older ones could start their own business. The reintegration rate is not satisfactory.

OVC workshops only allow a limited exchange of information – we need a permanent forum where we can exchange information continuously, with a wider audience. There is a problem with email, with accessing the technology. Maybe a newsletter would be better.

The regional office of UNICEF is considering establishing an information exchange network, which may include a newsletter. This was suggested by many people during the OVC workshop.

What can be done from regional and global level to support country level action? Educating donors is one area for action.

Zimbabwe wants to conduct a situation analysis of institutions of care, including interviewing every child in care, but needs technical and material assistance.

10. Summary and Next steps – Stanley Phiri

Mr Phiri reiterated a few important points emerging from the consultation, and suggested a framework for participating organisations – particularly those with regional responsibilities, like UNICEF – to follow up on the work that had been done thus far:

- Better forms of care, which are in the best interest of children, should be the clarion call.
- Country- and regional-level bodies should accelerate information exchange on alternative forms of care, share data on impact and opportunities, and vigorously promote opportunities to learn – for example through workshops, exchange visits, networks etc.
- More advocacy is needed on policies and practices around residential care for children. The Children and Residential Care Conference in Stockholm 12–15 May 2003 provides an opportunity to hold national pre-conferences and produce country reports describing the situation of institutionalised children and strategies to deal with their plight.
- Better documentation and research is needed, including studies which show that placing children in community care is cheaper and better. Organisations like UNICEF, SCF UK and SCF US should support researchers to advance this aspect. The regional office of UNICEF has plans for such documentation and research in 2003.
- Priority should be given to school fees – keeping every child in school – through advocacy with politicians, decision makers and other stakeholders. UNICEF regional office and country offices have this on their work-plans for the next 24 months.
- More research is needed on the reintegration of children who have been institutionalised.
- Studies and awareness-raising of people who mean well, but are uninformed – particularly donors who channel funds into orphanages – are urgently needed.