

# DRUMMING TOGETHER FOR CHANGE

A child's right to quality care  
in Sub-Saharan Africa



Centre for excellence  
for looked after children in Scotland



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**[www.care-for-me.org](http://www.care-for-me.org)**

## PREFACE

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Globally, we face a sobering challenge and a profound responsibility in our care for children who are at risk or living without parental care. Courage, leadership and knowledge are the cornerstones to the fundamental reforms that are needed to rise to this challenge. But we now have the beginnings of hope, as the implementation of the *Guidelines for the Alternative Care of Children* take root internationally.

We have felt honoured at CELCIS to be a part of this partnership project as it has come alive with the help of passionate and dedicated individuals and organisations, who are often working in very difficult circumstances. It has been exciting to closely explore how eight countries in Sub-Saharan Africa in particular are taking steps to be 'Moving Forward' towards greater rights and better care for these too often forgotten children.

On behalf of all of us at CELCIS, we are grateful to our new friends and colleagues across the continents, particularly those at the University of Malawi and SOS Children's Villages International, whose vision, hard work and dedication are improving life chances for some of our world's most vulnerable children.

**Jennifer Davidson**  
Director of CELCIS  
University of Strathclyde



The future of our nations can be secured if we guarantee quality care to our children. In that case, we cannot overemphasise the importance of this publication. This could not come at an any more important time than this, when we are commemorating five years of the *Guidelines for the Alternative Care of Children* and when we have started talking of the post-2015 development agenda. With the challenging economic, political, and social environments in our region the current situation is still promising and it just requires more concerted efforts by state and non-state agencies.

The cooperation from colleagues from CELCIS at the University of Strathclyde and SOS Children's Villages International made this work easier than it should have been.

**Levison Chiwaula**  
Dean of Social Science  
University of Malawi



We began to envision this book as a joint partnership under a grey sky almost a year ago, and now the clouds have broken and we see that our book has come at a wonderful time for children's rights.

It is clear that all countries have made fantastic strides forwards in implementing children's rights, now we offer some ideas for the next steps for some of Africa's most vulnerable and invisible children; those in alternative care or at risk of losing their parents.

I want to thank Jennifer and Levison for their commitment to children and to our book. And to John Paul and Becky: without whom this book would not exist.

**Emmanuel Sherwin**  
Care for ME! Global Project Manager  
SOS Children's Villages International



## FOREWORD

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The issue of children without appropriate and quality care is a global problem. However, as a result of, among others, poverty, HIV/AIDS, and conflict, Sub-Saharan Africa is home to a large number of children that are deprived of their family environments.

In 2009, at the time of the 20th anniversary of the *UN Convention on the Rights of the Child* (UNCRC), the General Assembly adopted the *Guidelines for the Alternative Care of Children* by UN Resolution (64/142). The Guidelines are intended to enhance the implementation of the UNCRC, and in the context of Africa, the *African Charter on the Rights and Welfare of the Child* (ACRWC) too.

It is now five years since the adoption of the Guidelines. This report, which coincides with the 25th and 24th anniversaries of the adoption of the UNCRC and the ACRWC respectively, provides a timely complement to our understanding of the challenges faced by governments, and the various opportunities for improvement, in implementing the Guidelines in Sub-Saharan Africa.

The Guidelines are an essential tool for governments as they set out desirable orientations for law, policy, and practice to protect the rights and wellbeing of children deprived of parental care or at risk of being so. However, it is the responsibility of all stakeholders to ensure that they are implemented effectively in all contexts where children need assistance and care.

In recognising this duty, the report contributes by acknowledging the progress governments have made so far, and provides an evidence-base to ensure that, where

necessary, children have access to suitable alternative care, appropriate for their individual needs.

On the basis of independent research conducted on the implementation of the Guidelines in eight Sub-Saharan African countries, this civil society report takes a novel approach to providing a synthesis of experiences. It identifies overarching issues that affect governments in different social, cultural, economic and political situations, with the consequent variation in legislation, policy, and practice. The report also provides evidence that, in many instances, governments are challenged in their ability to provide effective coordination and oversight of alternative care measures. They are also challenged in their progress as a result of limited knowledge of their child population and the services available, and by insufficient and unpredictable resources for policy and law implementation to provide alternative care. In understanding these challenges, the report seeks to provide recommendations to facilitate a discussion of how progress can be made in ensuring the full and appropriate implementation of the Guidelines.

On behalf of the African Committee of Experts on the Rights and Welfare of the Child, I urge African states, donors, partners and other stakeholders including children to work together to realise the opportunity the Guidelines afford to improve the alternative care experience of all children in the region.

**Benyam Dawit Mezmur**

Chairperson, African Committee of Experts  
on the Rights and Welfare of the Child

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This report is the product of a successful collaboration between SOS Children's Villages International, CELCIS at the University of Strathclyde, and the University of Malawi.

It would have been impossible, however, without the researchers and authors in each of the eight countries producing original and insightful work on which to base our study. We acknowledge the substantial contribution of the following authors and their supporters:

In **Benin** SOS Villages d'Enfants Bénin, the Ministry of Family, Social Affairs, National Solidarity, the Disabled and People of the Third Age, Network of Organisations for the Protection of Children in Need.

In **Gambia** SOS Children's Villages the Gambia.

In **Kenya** SOS Children's Village Association Kenya and Brilliant Technologies (K) Limited.

In **Malawi** SOS Children's Village of Malawi Trust and, Humphrey Mdyetseni (team leader), Chiza Nyirongo, and Idrissa Mwale.

In **Tanzania** SOS Children's Village of Tanzania Trust.

In **Togo** EUREKA EDU Consulting Firm and SOS Villages d'Enfants Togo.

In **Zambia** School of Medicine, Department of Public Health, University of Zambia and SOS Children's Village of Zambia Trust.

In **Zimbabwe** Mr Musa Chibwana and SOS Children's Village Association of Zimbabwe.

The studies in each country also relied on generous contributions of time and insight from their own informants including government ministries; social work departments; international organisations; state, NGO and private sector care providers; and children in alternative care.

Thanks are due to members of the external review group including contributions from Nigel Cantwell, Ian Milligan and Garton Kamchedzera who helped to guide our thoughts and understanding on the Guidelines and frame messages for effective advocacy.

Support was also provided by colleagues from within SOS Children Villages in the Sub-Saharan Africa region, in terms of guidance on specific rights-based issues and overall oversight of the report's contents. Thanks go to Naitore Gituma, Hope Msosa and Mzi Ntuli. At the international office support was given by Alan Kikuchi-White and Véronique Lerch.

We would also like to acknowledge the invaluable contribution of John Paul Fitzpatrick for his energy, enthusiasm and highly competent project leadership.

An indispensable resource in the final stages of the report's preparation, Michael Rodgers provided proof-reading support for the publication and Susan Reid and Lesley Sneddon from CELCIS provided ongoing assistance with project coordination.



## TERMINOLOGY & ABBREVIATIONS

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<b>ACRWC</b>	African Charter on the Rights and Welfare of the Child 1999
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>Beijing Rules</b>	Standard Minimum Rules for the Administration of Juvenile Justice
<b>CELCIS</b>	Centre for Excellence for Looked After Children in Scotland
<b>Guidelines</b>	Guidelines for the Alternative Care of Children 2009
<b>HIV</b>	Human Immunodeficiency Virus
<b>MDG</b>	Millennium Development Goals
<b>Moving Forward</b>	Moving Forward: Implementing the Guidelines for the Alternative Care of Children (see reading list)
<b>NGO</b>	Non-governmental organisation
<b>UN</b>	United Nations
<b>UNCRC</b>	United Nations Convention on the Rights of the Child 1989
<b>UNICEF</b>	United Nations Children's Fund

### Symbol

§	A paragraph within the Guidelines
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### Terminology

<b>Necessity Principle</b>	Care is genuinely needed <sup>1</sup>
<b>Suitability Principle</b>	Care is provided in an appropriate manner <sup>2</sup>
<b>Alternative Care</b>	Care for 'A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment...' <sup>3</sup>

<sup>1</sup> Moving Forward, p.22.

<sup>2</sup> Ibid.

<sup>3</sup> UNCRC, Article 20(1).





# EXECUTIVE SUMMARY

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***Drumming Together for Change* joins a chorus of international voices with its drumbeat for change: a beat that calls on all of us to step up to our collective responsibility to care for our most vulnerable children.<sup>1</sup>**

**The report is based on a synthesis of eight assessments of the implementation of the *Guidelines for the Alternative Care of Children* (the Guidelines) in Benin, Gambia, Kenya, Malawi, Tanzania, Togo, Zambia and Zimbabwe.<sup>2</sup>**

**It considers common challenges to implementing the Guidelines identified in the eight countries and provides a platform for effective advocacy to promote every child's right to quality care.**

In December 2009, the UN adopted the Guidelines (Resolution 64/142) with the aim of enhancing the implementation of the *UN Convention on the Rights of the Child* (UNCRC) for the protection and wellbeing of children deprived of parental care or at risk of being so. These children are some of the most vulnerable in society and are made more vulnerable when the systems designed to care for them fail to work in their interests or meet their needs.

The Guidelines provide direction for governments committed to the rights of these children by setting out desirable orientations for policy and practice. They also provide a reference point for assessing the quality of alternative care provision within national, regional and local contexts. Using this reference point, research groups in the eight countries produced assessments of the implementation of the Guidelines.<sup>3</sup>

This report analyses the findings from these countries and uses them as the basis for advocating for positive change. At the end of each chapter, the report provides solution-based recommendations to guide governments in improving implementation and, at pertinent points in the report, illustrated roadmaps detail the first steps governments need to take towards implementation.

The concluding chapter contextualises the recommendations to promote local advocacy focused on context-specific challenges and solutions. It provides

solution-based recommendations and calls on all stakeholders – governments, non-state organisations, civil society, local communities and children – to engage and participate in finding solutions to implementing the Guidelines effectively for children and families in need.

## Overview of findings

The report's findings indicate that despite varying social, economic, legal and political contexts, common themes and challenges emerged to implementing the Guidelines.

### Preventing the need for alternative care

*A family tie is like a tree, it can bend but it cannot break*

Preventing children entering alternative care is a way of protecting them from harm – children are often better cared for within their families and communities. Many children currently in formal alternative care could be living with their parents, extended families or members of their communities if the right support were in place.

The research found that there was insufficient provision of prevention services, that they were primarily funded by non-governmental organisations, and that these services were poorly coordinated and only reached a small proportion of the population in need.

Governments were failing to live up to the principle of 'necessity' in the provision of alternative care: children were unnecessarily admitted to alternative care and remained there for longer than necessary.

### Provision of alternative care services

*It takes a village to raise a child*

There was a lack of formal care provision – in particular formal family-based care – and an increasing burden placed on informal forms of care without the corresponding support from the state to assist carers.

In many cases, there was a limited range of formal alternative care services, constraining choice and the ability

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<sup>1</sup> The *UN Convention on the Rights of the Child* (UNCRC) was adopted in 1989 and has since been supplemented with three optional protocols.

<sup>2</sup> The assessments are based on SOS Children's Villages International's *Assessment Tool for the Implementation of the UN Guidelines for the Alternative Care of Children*, available online at: [www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx](http://www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx).

<sup>3</sup> These assessments, or country reports, are available online at: [www.care-for-me.org](http://www.care-for-me.org).

In Zambia up to 50% of children could be reintegrated with their families with adequate funding.



Source: Referenced to MCDSS Zambia; figure also cited in UNICEF, *Alternative Care for Children in Southern Africa: Progress, Challenges and Future Directions*, Nairobi: UNICEF, 2008, p.13.

of decision-makers to provide children with alternative care placements 'suitable' for their individual needs.

The most common form of formal alternative care was residential care. However, the quality of this care was inconsistent, with many children living in environments unable to address their individual needs. Residential care was largely provided by non-state organisations with limited oversight by the government (covered in detail in chapter 3).

Leaving care provision was similarly found to be inconsistent in quality and coverage, and left children without support when reintegrating into their communities.

### Protection from harm

*Children are the reward of life*

There were high levels of risk around child protection in the region and limited systems in place to protect them. While there were examples of good practice, with community-based child protection mechanisms and complaints procedures for children in formal care, systems were assessed to be inconsistent and inadequately monitored on the whole.

### Advocacy messages

*With urgency and a focus on step changes, leaders will act in a planned way based on collaborative discussion.*<sup>4</sup>

The report offers ample evidence that failure to implement the Guidelines implies serious inadequacies in the services aimed at preventing the separation of children from their families, providing appropriate alternative care, and protecting children from harm.

The aim of the report, however, is not just to reiterate the importance of the Guidelines and highlight failures in the system. Instead, it aims to encourage an understanding of the challenges governments face in implementing the Guidelines and provide some assistance in finding ways to create an environment where change is possible.

This report is aimed at policy-makers and others who wish to advocate for and make decisions based on implementing the Guidelines to improve children's experiences of alternative care.

Effective advocacy will be tailored to national, regional and local challenges, and will require local knowledge and strategies to influence particular actors, decision-makers and power-holders. The report sets out some starting points to catalyse action by asking the following questions:

- Why are governments in the region finding it so difficult to effectively implement the Guidelines?
- What can be done to nurture an environment in which implementation is possible and ultimately ensure that children and families have their needs met in ways that respect their rights?

It is impossible, of course, to answer these questions in their entirety. This is a task for local-level advocates and policy-makers working in their own particular local conditions and with knowledge of their stakeholders and political complexities. However, some overarching themes were identified to help local level efforts for understanding and advocacy.

<sup>4</sup> Nigel Cantwell, Davidson, J., Easley, S., Milligan, I, Quinn, N., *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*, Glasgow: Centre for Excellence for Looked After Children in Scotland, 2012, p.127.

### Why are governments in the region finding it so difficult to implement the Guidelines?

This question is answered by reference to the policy implementation framework and the common challenges that emerged across the country reports. 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.

### What can be done to nurture an environment in which implementation is possible?

This question is addressed with reference to three overarching policy messages for encouraging change. Successful implementation will require first:

- **Active engagement with local communities, families and children.** As the beneficiaries of alternative care, they should be given both a voice and a stake in the services that are designed for them and the decisions that are made in their interests.
- **Empowered governments to take a leadership role in governing alternative care provision.** This means leading the oversight and coordination of alternative care provision and developing cooperative partnerships with other stakeholders.
- **Cooperative accountable non-state organisations.** Ranging from international donors, the private sector and civil society, to non-governmental organisations, non-state actors should aim to cooperate with and empower governments with resources and knowledge to ensure quality alternative care.

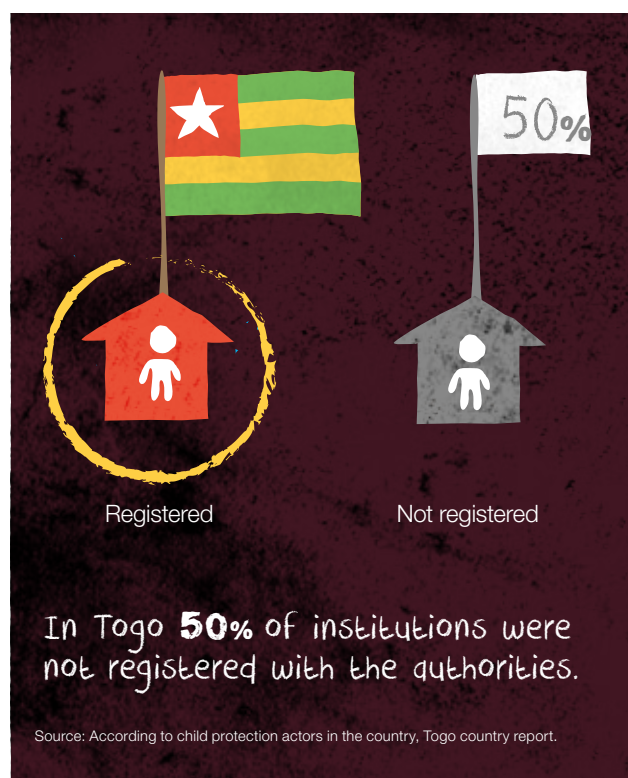
### Conclusion

*There can be no keener revelation of a society's soul than the way in which it treats its children.*

Nelson Mandela

This is the fifth anniversary of the Guidelines and it is important that we begin examining the ways in which they are successfully implemented and understanding the reasons why they are not. This report shines a spotlight on eight Sub-Saharan African countries. From their shared experiences, it starts to unpick some of the challenges they have faced in implementation and offers some ways forward.

This report is clear: change will demand action from us all – action based on understanding that is constructive and, most importantly, reflects innovative approaches. There is no one pathway for change. In each context, we will be drumming with different rhythms but together these rhythms, in all their syncopation, must be heard and felt as a collective call for positive, real change in the lives of the most vulnerable members of our societies.





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