



The Government
of Malawi

Reintegrating Children From Institutional Care

A FEASIBILITY STUDY ON A MODEL
FOR MALAWI



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The Government of Malawi

Ministry of Gender, Children,
Disability and Social Welfare

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Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
ANC	Antenatal Clinic
CBO	Community-Based Organisation
CCPJA	Child-Care, Protection and Justice Act
CCI	Child-Care Institution
CCPL	Community Child Protection Committees
CPW	Child Protection Worker
CRC	Convention on the Rights of the Child
DDBWCYA	Dire Dawa Bureau of Women, Children and Youth Affairs
DEC	District Executive Committee
DSWO	District Social Welfare Officer
GoM	Government of Malawi
GVH	Group Village Head
HSA	Health Surveillance Assistant
IGA	Income Generation Activity
JACH	Jerusalem Association Children's Homes
MHRC	Malawi Human Rights Commission
MoGCDSW	Ministry of Gender, Children, Disability and Social Welfare
MSCTP	Malawi Social Cash Transfer Programme
OVC	Orphans and other Vulnerable Children
NGO	Non-Governmental Organisation
PAD	Positive Action for Development
STIs	Sexually Transmitted Infections
SWOs	Social Welfare Officers
TA	Traditional Authority
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VH	Village Head



Executive Summary

In less than a decade, the number of Child Care Institutions (CCIs) in Malawi has increased significantly from 104 institutions in 2011 to 168 in 2014 and 169 in 2017. However, since 2014, the number of children in institutional care has decreased from 10,136 in 2014 to 8,049 in 2017, attributed mainly to the pioneering Reintegration Programme currently being implemented in Blantyre, Dedza, Lilongwe and Mangochi, and the closure of some CCIs due to financial challenges. Malawi's National Policy on Orphans and other Vulnerable Children emphasises that children should grow up in a family environment and into the broader community where they can socialise with fellow children, and that institutionalisation should be the last resort. This policy direction for Malawi is in line with the 1989 Convention on the Rights of the Child and the 2010 UN Guidelines for Alternative Care of Children.

Globally the trend is towards deinstitutionalisation of children as it is well established that institutional care is not in the children's best interests. In 2014, the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW) conducted the country's first Reintegration Study. The results of this study informed the development of the Reintegration Framework, which consisted of the following five critical steps to be followed when reintegrating a child:

1. Careful, rigorous and participatory assessment and decision making about the suitability of a child and family for reintegration.
2. Preparing the child, family and community for reintegration.
3. Carefully planned reunification.
4. Restoring trust and rebuilding relationships through extensive follow-up support to the child and family.
5. Restoring trust and rebuilding relationships through work with the broader community.

The Reintegration Study recommended a feasibility study in order to determine whether the Reintegration Framework would be effective in reintegrating children with their families or other forms of alternative family-based care for children. The target was that 400 children be reintegrated over the period 2016-2017. The specific objectives of the feasibility study were to:

- Assess the implementation of the Reintegration Framework as recommended by the Reintegration Study.
- Determine factors which promote or hinder the implementation of the Reintegration Programme.
- Develop a Reintegration Model for Malawi.

This report presents the Reintegration Model based on the implementation of the Feasibility Study.

Methodology

The Feasibility Study constituted quantitative and qualitative methods including interviews and discussions with Child-Care Institutions (CCIs), children in institutions, parents of reintegrated children, reintegrated children and the District Social Welfare Officers (DSWOs), as well as documentation of learning visits to Rwanda and Ethiopia, a literature review and the administration of a survey and monitoring of reintegrated children.

The Feasibility Study was conducted in Blantyre, Dedza, Lilongwe and Mangochi Districts for 18 months from June 2016 to November 2017. These districts were chosen because of the availability of large numbers of children and institutions to test the feasibility and as they constituted focus areas for the United States Agency for International Development (USAID), the key Development Partner for the programme. Initially, 16 CCIs were selected, but during the implementation of reintegration activities, two further CCIs were added. The DSWOs engaged the selected CCIs in the implementation of reintegration activities following the five steps of the Reintegration Framework. Discussions were held with the DSWOs and their staff, the CCI management and staff, children in institutions and reintegrated children and their guardians. In early 2017, a questionnaire administered to 106 reintegrated children and their guardians was repeated between December 2017, and January 2018 with 131 reintegrated children and their guardians reached. These two surveys aimed to have a better understanding of how the children were assimilating in their families and the wider society.

This study has been informed by the results of these surveys, discussions and field observations, literature review, and by learning visits to Rwanda and Ethiopia in 2016 and 2017 respectively.

Results

A total of 298 children have since been reintegrated using the Reintegration Framework. Table 1 on page 10 shows the five steps of the Reintegration Framework, the key activities which were implemented by the DSWOs and CCI, and some of the key lessons learnt which need to be taken on board as Malawi is implementing the Reintegration Programme.

For successful reintegration, this study has shown the following factors are key:

- i. Sensitisation of CCI, institutionalised children and their guardians, community leaders, extension workers and the wider community;
- ii. the willingness of the children to be reintegrated and the willingness of parents/guardians to accept their children to return home;
- iii. the existence of a Reintegration Programme within the CCI;
- iv. the need for adequate numbers of social workers;
- v. economic empowerment of poor households;
- vi. the provision of school materials including payment of school fees;
- vii. an adequate preparation period; and
- viii. sufficient funding for the Reintegration Programme.

In light of these lessons learned, the five steps of the Reintegration Framework is what primarily informed and developed the Reintegration Model for Malawi.

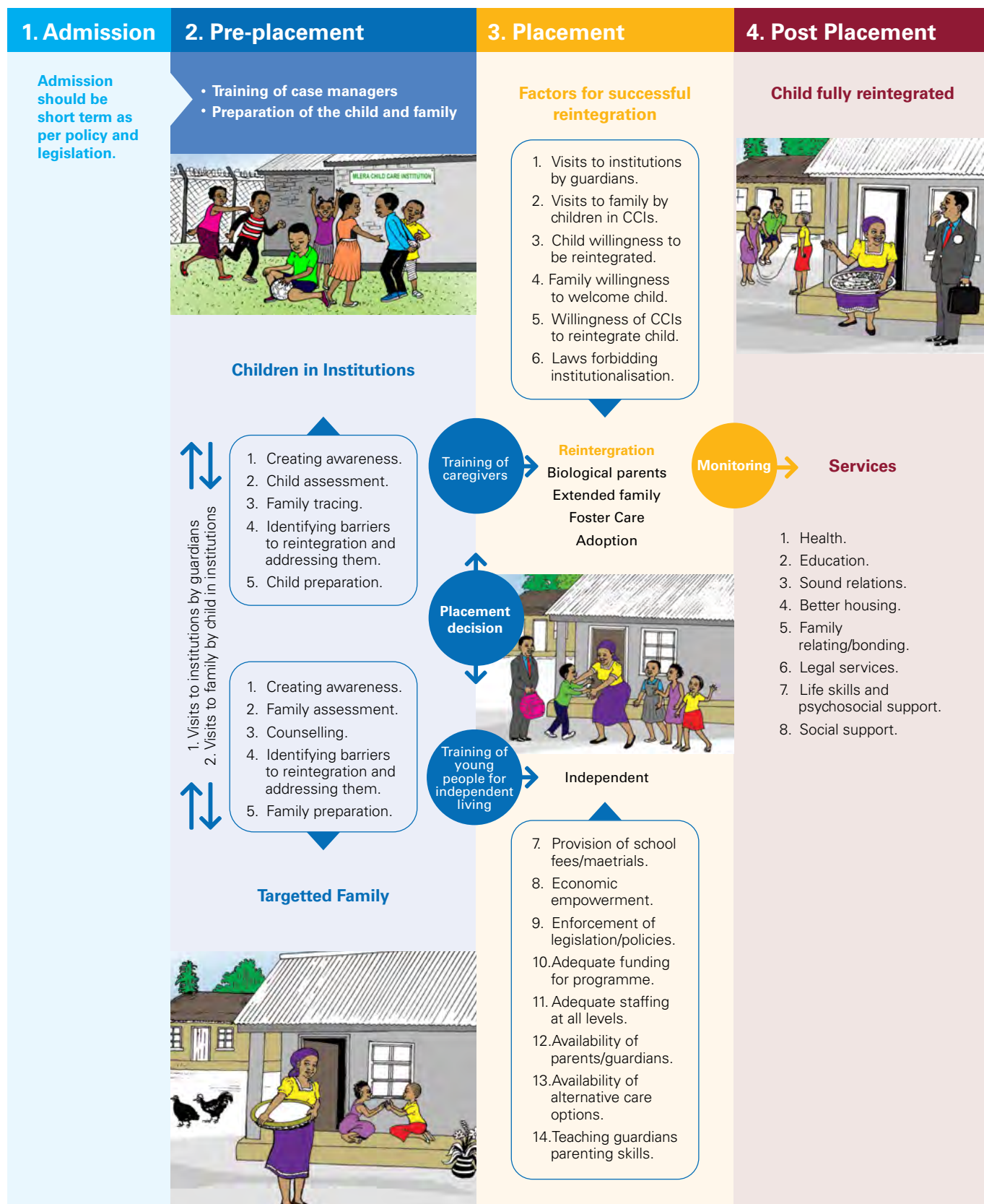
The Reintegration Model acknowledges that the reintegration process starts with the admission of children into the institution. At this stage, the parents/guardians should be told the period the child will be in an institution. If the parents/guardians are incapable of taking back the child or they are not available, then foster parents should be identified who can take care of the child. Adoption arrangements can also be made. The admission of children into the institution constitutes

Phase 1 of the Reintegration Model. Phase 2, also referred to as the pre-placement phase, combines Steps 1 and 2 of the Reintegration Framework. Namely careful, rigorous and participatory assessment and decision making about the suitability of the child and family for reintegration and preparing the child, family and community for reintegration. Phase 3, also referred to as the placement phase, is when the child gets reintegrated. The last phase is the post-placement phase which combines Steps 4 and 5 of the reintegration phase. On the right is an illustration of the Reintegration Model for Malawi. In each phase, there are specific activities implemented. This model was validated during a reintegration workshop held at Crossroads Hotel in Lilongwe in November 2018 that was attended by officials from CCIs, MoGCDSW including DSWOs, development partners and other key stakeholders with interests in reintegration and other child protection issues.



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Reintegration Model for Malawi



Key Recommendations

1. The Government of Malawi (GoM) should develop and publicly state its clear policy position on the future of CCIs in Malawi.
2. The GoM should register all CCIs and conditions for registration should be specified, e.g. the availability of individual case files and care plans. If minimum conditions are not met, CCIs should close.
3. The GoM should develop a comprehensive computerised database of children in CCIs, which should be updated regularly.
4. Malawi should strengthen its Foster Care Programme and promote local adoption.
5. Community leaders should be actively involved in all stages of the reintegration process.
6. The creation of awareness at the national, district, community and household levels using various channels of communication should be a continuous activity.
7. The linkage and referral of reintegrated children and their families to other service providers should be strengthened.
8. The GoM should promote the delivery of community-based care for orphans and other vulnerable children. Not only is it better for children's wellbeing and development, but also it is cheaper compared to institutional care.
9. Discussions with CCIs should continue, including talks on alternative utilisation of infrastructure such as schools that children can attend from their homes.
10. The GoM with support from development partners should ensure the availability of adequate and sustained funding of the Reintegration Programme in Malawi.



The family is the best place for a child and efforts should be made to enable a child to remain or return to his parents or close family member.”

Article 3, UN Guidelines for Alternative Care of Children

Table 1: Key Activities Implemented by DSWOs and CCIS and key lessons

Steps of the Reintegration Framework	Key Activities Implemented by DSWOs and CCIs	Key Lessons and Challenges
Step 1 Careful, rigorous and participatory assessment and decision making about the suitability of the child and family for reintegration.	<ul style="list-style-type: none"> • Briefing of the District Technical Working Group (TWG) on child protection. • The orientation of the District Executive Committee (DEC). • Briefing CCIs about the Reintegration Programme. • Training of CCI Case Managers in case management. • Create awareness about the Reintegration Programme among Traditional Authorities (TAs), Group Village Heads (GVHs), Village Heads (VHs), Community-Based Organisations (CBOs), religious leaders, ward counsellors, guardians, institutionalised children, and the wider community. • Foster parents to be identified and undergo training on management and care of abandoned children, or children whose parents are unable to care for them. • Engaging CCIs individually on the importance of the Reintegration Programme. • Child assessment. • Family tracing. • Family assessment. • Guidance and counselling for both the child and guardians. 	<ul style="list-style-type: none"> • There has been some resistance from CCIs, parents/guardians and children in institutions. However, with continued engagement of CCIs resistance is diminishing. • Data on some children in institutions was inadequate to be used for effective traceability of children. • Limited involvement of community leaders during a family assessment. • Lack of case plans. • Extension workers were not trained. • Only one household was assessed and targeted for reintegration. A family assessment was limited to biological parents and members of the extended family and not foster parents. • There was a lack of skills to do the assessments.
Step 2 Preparing the child, family and community for reintegration.	<ul style="list-style-type: none"> • Conducting follow up visits to the home of children to prepare them for the child's return. • Guidance and counselling targeting the child and family. • Provision of direct support. • Encouraging children in an institution to visit their parents/guardians and for parents/guardians to visit children in an institution. • Encourage parents/guardians to stay at the institution as part of the bonding process. • The orientation of guardians on parenting skills and child rights. 	<ul style="list-style-type: none"> • Inadequate preparation for reintegration. • Some institutions do not allow children to visit their homes. • Widespread poverty in the communities. • Shortage of staff. • Lack of parenting skills. • Prevailing poverty.

Table 1 (continued)

Steps of the Reintegration Framework	Key Activities Implemented by DSWOs and CCI	Key Lessons and Challenges
Step 3 Careful planned reunification.	<ul style="list-style-type: none"> • Reintegration of the child. • Awareness creation. • Direct support, depending on the need. • Guidance and counselling. • Engagement of community leaders, Child Protection Workers (CPWs) and other extension workers at the time the child is being reintegrated. 	<ul style="list-style-type: none"> • Foster care and local adoption is not used extensively in the Reintegration Programme. • Addressing psychological issues among reintegrated children is a challenge. • Misuse of direct cash transfers and other support. • Limited referrals to other service providers.
Step 4 Restoring trust and rebuilding relationships through extensive follow-up support to the child and family.	<ul style="list-style-type: none"> • Visiting the child and family to assess how he or she is assimilating in the family and wider community. • Guidance and counselling. • Provision of support depending on need. • The provision of support to reintegrated children by CBOs, CPWs and other extension workers. CPWs, during meetings with DSWOs, reported progress with the reintegration of children. 	<ul style="list-style-type: none"> • Limited involvement of community leaders. • Late monitoring of children. • The current tools are inadequate to monitor reintegrated children effectively. • Lack of orientation of other extension workers. • CBOs and CPWs play an important role in monitoring reintegrated children.
Step 5 Restoring trust and rebuilding relationships through work with the wider community.	<ul style="list-style-type: none"> • The sensitisation of community leaders. • The training of some CPWs in case management. • Creating awareness among parents, CCI and the wider community about the Reintegration Programme. 	<ul style="list-style-type: none"> • Limited involvement of other extension workers. • Poverty. • Lack of involvement of community leaders.



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Background and Context

1

It is estimated that there are at least 2.2 million children living in orphanages in the world. Most of these children are in developing countries. However, this number is an underestimate given that many orphanages are not registered^{1,2}. In Malawi, for example, it has also been reported that some CCIs are not registered with the MoGCDSW^{3,4}, which is the main government ministry responsible for child protection and related issues. In 2017, some of the institutions in the country had been registered in line with the 2010 Child-Care, Protection and Justice Act (CCPJA)⁵.

The MoGCDSW and stakeholders have generally expressed concern over the increasing numbers of CCIs. In 2011, there were 104 CCIs⁶, and by 2014 this had increased to 168⁷. The 2017 report on the monitoring of children in CCIs found that the number of CCIs had slightly increased to 169⁸. There were 10,136 children enrolled in CCIs in 2014⁹ from around 6,000 children in 2011¹⁰. In 2017 the number of children in CCIs dropped by 21% to 8,049: the number of boys was at 4,604 (57.2%) while that of girls was at 3,445 (42.8%). In 2017, the number of institutions was highest in the Southern Region at 106 (62.7%) followed by the Central Region at 48 (28.4%) and the Northern Region at 15 (8.9%). The reduction in the number of children in CCIs between 2014 and 2017 has been due to (i) the Reintegration Programme being implemented in four districts in Malawi namely Blantyre, Dedza, Lilongwe and Mangochi, and (ii) the closure of some institutions such as Little Field Orphanages in Machinga¹¹.

In many developing countries, institutional care was rare until the advent of the HIV epidemic¹². The extended family system and the wider community entirely took

care of vulnerable children including those who lost one or both parents^{13,14,15}. However, the 2014 Reintegration Study identified food insecurity as one of the biggest push factors leading to institutional care. Other reasons for the institutionalisation of children include the death of parents¹⁶ and disability¹⁷. It has been argued that families of most children in CCIs are poverty-stricken, and fail to adequately provide necessities such as food, health and education to their children (Figure 1). Other factors which push children into institutions include the experience of abuse and neglect within households, abandonment by families and the loss of ties with families and communities¹⁸. Some children went into the institutions because their relatives accused them of practising witchcraft or for having behavioural problems¹⁹. This reflects the experience in other countries^{20,21,22}. The GoM has established a number of institutions which specifically cater for persons with different types of disabilities. The institutionalisation of children is, therefore, perceived as addressing economic and other social problems being experienced by families and their children^{23,24}.

The implementation of institutional care for children presents a wide range of problems. Long term institutional care makes it difficult for young people to integrate easily into their community after they return and these children are also at risk of losing their inheritance rights²⁵. Children in institutions generally lack the personal attention they require in order to develop correctly²⁶. The institutionalisation of children

- 1 Faith to Action Initiative. (2014). Children, Orphanages and Families: A Summary of Research to Help Guide Faith-Based Action. www.faithtoaction.org.
- 2 Kauffman, Z., & Bunkers, K.M. (2012). De-institutionalisation of Street Children in Addis Ababa, Ethiopia. London: Retrak.
- 3 GoM and UNICEF. (2015). Malawi Reintegration Study 2014. Lilongwe: Government of Malawi and UNICEF.
- 4 SoS. (2013). A Snapshot of Alternative Care Arrangements in Malawi. Innsbruck: SoS Children's Village.
- 5 MHRC. (2014). Report on Monitoring of Child Care Institutions in Malawi. Lilongwe: MHRC.
- 6 MoGCDSW (2011). All Children Count: A Baseline Study of Children In Institutional Care In Malawi, Lilongwe: GoM.
- 7 MHRC (2014). Report on Monitoring of Child Care Institutions In Malawi, Lilongwe.
- 8 MHRC (2017). Report on Monitoring of Child Care Institutions In Malawi, Lilongwe.
- 9 MHRC (2014). Report on Monitoring of Child Care Institutions In Malawi, Lilongwe.
- 10 UNICEF (2012). Malawi Child Protection Strategy 2012-2016. Lilongwe.
- 11 MHRC (2017). Report on Monitoring of Child Care Institutions In Malawi, Lilongwe.
- 12 Kauffman, Z., & Bunkers, K.M. (2012). De-institutionalisation of Street Children in Addis Ababa, Ethiopia. London: Retrak.

- 13 Kauffman, Z., & Bunkers, K.M. (2012). De-institutionalisation of Street Children in Addis Ababa, Ethiopia. London: Retrak.
- 14 Kuer, M. (2012). Randa's Orphans: Care and Integration During Uncertain Times. *International Journal of Security and Development*, 4(1): 1-15.
- 15 Munthali, A. (2002). Adaptive Strategies and Coping Mechanisms of Families and Communities Affected by HIV/AIDS in Malawi. Geneva: United Nations Research Institute for Social Development.
- 16 Kauffman, Z., & Bunkers, K.M. (2012). De-institutionalisation of Street Children in Addis Ababa, Ethiopia. London: Retrak.
- 17 Milligan, I., Withington, G., Connelly, G., & Gale, C. (2016). Alternative Childcare and De-institutionalisation in Sub-Saharan Africa: Findings from a desk review. www.celcic.org.
- 18 GoM and UNICEF. (2015). Malawi Reintegration Study 2014. Lilongwe: Government of Malawi and UNICEF.
- 19 GoM and UNICEF. (2015). Malawi Reintegration Study 2014. Lilongwe: Government of Malawi and UNICEF.
- 20 Faith to Action Initiative. (2014). Children, Orphanages and Families: A Summary of Research to Help Guide Faith-Based Action. www.faithtoaction.org.
- 21 Lavin, B., Kkalinganire, C., & Patel, M. (2013). Assessment of Children Reintegrated from Orphanages in Rwanda. Tulane: Tulane University.
- 22 Januario, K., Hembling, J., Kline, A.R., & Roby, J. (2016). Factors Related to the Place Into and Reintegration of Children from Catholic-Affiliated Residential Care Facilities in Zambia. Baltimore: Catholic Relief Services.
- 23 Faith to Action Initiative. (2014). Children, Orphanages and Families: A Summary of Research to Help Guide Faith-based Action. www.faithtoaction.org.
- 24 Next Generation Nepal. (2015). Reintegration Guidelines for Trafficked and Displaced Children Living In Institutions. Kathmandu: Next Generation Nepal.
- 25 GoM and UNICEF. (2015). Malawi Reintegration Study 2014. Lilongwe: Government of Malawi and UNICEF.
- 26 PAD. (2017). Foster Care and Local Adoption Best Practice: the case of PAD's and DDBOWCYA experience, process, achievements, lessons and best practice. Dire Dawa, Ethiopia: PAD.

erodes the role of the extended family system in caring for vulnerable children. Most children in CCI have no contact with their families²⁷ and these children are at higher risk of becoming homeless, having a criminal record and committing suicide once they are discharged from the institution²⁸. The living conditions in some CCIs are not conducive for children's wellbeing: there is overcrowding, lack of hygiene, including the poor state of toilets and dwelling structures, and infested beddings which put children at risk of contracting diseases.

International evidence shows that a child separated from his or her family is at greater risk of suffering from exploitation, harm, neglect and abuse including sexual abuse by living on the streets or in institutions^{29,30,31}. In Malawi, cases have been reported of children in institutions being sexually abused by a staff member, and these cases are rarely or never reported. In addition to this, cases of older boys sexually abusing younger

girls, or acts of consensual underage sex that led to teenage pregnancy have been reported³². Corporal punishment is quite prevalent in some institutions. Most (89%) CCIs experience financial constraints which affect the effective caring of children. In some cases, children in institutions have been sent home due to financial constraints³³. For children aged 0-3 years, the impacts of institutionalisation can have long-lasting negative impacts on their physical development, brain growth³⁴ and the speed at which they learn³⁵.

Institutional care is also more expensive compared to other forms of alternative care^{36,37}. A study conducted in Tanzania found that caring for one child in an institution costs more than US\$1,000 annually, which is six times what it costs to care for a child in a foster home. Likewise, institutional care in South Africa has been found to be six times more expensive than family-based care³⁸. In Malawi, the costs of maintaining a child in

27 GoM and UNICEF. (2015). Malawi Reintegration Study 2014. Lilongwe: Government of Malawi and UNICEF.

28 Williamson, J., & Greenberg, A. (2010). Families, Not Orphanages. New York: Better Care Network.

29 Kauffman, Z., & Bunkers, K.M. (2012). De-institutionalisation of Street Children in Addis Ababa, Ethiopia. London: Retrak.

30 Januario, K., Hembling, J., Kline, A.R., & Roby, J. (2016). Factors Related to the Place Into and Reintegration of Children from Catholic-Affiliated Residential Care Facilities in Zambia. Baltimore: Catholic Relief Services.

31 PAD. (2017). Foster Care and Local Adoption Best Practice: the case of PAD's and DDBOWCYA Experience, Process, Achievements, Lessons and Best Practice. Dire Dawa, Ethiopia: PAD.

32 MHRC (2017). Report on Monitoring of Child Care Institutions In Malawi, Lilongwe.

33 MHRC (2017). Report on Monitoring of Child Care Institutions In Malawi, Lilongwe.

34 Browne, K. (2009). The Risk Of Harm To Young Children In Institutional Care. London: Save the Children.

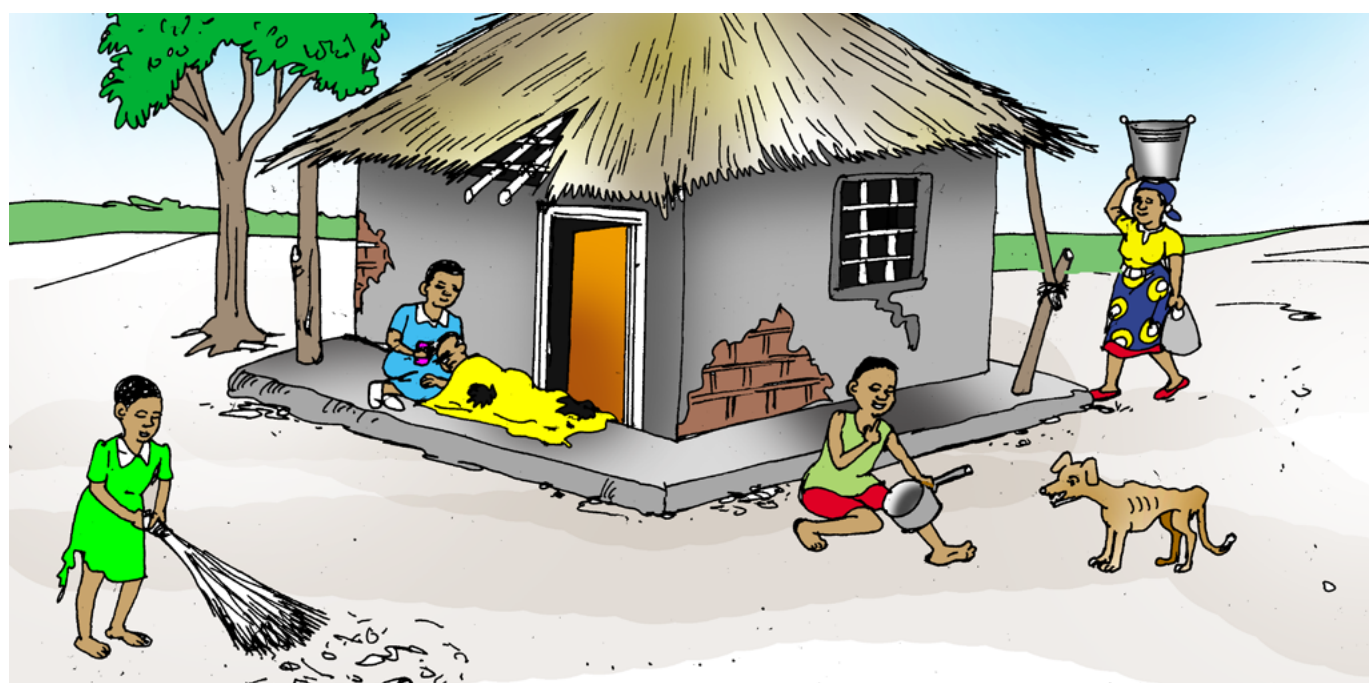
35 Kauffman, Z., & Bunkers, K.M. (2012). De-institutionalisation of Street Children in Addis Ababa, Ethiopia. London: Retrak.

36 Browne, K. (2009). The Risk Of Harm To Young Children In Institutional Care. London: Save the Children.

37 Williamson, J., & Greenberg, A. (2010). Families, Not Orphanages. New York: Better Care Network.

38 Williamson, J., & Greenberg, A. (2010). Families, Not Orphanages. New York: Better Care Network.

Figure 1: Poverty is a Major Driver of Institutionalisation of Children



institutional care vary. For example, at Stephanos, this is estimated at US\$66 a month while at SOS it is at US\$150. Community-based care, on the other hand, can be provided at US\$18 or less per child per month. Post-reintegration activities cost about US\$29 a month per child³⁹. These figures generally demonstrate that keeping children in institutional care is more expensive than in families and community care.

The family provides the best environment in which a child can grow. It is nurturing, loving and caring and facilitates better development outcomes for the child. The family also inculcates a sense of religious and cultural identity and ensures that children embrace family values. Therefore, it is in the best interests of these children to be kept and brought up in their families and the wider community. This concept also aligns with the UN Guidelines for Alternative Care of Children⁴⁰, the Convention on the Rights of the Child (CRC)⁴¹, the African Charter on the Rights and Welfare of the Child (ACRWC)⁴², the Malawi National Policy on Orphans and other Vulnerable Children⁴³, and the CCJPA⁴⁴. Article 7.1 of the CRC states that the unnecessary separation of a child from his or her family is a violation of the child's fundamental right to know and be cared for by his or her parents⁴⁵. Where it is not possible for families to continue caring for their children, the CRC and other instruments, both local and international, recommend that such children should be placed in a family-based care arrangement and not in an institution.

While the MoGCDSW's DSWOs are supposed to assess children before entering CCI, monitor the operations of CCI and work with CCI during the process of reintegration, various challenges are being experienced at all levels which make it difficult for the Ministry to do its work. These problems include (i) the critical shortage of Social Welfare Officers (SWOs) who can facilitate the process of reintegration; and (ii) the shortage of funding to enable the Ministry to implement the Reintegration Programme effectively^{46,47}. Kauffman & Bunkers⁴⁸ have also reported that the lack of monitoring and oversight of institutions by the government constitutes one of the significant problems in the management of institutions and consequently the implementation of Reintegration Programmes. A 2017 study also found that some staff at district level do not have adequate skills to implement the Reintegration Programme⁴⁹ effectively, while some CCI continue resisting to implement the Reintegration Programme⁵⁰. In addition to this, most CCI do not have resources to care for the children adequately. The Malawi Human Rights Commission (MHRC) reports that over the period 2012-2017, there was no significant improvement in the quality of care which CCI provided to children, and this is why some of the institutions closed down on their own over this period⁵¹.

39 GoM and UNICEF. (2015). Malawi Reintegration Study 2014. Lilongwe: Government of Malawi and UNICEF.

40 UN. (2010). UN Guidelines For Alternative Care Of Children. New York: UN.

41 UN. (1989). Convention On The Rights Of The Child. New York: UN.

42 OAU. (1990). The African Charter of the Rights and Welfare of the Child. Addis Ababa: OAU.

43 Ministry of Gender and Community Services. (2003). National Policy on Orphans and Other Vulnerable Children. Lilongwe: GoM and UNICEF.

44 GoM. (2010). Child Care, Justice and Protection Act. Lilongwe: GoM.

45 UN. (1989). Convention On The Rights Of The Child. New York: UN.

46 SoS. (2013). A Snapshot Of Alternative Care Arrangements In Malawi. Innsbruck: SoS Children's Village.

47 GoM and UNICEF. (2015). Malawi Reintegration Study 2014. Lilongwe: Government of Malawi and UNICEF.

48 Kauffman, Z., & Bunkers, K.M. (2012). De-institutionalisation of Street Children in Addis Ababa, Ethiopia. London: Retrak.

49 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2017). An Assessment Of The Children Who Have Been Reintegrated In Blantyre, Dedza, Lilongwe And Mangochi Districts In Malawi. Lilongwe: MoGCDSW & UNICEF.

50 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2016). Feasibility Study On Reintegration In Malawi: Progress Report May-June 2016. Lilongwe: UNICEF.

51 MHRC (2014). Report on Monitoring of Child Care Institutions In Malawi, Lilongwe.

Figures generally demonstrate that keeping children in institutional care is much more expensive than in families and community care.

Forms of Alternative Care 2

Reintegration is a process through which a child is returned to his or her immediate or extended family and can reintegrate into family and community life⁵². Children in institutions should be reintegrated into their families, and they should be able to live with their biological parents wherever possible. However, some children are in institutions who do not have any families⁵³ to return to and, for these, there is a need to find alternative care arrangements. This challenge has also been observed in Ethiopia where, for example, the Jerusalem Association Children's Homes (JACH) reported that incomplete personal information for the institutionalised children makes the process of reintegration quite difficult⁵⁴. In countries, such as Rwanda, it was also difficult in some cases to identify families of children in institutions because they were brought in by police or local leaders with no substantial details about their family structures⁵⁵.

Some children who have enrolled in CCIs in Malawi, especially in Blantyre and Lilongwe were brought into the institution by the Police and City Council officials⁵⁶. The admission of children in CCIs should follow established procedures. That is the reason city officials were invited, especially in Blantyre, for the CCI network meetings so they could learn about the Reintegration Programme the GoM is implementing. The ACRWC, the UN Guidelines for Alternative Care of Children and the CRC recommend that children deprived of their families should be entitled to special protection and alternative care options. These alternative care options are described below.

Biological Parents

The UN Guidelines for Alternative Care of Children recognises the family as a fundamental group of society which constitutes a natural environment for the growth, well-being and protection of children. As

much as possible these guidelines recommend that children should remain in or return to the care of his or her biological parents. If it is not possible for the child to remain in the care of his or her parents, then other close members of the extended family can take responsibility for the child⁵⁷. The primary responsibility of parents is to care for their children. However, some cases in Malawi have seen parents abandon this key responsibility and send their children to institutions. During the 2017 monitoring of reintegrated children, 28.8% of the reintegrated children reported they were staying with their biological parents⁵⁸. This demonstrates that a good proportion of children in institutions have parents.

Extended Family

The 2017 monitoring survey conducted among 102 reintegrated children and their guardians found that 74.5% of the reintegrated children were staying with members of the extended family⁵⁹. In both Ethiopia and Rwanda, this approach is still being used in the Reintegration Programme^{60,61}. In Malawi, it is mostly grandparents who take care of the reintegrated children as is the case with other African countries which have been profoundly affected by the HIV epidemic. This is despite the fact that older persons have little or no economic support. In 2016, 67% of the beneficiary households for the Malawi Social Cash Transfer Programme (MSCTP) were headed by elderly persons. There are many older persons, however, who do not have any source of economic support. This is one of the reasons that over the years there have been suggestions that Malawi should introduce a universal pension scheme for older persons⁶². While these discussions are on-going, it is important that elderly persons who have the responsibility of taking care of reintegrated and other vulnerable children should be

52 Azia, F., Guntzberger, M., & Kodira, O. (2013). Research On Factors Surrounding Family Reintegration Of Street Girls In Kinshasa, Democratic Republic Of The Congo: The Search For A Long Term And Durable Solution In The Light Of Multiple Stigmatisations. Kinshasa: War Child UK.

53 Limbani, T. (2016). Project Proposal On Case Management And Reintegration Of Children Activities For Blantyre District Council February to April 2016. Blantyre: Blantyre District Council.

54 JACH. (2002). Jerusalem Association Children's Homes On Reunification and Reintegration of Children. Nazareth: JACH.

55 Lavin, B., Kalinga ire, C., & Patel, M. (2013). Assessment of Children Reintegrated From Orphanages in Rwanda. Tulane: Tulane University.

56 MHRC (2017). Report on Monitoring of Child Care Institutions In Malawi, Lilongwe.

57 UN. (2010). UN Guidelines For Alternative Care Of Children. New York: UN.

58 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2017). An Assessment of The Children Who Have Been Reintegrated in Blantyre, Dedza, Lilongwe and Mangochi Districts in Malawi. Lilongwe: MoGCDSW & UNICEF.

59 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2017). An Assessment of The Children Who Have Been Reintegrated in Blantyre, Dedza, Lilongwe and Mangochi Districts in Malawi. Lilongwe: MoGCDSW & UNICEF.

60 PAD. (2017). Foster Care and Local Adoption Best Practice: The Case Of PAD's and DDBOWCYA Experience, Process, Achievements, Lessons and Best Practice. Dire Dawa, Ethiopia: PAD.

61 Lavin, B., Kalinga ire, C., & Patel, M. (2013). Assessment of Children Reintegrated From Orphanages in Rwanda. Tulane: Tulane University.

62 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2016). Feasibility Study On Reintegration In Malawi: Progress Report May-June 2016. Lilongwe: UNICEF.

economically supported, for example, by providing them with direct cash transfers or linking them to existing economic empowerment programmes operating in their catchment areas such as the MSCTP⁶³.

Foster Care

This is an arrangement where a child is placed with a non-relative⁶⁴. In the 2017 monitoring survey of children who had just been reintegrated, only 2.8% reported having been reintegrated with foster parents. There are many countries including Malawi where foster care is mostly underdeveloped, and Milligan et al. (2016) argue that this is mainly due to the lack of appropriate mechanisms, structures and human resources⁶⁵. In other countries, such as Ethiopia, foster care is being implemented on a larger scale. For example, in Dire Dawa, a local CBO called Positive Action for Development (PAD), is working in partnership with the government under the Dire Dawa Bureau of Women, Children and Youth Affairs (DDBWCYA) in implementing Reintegration Programmes using foster care as a key strategy⁶⁶.

Although Malawi's CCJPA provides for foster care, this is not being widely utilised. The utilisation of foster parents needs to be promoted in Malawi. However, this would require that local NGOs be fully capacitated to implement Reintegration Programmes including being involved in (i) creating awareness; (ii) training foster parents in parenting skills; and (iii) monitoring the child's welfare in the new family as is the case in Dire Dawa where PAD is working⁶⁷.

Adoption

Adoption provides a permanent family set up for children who have no possibility of staying with their biological parents or extended family⁶⁸. In Malawi, the

practice of adoption is also very rare: only 0.9% of the reintegrated children who were monitored in early 2017 were adopted⁶⁹. This situation is reflected in most African countries⁷⁰. In Ethiopia, the Government relied on inter-country adoption^{71,72} as a strategy of reintegrating children until 2011 when the country significantly cut down the number of children who were being adopted internationally, especially from the US and Europe. In April 2017 Ethiopia temporarily suspended inter-country adoption^{73,74} to give priority to local adoption as an approach to reintegration and this has proved to be quite successful as reported by PAD which is working in Dire Dawa⁷⁵.

Independent Living

There are some youth who may not have anyone to return to or may choose to start an independent life. The utilisation of this form of alternative care is quite rare in Malawi. During the monitoring of the reintegrated children in early 2017, it was found that only 0.9% of the reintegrated children reported they were living independently after being reintegrated⁷⁶. Samaritan Trust is one of the CCIs which reported that it empowers youth with vocational skills and provides start-up kits to youth so that they can start an independent life after reintegration.

Research To Help Guide Faith-Based Action. www.faithtoaction.org.

69 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2017). An Assessment Of The Children Who Have Been Reintegrated In Blantyre, Dedza, Lilongwe And Mangochi Districts in Malawi. Lilongwe: MoGCDWSW & UNICEF.

70 Milligan, I., Withington, G., Connelly, G., & Gale, C. (2016). Alternative Childcare And Deinstitutionalisation in Sub-Saharan Africa: Findings From A Desk Review. www.celcic.org.

71 Federal Democratic Republic of Ethiopia. (2009). Alternative Childcare Guidelines On Community Based Child Care, Reunification And Reintegration Programme, Foster Care, Adoption And Institutional Care Services. Addis Ababa: Federal Democratic Republic of Ethiopia.

72 PAD. (2017). Foster Care And Local Adoption Best Practice: The Case Of PAD's and DDBOWCYA Experience, Process, Achievements, Lessons And Best Practice. Dire Dawa, Ethiopia: PAD.

73 <http://familybyadoption.com/ethiopia/>, n.d.

74 Bureau of Consular Affairs (US Department of State). (2017). Adoption Alert - Update On Suspension Of Adoption From Ethiopia. Washington: Bureau of Consular Affairs (US Department of State).

75 PAD. (2017). Foster Care And Local Adoption Best Practice: The Case Of PAD's and DDBOWCYA Experience, Process, Achievements, Lessons And Best Practice. Dire Dawa, Ethiopia: PAD.

76 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2017). An Assessment Of The Children Who Have Been Reintegrated In Blantyre, Dedza, Lilongwe And Mangochi Districts in Malawi. Lilongwe: MoGCDWSW & UNICEF.

63 GoM and UNICEF. (2015). Malawi Reintegration Study 2014. Lilongwe: Government of Malawi and UNICEF.

64 UN. (2010). UN Guidelines For Alternative Care of Children. New York: UN.

65 Milligan, I., Withington, G., Connelly, G., & Gale, C. (2016). Alternative Childcare and Deinstitutionalisation in Sub-Saharan Africa: Findings from a Desk Review. www.celcic.org.

66 PAD. (2017). Foster Care and Local Adoption Best Practice: The Case Of PAD's and DDBOWCYA Experience, Process, Achievements, Lessons and Best Practice. Dire Dawa, Ethiopia: PAD.

67 PAD. (2017). Foster Care And Local Adoption Best Practice: The Case Of PAD's and DDBOWCYA Experience, Process, Achievements, Lessons and Best Practice. Dire Dawa, Ethiopia: PAD.

68 Faith to Action Initiative. (2014). Children, Orphanages And Families: A Summary Of

The Reintegration Framework

3

The Malawi National Policy on Orphans and other Vulnerable Children recommends that the institutionalisation of children should be the last resort and, where possible, it should be a temporary solution. These children should be reintegrated with their families including extended families so that they can grow and socialise together with their fellow children. This policy decision by the GoM is in line with the UN Guidelines for Alternative Care of Children⁷⁷. However, the situation in Malawi and other developing countries is different, and the institutionalisation of children seems to be the first resort even if the families have the resources to care for their children adequately. The GoM aims to ensure that children are brought up by their biological parents or caretakers. Accordingly, in conjunction with stakeholders, the GoM developed the Reintegration Framework, informed by the 2014 Reintegration Study. This framework was developed to guide the process of reintegration of children from institutions. The Reintegration Framework consists of five key steps as detailed in Table 2.

77 UN. (2010). UN Guidelines for Alternative Care of Children. New York: UN

Table 2: Steps of the Reintegration Framework (GoM and UNICEF, 2015:65, 69-71)

Steps of the Reintegration Framework	
Step 1	Careful, rigorous and participatory assessment and decision making about the suitability of the child and family for reintegration.
Step 2	Preparing the child, family and community for reintegration.
Step 3	Carefully planned reunification.
Step 4	Restoring trust and rebuilding relationships through extensive follow-up support to the child and family.
Step 5	Restoring trust and rebuilding relationships through work with the wider community.

This framework emphasises community-based family care and further provides gatekeeping strategies against the institutionalisation of children.



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Rationale and Objectives of the Feasibility Study

4

The Reintegration Study proposed the following activities to enhance the reintegration process:

- The GoM should work with a core group of CCIIs to deinstitutionalise child care and focus on community-based forms of alternative care.
- The GoM and stakeholders should implement reforms to the child care system to enable reintegration of children under their care. This includes the registration of all CCIIs which meet conditions such as:
 - i. the availability of individual case files and the development and implementation of individual care plans for children;
 - ii. working to trace relatives of children in the CCIIs; and
 - iii. enabling family contact, i.e. visits by children to their families and vice versa.
- The development of a computerised database of children in CCIIs and the strengthening of the Child Protection System to enable the MoGCDSW to effectively manage vulnerable children through the provision of family and community-based services.
- To work towards reintegrating 400 children each year using the Reintegration Framework while taking care the process is not rushed, and the best interests of the child are considered.

A Feasibility Study, defined as one which explores the viability of an idea and attempts to answer the question whether the idea would work^{78,79}, was, therefore, required to determine whether the reintegration framework would be effective in reintegrating children with their families or other forms of alternative care of children.

Objectives

The overall objective of this Feasibility Study was to determine whether the reintegration framework would work and consequently develop a Reintegration Model for Malawi.

The specific objectives of the feasibility study were to:

- Assess the implementation of the Reintegration Framework (as recommended by the Reintegration Study).
- Determine factors which promote or hinder the implementation of the Reintegration Programme.
- Develop a Reintegration Model for Malawi.

Methodology

The Feasibility Study constituted quantitative and qualitative methods including interviews and discussions with CCIIs, children in institutions, parents of reintegrated children, reintegrated children and the DSWOs, as well as documentation of learning visits to Rwanda and Ethiopia, a literature review, the administration of a survey, and monitoring of reintegrated children.

The Feasibility Study was conducted in four districts of Malawi, namely Blantyre and Mangochi in the Southern Region and Dedza and Lilongwe in the Central Region. These districts were selected because of the density of institutions and children in institutional care in those districts, and because they were focused districts for the development partner USAID, which funded the Alternative Care Program. It is intended that the lessons learned from the four districts will be applied to other districts across the country.

78 Wolfe, L. (2018). How to Write a Feasibility Study Step by Step. <https://www.thebalance.com/what-is-a-feasibility-study-3514853>

79 Bowen, D.J., M. Kreuter, B. Spring, L. Cofta-Woerpel, L. Linnan, D. Weiner, S. Bakken, C.P. Kaplan, L. Squiers, C. Fabrizio & . Fernandez. (2009). How We Design Feasibility Studies. *American Journal of Preventive Medicine* 36(5): 452–457 DOI: 10.1016/j.amepre.2009.02.002

In consultation with the MoGCDSW and the DSWOs in the four sampled districts, the following CCIs were selected to participate in the feasibility study:

- **Blantyre:** Chombo, Samaritan Trust, Aquaid Namisu and Maliya, STEKA, Stephanos Children's Home, Elim Pentecostal, SOS Children's Villages.
- **Dedza:** Molima Children's Home.
- **Lilongwe:** SOS, Village of Hope, Rainbow, Utatu Woyera, Mtendere Children's Village, Crisis Nursery and Youth Care Ministries.
- **Mangochi:** Open Arms Infant Home, Alleluya Child Care Centre and Grace Farm and Children's Home.

The implementation of the reintegration activities in these selected institutions using the Reintegration Framework was complemented with visits to monitor CCIs where discussions by the lead researcher with CCI managers and resident children were conducted. The lead researcher in collaboration with the Social Welfare Department in the MoGCDSW also undertook visits to homes where discussions were held with

parents/guardians and reintegrated children. Consent was sought from parents/guardians before talking to children while the children provided assent in line with ethical principles. Children were interviewed away from their parents/guardians, and none was below ten years. Between 2015 and December 2016, a total of 202 children had been reintegrated in Malawi. In early 2017, a comprehensive monitoring survey was conducted among 106 children out of the 202 children who had been reintegrated by that time⁸⁰. A questionnaire was administered by the trained staff of the MoGCDSW including SWOs and Social Welfare Assistants as part of capacity building. Four meetings were held with DSWOs and child protection desk officers from the four participating districts to share and document experiences of implementing reintegration activities. In addition, with support from UNICEF, learning visits were conducted to Rwanda and Ethiopia in 2016 and 2017, respectively. This report presents the Reintegration Model based on the implementation of the Feasibility Study.

⁸⁰ Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2017). An Assessment Of The Children Who Have Been Reintegrated In Blantyre, Dedza, Lilongwe and Mangochi Districts in Malawi. Lilongwe: MoGCDSW & UNICEF.



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Results

5

This study aimed to explore the feasibility of implementing the Reintegration Framework. As noted, the framework has five steps, and this section looks at the activities implemented at each stage, the challenges experienced, some lessons learned, the factors which contribute to a successful Reintegration Programme and, lastly, it details a model for the Reintegration Programme in Malawi. The implementation of the Reintegration Framework by the four districts started in 2015, and in each district, the five steps of the framework followed. Districts submitted requests for funding to UNICEF for the implementation of the reintegration activities and other child protection and related activities.

➤ **Step 1: Careful, rigorous and participatory assessment and decision making about reintegration.**

Before any child is reintegrated, it is important that the child in the institution and the targeted family for reintegration are assessed before a decision is made to reintegrate the child or not. One of the first activities to be implemented by the DSWOs as part of the Reintegration Programme was the orientation of CCI on the Reintegration Programme followed by the training of case managers in CCI and the Government in case management as this is the overall approach to the Reintegration Programme in Malawi. There was also a need to create awareness among children in institutions, guardians and parents of institutionalised children, community leaders (namely VH, GVH and TA), Community Child Protection Workers (CCPWs), ward counsellors and the wider community on the disadvantages of children growing up in institutions and why community and family-based care are in the best interest of the child. After these activities, the DSWOs then started engaging with the CCIs individually creating further awareness and negotiating with them to start implementing the Reintegration Programme.

In Step 1, DSWOs and the CCIs also identified children who are supposed to be reintegrated including their families using information from the files. The use of personal files has also been reported elsewhere for example in Ethiopia⁸¹ in the identification of children.

The assessment of these children in institutions included determining whether they had parents or not, where they stay and identifying the factors which made the child to leave home for the institution. The Reintegration Programme is likely to fail if the initial reasons why the child left family care are not addressed⁸². Guidance and counselling were provided to the children during all interactions. These activities were conducted by case managers from the Government and the CCI.

At the community level, the Government case managers were accompanied by CCI case managers to trace the children's families. It is important that both the DSWOs and the CCI staff trace households together as the CCI staff know where the children reside. Before conducting a detailed household assessment, family verification was done just to ensure that they are indeed the child's family. A comprehensive household assessment was then conducted to determine whether a family is capable of caring for the child. In some countries, such as Rwanda and Ethiopia, more families including foster families are assessed so that when monitoring reveals abuse or neglect of the child, he or she can then move to a standby foster family instead of being taken back to the institution as was the case with a few reintegrated children. The GoM Case Management booklet was used by the DSWOs to assess the child in the institution as well as during the family assessment. In summary, the following activities were carried out by the DSWOs as part of Step 1.

1. Briefing of the TWG on child protection and the Reintegration Programme.
2. The orientation of the DEC on reintegration.
3. Briefing of the CCIs about the Reintegration Programme.
4. Training of CCI/case managers in case management.
5. Creating awareness on the Reintegration Programme among community leaders (TAs, GVH, VH), CBOs, religious leaders, ward counsellors, guardians, institutionalised children and the wider community.

81 JACH. (2002). Jerusalem Association Children's Homes On Reunification And Reintegration of Children. Nazereth: JACH.

82 Azia, F., Guntzberger, M., & Kodira, O. (2013). Research On Factors Surrounding Family Reintegration of Street Girls in Kinshasa, Democratic Republic of the Congo: The Search for a Long Term and Durable Solution in The Light of Multiple Stigmatisations. Kinshasa: War Child UK.

6. Identification and training of foster parents as conducted in Blantyre and Mangochi in cases of abandoned children or children whose parents are incapable of taking care of them.
7. Engaging CCIIs individually on the importance of the Reintegration Programme.
8. Child assessment.
9. Family tracing.
10. Family assessment.
11. Guidance and counselling for both the child and guardian.

These activities were carried out successfully by the DSWOs and the CCIIs. During the assessment, the child is told why the assessment is being done in an age-appropriate way, i.e. that one day he or she might go for reintegration. During the assessment, the family is also told that their child who is in an institution might return to them. There are, however, some key lessons which have been learnt in the implementation of Step 1 of the Reintegration Framework as follows:

- **Resistance from CCIIs, guardians and children in institutions:** Initially, there was much resistance from the CCIIs, community leaders, guardians and children in institutions to implement the Reintegration Programme. Some CCIIs, especially in Blantyre and Mangochi, even organised demonstrations by guardians and children in institutions against the MoGCDSW's Reintegration Programme. However, the continued engagement between the DSWOs and the CCIIs is resulting in positive outcomes, and most CCIIs have taken the programme on board.
- **Difficulties in tracing some children:** In some cases, the names of children are changed once they get into the institution and this makes family tracing very difficult⁸³. For example, in one CCI in Blantyre, the surnames of the children were changed to that of the owner of the CCI and the management of this institution was advised by the MoGCDSW to revert to the real names of the children. In addition to this, the information that CCIIs had for the children was grossly inadequate to trace the families of the children effectively.

- **Identification of one target household for reintegration:** In all the four districts, only one target household for reintegration was identified. If monitoring revealed that the child was not faring well, the risk was that the child was taken back to the institution as was the case in many cases. Such a scenario can be avoided if more households are identified for assessment.
- **Adequate preparation period is required:** Family tracing and household capacity assessment requires time and should not be rushed⁸⁴. Some children who had been reintegrated did not cope, mainly because both the child and family were not adequately prepared for reintegration⁸⁵. None of the reintegrated children in Blantyre and Mangochi went back to the institution after being reintegrated. There was one child in Lilongwe who went back to the institution because where he was reintegrated the family was unable to take care of him. Another girl in Dedza also went back to the institution for the same reason.
- **Limited involvement of community leaders:** While community leaders were sensitised on the Reintegration Programme, their involvement in the reintegration activities were limited especially at the community level, e.g. during the family assessment.
- **Lack of case plans for institutionalised children:** The DSWOs observed that most children in CCIIs did not have care plans. In 2012, only 9% of the 6,000 children in institutional care had care plans⁸⁶. In 2017, 35 of the 169 CCIIs were reported to have individual care plans for the children⁸⁷. Many children in alternative care are not provided with care plans mainly due to lack of knowledge and enforcement of regulations as detailed in the CCJPA⁸⁸. Other studies have also reported that care plans for institutionalised children or periodic reviews of children's circumstances are absent⁸⁹.

83 JACH. (2002). Jerusalem Association Children's Homes on Reunification and Reintegration of Children. Nazereth: JACH.

84 Kauffman, Z., & Bunkers, K.M. (2012). De-institutionalisation of Street Children In Addis Ababa, Ethiopia. London: Retrak.

85 Limbani, T. (2016). Project Proposal on Case Management and Reintegration of Children Activities for Blantyre District Council February To April 2016. Blantyre: Blantyre District Council.

86 Faith to Action Initiative. (2014). Children, Orphanages and Families: A Summary of Research to Help Guide Faith-Based Action. www.faithtoaction.org.

87 MHRC. (2017). Report On Monitoring Of Child Care Institutions In Malawi. Lilongwe: MHRC.

88 SoS. (2013). A Snapshot of Alternative Care Arrangements In Malawi. Innsbruck: SoS Children's Village.

89 Milligan, I., Withington, G., Connelly, G., & Gale, C. (2016). Alternative Childcare and De-institutionalisation In Sub-Saharan Africa: Findings From a desk review. www.celcic.org.

- **Extension workers were not oriented:** In addition to CPWs, there are other extension workers based at the community level who can play an important role in the Reintegration Programme, for example, those involved in nutrition activities, agriculture and health. These were not oriented, but reintegrated children could have been referred to them. In Mangochi, for example, there were cases in which reintegrated children were malnourished, and this would not have happened if extension workers from the Ministry of Agriculture, Food Security and Health were involved. One reintegrated child in Mangochi became malnourished and had to be taken back to the institution for a few weeks until she improved. As CPWs are being oriented and trained in case management, it is critical that they should also be told that they should work with other extension workers at the community level who can provide specific services, e.g. nutrition and health, to the reintegrated child and his or her family.

As Malawi continues implementing the Reintegration Programme, it will be important that:

- i. the DSWOs ensure that all CCIs keep up-to-date information about each child to allow for easy tracing of families;
- ii. more families, including foster parents, are identified for assessment so that if one family fails, the child can be transferred to another household instead of going back to the institution;
- iii. community leaders are involved during the assessment of the families targeted for reintegration; and
- iv. there should be sustained creation of awareness about the Reintegration Programme.

➤ **Step 2: Preparing the child, family and community for reintegration**

Step 2 is about preparing the child, family and the wider community for the reintegration of the child. After conducting the child and family assessment, the DSWOs and the CCIs went back to the institution and communicated to the children about the possibility of going home. The provision of guidance and counselling

constituted some of the important activities which took place in Step 2. Based on the family assessment, the CCIs and the DSWOs identified the type of support that the child and his or her family would require for reintegration to be successful. As part of the Reintegration Programme, the DSWO and CCIs encouraged children to visit their families, and at the same time, parents/guardians were encouraged to visit their children and wards in institutions as can be seen in Table 2. In early 2017, the monitoring of children who had been reintegrated revealed that most guardians (84.5%) of reintegrated children visited the children when they were in institutions with only 15.2% reporting not visiting them. The MHRC reported that parents sometimes fail to visit their children because of lack of transport⁹⁰. Forty-one per cent (41%) of the guardians reported that when their children were in the institution they never visited home and, in most cases, those who visited did so during the school holidays⁹¹. Children should visit their homes before they are reintegrated so that they are acquainted with community life outside the CCI and during such visits, families can also be oriented and be made aware of the reintegration of the child⁹².

Once a decision had been made to reintegrate the child, the DSWOs organised sessions for prospective guardians during which they were oriented on issues such as child rights and parenting skills. Young men and women who are reintegrated independently were also oriented on how to live independently and where necessary they were given some capital to start small scale businesses. For example, PAD, a local NGO in Ethiopia, has been quite successful in reintegrating children in Dire Dawa, Ethiopia and reported that foster parents need to be trained on a number of issues including good parenting⁹³.

The guardians are also supposed to spend some time at the institution for purposes of bonding with the child. About 61% of the respondents in the monitoring

90 MHRC. (2017). Report on Monitoring of Child Care Institutions In Malawi. Lilongwe: MHRC.

91 Munthali, A., Chivanda, Y., & Bonongwe, E.B. (2017). An Assessment of The Children Who Have Been Reintegrated In Blantyre, Dedza, Lilongwe and Mangochi Districts in Malawi. Lilongwe: MoGCDSW & UNICEF.

92 JACH. (2002). Jerusalem Association Children's Homes on Reunification and Reintegration of Children. Nazareth: JACH.

93 PAD. (2017). Foster Care and Local Adoption Best Practice: The Case of Pad's and DDBOWCYA Experience, Process, Achievements, Lessons and Best Practice. Dire Dawa, Ethiopia: PAD.

survey of the reintegrated children reported they spent some time at the CCI with the child before he/she was reintegrated and most respondents (98.4%) who did so found this useful. There are facilities at some CCIs where guardians stay during the process of bonding: at Alleluya in Mangochi for example, during one of the visits, there was a woman who had gone there for purposes of bonding with a child targeted for reintegration. At Open Arms in Mangochi, a small village hut has been constructed for this purpose.

In summary, the DSWOs and CCIs implemented the following activities as part of Step 2 of the reintegration framework:

1. Conducting follow up visits to the home of children to prepare them for the child's return.
2. Guidance and counselling targeting the child and family.
3. Provision of direct support for household capacity strengthening.
4. Encouraging children in an institution to visit parents/guardians and for parents/guardians to visit children in an institution.
5. Guardians staying at the institution as part of the bonding process.
6. The orientation of guardians on parenting skills and child rights.

During the implementation of Step 2, the following key issues emerged:

- **Children are not allowed to visit their homes:**
Some children never visit their homes during their time living in an institution, since some CCIs place visitation restrictions on children and guardians, out of concern that the child's education can be disturbed, and the risk of girls getting pregnant. The MHRC also reports that some institutions even implement these restrictions during the school holidays because they do not want the children to pick up bad habits and behaviour from their visits to the village. Some institutions are also afraid that girls will be forced into child marriage or exposed to harmful cultural practices, e.g. initiation rites⁹⁴. The monitoring of the reintegrated children conducted

in early 2017 did not find any reintegrated girls who were pregnant or married. However, the monitoring of children conducted from December 2017 to January 2018 found that two girls in Blantyre became pregnant. The preparation of children for reintegration should, therefore, include exposure to comprehensive sexuality education, which is currently not the case.

- **Inadequate preparation for reintegration:**
The DSWOs reported that in some cases the reintegration process was rushed. The child and parent/guardian have been separated for some time, in some cases years, and are like strangers to each other. Hence there is a need for adequate time for preparation to allow bonding to take place. Some children ended up going back to the institution due to hasty reintegration.

To address these challenges, there is a need to ensure that the reintegration process is given adequate time and the period taken depends on context. Also, all CCIs should be sensitised that children under their care should be allowed to visit their guardians or prospective foster parents, while children who have stayed for a long time without visiting their homes, the guardian should spend some time at the institution for bonding purposes. Lastly, there is a need to provide age-appropriate comprehensive sexuality education to children in CCIs as this would contribute to addressing issues of early marriage and pregnancy among reintegrated children.

➤ Step 3: Carefully planned unification

After thorough preparation of the child, the family and the wider community, the child is then taken to his or her parents, extended family, foster parents, adopted parents or he/she is reintegrated independently. The responsibility of taking the child to where he/she will be reintegrated lies with the CCI. The CCI reports to the DSWO that the child has been reintegrated. The CCI, parents and religious leaders provide guidance and counselling to the child at the time of reintegration. In some cases, direct support (cash, food, clothing) is also provided at the time of reintegration depending on the family assessments. The DSWO and CCIs reported that

⁹⁴ MHRC. (2017). Report on monitoring of child care institutions in Malawi. Lilongwe: MHRC.

the following activities are conducted at the time the child is reintegrated:

1. Placement of the child with a family.
2. Continued awareness and dissemination of information about the Reintegration Programme.
3. Direct support, depending on the need of the child's family.
4. Engagement of community leaders, CPWs and other extension workers at the time the child is reintegrated.
5. Provision of guidance and counselling services to child and family.
6. Ensuring that the child has access to social services such as health and education.

These activities have been conducted successfully. There are, however, some lessons which have been learnt as follows:

- **Foster care and (local) adoption not used extensively in the Reintegration Programme:** One major observation is that most children have been reintegrated either with members of the extended family or biological parents. Foster care, adoption and independent reintegration are rare in the target districts. The Reintegration Programme can be fast-tracked if Malawi can strengthen the foster care and local adoption programmes.
- **Addressing psychological issues is a challenge:** Not surprisingly, the DSWOs reported that the first few weeks after reintegration are difficult for the child. The child is generally gloomy as he or she was used to living in the institution. This is where the parents and religious leaders need to play a role in providing guidance and counselling to the child, and where the parenting skills training can impart suitable strategies for parents to adopt.
- **Misuse of direct cash transfers:** Direct cash transfers are made to households to economically empower them in preparation for the arrival of the child. While these cash transfers have helped families targeted for reintegration, DSWOs also reported that some of the money had been misused and did not benefit the reintegrated children.

- **Linkages and referrals:** As the child is reintegrated it is crucial to acknowledge that there is a limit to what the family can do on its own. At the time of reintegration, it is essential to refer the child and his or her family to other service providers, e.g. CBOs and Non-Governmental Organisations (NGOs) working in the area in case they need support. This was not extensively implemented.

In summary, there is a need to explore the use of foster parents and local adoption, provide adequate psychosocial support, ensure that the child and his or her family are referred to other services at the point of reintegration, and lastly, any cash support should be accompanied by proper orientation of the guardians and parents for example in business management. Lastly, in districts where the Cash Transfer Programme is being implemented, it has been challenging to link the Reintegration Programme to the existing MSCTP.

➤ **Step 4: Restoring trust and rebuilding relationships through extensive follow-up support to the child and family**

The placement of children from institutions in families is not an end: There is a need to continuously monitor reintegrated children to assess whether they are assimilating themselves with the family way of life and the socio-cultural environment. The primary question which was being addressed during the Feasibility Study was whether families are capable of looking after the children. The things which were monitored include the health of the child and his or her access to health services, availability of food, shelter, care, wellness, abuse and exploitation, emotional health, relationships with the guardians and other members of the household, and education among others. There are some CCIIs which monitored the reintegrated children together in collaboration with the DSWOs.

The activities which were conducted by DSWOs and CCIIs were as follows:

1. Visiting the child and family to assess how he or she is assimilating in the family and wider community.

2. Guidance and counselling.
3. Provision of support depending on need.
4. The provision of support to reintegrated children by CBOs, CPWs and other extension workers. During the review meetings, which DSWOs have with CPWs, CPWs reported the progress being made on the reintegrated child.

Some CCIIs such as Aquaid and Village of Hope did the monitoring and requested the DSWOs to accompany them during this exercise. The following are key observations in Step 4:

- **Limited involvement of community leaders:** When monitoring the reintegrated children, one major challenge was that the community leaders were not involved. The involvement of the community leaders would ensure that they internalise why the institutionalisation of children is not in the best interest of the child and they can be influential in the development of bylaws to prevent sending of children to institutions. These community leaders constitute an entry point for many social security and livelihood programmes and can, therefore, link reintegrated children and their families to such programmes. The full involvement of community leaders would also ensure that they monitor the welfare of the reintegrated child in conjunction with the CPWs and provide the necessary support where ever it is required.
- **No tools specifically for monitoring reintegrated children:** Currently the case management framework has a tool that has been utilised for monitoring reintegrated children. However, this tool is not specifically for reintegrated children. Accordingly, there is a need to revisit the tool and customise it to monitoring of reintegrated children. During the monitoring of reintegrated children, a questionnaire was developed for this exercise.
- **Late monitoring of children:** While some CCIIs are monitoring the welfare of reintegrated children, one of the challenges is that in most cases this is done quite late. There were some cases in which it has been difficult to find the reintegrated child because he or she has moved on to live with

another relative. Some institutions which conducted timely monitoring, such as Aquaid, could further identify problems being experienced by families and provided further assistance such as the provision of goats.

- **Lack of coordination between CPWs and other extension workers:** While CPWs were trained, other extension workers who have enormous potential to support reintegrated children effectively and their families were not trained. The trained CPWs should be able to coordinate with other extension workers in addressing the needs of reintegrated children, and this should be emphasised during the training of CPWs.
- **Lack of monitoring:** There are some CCIIs which monitor reintegrated children. However, there are some that do not, and once the child has been reintegrated, the institution is no longer interested and does not visit or follow up on the child. The monitoring of reintegrated children by DSWOs was also not consistent. Between last quarter of 2015 and December 2016, the DSWOs in the target districts did not follow up the children who had been reintegrated mainly due to a shortage of staff and the heavy workload DSWOs have. This challenge will however, be addressed as more SWOs have been recruited and deployed by the Ministry to the four districts as well as at the headquarters.

Concerning the way forward, there is a need to actively involve community leaders, CBOs, CPWs and other extension workers in the monitoring of reintegrated children and arrangements should be made to train them. Specialised tools should also be developed which the DSWOs and CCIIs can use during monitoring.

➤ **Step 5: Restoring trust and rebuilding relationships through work with the wider community**

Among other things, Step 5 of the reintegration framework encompasses the utilisation of the existing social and financial resources of the community where the child has been reintegrated including ensuring that CPWs and Community Child Protection Committees

(CCPCs) have been adequately capacitated on reintegration and other child protection issues. The following activities were implemented as part of Step 5 of the reintegration framework to strengthen the capacity of the communities to cater for reintegrated children:

1. The sensitisation of community leaders on reintegration.
2. The training of some CPWs in case management.
3. The creation of awareness among parents, CCLs and the wider community about the Reintegration Programme.

The following key lessons can be learnt from the implementation of Step 5 of the reintegration framework:

- Trained CPWs should coordinate with other extension workers, e.g. Health Surveillance Assistants (HSAs) and those who deal with nutrition at the community level, who can effectively support the reintegrated child and his or her family.
- Children from ultra-poor households are more likely to end up in institutional care. A proper gatekeeping strategy at the community, district and national levels and a robust social support system would be important to protect children from institutional care.
- Limited involvement of community leaders.

Regarding the way forward, there is still a need to continue creating awareness about the programme, more CPWs need to be trained or refreshed, and the involvement of community leaders in the Reintegration Programme needs to be strengthened.

Numbers of Children Reintegrated

While the Reintegration Study recommended that 400 children should be reintegrated by 2017, this target was not reached for two main reasons:

- i. the reintegration of children in the first quarter of 2017 was paused to allow for comprehensive monitoring of reintegrated children to take place before any further assessments and reintegration

would be done; and

- ii. reintegration is a slow process, and it will take time for all CCLs, children in institutions and their guardians to internalise this.

By December 2016, there were 202 reintegrated children. In 2017, 101 children were reintegrated with the highest number of children in Blantyre (51), followed by Mangochi (30) and then Lilongwe (20). In Dedza there were no reintegrated children. As of February 2018, the total number of reintegrated children was 303.

Factors Contributing to Successful Reintegration

Most children have been reintegrated successfully. There are many factors which contribute towards successful reintegration of children. These are discussed below, including lessons from other countries.

Political will: Political will, accompanied by a public declaration by the GoM emphasising that it will implement the Reintegration Programme and gradually move towards the scaling down or closure of CCLs, is an important step in ensuring that children are brought up in a family environment. Other countries such as Rwanda and Ethiopia have successfully implemented Reintegration Programmes based on this factor. In 2012, the Government of Rwanda made a strong commitment to transform orphanages and other child institutions and reintegrate children into family-based care. By 2014, all the institutions were closed in Rwanda⁹⁵. In Ethiopia, the government developed a plan to close 45 CCLs in several regions of the country with financial support from UNICEF⁹⁶. Ethiopia had 38,000 children in 350 CCLs in 2006. As of 2017, this number reduced to 6,000 children. There are now 150 CCLs which are also on the verge of closure due to non-admission of children. The issuing of directives by the government, as was the case in Rwanda, to close the institutions and reintegrate children into family-based

⁹⁵ Rwanda National Commission for Children. (Not Dated). Child care reform in Rwanda. Kigali: Rwanda National Commission for Children.

⁹⁶ Kauffman, Z., & Bunkers, K.M. (2012). De-institutionalization of street children in Addis Ababa, Ethiopia. London: Retrak.

care would be a major step which the GoM should explore. In addition to Rwanda and Ethiopia, there are a number of other African countries which have made significant progress in the implementation of Reintegration Programmes, and these include:

- **Sudan:** The Government of Sudan has rejected institutional care for vulnerable children and since 2003 had 3,934 children from three institutions reintegrated into families;
- **South Africa:** A total of 4,460 children and youth were supported within their families between 2001 and 2011.
- **Kenya:** The Government of Kenya launched the Guidelines for the Alternative Care of Children in 2015 whose aim is to reduce institutional care and enhance family and community-based care.
- **Ghana:** The Government of Ghana is committed to reducing reliance on institutional care and provide support to the family and community-based care approaches⁹⁷.

Sensitisation of communities and CCIs: DSWOs, as part of Step 1 of the reintegration framework, conducted awareness campaigns among children in institutions, CCI managers, guardians of children in institutions and community leaders and the wider community about the importance of children growing up in their own families and that they should grow in the same environment just like other children. Communities were not aware of the disadvantages of institutionalisation hence the sensitisation conducted by DSWOs made them understand why they should withdraw their children from institutions. In other countries, it has also been reported that the sensitisation of communities on the need for reintegration contributes significantly to successful reintegration^{98,99,100}. There are also some fears among parents and children that once the children have been reintegrated, educational support will be discontinued

and the children will drop out of school¹⁰¹ but with continued sensitisation, these fears tend to disappear. It is essential that the sensitisation of CCI management, children in institutions, guardians and the community including community leaders should continue at all steps of the reintegration process.

During the visit to Dedza at the end of 2016, one issue which arose during discussions with parents who have children at Molima Children's Home, was that institutions do not explain what institutionalisation is to parents and guardians when they decide to move their children to a CCI. After explaining the process to these parents, including that refusing to accept a reintegrated child constitutes an offence of negligence, they said that they would be willing to take their children back. However, due to poverty, they would need some economic support. Some studies have also argued that if a family is not ready to take back the child, social workers need to discuss with families the legal implications of child abandonment and child accusations of witchcraft¹⁰². In some cases, this has proved to be successful and effective in influencing parents to take back their children¹⁰³. Witchcraft constitutes one of the reasons children are found on the streets or in institutions in Malawi. Malawi's Witchcraft Act (2011) prohibits witchcraft accusations and the calling of witchfinders and individuals for witch hunts and cleansing¹⁰⁴. It is imperative that during awareness campaigns, guardians are reminded that accusing children of witchcraft is a crime and accusers can be jailed. These legal implications have influenced parents to take back their children who had been accused of witchcraft¹⁰⁵.

After sensitisation campaigns conducted by DSWOs, some CCIs have embraced reintegration and have

97 Hope and Homes for Children. (2017). Ending institutional care in Africa: questions and answers. http://bettercarenetwork.org/sites/default/files/Africa-QA-document_Apr2017_AW_email.pdf.

98 Lavin, B., Kalinga ire, C., & Patel, M. (2013). Assessment of children reintegrated from orphanages in Rwanda. Tulane: Tulane University.

99 Januario, K., Hembling, J., Kline, A.R., & Roby, J. (2016). Factors related to the place into and reintegration of children from Catholic-affiliated residential care facilities in Zambia. Baltimore: Catholic Relief Services.

100 PAD. (2017). Foster care and local adoption best practice: the case of PAD's and DDBOWCYA experience, process, achievements, lessons and best practice. Dire Dawa, Ethiopia: PAD.

101 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2016). Feasibility study on reintegration in Malawi: progress report May-June 2016. Lilongwe: UNICEF.

102 Azia, F., Guntzberger, M., & Kodira, O. (2013). Research on factors surrounding family reintegration of street girls in Kinshasa, Democratic Republic of the Congo: the search for a long term and durable solution in the light of multiple stigmatizations. Kinshasa: War Child UK.

103 Azia, F., Guntzberger, M., & Kodira, O. (2013). Research on factors surrounding family reintegration of street girls in Kinshasa, Democratic Republic of the Congo: the search for a long term and durable solution in the light of multiple stigmatizations. Kinshasa: War Child UK.

104 Chilimampungu, C., & Thindwa, G. (2011). The extent and nature of witchcraft-based violence against children, women and the elderly in Malawi. Lilongwe: Royal Norwegian Embassy & the Association for Secular Humanism.

105 Azia, F., Guntzberger, M., & Kodira, O. (2013). Research on factors surrounding family reintegration of street girls in Kinshasa, Democratic Republic of the Congo: the search for a long term and durable solution in the light of multiple stigmatizations. Kinshasa: War Child UK.

started implementing the programme in conjunction with the DSWOs such as Aquaid in Blantyre and Village of Hope in Lilongwe. These two institutions, for example, are providing bursaries for reintegrated children who are in secondary schools¹⁰⁶.

In some districts, such as Blantyre and Mangochi, CCI networks have been established, and they meet every quarter. During these meetings, there have been incidences where CCIs which have embraced reintegration ask why others have not. They also share progress for example on the number of children who have been reintegrated.

Some CCIs are still resisting the implementation of the Reintegration Programme arguing that it is not

suitable for the children¹⁰⁷. They further argue that once the children are reintegrated, they will not be able to complete their schooling due to widespread poverty and that their policies do not promote the provision of support to reintegrated children. For girls, these CCIs (including one CCI in Mangochi and Dedza) argue that they will become pregnant and drop out of school¹⁰⁸. However, the continued sensitisation of communities and CCIs has begun bearing fruits as there are a number of CCIs which have embraced the Reintegration Programme¹⁰⁹. The resistance by CCIs to embrace reintegration is also because they would like to secure their sources of funding¹¹⁰.

106 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2017). An assessment of the children who have been reintegrated in Blantyre, Dedza, Lilongwe and Mangochi Districts in Malawi. Lilongwe: MoGCDSW & UNICEF.

107 Limbani, T. (2016). Project Proposal On Case Management and Reintegration of Children Activities for Blantyre District Council February to April 2016. Blantyre: Blantyre District Council

108 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2016). Feasibility Study on Reintegration In Malawi: Progress Report May-June 2016. Lilongwe: UNICEF.

109 Limbani, T. (2016). Project Proposal On Case Management and Reintegration of Children Activities for Blantyre District Council February to April 2016. Blantyre: Blantyre District Council.

110 MHRC. (2017). Report on Monitoring of Child Care Institutions in Malawi. Lilongwe: MHRC.

Figure 2: Sensitisation of Communities by Government Officials About the Importance of Reintegration



Willingness of children to be reintegrated and guardian's acceptance of reintegration:

Institutions generally have support from both local and international donors, and they provide education by paying for school fees, food, clothing and shelter among other services. Children and their parents object to reintegration because of the fear that the children will not be able to finish their studies and this has also been observed in other countries^{111,112,113}. The creation of awareness among institutions also aims at ensuring that children and their guardians understand the disadvantages of growing up in an institution which should result in their willingness to be reintegrated. During the monitoring of reintegrated children, it was found that most children strongly agreed (58.4%) and agreed (27%) that they were happy to be living with the people in their home. Most reintegrated children also strongly agreed (54.4%) and agreed (36.7%) that they trusted their guardians to do what is best for them. However, only 36% strongly agreed and 20.2% agreed with the statement that living in the house was better than living in the institution. A quarter of the children disagreed and about a fifth strongly disagreed with the statement that their home was better than the institution. In order to ensure that children are willing to leave the institution and return to their parents and family, there is a need to ensure that the factors which made the child to leave the family home for institutional care are addressed¹¹⁴. The children themselves are also supposed to provide consent¹¹⁵, or at least have a say in this decision that affects them, and they can only do this once they understand the advantages of growing up in a family home.

Existence of a Reintegration Programme in CCI's:

Some institutions participating in the Reintegration Programme already have some form of Reintegration Programmes. Institutions such as Open Arms and Alleluya Children's Home in Mangochi keep children for a maximum of three years after which they are reintegrated. Guardians are free once they are ready to pick up their children from the institutions before

the end of three years. In Blantyre, the Samaritan Trust which works with children living in and on the street also runs a comprehensive Reintegration Programme. When the Reintegration Programme was introduced to CCI's with existing Reintegration Programmes, they readily accepted the model since they were running it already. The limited experience of CCI's with reintegration can also affect the smooth implementation of the reintegration process¹¹⁶.

Adequate numbers of social workers: One challenge experienced by the MoGCDSW is the general shortage of trained social workers at all levels^{117,118}, and this was also observed during the implementation of the Feasibility Study. The shortage of social workers has an impact on the quality of care provided to children¹¹⁹. The effective implementation of the reintegration of children from institutions will depend on having an adequate number of social workers at all levels of the MoGCDSW. The shortage of social workers in government ministries responsible for child protection has also been reported in other developing countries¹²⁰.

Lessons need to be learned from other countries which have successfully implemented Reintegration Programmes. For example, as mentioned earlier, in Rwanda all institutions have been closed, and the recruitment of adequate numbers of professional social workers and psychologists constituted one of the most important factors for successful reintegration of children. In Ethiopia, most institutions have also closed due to adequate numbers of professional social workers¹²¹. Professional staff support the reintegration process¹²² and can identify potential risk factors for children who may be reintegrated¹²³. There are plans to recruit more SWOs in the MoGCDSW who will be posted to districts to help with the implementation of the Reintegration Programme, and this will help fast track the process of reintegration in the target districts.

111 JACH. (2002). Jerusalem Association Children's Homes on Reunification and Reintegration of Children. Nazereth: JACH.

112 Kauffman, Z., & Bunkers, K.M. (2012). De-institutionalisation of Street Children in Addis Ababa, Ethiopia. London: Retrak.

113 Kuer, M. (2012). Randa's Orphans: Care and Integration During Uncertain Times. International Journal of Security And Development 4(1): 1-15.

114 Mann, G. (2014). Going Home: Reintegration in Mexico, Moldova and Nepal. London: Family for Every Child.

115 JACH. (2002). Jerusalem Association Children's Homes on Reunification and Reintegration of Children. Nazereth: JACH.

116 JACH. (2002). Jerusalem Association Children's Homes on Reunification and Reintegration of Children. Nazereth: JACH.

117 SoS. (2013). A Snapshot of Alternative Care Arrangements in Malawi. Innsbruck: SoS Children's Village.

118 GoM and UNICEF. (2015). Malawi Reintegration Study 2014. Lilongwe: Government of Malawi and UNICEF.

119 SoS. (2013). A Snapshot of Alternative Care Arrangements in Malawi. Innsbruck: SoS Children's Village.

120 Williamson, J., & Greenberg, A. (2010). Families, Not Orphanages. New York: Better Care Network.

121 JACH. (2002). Jerusalem Association Children's Homes on Reunification and Reintegration of Children. Nazereth: JACH.

122 Lavin, B., Kalinga ire, C., & Patel, M. (2013). Assessment of Children Reintegrated From Orphanages in Rwanda. Tulane: Tulane University.

123 Williamson, J., & Greenberg, A. (2010). Families, Not Orphanages. New York: Better Care Network.

Economic empowerment: Impoverished families need to be economically empowered to strengthen the families' capacity and willingness to accept their children for reintegration. In the target districts, the economic empowerment of households targeted for reintegration has been implemented by the DSWOs and CCIs. For example, in Blantyre, families targeted for reintegration were given MK50,000 (US\$70)¹²⁴ each to start Income Generation Activities (IGAs). While some households where children were reintegrated have used this money to invest in small scale business including goat keeping and selling fish and other items, in other families this money was misused¹²⁵ and reintegrated children did not benefit. Other studies have also recommended supporting low-income families with small-scale IGAs¹²⁶.

Target beneficiaries of direct cash transfers need to be prepared appropriately for IGAs before giving the money, and it should be based on need unlike in one of the districts where initially all households targeted for reintegration were given an equal amount of money. Some institutions (e.g. Molima in Dedza) are resistant to the implementation of the Reintegration Programme. Some families with children in this institution were visited, and it was found that some of them just needed economic support to accept the child to return¹²⁷.

As mentioned earlier, there are some institutions such as Samaritan Trust in Blantyre which provide vocational training programmes targeting young people on the streets. Once these young people have finished their training, they are given equipment as well as capital to start small scale IGAs. While some are reintegrated with their biological parents, there are others who, with income generated through their IGAs, can live independently. In Rwanda, some older youth were provided with assistance to establish IGAs, and this proved to be a successful intervention¹²⁸. The Alternative Childcare Guidelines in Ethiopia also provide for the equipment of children with necessary skills and financial resources to enable them to become independent¹²⁹. Based on these guidelines, there are a

number of organisations such as Retrak Ethiopia which provide children with IGA grants, and some of them have set up businesses such as animal husbandry, saloons and bakeries¹³⁰. The provision of economic empowerment to families targeted for reintegration is not supposed to be uniform: it should depend on the family needs assessment¹³¹. With high levels of poverty prevailing in Malawi and especially among families of children in institutions, the implementation of direct cash transfers and providing vocational training for older youth constitute critical interventions which contribute towards successful Reintegration Programmes.

Provision of school materials including fees:

Education is a significant expense families make, and such costs make parents decide to send their children to institutions¹³². CCIs pay school fees and purchase school uniform for them. Some institutions which initially refused to provide educational support to reintegrated children have started to support these children, for example, Aquaid in Blantyre and Feed the Nation and Village of Hope in Lilongwe. There were many reintegrated children in Blantyre who were visited and were at school, and Aquaid was providing school fees and other school materials. The provision of school fees and related materials constitutes an important factor for successful Reintegration Programmes^{133,134,135}. The commitment of some CCIs to continue paying school fees for reintegrated children constitutes an assurance that children will continue with school when they are reintegrated.

Adequate preparation period: The reintegration is not a once-off activity and the period for reintegration to be completed varies with context. Both the child and the family should be well prepared for reintegration. Some guardians reported that they were not well prepared for their ward to return as illustrated by the following case study.

Community-Based Child Care, Reunification and Reintegration Programme, Foster Care, Adoption and Institutional Care Services. Addis Ababa: Federal Democratic Republic of Ethiopia.

130 Retrak. (2010). Sustainable Reintegration of Orphans and Other Vulnerable Children into Family and Community Life in Uganda and Ethiopia. Addis Ababa: Retrak.

131 Mann, G. (2014). Going Home: Reintegration in Mexico, Moldova and Nepal. London: Family for Every Child.

132 Williamson, J., & Greenberg, A. (2010). Families, Not Orphanages. New York: Better Care Network.

133 Lavin, B., Kalinganire, C., & Patel, M. (2013). Assessment of Children Reintegrated from Orphanages in Rwanda. Tulane: Tulane University.

134 Faith to Action Initiative. (2014). Children, Orphanages and Families: A Summary of Research to Help Guide Faith-Based Action. www.faithtoaction.org.

135 Januario, K., Hembling, J., Kline, A.R., & Roby, J. (2016). Factors Related to The Place Into and Reintegration of Children from Catholic-Affiliated Residential Care Facilities in Zambia. Baltimore: Catholic Relief Services.

124 The exchange rate at the time was US\$1=MK714.29

125 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2016). Feasibility Study On Reintegration In Malawi: Progress Report May-June 2016. Lilongwe: UNICEF.

126 Kauffman, Z., & Bunkers, K.M. (2012). De-institutionalisation of Street Children in Addis Ababa, Ethiopia. London: Retrak.

127 Munthali, A., Chiwanda, Y., & Bonongwe, E.B. (2016). Feasibility Study on Reintegration in Malawi: Progress Report May-June 2016. Lilongwe: UNICEF.

128 Lavin, B., Kalinganire, C., & Patel, M. (2013). Assessment of Children Reintegrated from Orphanages in Rwanda. Tulane: Tulane University.

129 Federal Democratic Republic of Ethiopia. (2009). Alternative Childcare Guidelines on



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Case Study

Chimwemwe (not his real name) is 17 years old and was reintegrated at the end of the third term of the 2015/2016 academic year after he wrote his Form II examinations. His mother died in 2008 while his father died in 2013, when Chimwemwe went to the CCI. The first born in this family is 20 years old and is at Ngumbe Secondary School. Chimwemwe is the second born and the third and fourth born are still at a CCI in Blantyre. Chimwemwe's grandmother, Chisomo Banda (not her real name), has five children (three daughters and two sons) whom all stay in the city. The grandmother reported that the children went to the CCI after their father died. The children were referred to the CCI by a faith-based organisation. The grandmother said that when she was told that Chimwemwe was coming home for good, she welcomed this and did not complain since he was part of her family.

Chimwemwe, however, said that he did not take it well when he received the news that he would be going back to the village since within the CCI other children had been there much longer than him. He said that at home it would be difficult for him to study. During holidays, he is sent to work in the gardens. With the money that the household received for economic empowerment, they bought two goats. Chimwemwe said that he also spent a bit of time taking care of the goats. The day Chimwemwe was visited, he was preparing to go to school, and the CCI is paying his school fees just like his brother who is at the nearby secondary school. Both Chimwemwe and his grandmother did not object since it was a government directive.

Just as the case with Chimwemwe's grandmother, some parents reported that they were not adequately prepared for reintegration: the institution just brought the child and told them that GoM had directed that the children should go back to their families. Such families could not refuse because the children were theirs. This demonstrates that the reintegration process was rushed and that the institutions themselves did not have experience of implementing such a programme. This is why the orientation of staff in institutions should be properly carried out to ensure they understand the process¹³⁶. There are a number of children who have gone back to the institution partly because the reintegration process was rushed.

Adequate funding for the reintegration period:

The GoM allocates resources to alternative care, but funding is low both at national and district levels¹³⁷. Due to inadequate resources, it is difficult for the Ministry to monitor CCIs effectively and implement a robust Reintegration Programme. With support from USAID through UNICEF, the Ministry has managed to reintegrate 296 children over the period 2015-2017. The availability of financial resources and commitment on the part of the MoGCDSW, therefore, can ensure a successful implementation of the Reintegration Programme. It has been estimated that the cost of reuniting one child with a biological or extended family is US\$200; while the cost of reintegrating a young person that has grown in institutional care from childhood into an independent life is US\$500¹³⁸.

Other factors contributing to successful reintegration:

While legislation and policies for the protection of children exist, these are not enforced for various reasons including shortage of staff and inadequate funding. The enforcement of legislation would contribute significantly towards the successful implementation of Reintegration Programmes in Malawi. In some communities, by-laws have been developed which addressed specific issues. For example, there are by-laws which require that pregnant women should be accompanied by their husbands

when going for Antenatal Clinics (ANCs) to improve ANC attendance and male involvement in maternal health¹³⁹. The development of by-laws preventing the institutionalisation of children in communities where the CCIs are located would enhance the process of reintegration. For adolescent girls and boys who are being reintegrated, some DSWOs suggested that they should be exposed to age-appropriate comprehensive sexuality education for them to understand how they can protect themselves against pregnancy and sexually transmitted infections. Lastly, there are some fears among CCI staff that they will lose their jobs once the institutions close down. In Ethiopia, with the decrease in institutions, Jerusalem Association Children's Homes (JACH) made a strategic shift and started working in community-based child care projects since 1996¹⁴⁰. Embarking on such a strategic direction would significantly contribute towards reintegration.

Reintegration Model for Malawi

The Reintegration Framework provided excellent guidance to the DSWOs and the CCIs in the implementation of the Reintegration Programme which resulted in the reintegration of 303 children. The number of children reintegrated would have been more than reported if the process of reintegration had continued in the first quarter of 2017. However, it had to be suspended because the monitoring of the reintegrated children revealed that some case managers did not have the requisite skills and knowledge for conducting child and family assessments. This is why some children who were not supposed to be reintegrated were reintegrated. The development of the Reintegration Model for Malawi has been primarily informed by the Reintegration Framework which had five steps to be followed when reintegrating children from institutions. The Reintegration Model for Malawi, developed through this Feasibility Study, takes on board the five steps of the framework. However, instead of the five steps, this model divides the reintegration process into four phases with clearly defined activities at each phase.

136 JACH. (2002). Jerusalem Association Children's Homes on Reunification and Reintegration of Children. Nazereth: JACH.

137 SoS. (2013). A Snapshot of Alternative Care Arrangements in Malawi. Innsbruck: SoS Children's Village.

138 MoGCDSW. Promoting Family Care for All Children in Malawi. 2017. Lilongwe: MoGCDSW.

139 Manda-Taylor, L., D. Mwale, T. Phiri, A. Walsh, A. Matthews, R. Brugha, E. Byne. (2017). Changing Times: Gender Roles and Relationships in Maternal, Newborn and Child Health in Malawi. BMC Pregnancy and Childbirth, 17:321 <http://doi.org/10.1186/s12884-017-1523-1>.

140 JACH. (2002). Jerusalem Association Children's Homes on Reunification and Reintegration of Children. Nazereth: JACH.

The reintegration framework starts with Step 1 which is careful, rigorous and participatory assessment and decision making about the suitability of child and family for reintegration. The reintegration process, however, starts on admission. The 2010 CCPJA (Section 49) provides for the placement of children in institutions by a Child Justice Court if it is satisfied that a child before it, is in need of foster-care and protection. The court also specifies the period the child will stay in a foster home¹⁴¹. The placement of children in the institution should be through the DSWO, and this office is also supposed to register all children in institutions¹⁴².

However, many institutions do not comply with the requirement that children are supposed to be admitted only through the DSWO. A 2017 monitoring of children in institutions, for example, found that only 46 of the 169 CCIs in Malawi complied with this requirement. Some children are placed in institutions through the Malawi Police Service, community leaders, hospitals, city assemblies and church or church-related groups¹⁴³.

- **Phase 1**

- **Admission of the child into the institution:**

- Reintegration of children starts at the time of admission. Robust gate-keeping systems need to be in place, and only those children who do not have alternative forms of care should be admitted according to existing procedures, their care plans developed and the period they will stay in the institution specified.

- **Phase 2**

- **Pre-placement:** This phase combines Step 1 and Step 2 of the Reintegration Framework which is careful, rigorous and participatory assessment and decision making about the suitability of child and family for reintegration; and preparing the child, family and community for reintegration. Both of them are conducted before a child is placed in the institution.

- **Phase 3**

- **Placement:** This is Step 3 of the Reintegration Framework which involves carefully planned

reunification. In this phase, factors which promote the reintegration of children into families and the wider community are included.

- **Phase 4**

- **Post-placement:** This phase combines Steps 4 and 5 of the Reintegration Framework. This includes restoring trust and rebuilding relationships through extensive follow up support to the child and family; and restoring trust and rebuilding relationships through work with the wider community.

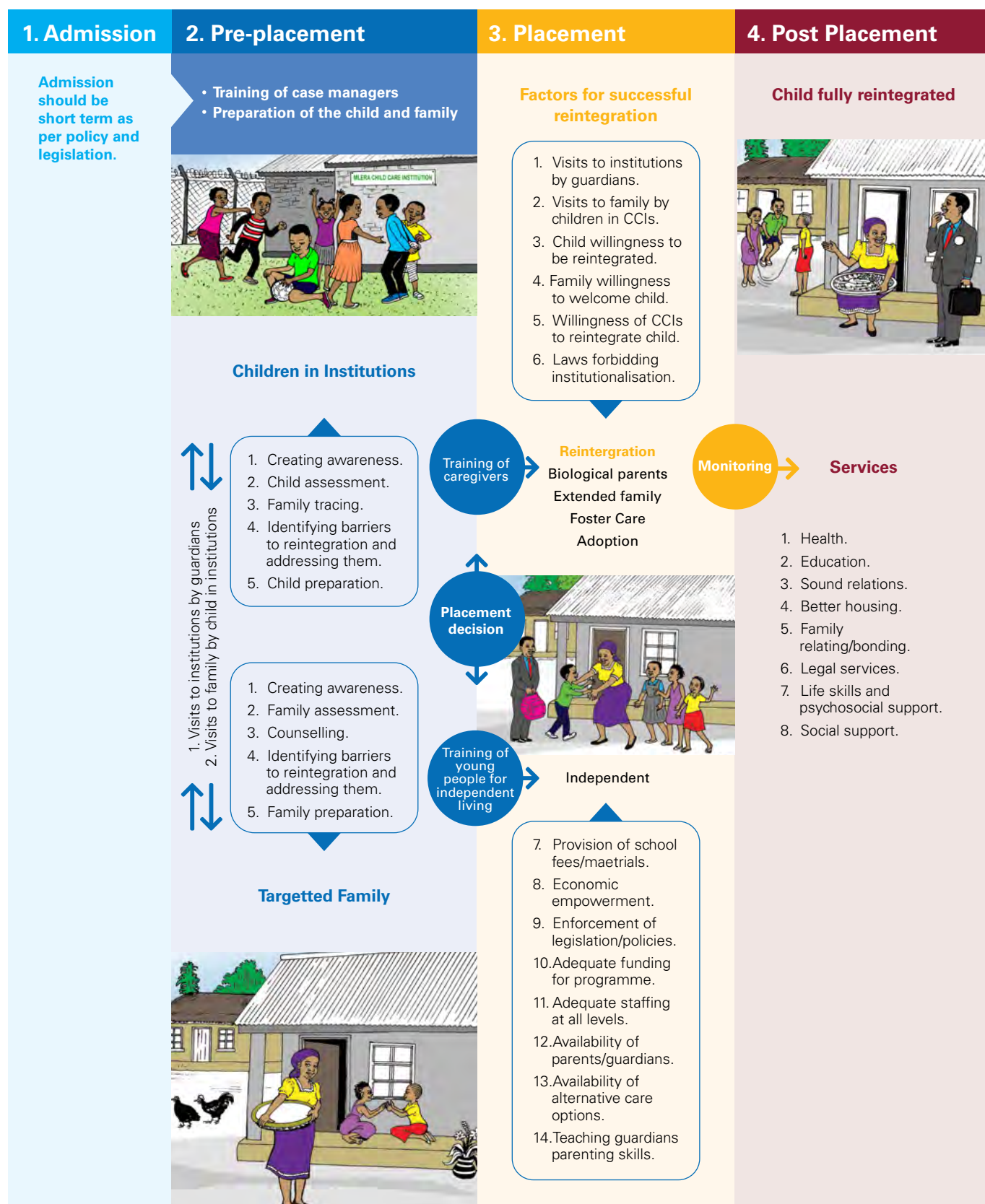
Annex 1 is a comprehensive list of activities which should be implemented in each phase of the Reintegration Model (Figure 3). The draft model was validated during a workshop held on 27 November 2017 at Crossroads Hotel in Lilongwe to participants drawn from the CCIs, DSWOs, MHRC and other stakeholders and all their comments were taken on board. The Malawi Reintegration Model is guided by four principles of child rights which are as follows:

- **Non-discrimination:** This principle ensures that all children fully enjoy their rights without discrimination irrespective of race, sex, religion, political, ethnic origin, social class, disability and status.
- **Best interests of the child:** This principle requires that the best interests of the child, especially the very young, should be the primary consideration in all undertakings and actions, and in this context should not be institutionalised.
- **The right to survival and development:** The right to survival is about the right to life while the right to development encompasses what children need in order to reach their full potential, e.g. education, recreation, cultural activities, access to information and freedom of thought, conscience and religion.
- **The respect for the views of the child:** Children shall be given the opportunity to express their views freely on all matters affecting them. The participation of children in all activities affecting them should be guaranteed.

¹⁴¹ GoM. (2010). Child Care, Justice and Protection Act. Lilongwe: GoM.

¹⁴² Ministry of Gender and Community Services. (2003). National Policy on Orphans and Other Vulnerable Children. Lilongwe: GoM and UNICEF.

¹⁴³ MHRC. (2014). Report on Monitoring of Child Care Institutions in Malawi. Lilongwe: MHRC.

Figure 3: Reintegration Model for Malawi


Conclusion and Recommendations

6

The implementation of the Reintegration Programme by the DSWOs followed the Reintegration Framework which had five steps. However, based on this Feasibility Study it was necessary to make the following key changes:

1. The inclusion of the admission phase as this is where the process starts;
2. the inclusion of key activities at each phase of the reintegration process;
3. the inclusion of factors which contribute to successful reintegration as a reminder to the stakeholders who are involved in this process;
4. the inclusion of the different forms of alternative care; and
5. various services which should be available once a child is fully reintegrated into the family and the wider community.

This model which is based on the Reintegration Framework has been successful in the reintegration of children in the four districts. The Feasibility Study has also identified a number of challenges at each stage of the Reintegration Framework which need to be addressed as a premise to successful reintegration. The following recommendations are therefore made:

- The GoM should make its stand on CCIs very clear. Despite the high prevalence of poverty, it is important that children should be taken care of in the family environment as their right. Globally, the trend is toward deinstitutionalisation. As has been demonstrated in this report, there are a number of African countries which have shown commitment towards deinstitutionalisation and Malawi should not be an exception. Political will is, therefore, a key factor for a successful deinstitutionalisation programme.
- The MoGCDSW should develop a 3-5-year strategic plan which will detail the period over which all children will have been reintegrated using the reintegration model.
- The GoM should register all CCIs and conditions for registration should be specified, e.g. availability of individual case files and care plans, while those CCIs which do not meet the conditions should be closed.
- As recommended by the Reintegration Study, the GoM should develop a comprehensive computerised database of children in CCIs which should be updated regularly.
- In Malawi, foster care and adoption are very rare reintegration strategies. Learning from Rwanda and Ethiopia, Malawi should strengthen its foster care programme and promote local adoption. The utilisation of these two approaches will fast track the reintegration process.
- During the assessment of families targeted for reintegration and then the monitoring of reintegrated children, there is a need to actively involve community leaders so that, among other things, they can help influence people with children in institutions to take them back and also prevent institutionalisation of children, i.e. they can be great gatekeepers.
- The creation of awareness about the disadvantages of institutionalisation should be a continuous activity, and this should be done at national, community and household levels using various channels of communication.
- Poverty in Malawi is widespread, and there is a need to link households targeted for reintegration with other livelihood programmes being implemented in their respective areas.
- The GoM should promote the delivery of community-based care for orphans and other vulnerable children as it is much cheaper compared to institutional care and more children would benefit.
- Discussions with CCIs should continue including the utilisation of infrastructure as schools and children can operate from their homes.
- The GoM with support from development partners should ensure the availability of adequate and sustained funding of the Reintegration Programme in Malawi.

Annex 1

Detailed Activities for Each Phase of the Reintegration Model

Steps of the Reintegration Framework		Key Activities Implemented by DSWOs and CCI
Phase 1	Admission of the child into an institution	
		<ul style="list-style-type: none"> Get all the information on the child such as his or her name, sex, and age, as well as the name, age, sex and relationship of their parents or guardian, home village (including GVH), TA, district and reason for leaving family care. Admission through DSWOs and the courts.
Phase 2	Pre-placement	
	1. Careful, rigorous and participatory assessment and decision making about the suitability of the child and family for reintegration.	<ul style="list-style-type: none"> Briefing of the TWG on child protection. The orientation of the DEC. Briefing of the CCIs about the Reintegration Programme. Orientation of CCI/case managers in case management. Creating awareness about the Reintegration Programme among community leaders (TAs, GVH, VH), CBOs, religious leaders, ward counsellors, guardians and institutionalised children and the wider community. Identification and training of foster parents as conducted in Blantyre and Mangochi in case of abandoned children or children whose parents are incapable of taking care of them. Engaging CCIs individually on the importance of the Reintegration Programme. Child assessment. Family tracing. Family assessment. Guidance and counselling for both the child and guardian.
	2. Preparing the child, family and community for reintegration.	<ul style="list-style-type: none"> Conducting follow up visits to the home of children in order to prepare them for the child's return. Guidance and counselling are targeting the child and family. Provision of direct support. Encouraging children in institutions to visit their parents/guardians and guardians/parents to visit children in an institution. The guardian is staying at the institution as part of the bonding process. The orientation of guardians on parenting skills and child rights.

Detailed Activities for Each Phase of the Reintegration Model (continued)

Steps of the Reintegration Framework		Key Activities Implemented by DSWOs and CCI
Phase 3	Placement of a child in a family	
		<ul style="list-style-type: none"> • Reintegration of the child. • Awareness creation. • Direct support, depending on the need. • Guidance and counselling. • Engagement of community leaders, CPWs and other extension workers at the time the child is being reintegrated.
Phase 4	Post-placement	
	1. Restoring trust and rebuilding relationships through extensive follow-up support to the child and family.	<ul style="list-style-type: none"> • Visiting the child and family to assess how he or she is assimilating in the family and wider community. • Guidance and counselling. • Provision of support depending on need. • The provision of support to reintegrated children by CBOs, CPWs and other extension workers. During the meetings which DSWOs have with CPWs, CPWs report the progress being made by the reintegrated child.
	2. Restoring trust and rebuilding relationships through work with the wider community.	<ul style="list-style-type: none"> • The sensitisation of community leaders. • The training of some CPWs in case management. • The creation of awareness among parents, CCIs and the wider community about the Reintegration Programme.

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