

AFRICAN
PERSPECTIVES
4



RESIDENTIAL CHILD AND YOUTH CARE IN A DEVELOPING WORLD

Tuhinul Islam
Leon Fulcher
Editors





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**In Memory of Our African Friend and Mentor,
Brian Gannon**

**Founding Editor of the International Child and Youth Care Network
(CYC-Net)**

DEDICATION

TUHINUL ISLAM dedicates this volume
to his son Musanna, and his daughters Tamanna and Tubaa

LEON FULCHER dedicates this volume to his grandchildren –
Jacob, Luke, Caitlin, Harley and Jack – and to their Carers.

* * *

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Foreword

This is a clearly written, comprehensive, and factual collection offering accounts of “first hand” lived experiences of young people growing up in some form of Residential Child and Youth Care in 19 African countries! Considering that this Foreword was written during times when international travel restrictions were imposed around the Covid-19 pandemic, it felt like I was afforded a special opportunity to travel and become familiar with practices and legislative frameworks that guide residential child and youth care services across the African continent. Islam and Fulcher must be congratulated for having collaborated with different authors from different countries to present this balanced *Volume 4 - Africa Perspectives* in the *Residential Child and Youth Care in a Developing World Series*.

In this volume, the history of residential child and youth care has been shared, with almost all authors emphasising the undisputable role of the family, and/or extended family, in the upbringing of vulnerable children and youths. The impact of colonisation is consistently highlighted as something that has influenced how African children and young people are being cared for. It became evident that colonisation significantly eroded cultural traditions and religious practices of the African communities on how to raise children and youth. A special treat was also found in the final chapter by Loynes who shared how her South Africa organisation responded to caring for children and young people in their residential care settings during the Covid-19 pandemic. I hope that future work in this Series will expand on how different organisations throughout Africa were impacted by and responded to the Covid-19 pandemic. It is imperative that we learn from these experience so as to better prepare our residential child and youth care services for future pandemics.

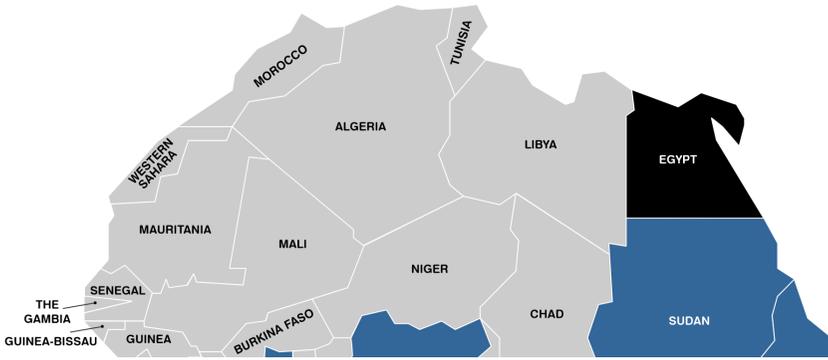
The idea of a family or extended family being the preferred “first choice” when it comes to raising children and young people is set alongside the reality of this choice gradually fading away. More and more families have become far too socially and economically constrained as to even consider taking on additional responsibilities with caring for others’ children. Reading through this book, it felt as though all the authors were at pains to accept this paradox that residential child and youth care is labelled “the preferred last resort”, when at least in the foreseeable future, African countries are faced with residential child and youth care being the “only real option” to which communities can resort. The voices of those who have lived in residential care homes also highlighted the complex debate around the need for residential child and youth care services. Some had positive experiences while others endured dreadful experiences which made them find it difficult to adjust and prosper in the “real outside world”.

It was encouraging to note that almost all governments of the countries represented in this Series paid attention to the legislative frameworks and policies

that are meant to protect vulnerable children and youths. Some governments make the necessary funding available (although mostly at unsatisfactory levels), in an attempt to ensure that such policies are implemented and monitored. The role played by local, national, and international funders was highlighted as being critical to maintaining residential child and youth care services of a 'good enough' standard. It became clear that the hidden financial motives of some people who operate these residential child and youth care centres will deter some funders from continuing their support. Africa needs the assistance of many well-meaning organisations who have been involved and continue to be involved in the noble cause of caring for vulnerable children and young people. In summary, reading this book has been such a delight on the one hand, but the read has also been heart-breaking.

Dr. Lesiba Molepo

Deputy Director of Academic and ICT Support
The University of South Africa



Residential Child and Youth Care in Egypt

Noha Emam Hassanin¹ and Yosr Kotb²

Abstract

Egypt is a country linking Northeast Africa with the Southwest corner of Asia, and is home to 100.89 million people, of whom 40 percent are children. This is the most populous country in North Africa, with 90 percent of Egyptians being Sunni Muslims and 10% Coptic Christians. A third of the people live in poverty. 3.6% of Egyptian children have lost one or both parents and between 90,000 and 2 million are considered at risk. Children who have lost one or both parents are often referred to as orphans. They live with their living parent, extended family, in residential institutions, care homes or on the street.

Introduction

This chapter focuses on the world of residential child and youth care in Egypt. Starting with the historical background, a description of care reform is discussed. The voices of youth share some of their care experiences. The focus will be on care homes for children without parental care in a country that links Northeast Africa

¹ **Noha Emam Hassanin** is the Research & Knowledge Management Manager at Wataneya Society for the Development of Orphanages, Egypt.

² **Yosr Kotb** has taught in different colleges and universities in Egypt before joining the Wataneya Society for the Development of Orphanages. She is a Senior Child and Youth Care and Protection Consultant.

with the Southwest corner of Asia. It is home to over 100 million people, of whom 2 out of 5 people are children (Central Agency for Public Mobilization and Statistics-CAPMAS, 2020). The most populous country in North Africa, 9 out of 10 Egyptians are Sunni Muslims while the remainder are Coptic Christians. Approximately a third of the population live in poverty (World Bank, 2018). 3.6 percent of Egyptian children have lost one or both parents (Ministry of Health and Population, 2014) while between 90,000 and 2 million children are at risk (Caritas-Egypt, 2018). Children who lost one or both parents are identified as orphans, whether living with a surviving parent, extended family, in residential institutions, care homes or on the street.

Historical Background of Care Homes for Children in Egypt

The first care home dedicated to abandoned infants in Egypt was founded in the 1830s. The records note that up to three abandoned infants were placed every month in that care home between 1846 and 1854. In 1912, a law was issued stating that any person who found an abandoned infant was entitled to claim that child as his (Ethnacios, 2012). In 1939, the Ministry of Social Affairs, renamed the Ministry of Social Solidarity (MoSS) in 2013, was founded by a royal decree during the reign of King Farooq I. Their main responsibilities included distributing charity money, evaluating and reforming juvenile delinquents, supervising social services and raising the standard of services provided for needy groups, including children without parental care. Following the 1952 revolution, the monarchy ended, and Egypt became a republic, which led to major changes in all sectors of life including that of alternative care. Thereafter, economic conditions in Egypt gradually deteriorated due to multiple factors including the involvement in several wars in the region, as well as the dramatic increase in the population, coupled with the decline of agricultural production and the heavy burden of external debt (Oweiss, 1990). This deterioration directly affected all social services including those delivered to the alternative care sector (Abdul-Hamid, 2008). Later, the government started to systematise the procedures for the placement of children without parental care in care homes. As of 1965, a law stated that a foundling was to be taken to the nearest police station where a birth certificate was issued and s/he was later placed in a care home. However, it is identified from the birth certificate that the child was of unknown lineage.

Among the efforts made to improve the conditions of children without parental care was the establishment of the National Council for Childhood and Motherhood (NCCM) in 1988. It aimed to address issues related to the protection of women and children in Egypt from violence and discrimination. Egypt was one of the first countries to ratify the UN Convention on the Rights of the Child. In 1994, Egypt identified children in care homes and especially those born out of wedlock within the category of “Children in Especially Difficult Circumstances.” One of the important steps that was taken – due to efforts made by the NCCM and

“Save the Children” – was parliament’s debate and adoption of the Child Law in 1996. It was later amended in 2008 to confirm the government’s responsibility for the protection of all children and granting them their rights following the “Convention on the Rights of the Child”. In the same year, 2008, child protection committees and the Child Emergency Hotline were initiated. Following that, the 2014 constitution stated that “the state shall work to achieve the child’s best interest in all measures taken with regards to them” (Constitution of the Arab Republic of Egypt, Article 80, 2014).

With the growing awareness in society of the questionable conditions some children without parental care suffered from, and to shed light on those children residing in care homes, the government decided in 2003 to name the first Friday of April every year as the Orphans’ Day in response to a call by the El Orman organisation which runs several care homes in several governorates. It then became a tradition to visit care homes on that day and donate money, food and goods. The Arab League recognised this annual celebration and advocated for its celebration in other Arab countries. This annual celebration does not, however, address the root causes of the problems, namely, the shortage of qualified caregivers, the lack of unified care and monitoring systems (El Sherbiny, 2018). Between 2011 and 2014, Egypt suffered from political upheavals that negatively affected the conditions in care homes. There was also a dramatic increase in the numbers of children at risk and children placed in care homes.

Residential Child Care in Egypt

According to the Egyptian Child Law (1996, 2008) it is the responsibility of the state to provide alternative care to a child who has no family to take care of him/her (Article 4). There are different procedures and placement choices for children without parental care, depending on the age of the child and their status. When infants were abandoned by their parents or families at birth, they were placed in residential nurseries, and wet nurses were assigned to care for them. This practice of assigning children to wet nurses is no longer offered to infant children without parental care in a process supervised by the Ministry of Health. Babies remain in the residential nurseries until they are two years of age, then they are moved to another residential nursery under the supervision of the Ministry of Social Solidarity. Children stay in Ministry residential nurseries until the age of 6, when they are moved again to a care home. In some cases, children stay in the same care home from birth, if the Minister of Social Solidarity approves the decision, and if the care home is equipped to care for infants. Care homes are either governmentally owned and directly managed by the Ministry or privately owned by a charity, a foundation or a civil society organisation, in which case they are also required to abide by the regulations imposed by the Ministry (Ethnasios, 2012).

In other cases, children are placed in care homes by their own biological family, because their family cannot take care of them due to social or economic reasons. If

the child's family were the ones who placed the child in the care home, an investigation should be conducted to verify that there really is a need for the placement and that there are no relatives who can take care of the child. While this procedure is included in the executive regulations that organise care homes, it is rarely implemented, and children are often placed in a care home without proper investigation.

If the moves were done abruptly and/or without proper coordination between the entities and the caregivers, it could result in disturbances in the child's life (Fawzy & Fouad 2010). Problems can arise due to moving the child from a known safe environment, siblings, and caregivers to a different environment without a proper orientation. However, in some cases if the child was able to form a healthy warm relationship with a caring adult, it can act as a buffer to the risks that can result from the constant moves (Hassanin, 2018; Masten, 2010; 2014a; 2014b).

Reasons for Residential Care Placement

Residential care is the most prevalent alternative care option in Egypt. The main reason for being placed in residential care is poverty, which leads some families to send their children to care homes or abandon them because they and their extended families do not have sufficient resources to take care of them (Gibbons, 2007). The second most common reason is having a child outside of a marital relationship. Since there is social stigma associated with out of wedlock births, parents often decide to abandon their children. Other reasons include losing one or both parents, being lost from one's family, having parents who are imprisoned or severely mentally ill, lack of reliable relatives to take care of the children, or having broken families because of divorce or remarriage of a parent.

Types of Residential Child Care

Kinship Care

Kinship care is one of the good practices that exist in those cities and villages that still preserve their collectivist Egyptian culture. Many people consider it an immoral act to place a child in a care home, even if the child was born out of wedlock or if the family was extremely underprivileged. If a family was underprivileged, a member of the extended family – like an uncle, a grandparent, or a cousin – often takes care of the child. Kinship care is done in a rather informal way which makes it hard to track how many children are placed in kinship care (A. Abd El Hameed, CEO of an NGO, personal communication, August 31, 2020). This practice was much more prevalent before the 1950s in most of the cities of Egypt. However, due to some families adopting western ideologies, especially in urban cities, a culture of individualisation began to emerge, which led individuals to focus more on the nuclear family, rather than maintaining close ties with extended families (Amin, 2000). Due to the economic and political instability that

took place (Abdul-Hamid, 2008), kinship care became less prevalent than before in urban cities, and residential care started to be considered as the first alternative care option.

Kafala Families

Since adoption is prohibited under Sharia Law including the Egyptian Law (Child Law article 4, 1996, 2008), Egypt works on the *Kafala* system, which is like long-term or permanent foster care, where the child is raised as part of the family, but does not inherit the parents or assume their names, and they are fully aware that they are not his/her biological parents. *Kafala* preserves the identity of the child and family lineage (Muslim Women's Shura Council, 2011; Sayed, 2013). Currently, there are 11,500 children in *Kafala* families.

Social Care Institutions

These are institutions for children at risk – who live on the street, are children of imprisoned parents, or are children who have committed a crime. Most children who live on the street have living parents but have run away from them because they were abusive or because there were minimal resources available to meet their basic needs (UNICEF, 2005). There are 35 registered governmental social institutions for children at risk managed by MoSS, most of them located in Cairo, Giza and Alexandria. In addition, there are many institutions run by civil society organisations which provide shelter and rehabilitation programs to reintegrate children back with their families and communities.

Juvenile Correctional Institutions

These are a form of social care institution for juvenile offenders who are between the ages of 12 and 18 (Child Law, article 94), who have committed felonies or misdemeanours. If children are under the age 15, they are admitted by court order to a social care institution managed by MoSS. If the children are above the age of 15, then they are admitted to institutions managed by the Ministry of Interior and the Ministry of Social Solidarity. It is estimated that the number of children in juvenile correctional institutions each year is around 32,231 (Nermeen, 2016). Juvenile offenders receive rehabilitation programs to facilitate their reintegration into their communities, in addition to vocational training to assist them in getting a job after they leave the institution.

Care Homes

Most care homes are segregated by gender. Some are small and follow a more family-like structure with 8-10 children and a permanent caregiver. Others are typical residential care homes/orphanages with 50-100 children divided by age, with caregivers who change frequently. In all cases, there is often a caregiver (alternative mother) for every 6 to 8 children, a social worker for every 10 children, a manager and a psychologist (SOS Children's Village Cairo, n.d.). Most of the care homes in

Egypt are managed by NGOs, religious institutions (church based or Islamic charitable institutions) or individuals, and a small proportion of them are managed directly by MoSS. Care homes are funded either by donations or by a small business owned by the care home to ensure financial sustainability (Gibbons, 2007). Individuals frequently open care homes for the religious reward of “caring for an orphan”. However, their focus is providing children with only their basic needs for shelter, food and basic education, rather than caring for their emotional and social needs. Consequently, this leads them to hire unqualified caregivers simply to take care of the children’s most basic needs (Khalil, 2014).

SOS Villages

The first SOS village was established in 1976 (SOS General information on Egypt, n.d.). There are three SOS villages in Egypt, in three cities that rank the highest in terms of children without parental care.

Number of Care Homes and Their Children

Currently, there are 468 registered care homes in Egypt, 72.6% of which are in urban cities: Cairo, Giza, Alexandria and Gharbia governorates (MoSS).



The further governorates are from urban cities, the fewer care homes. That is because kinship care is more prevalent in these governorates, where the traditional culture is stronger. The official number of children registered in care homes is 12,015 (UNICEF & CAPMAS, 2016) but this underestimates the real number of children in residential care, with many unregistered care homes (Ethnasios, 2012).

Daily Routines Inside a Care Home

The way children spend their day in a care home varies according to the care home's size, number of children, management style, type, the resources they have, and the awareness level and willingness of the care home's administration to promote children's well-being. The type of activities that the children participate in also depends greatly on the resources of the care home and its ability to establish relationships with community organisations. The children often follow a daily routine of waking up, getting ready for school, having breakfast, and praying. Then they go to school, and when they return, they have lunch, and pray. Then, tutors would help children with their schoolwork. In some care homes, children get music classes, religious classes or go to a sports centre. On the other hand, in care homes where the administration lacks qualifications to deliver quality care to children, there is no routine that the children follow, and often the children end up simply spending hours of their day watching TV (needs assessment conducted by Wataneya Society to identify the areas that youth need to equip them for independence, 2019).

Government Policies to Protect Children

The following overview lists the different policies and laws adopted by the government to protect children, including those without parental care.

Child Law

- 1990 Ratification of the UN Convention on the Rights of the Child
- 1990 The African Charter for the Rights and Welfare of the Child
- 1996 Approval of Egyptian Child Law
- 2008 Amendments of Child Law
- 2020 Updated Executive Regulations of Child Law

National Quality Standards for Alternative Care

- 2014 MoSS mandated National Quality Standards
- 2018 MoSS issued the updated version of National Quality Standards.

The Intriguing World of Children Without Parental Care in Egypt

It is often said that residential care institutions are full of contrasts, where the children are well taken care of and in most cases provided with a good standard of living and good education, in comparison to most Egyptian families living under the poverty line and lacking basic services. However, those children often face discrimination and lack of acceptance in the society. The religious beliefs of the society encourage caring for orphans, but when it comes to finding decent employment or good marriage opportunities for girls and boys without parental care in a society that considers marriage an important prospect for any young woman or man, the story is quite different, with the options limited (Ethnasios, 2012).

The predominant religions in Egypt – Islam and Christianity – urge the whole society to take care of orphans, to be kind to them and treat them fairly. Treating orphans unjustly or harshly was criticised and forbidden by the scriptures of both religions. Islam, for instance, urges the whole society to take care of orphans, and treat them with gentleness and compassion, an instruction which was contained in many verses in the Quran (Quran 1: 83), Prophet Mohamed, (PBUH), said, “*The one who cares for an orphan and I will be together with him in Paradise like this,*” and he held his two fingers (middle and index fingers) together to illustrate (Sahih al- Bukhari, 5695). Caring for orphans is embedded in Islamic culture, as Prophet Mohamed (PBUH) himself was an orphan and was raised by his uncle. Furthermore, Christianity emphasises the importance of taking care of the weak and “fatherless” orphans: “Defend the weak and the fatherless; uphold the cause of the poor and the oppressed” (Psalm 82:3, New International Version) and in (James 1:27, English Standard Version). Likewise, it placed great importance on the urgency of treating them with justice and refraining from exploiting them: “Do not take advantage of the widow and the fatherless” (Exodus 22:22, New International Version).

Despite the adherence of Egyptians to the dictates of their religion to care for children who were deprived of parental care for any reason whatsoever, in actual practice, there is a huge misconception that children raised in care homes tend to become delinquent because of their “genetic dispositions”, their upbringing as children born out of wedlock, and their separation from society (Ethnasios, 2012). As a result, care leavers often hide the truth about their background so that they can feel accepted in society. It seems that the cultural changes that have taken place over the past 70 years have overcome religious considerations (Amin, 2000). El Shenawi (2012) stated that the media has escalated the stigma associated with children raised in care homes. Such children are often represented as helpless, vulnerable, and abused, or as “ticking bombs” who are seeking revenge on society for having to live in hardship. The media coverage focuses on incidents of abuse that take place inside the care homes, and rarely discusses success stories of youth

who do well despite the challenges they faced. As a result, children raised in care homes are often seen as inferior, vulnerable, and immoral.

Nahla's Care Experience

This section provides an overview of the care experience of children and youth in care homes in Egypt through the eyes of one care leaver. Nahla was born in Cairo (Egypt's capital) from unknown parents. She was first placed with a wet nurse, then moved to a care home where she stayed until the age of 23. She lived in a care home that cared for 150 girls. She and her sisters of the same age group (45 girls) lived on the same floor with 2 permanent caregivers.

"We were like a big family; I never felt alone, I always had my sisters. One of the best things at home were the volunteers. One of them was particularly special, and we called him "dad". He was always there for me and my sisters since I was 8 years old, and he was the only adult who I truly felt his sincere love for me and my sisters. He was very keen to teach us values and skills that greatly affected our lives. Many volunteers came to our care home, but they would visit for a couple of times and leave because the care home's administration was very rigid. He was one of the greatest gifts that Allah has granted us.

During the time I spent in the home, there was a sense of stability because caregivers didn't change. Although they used to beat us as a way of discipline, we don't blame them. They only had basic education and received no training; this was the best they knew about parenting. We still have a stable relationship with them until this day. However, I didn't allow them to beat my younger sisters, and wished that all caregivers would receive training in the correct discipline methods.

My first day of school was the first day I ever went out ... I was very scared, and I cried all day. I was bullied at school, maybe because of my dark skin, but my sisters stood up for me, and the group of girls who were bullying me stopped doing that. Middle school and high school were particularly tough because I didn't reveal the truth about my background and residence to my friends. I used to make up stories about my parents; I always felt that my schoolmates wouldn't understand, because of the negative perception associated with care homes.

Trusting in Allah helped me get through these times. When I grew older, I had a very big challenge because I wanted to study social work, against all the rules of the care home, where all the girls were destined to go to a nursing institute then get married. The idea was that the administration told the girls that they don't have the capabilities to succeed in university, and most of the girls wouldn't bother to argue with that belief. However, I was always capable of coping with the frequent changes that the administration announced and was able to navigate my way to get what I wanted, even if it was against the rules. I was able to finish my social work degree with honours. I wanted to make a difference; to make the lives of my sisters a little better and I felt studying social work could help.

Some people in the care home had a very negative perception of us, and we felt this since we were little. They felt that we should be grateful for the shelter and food they provided. They never made us feel that we were capable of doing anything. They also didn't prepare us for leaving home, and all of a sudden, I was out of the care home. It was very difficult, but

volunteers helped me a lot in this transition. When I look back, it was the hardest time in my life. I wish the administration had helped us make a gradual transition, instead of removing all the services all at once. Although I wanted to make a difference, I often felt scared to dream; I didn't see any of my sisters accomplishing anything. I didn't have a guide to look up to who went through the same experience until I was introduced to an NGO. I remember at the very first few meetings with them, I was amazed by how carefully they listened to me and made me feel that my voice mattered. At that very moment, I decided to get out of my victim status and start giving back to the cause by advocating for the rights of children and youth and by changing the negative perception of society towards them".

Nahla gave a Ted'x Talk about Cairo women titled "Closed Doors", and she made several TV appearances to promote the rights of children and young people who were without parental care. She was chosen as one of the 10 most inspirational women for 2019 in Egypt in an open poll on social media. Nahla is an example of what resilience means in the context of care homes in Egypt. Perhaps what promoted her resilience was the constant presence of a supportive, loving, caring adult ("dad" the volunteer), who acted as a buffer against the risks she faced growing up and helped her cope with the challenges. The sisterhood portrayed in her story depicts feelings of cohesion and belongingness. The support, care, and warmth and the safe haven this sisterhood provided, helped Nahla cope with the different challenges she faced (Gibbons 2007; Hassanin, 2018).

Since it was a relatively large care home, younger sisters looked up to older sisters and respected them. This helped instil in the girls the value of respecting the elder and taking care of the younger. The older sisters took care of the younger siblings, such that this feeling of responsibility equipped the girls with some skills that facilitated their independence. Additionally, the consistency of the caregivers assisted Nahla in having a sense of stability. Although caregivers used corporal punishment to discipline Nahla and her sisters, the girls believe that they did the best they could with their level of education and knowledge, so the girls continued to have a stable relationship with them all the way to the present. It should be mentioned that corporal punishment is very prevalent in Egypt. 93% of children from the age of 1 to 14 are physically punished by their biological family as a way of discipline (UNICEF, 2016). Finally, trusting in Allah helped Nahla make sense of the hardships she faced and find meaning in them, which fostered her resilience.

The journey of becoming an advocate for the cause of children's rights started for Nahla when she stepped up for her younger sisters and wished to change life for them. This led her to study social work. Nahla displayed high levels of self-efficacy when she reached her goals against all odds and graduated from University. Education gave her autonomy and facilitated her journey to reach empowerment. Finally, having an opportunity to raise awareness about the cause, helped her step out of her victim status and become the voice of children without parental care which promoted her resilience (Skovdal & Daniel, 2012).

Nahla's story, along with many other stories of children raised in care homes in Egypt indicates that those studies focusing on the adverse effects of institutionalisation do not necessarily tell the whole story – at least about the Egyptian context (Smyke *et al*, 2007; Van Ijzendoorn *et al*, 2011). Certainly, care homes in Egypt need extensive efforts to improve their services. For instance, as demonstrated in Nahla's story, the care home lacked a proper management system and the caregivers lacked essential child protection knowledge and training. However, the warm and healthy relationships with adults and siblings acted as buffers against these risks and made her capable of bouncing back with minimum resources. It should be mentioned that many care leavers with living biological parents assert that they appreciated living in a care home because it provided them with much needed resources, like education, food, and supportive relationships to which they would not have had access if they had been living with their parents (Hassanin, 2018).

Challenges facing Residential Care in Egypt

Caregivers

The quality of their relationship with a caregiver was reported by many care leavers as an important factor that helped them overcome life's hardships (Hassanin, 2018). However, as in Nahla's story, many caregivers have only completed basic education and are not vocationally qualified to raise children in such circumstances. As a result, each carer depended on their own judgment or their own previous experience when they were children, to guide the way they raised the children in their care. The high turnover of caregivers does not facilitate building stable and nurturing relationships that might otherwise compensate for the shortcomings in their lack of knowledge and training.

The caregiver to child ratio in Nahla's story was around 1:22. Caring for so many children is difficult. Caregivers are also expected to work for long hours, are paid very poor salaries, and work under very difficult conditions, all of which result in a high turnover rate (Khalil, 2014). Working in such difficult conditions would certainly negatively affect the care they give to children, and one conclusion could be made that the challenge lies not in caregivers themselves, but rather in the system, the lack of standardisation and the lack of vocational qualification.

Social Stigma

One of the main challenges in Nahla's story was the prejudice she and her sisters experienced from the administration of the care home. Prejudice towards children and young people without parental care is common. Children are often bullied at school and called "*laqeet*" or "*bastad*" when their classmates find out that they live in a care home. The social stigma originates from the misconception that all orphans are born out of wedlock which makes them "morally loose" like the

parents who conceived them outside of marriage (Gibbons, 2005). Many children navigate this challenge by not telling the truth about residing in a care home, just as Nahla did during school and university.

Preparation for Independence and the Aftercare System

As in Nahla's story, many youths are forced into adulthood prematurely (Thomason, 2008), as the system regulating leaving care is still evolving. In most cases, young people are not ready emotionally, socially or financially for this transition. Care leavers often struggle to find jobs, continue their studies, find a place to stay, and get medical insurance. They also often lack the social, emotional, and financial support and are stigmatised because their parents are unknown. The Egyptian Child Law 12/1996 – amended by Law 16/2008 – specifies briefly that children should remain in residential care until they reach the age of 18, or until they graduate from university (finish higher education). Additionally, the Ministerial decree 188/2014 (MoSS) concerning leaving care specifies that females should leave care when they get married or get a stable job, and males should leave care when they finish higher education and get a job. A building next to the care home should be assigned for youth older than 18, and they should be supported until they are ready to transition from care. Although these are the regulations, many care homes do not follow them, largely due to a lack of resources. This leads to many youths leaving care before they are fully prepared for this crucial step. Currently, there is no system regulating after-care in Egypt; instead, there are multiple individual good practices in a small number of care homes, as was demonstrated in a Needs Assessment conducted by Wataneya Society to identify the areas that youth need to equip them for independence (Wataneya Society, 2019).

The System Regulating Care Homes

One of the main challenges in Nahla's story was the management system, as there is no system for regulating the care home. The administration made random decisions which resulted in confusing the girls. Unfortunately, some violations have taken place across care homes in Egypt, especially from caregivers, but no tracking system exists that would enable care home administrators to identify if a particular candidate is an abuser or not. Also, the way MoSS often deals with such cases is by closing the care home and sending children to other care homes based on their age group without providing them with psychological support.

The Social Work System

As stated, it is important that caregivers are trained and qualified to take care of the children. There is no clear educational track that would equip a student to become a qualified child and youth care worker in Egypt. There are, however, 5 Social Work programmes in Egypt that offer bachelor, masters, and doctoral degrees, in addition to 16 Social Work institutes that require only a middle school degree to enrol in them (Ministry of Higher Education and Scientific Research). In

both cases, the students learn general aspects of social work instead of tailored programs to the special social issue they will work with. The lack of specialised education and training leads to gaps between policy and practice when it comes to conducting a proper investigation into the prospective placement of a child in an alternative care setting (Child Law). This requires a particular set of skills. Children are commonly placed in a care home as a first resort without thoroughly investigating whether there are living relatives who can take care of the child.

Another challenge in the social work system is manifested when Ministry of Social Solidarity social workers are assigned to monitor care homes. They often conduct inspections, focusing on guidelines for cleanliness, food storage, nutritional value, and appropriate clothing. They do not, however, ensure that children are protected and well taken care of (Ethnasion, 2012). Finally, although most caregivers and social workers join the profession for humanitarian reasons, the very low salaries they receive, minimal benefits and difficult working conditions lead to their inability to provide quality care for children.

Reform of Residential Care in Egypt

Over the last two decades, there were marked steps taken to improve the alternative care system in Egypt and to address the challenges impeding the development of the sector. The reforms addressed the needs of the main beneficiaries of the system and acknowledged the importance of collaboration between government and civil society. To overcome the inconsistencies in regulating care homes and the lack of a clear evaluation framework, Wataneya Society (an Egyptian NGO) launched – in collaboration with the Ministry of Social Solidarity and civil society – the National Quality Standards for Care Homes for Children without Parental Care (NQS). This was a turning point when these Care Standards were mandated by the Ministry of Social Solidarity in 2014. These standards were driven by the UN Guidelines for the Alternative Care of Children (2009), best practices in the field of alternative care, and field experience in piloting the standards. In 2014, Ministry social workers conducted a survey of most care homes to assess where they stood with regards to the new national care quality standards. Most care homes were operating in a probation phase as they needed technical assistance to be able to apply the standards. The significance of the new standards was that they provided the managers and caregivers in care homes, as well as the Ministry social workers with tangible tools and clear indicators of how to provide the best care possible for children without parental care, and how to evaluate the quality of that care.

In parallel, the Ministry of Social Solidarity started collaborating with UNICEF and the American University in Cairo to develop capacity building and support for social workers assigned to assess care homes. Professional development programs from different entities were initiated to provide training for the caregivers in the care homes, as well as the Ministry's social workers. Wataneya Society started the

first internationally accredited certificate “Promoting Child Development for Caregivers” in 2013. Efforts were also made to systematise the licensing of social workers and para-social workers working in care homes.

In addition to reforming residential child and youth care, the Ministry of Social Solidarity started implementing its strategy of de-institutionalisation, in collaboration with civil society, and in agreement with Egypt’s 2030 vision. The new direction towards deinstitutionalisation, however, takes into consideration the Egyptian context where deinstitutionalisation does not mean the complete closure of all care homes. Rather, it means closing the large institutions that care for more than 50 children and replacing these centres with small care homes that are as close to a family setting as possible. Furthermore, it means choosing residential care as the last resort rather than the first option considered, taking the child’s best interest into consideration, and developing a thorough case management approach. Since then, the Ministry has stopped registering care homes, unless it was necessary in a specific governorate. Starting in 2015, the country began taking systematic steps to promote the *Kafala* system that enables a family to foster children from age 3 months instead of 2 years (presidential decree amended article (46) in the Child Law (1996, 2008). In 2016, the Ministry of Social Solidarity began developing the alternative family system, by forming a Higher Committee for Alternative Families. The Committee succeeded in advocating for changes in the executive regulations in the Child Law to facilitate *Kafala* procedures, which was approved in June 2020.

As for efforts made to address the needs of children and young people without parental care, a strengths-based approach was adopted, since focusing on strengths and coping abilities to alleviate adversity has a very empowering effect on individuals (Rutter, 2013; Zimmerman, 2000). Several programmes were offered to children and young people to enhance their basic life and employability skills and provide them with opportunities for internships and community work. Those programs were developed by different NGOs, community-based learning university courses, and representatives of the private sector as part of their social responsibility departments. These initiatives sought to build the capacities of children and young people and indirectly integrate them into their communities through focusing on their strengths and interests. This approach was particularly important as it represented an important shift from perceiving children and youths without parental care as vulnerable victims.

Future Directions and Recommendations

Residential care is the dominant alternative care option available in Egypt where two decades of care reform efforts have been important steps in the right direction. However, more is needed to address the range of challenges facing residential care homes in Egypt. It has been evident that, when orphaned youth were given opportunities, they can succeed and lead productive lives. As a result, it is of the utmost importance to intervene with youths, where they are at physically,

socially and emotionally, by equipping them with the skills they need to lead productive and healthy lives.

The following recommendations and suggested directions for the future are of high priority to achieve the reforms needed for the country's residential care system to ensure the best care and protection possible for Egypt's children and young people living without parental care. This involves:

1. **Strengthening gatekeeping mechanisms**, by developing a robust system, establishing a case management system, and building the capacities of social workers to investigate the root causes of abandonment and plan accordingly based on the child's best interests.
2. **Establishing a strong monitoring system for the *Kafala* system**, by developing a standardised system for families and children to be able to properly monitor families effectively and prevent violations.
3. **Supporting care homes in the implementation of NQS**, by raising awareness about the importance of having a robust system of care standards inside the care homes (how the system would facilitate and standardise provided care) and conducting training on how to implement the National Quality Standards.
4. **Establishing a robust aftercare system** to ensure that youths have a smooth transition from care to independence. The system shall be developed in collaboration between the government, civil society, and the private sector.
5. **Establishing a strong child and youth care system**, where child and youth care/social workers are better educated and trained, and well paid, so they are able to make informed decisions about placement options, with abilities around monitoring care homes and *Kafala* families. This cannot be accomplished without university programmes and vocational certificates that are specifically tailored for this purpose. University programmes are needed, specifically tailored for child and youth workers. There should also be certification that makes them eligible for employment in a care home.
6. **Establishing an accurate database** that is updated periodically with the total number of children in care homes and the number of care leavers in any year. It needs to be accessed by the multiple entities involved in the child welfare system as stated above, to enable efficient coordination between the entities and better outcomes for children. It needs to keep track of all children and what interventions are implemented or needed for individual children.

Questions for Small Group Discussion or Guided Reflection

1. The first care home dedicated to abandoned infants in Egypt was founded in the 1830s. The records note that up to three abandoned infants were placed every month in that care home between the years 1846 and 1854. In 1912, a law was issued stating that any person who found an abandoned infant was entitled to claim that child as his own. *What questions are highlighted for you when comparing these fragments of history for residential child and youth care in Egypt with what happened where you live?*
2. As of 1965, Egyptian law stated that a foundling was to be taken to the nearest police station where a birth certificate was issued, and s/he was later placed in a care home and the birth certificate indicates that the child is of unknown lineage. *What do you think it means for a child to learn that their birth certificate reads that they are of 'unknown lineage'?*
3. If the child's family were the ones who placed the child in a care home, an investigation should be conducted to verify that there really is a need for the placement and that there are no relatives who can take care of the child. Although it is included in the executive regulations that organise care homes, this procedure is rarely implemented, and children are placed in a care home without proper investigation. *How do you explain the gap between placement policies and procedures on the one hand, and the all-too-common practice of placement in care without proper investigation on the other?*
4. Residential care is the most prevalent alternative care option in Egypt. The main reason for being placed in residential care is poverty, which leads some families to send their children to care homes or abandon them because they and their extended families do not have sufficient resources to take care of them. *To what extent might it be argued that poverty underpins almost all placements of children and young people in residential care?*
5. Since adoption is prohibited under Sharia Law and Egyptian Law, Egypt works on the Kafala system, which is like long-term or permanent foster care, where the child is raised as part of the family, does not inherit from the parents, does not assume their names, and they are aware they are not his/her biological parents. Kafala preserves the identity of the child and family lineage. *What comparisons might be drawn between the Egyptian Kafala system and the ways in which adoption and fostering are managed where you live and work?*

References

- Abdul-Hamid, Y. (2008). *Child rights situation analysis for the MENA region* (pp. 31-41, Rep.). Save the Children Sweden MENA Regional Office. Retrieved August 30, 2020, doi: https://www1.esssex.ac.uk/armedcon/story_id/Child_Rights_Situation_Analysis_for_Middle_East_and_North_Africa_11.pdf
- Al-Bukhari, S. (5695). Book 76, *Hadith 17*.
- Amin, G. A. (2000). *Whatever happened to the Egyptians? Changes in Egyptian society from 1950 to the present*. Cairo: American University in Cairo Press. Retrieved June 13, 2020 from, doi: 978-1-61797-052-8
- Caritas-Egypt (2018). *Reintegrating street children in Alexandria*. Retrieved August 28, 2020 from <https://caritas-egypt.org/en/project/street-children-alex/>
- Central Agency for Public Mobilization and Statistics (2020). Retrieved April 4, 2021 from https://www.arabdevelopmentportal.com/publications/?field_country_target_id=921&field_topic_target_id=All.
- Child Law, (1996), 126. (2008). Retrieved August 3, 2020 from <http://www.mfa.gov.eg/English/Ministry/TraffickinginPersons/RelatedDocuments/Pages/3062009ChildLaw.aspx>.
- El-Saharty, S., Richardson, G., & Chase, S. (2005). Egypt and the millennium development goals. HNP discussion paper; World Bank, Washington, DC. Retrieved September 2, 2020 from, <https://openknowledge.worldbank.org/handle/10986/13796>.
- El Shanawi, M. (2012). Impact of western cultural values as presented in the Egyptian movies. Unpublished master's thesis. *The American university in Cairo*. Retrieved September 3, 2020 from, <http://dar.aucegypt.edu/handle/10526/3360>.
- El Sherbiny, S. (April 2018). *The solution lies in having monitoring on care homes*. Retrieved September 3, 2020 from, <https://www.ida2at.com/on-their-day-a-look-at-the-orphans-torture-houses/>
- Ethnasios, R., A. (2012). *Describing the care and treatment of orphans in Egypt through the perspectives of residents, caretakers and government social workers*. Dissertation, University of Southern California. ProQuest. Retrieved September 3, 2020 from, <http://digitallibrary.usc.edu/cdm/ref/collection/p15799coll3/id/75641>
- Fawzy, N. & Fouad, A. (2010). Psychosocial and developmental status of institutional home children: Epidemiological study. *Current psychiatry 17* (2),41-48. Retrieved June 12, 2020 from, <http://psychiatry-research-eg.com/texts/current-psychiatry-v17n2-10/7en.pdf>
- Gibbons, J. A. (2005). Orphanages in Egypt. *Journal of Asian and African Studies* 40, 261-285. Retrieved June 16, 2020 from <https://journals.sagepub.com/doi/abs/10.1177/0021909605055775>
- Gibbons, J. A. (2007). Sociological and symbolic family processes in the structure of orphanages in Egypt. *International journal of sociology of the family*, 33(1), 199-217. Retrieved June 16, 2020 from, <https://www.jstor.org/stable/23070770?seq=1>.
- Hassanin, N. (2018). *Assessing the resilience of adolescents who were raised in orphanages in Cairo, Egypt*. Unpublished master's thesis. The American University in Cairo. Retrieved June 28, 2020 from, <http://dar.aucegypt.edu/handle/10526/5481>.
- Khalil, A. (2014). Egypt's orphans struggle long after childhood ends. *Time*. Retrieved June 28, 2020 from, <http://time.com/3182048/egypt-orphanages/>

- Masten, A. S. (2010). Ordinary magic: Lessons from research on resilience in human development. *Education Canada*, 49(3), 28. Retrieved June 15 from, 2020, <https://www.edcan.ca/wp-content/uploads/EdCan-2009-v49-n3-Masten.pdf>.
- Masten, A. S. (2014a). Invited commentary: Resilience and positive youth development frameworks in developmental science [Editorial]. *Journal of youth and adolescence*, 43(6), 1018–1024. Retrieved June 28, 2020 from <https://doi.org/10.1007/s10964-014-0118-7>
- Masten, A. S. (2014b). Ordinary magic: Resilience in development. New York: Guilford Press.
- Ministry of Health and Population (2014). Egypt demographic and health survey. Retrieved September 1, 2020 from, <https://dhsprogram.com/pubs/pdf/FR302/FR302.pdf>
- Ministry of Social Solidarity. Social care. Retrieved June 15, 2020, from <https://www.moss.gov.eg/ar-cg/Pages/sector-service-detail.aspx?sid=44>
- Muslim Women’s Shura Council. (2011). Adoption and the care of orphan children: Islam and the best interests of the child. American society for Muslim advancement. Retrieved from http://www.wisemuslimwomen.org/images/activism/Adoption_%28August_2011%29_Final.pdf.
- The National Council for Childhood and Motherhood (2014). About the national council for childhood and motherhood. Retrieved March 7, 2021, from http://www.nccm-egypt.org/e3/index_eng.html.
- Nermeen. (2016). الأحداث ودور الرعاية لهم دراسة ميدانية. Retrieved August 30, 2020 from, <http://lfcdi.org/995/>
- Oweiss, I. (1990). Egypt’s economy: The pressing issues. In *The political economy of contemporary Egypt*. Center for Contemporary Arab Studies, Georgetown University, Washington, D.C. Pp. 3-49.
- Rutter, M. (2013). Annual research review: Resilience – clinical implications. *Journal of child psychology & psychiatry*, 54(4), 474-487.
- Sayed, M. (2013). The Kafalah of Islamic Law: How to approach it in the West. In *Essays of Michael Bogdan* (pp. 507–520). Lund. Retrieved March 7, 2021 from, <http://urn.kb.se/resolve?urn=urn:nbn:se:uu:diva-214346>
- Skovdal M, & Daniel M. (2012). Resilience through participation and coping-enabling social environments: the case of HIV-affected children in sub-Saharan Africa. *African Journal of AIDS Research*, 11(3):153–164. Retrieved June 12, 2020 from doi:10.2989/16085906.2012.734975
- Smyke, A. T., Koga, S. F., Johnson, D. E., Fox, N. A., Marshall, P. J., Nelson, C. A., & Zeanah, C. H. (2007). The caregiving context in institution-reared and family-reared infants and toddlers in Romania. *Journal of child psychology and psychiatry*, 48(2), 210-218. Retrieved June 13, 2020 from, doi:10.1111/j.1469-7610.2006.01694
- SOS General information on Egypt. (n.d.). Retrieved March 7, 2020 from, <https://www.sos-childrensvillages.org/where-we-help/africa/egypt>.
- SOS Children’s Village Cairo. (n.d.). Retrieved March 7, 2021 from, <https://www.sos-childrensvillages.org/where-we-help/africa/egypt/cairo>
- The Child Law, 1996, 126. (2008). Retrieved April 5, 2021, from http://www.nccm-egypt.org/e7/e2498/e2691/infoboxContent2692/ChildLawno126english_eng.pdf
- Thomason, L. M. (2008). On the steps of the mosque: The legal rights of non-marital children in Egypt. *Hastings women’s law journal*, 19(1), 121.

- UN General Assembly, Guidelines for the Alternative Care of Children : resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: <https://www.refworld.org/docid/4c3acd162.html> [accessed 5 April 2021]
- UNICEF & The Central Agency for Public Mobilization and Statistics. (2016). *Children in Egypt 2016: A statistical digest*. Accessed here on March 7 2021 <https://www.unicef.org/egypt/press-releases/release-joint-publication-children-egypt-2016-presenting-national-data-child-well>.
- UNICEF (2016). *The extent of violent practices for child discipline in Egypt*. Retrieved April 4, 2021 from: [https://www.unicef.org/eg-The extent of violent practices for child discipline in Egypt 2016\(1\).pdf](https://www.unicef.org/eg-The%20extent%20of%20violent%20practices%20for%20child%20discipline%20in%20Egypt%202016(1).pdf).
- UNICEF. (2005). *A new approach to Egypt's street children*. Retrieved June 12, 2020 from: https://www.unicef.org/sowc/egypt_30616.html.
- United Nations Women (2014). *Constitution of the Arab republic of Egypt, Article 80*. Global gender equality constitutional database. Retrieved 4 April, 2021 from <https://constitutions.unwomen.org/en>.
- Van Ijzendoorn, M. H., Palacois, J., Sonuga-Barke, E. J. S., Gunnar, M. R., Vorria, P., McCall, R. B., & Juffer, F. (2011). Children in institutional care: Delayed development and resilience. *Monographs of the society for research in child development*, 76(1), 8–30. Retrieved June 12, 2020 from <http://dx.doi.org/10.1111/j.1540-5834.2011.00626.x>
- Wataneya Society (2019). *Wataneya society 2019 annual report*. Retrieved April 4, 2021 from, <https://wataneya.org/wp-content/uploads/2020/10/Annual-Report-2019-EnglishVersion-1.pdf>
- World Bank (2018). *World bank and Egypt sign US\$1 billion program aimed at creating more and better opportunities for Egyptians*. Retrieved April 4, 2021 from <https://www.worldbank.org/en/news/press-release/2018/12/09/world-bank-and-egypt-sign-us1-billion-program-aimed-at-creating-more-and-better-opportunities-for-egyptians#:~:text=Sharm%20El%20Sheikh%2C%20December%209,private%20sector%20and%20improving%20government>
- Zimmerman, M. (2000). *Empowerment theory: Psychological, organizational and community levels of analysis*. Rappaport, J., & Seidman, E. (Eds.), *Handbook of community psychology*. New York: Kluwer Academic/Plenum. Retrieved June 12, 2020, doi:9781461541936