

CASE STUDY¹



Kinship care in Kakuma refugee camp

Kenya

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Aamito² is from South Sudan and has been living in Kakuma refugee camp in Kenya since 2017 with her husband, seven children and 15-year-old nephew Okot. Okot’s mother left her home in Kakuma one day in search for food and never returned. Okot was just nine years old at the time.

The family later found out that she had been killed. Initially, Okot’s father looked after him and his brother Oyella, travelling with them to his home in Uganda. The boys found life in Uganda hard and decided to return to Kakuma alone.

They initially lived in the house next door to Aamito’s until Okot’s father returned to take Oyella back to Uganda. Okot’s father was then also killed. That was four years ago, and Okot has been living with Aamito ever since. Aamito felt that she had no choice but to take Okot in:

“He had nowhere else to go to. He is my blood.”

Aamito

She now sees Okot as one of her own children:

“I even forgot that he is not my biological child, I have always seen him as my own child. All my children love him, and he also loves them, they are brothers and sisters. We face the challenges together as a family.”

Aamito

Okot also feels that he is part of the family, and appreciates the love and care that Aamito show’s him:

“This mama [Aamito] is able to take care of me fully, without discrimination. I feel at home here.... She is open, I can approach her when there is anything wrong. I can discuss with her any challenge that I’m going through.... Life before was a bit the same but the difference is because my parents died. When my mother died, things changed. We cooked for ourselves; we did everything. But when my father died, we were left alone. I’m so grateful that mama [Aamito] took me in. She is the only mother I have now. ”

Okot

The family survives through a combination of regular food and cash payments from UN agencies, material support from the Danish Refugee Council which is funded by UNICEF,³ and Aamito’s little income earned through washing clothes for other refugees. In addition to this material help, the family also receives case management support and Aamito has attended parenting classes run by the Danish Refugee Council and funded by UNICEF.

Aamito explains:

“We were taught how to care for all the children without discrimination. We learned how to better discipline children not by beating them, but by just talking to them in a kind manner. We also learned that we should create some time to be around the children because that helps in creating strong bond with the child. ”

Aamito

Aamito cares for Okot despite facing considerable difficulties in her own life. She is HIV positive having been raped by soldiers from a rebel group in South Sudan.

Kakuma is also a challenging environment to bring up children. Kakuma and the neighbouring Kalobeyei camps are home to around 220,000 registered refugees from 19 countries,⁴ over half of whom are South Sudanese.⁵ Conflict between different nationalities in the camp over scarce resources is common, and Aamito describes the family being caught up in fights with Somalian neighbours over water. In one of these battles, Aamito was beaten so severely that she lost the baby she was carrying.

Okot is one of many children in Kakuma living with relatives. There are over 8000 unaccompanied and separated children living in the Kakuma and Kalobeyei camps, the majority of whom are in kinship care (children cared for by relatives or friends of the family).⁶ These children are assessed and provided with case management support where necessary. Children in kinship care are also supported through regular follow-up visits from child protection volunteers and village child protection committees.

Parenting programmes are directed at kinship carers as some children in this form of care are discriminated against, neglected, denied the chance to attend school, and forced into marriages. The cost of caring for an extra child can also be prohibitive in this context of extreme poverty. UN funded social protection schemes allocate funds according to the number of children in the household and amounts are automatically increased when a new child enters the family.

Social workers working for the Danish Refugee Council conclude that the key to properly supporting kinship carers lies in understanding the specific strengths and needs of each family.⁷

“The best lessons that I have learned when it comes to responding to children in kinship care, first look at their capacity, what capacity do they have, look at their resilience, what resilience do they have, before you provide the support. ”

Social worker

DANISH REFUGEE COUNCIL

Other examples of kinship care amongst Sudanese refugees in Kakuma illustrate the diversity of caregiving arrangements. Mary is 68 and caring for her seven-year-old grandson Peter who has a disability. The boy's father died, and his mother remarried, leaving Peter in Mary's care. Mary also looks after seven other children.

Deng is a 15-year-old boy who lives with his younger brother and 20-year-old cousin. Deng fled South Sudan with his mother after the death of his father. His mother returned to South Sudan leaving Deng, his brother and cousin to fend for themselves. Deng recalls:

“Life was tough. I could go a whole day without food. We didn't have a place to sleep.”

Deng

Things became even harder when floods hit Kakuma and the boys and their cousin had to be relocated. At this time, UNICEF funded social workers from the Danish Refugee Council identified the family and started to offer them help. The family was given emergency financial aid to clear their debts and provided with bedding. They were then encouraged to set up a small business and sell cooking fuel, milk and honey to neighbours.

Esther is 22-year-old and lives with her older brother and eight nieces, nephews and cousins. Esther originally travelled to Kakuma with her brother, sister, and the eight children when she was 17 years old. Her sister returned to South Sudan leaving her in charge of the other children.

“I was suffering a lot, some children would walk barefoot, others didn't have uniforms and I didn't have money to buy them... I was unable to buy these children food and other

things and I also sold some things in the house so that I can support these children, since there was no one else supporting me, but then I realized that if I keep selling those things, we will remain naked in the house and that is why I decided to go back to the Danish Refugee Council and ask for support.”

Esther

Research suggests that it is vital to acknowledge the complexity of kinship care and recognise that support needs are likely to vary according to factors such as the characteristic of the caregiver and the child.⁸

End Notes

1. This case study was developed by Emily Delap and Ken Ondoro of Children Frontiers for the regional learning platform on care reform in Eastern and Southern Africa. The platform is an opportunity for policy makers and practitioners in Government, UNICEF and NGOs to exchange learning on care. The platform was established by UNICEF and Changing the Way We Care (CTWWC). It is funded by is funded by USAID's Displaced Children and Orphans Fund. Thanks go to UNICEF Kenya and the Danish Refugee Council for their support in developing this case study.

2. All names have been changed to protect identities.

3. Made possible by the generous support of the Ministry of Foreign Affairs of the Netherlands

4. <https://data2.unhcr.org/en/documents/details/91891> - as of March 2022 there were 227,986 registered refugees (49% of whom were female, and 52% were children)

5. From: https://www.unhcr.org/ke/wp-content/uploads/sites/2/2019/06/Briefing-Kit_May-2019-approved.pdf

6. As of 30th June 2021, there were 8623 unaccompanied and separated children living in the Kakuma and Kalobeyi camp (figures provided by UNICEF from UNHCR ProGress V4 Statistics). Of these children, 6902 were separated children, living apart from parents or regular caregivers but are looked after by others in the community, and 1721 unaccompanied with no caregivers. The Danish Refugee Council supports case management for unaccompanied and separated refugee children. This work is funded by UNICEF and the Danish Refugee Council are a UNHCR implementing partner. New arrivals are identified and screened during population registration at the reception centres. Children are then assessed in a comprehensive process aligned to UNHCR-Best Interest Procedure guidelines. The most vulnerable children receive support from social workers through a case management processes, supported by an enhanced child protection information management system (CPIMS+). The case management process includes referrals to alternative care arrangements for unaccompanied children.

7. Delap, E. (2021) Supporting foster care in Eastern and Southern Africa. Nairobi: UNICEF.

8. <https://bettercarenetwork.org/sites/default/files/2020-02/Kinship-Care-Global-Review-Final.pdf>

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