Save the Children

A SENSE OF BELONGING

Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa

Save the Children Research Initiative

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Save the Children Research Initiative

January 2015

Save the Children is the world's leading independent organization for children. We work in around 120 countries. We save children's lives, we fight for their rights; we help them fulfil their potential.

Our vision is a world in which every child attain the right to survival, protection, development and participation.

Our mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

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PREFACE

Major social, political and economic changes in Sub-Sahara Africa in the last two decades have changed the character, ability and capacity of families and communities to care for children. Many families are weakened by endemic poverty, HIV and AIDS, armed conflict, political instability, natural disasters, financial crises, and family breakdown. There is lack of information and data on children without appropriate care (CWAC) in the region. East Africa's history of high mobility has a great impact on children and families and the care and protection of children. Despite these challenges there is also recognition of the resilience of families and communities across the sub-region in ensuring adequate care and protection of their children, including informal care practices such as kinship care. In addition, the need to further strengthen the capacity and resilience of families and communities to care for their children and prevent family separation, building on existing positive traditional means of care cannot be understated.

The Regional and Multi-Country Programme Unit based in Save the Children East Africa Regional Office is proud to have undertaken the regional research initiative on kinship care as a form of informal alternative care, which focused on three countries in the region – Ethiopia, Kenya and Zanzibar. The research provided an opportunity for children and caregivers living in kinship care to express themselves and give first-hand information on their experience (both negative and positive) on this commonly practiced and well known 'traditional' form of care. Some caregivers in the three countries expressed that while in the past caring for their relatives' children was considered a blessing and was seen as exercising communal responsibility, current trends indicate that the quality of kinship care for children has decreased due to the emerging pressures on families and challenges that have seen it become more of a burden. However, the way extended family and community members care for children is still recognized as an important fabric in society, and the research sought to identify ways in which this form of care can be better supported and strengthened to increase the likelihood of positive outcomes for children.

The participatory methodology of the research allowed children living in kinship care to express themselves and give an unaltered picture of what they think, feel and experience in their daily lives with various caregivers. They affirmed the need and importance of receiving love, care and support alongside the provision of basic needs and shared the negative effects of discrimination, maltreatment and abuse that are common experiences among them living in kinship care. Their stories, drawings, poems and songs gave a refreshing insight to the research.

The inter-sectoral collaboration that was seen in the course of the research was remarkable as the three countries involved various child focused NGOs and Government actors to be part of and contribute to the research which enriched its content value from their perspective and experience; and also created a sense of collective ownership of the research findings and implementation thereafter.

For Save the Children, the research provides a great opportunity for further advocacy and increased programming around care reform, building on the efforts that each of the three countries have made. We look forward to working with various actors on implementing existing laws and policies on care, and among other things, strengthening national child protection systems. This will ensure that the caregivers and more importantly children have the support, resources and protection needed to live, thrive and enjoy their rights within a safe family environment.

We therefore invite you to read through and enjoy the exciting findings that were so honestly provided by all the contributing persons and actors to this research.

John Njoka
Director, Regional & Multi-Country Programme Unit
Save the Children, East Africa Regional Office

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This regional research report has been produced as a result of the extraordinary contributions of children, caregivers and other adults supporters, too many to name individually especially from the country teams and communities in Ethiopia, Kenya and Zanzibar. We immensely value each contribution, however large or small. We hope it has been an enriching and empowering process for everyone and that all involved will continue to be part of the way forward to improve the care and protection of children in families and communities.

Our appreciation and special thanks go to:

Ethiopia: **Child and adult researchers** in the **Local Research Teams** in **Addis Ababa, Amhara, Oromia,** and **SNNPR;** NGO partners: Mary Joy Development Association, Ratson Women Children and Youth Development, Love for Children Organisation, and members of the OVC project in North Gondar; National consultants – Elias Endale and team for supporting the research and preparing the country report**;** Save the Children Ethiopia staff members – Tsion Tefera, Kidest Mirtneh, and Kinfe Wubetu who coordinated the entire research process.

Kenya: Child and adult researchers in the **Local Research Teams** in **Kamunoit** and **Maduwa in Busia County;** The Department for Children's Services in Busia and all members of the Child Protection Working Group who formed the local reference group and supported the research process; Childline Kenya – Mercy Chege, Grace Mirie and Daniel Kamau, who guided and supported the research process; Save the Children Kenya staff members - Josephine Gitonga and Karen Poore who coordinated and supported the research process.

Zanzibar: Child and adult researchers in the **Local Research Teams** in **Unguja, Pemba,** and **Makunduchi.** The Department of Social Welfare, the Department of Women and Children, SOS Villages Tanzania, and ZAPHA+ in planning and implementing the participatory research; Save the Children Zanzibar staff members – Mali Nilsson and Alice Mushi; Maimuna Omar Ali for interpretation, translation and guidance; and very special thanks to the national consultant Aida Diop who provided mentoring and guidance throughout the research in Zanzibar and prepared the country report.

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Claire O'Kane
International Child Rights Consultant
January 2015

ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of Children
AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
BCN	Better Care Network
CBO	Community Based Organisations
CCI	Charitable Children's Institution
CPI	Child Protection Initiative
CPWG	Child Protection Working Group
CRC	United Nations Convention on the Rights of the Child
CSO	Civil Society Organisation
CWAC	Children Without Appropriate Care
CWC	Child Welfare Committee
DHS	Demographic and Health Surveys
DRC	Democratic Republic of Congo
DSW	Department of Social Welfare
EARO	East Africa Regional Office
FDRE	Federal Democratic Republic of Ethiopia
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GBV	Gender Based Violence
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activities
KDHS	Kenya Demographic Health Survey
LRT	Local Research Team
MICS	Multiple Indicator Cluster Survey
MoWCYA	Ministry of Women, Children and Youth Affairs, Ethiopia
NCCS	National Council for Children Services, Kenya
NGO	Non-Governmental Organisation
NPA	National Plan of Action
OAU	Organization for African Unity
OVC	Orphans and Vulnerable Children
SCI	Save the Children International
UN	United Nations
UNCRC	UN Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WCA	West Central Africa
ZAPHA+	Zanzibar Society for People Living with HIV and/or AIDS

EXECUTIVE SUMMARY

Save the Children implements programmes and advocacy to ensure fulfilment of children's rights and to inspire breakthroughs in the way the world treats children to achieve immediate and lasting change in their lives. In the past few years, Save the Children has been working towards a global Child Protection Breakthrough 2020 which states that "All children thrive in a safe family environment and no child is placed in harmful institutions." Furthermore, Save the Children is now planning to work towards a new 2030 breakthrough that "violence against children is no longer tolerated".[1]

In Ethiopia and Kenya 11% of children are living in households without either biological parent.[2] This figure rises to 17% for Tanzania.[3] In each of these countries children who are not living with their parents are most often living with relatives, including grandparents, aunts, uncles or other relatives. The majority of these children have both, or at least one living parent. Thus, orphanhood is not the main reason why children are living with their relatives.[4] Informal kinship care practices are identified as a traditional coping mechanism, which if effectively supported can contribute to resilient communities who are more able to care for and protect children in the face of adversity.

Building upon a Save the Children regional participatory research initiative on kinship care that was undertaken in West Central Africa in 2012 – 2013[5], Save the Children's East Africa Regional Office supported a similar process in East Africa. The aim of the research in East Africa was to build knowledge on endogenous care practices within families and communities, especially informal kinship care, in order to increase the care and protection of children. The research on kinship care was implemented in Ethiopia, Kenya, and Zanzibar. The participatory research was undertaken in 22 communities in 10 districts across these three countries. The adaptation and use of a regional research protocol supported participatory research involving children and caregivers as researchers, respondents and documenters.[6] In each of the 3 countries children and caregivers were actively involved as researchers in the Local Research Teams, working in collaboration with Save the Children staff, NGOs and/or government partners. In Zanzibar and Ethiopia the research was supported by national consultants, whereas in Kenya, the research was supported by the Child Helpline, a local NGO. 124 people were involved in Local Research Teams across the three countries, including 83 children and 41 adults. Furthermore, across the three countries over 2000 stakeholders were consulted during the research process including more than: 800 children living in kinship care; 380 children living with their biological parents; 900 caregivers; and 35 other relevant stakeholders including government officials, NGO staff, religious and traditional elders, community members, and parents.

While structured interviews using a questionnaire were undertaken in Ethiopia, and with a small cohort of caregivers in Kenya enabling quantitative data collection, the research was primarily qualitative and exploratory in each of the three countries. A range of research methods including: interviews, focus group discussions, and participatory research tools such as body mapping, time lines, resource mapping, visioning, drawing, and stories were used by Local Research Team members. Secondary data from DHS and MICS were also used to augment the findings. Ethical guidelines were applied to ensure voluntary informed consent and child safeguarding during

the research process. Child researchers were actively involved in each stage of the research, and gained confidence and skills from their involvement.

The research findings revealed that existing laws, policies and guidelines – particularly in Zanzibar and Kenya – do not have sufficient focus on informal kinship care practices which contributes to the lack of support provided to kinship care families. However, Guidelines for Alternative Care in Kenya have been drafted (by the National Council for Children Services), which recognise and encourages support for informal kinship care. In Ethiopia the 2009 Alternative Childcare Guidelines were developed by the Ministry of Women, by revising the 2001 Alternative Childcare Guidelines. The updated Guidelines help establish a regulatory instrument to improve the quality of care and services to orphans and vulnerable children, and kinship care is recognised as one of the alternative community care options. In Zanzibar, the International Guidelines for the Alternative Care of Children is recommended as a tool to improve existing legislation, policies, and guidelines to increase family support services which are accessible to all alternative caregivers, while also ensuring a strong focus on prevention of parental separation.

In Africa kinship care practices are prevalent and historical. In many societies child fosterage is an accepted means of raising children, and members of society value the roles and responsibilities of extended family members in caring for children.[7] Factors influencing kinship care arrangements in Ethiopia, Kenya and Zanzibar identified through this research include: a wide range of traditional socio-cultural and religious practices which encourage kinship care; family poverty; family breakdown (divorce, re-marriage, polygamy, early marriage, alcoholism); poor health, death of parent, HIV and AIDs or outbreak of other diseases; lack of access to schools, health services or livelihood opportunities; political insecurity, conflict, and disasters; and urbanisation and migration.

Decision making regarding kinship care tend to be made informally involving the father, mother and close relatives. In Zanzibar and in Busia County Kenya the decision making process is significantly influenced by a patriarchal system where decision making is predominantly male dominated. Furthermore, children are rarely consulted, but are usually informed once the care decision is made.

The findings demonstrate that girls and boys experiences of kinship care are diverse and that outcomes for children are mixed. Kinship care is a positive experience for some children enabling them to be cared for and loved by family members, to maintain a sense of identity, culture and inheritance. Furthermore, some children have increased access to education, health care and other resources when living with kin caregivers. However, for other children, kinship care is characterised by discrimination which can adversely affect their access to quality education, nutrition and protection. This contributes to unfair distribution of household tasks and potential barriers in accessing inheritance.

Protection and risk factors which influence positive and negative outcomes for children living in kinship care are identified and described. These factors include: i) Choice or obligation to care for a child which is influenced by patriarchal or matriarchal decision making processes; ii)

Motivation to care for the child and the degree of "closeness" between the child and caregiver; iii) Families' financial situation; iv) Child's behaviour – being polite and hardworking or undisciplined; v) Regular communication and support with parents or other relatives; and vi) a Child's individual circumstances (e.g. child born out of wedlock, child with disability) and community reactions.

A clear finding from the research in each of the countries is that children often prefer to live with their grandparents due to the love, care and sense of belonging provided to them, which increases the likelihood of positive outcomes for the children such as improved care and reduced cases of violence. However, it is also recognized that elderly caregivers may face health and socio-economic challenges that can create significant barriers to fulfilling all of the child's basic needs, and increases risks of school dropout and child labour. Thus child sensitive social protection schemes or other household economic strengthening opportunities are particularly crucial for elderly caregivers, in addition to psychosocial, health care, and other forms of support.

If effectively supported, kinship care practices can contribute to resilient families and communities who are more able to care for and protect children in the face of adversity. However the way in which kinship care is practiced is changing: with increased urbanization; modernisation; rising costs in education; families struggling to make ends meet; the HIV and AIDS pandemic; and impacts of disasters and conflict. These changes are contributing to more families feeling like it is a burden to raise a relatives' child rather than a blessing. Thus, it is essential that a holistic approach is adopted to mitigate the root causes contributing to parental separation, while also ensuring efforts to strengthen the child protection and care system to support all girls and boys, including children living with relatives.

One of the key debates that emerged during the research concerned the risks attached to formalising kinship care. While formalisation of kinship care may increase monitoring and regulation preventing discrimination and mistreatment, and increasing caregivers and children's access to services, it is also recognised that formalisation may adversely harm this traditional informal form of care, as some relatives may be more reluctant to care for relatives. Furthermore, there are also risks that it may increase parental separation, as children may be sent to live with relatives in order to access services. Thus, more informal mechanisms to register and regulate informal kinship care are encouraged to increase access to support and services, while maintaining its informality.

The research findings have informed the identification of 10 key areas for increased programming and advocacy with and by governments and other key stakeholders to prevent family separation and to increase the care and protection of children in families, including children living in kinship care:

1) Apply the Guidelines for the Alternative Care of Children[8] to improve the development, implementation and monitoring of national legislation, policies, and guidelines on alternative care, recognising the significant importance of informal kinship care.
2) Establish and expand family strengthening services including: child sensitive social protection schemes, especially for vulnerable single parents and elderly caregivers; household economic strengthening; and skilful parenting.
3) Increase positive parenting schemes for fathers, mothers, grandmothers, grandfathers, aunts, uncles and other caregivers.
4) Increase budget for social services and build the capacity of social workers or other relevant workforce to support family strengthening and family based care and protection
5) Increase access to free primary and secondary education and health services, especially in rural areas.
6) Strengthen child protection systems, including informal mechanisms to increase oversight of informal kinship care.
7) Increase active participation of female and male caregivers, mothers, fathers and children in care decision making and encourage ongoing communication and shared responsibilities for child rearing.
8) Increase opportunities for children's participation in families, communities, practice and policy developments affecting them.
9) Prevent and address discrimination of children living in kinship care.
10) Improve data collection on kinship care.

Save the Children is committed to take forward these recommendations to inform its own child protection and care programming. This will enhance an integrated programming approach, through its external influencing and advocacy work.

Child researchers in Kenya during play activity

INTRODUCTION

Save the Children is a leading independent organization working with children to increase fulfilment of their rights, and to help children fulfil their potential. The organisation works to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives. Children without Appropriate Care (CWAC)[9] has been a priority area for Save the Children's child protection work for the period 2010-2015. Programmes and advocacy work has been undertaken towards a goal that by 2015, 4.6 million children without appropriate care, and their families, (including children on the move and children affected by HIV and AIDS) would benefit from good-quality interventions within an improved child protection system. In the past few years, Save the Children has also been working towards a global Child Protection Breakthrough 2020 that "All children thrive in a safe family environment and no child is placed in harmful institutions". From 2016 onwards, the organization will be working towards a 2030 breakthrough that "violence against children is no longer tolerated".[10] A focus on children being cared for in safe family environments is integral to this new breakthrough area.

A growing body of applied research from social work, neuroscience, and other disciplines has demonstrated the misuse and risks associated with institutional care,[11] and have fuelled reforms to strengthen child protection and care systems in many countries and regions. There are increasing efforts by governments, the United Nations (UN) and civil society organisations to strengthen the capacity of parents and families to care and protect children, and to ensure use of institutional care as a last resort and temporary measure.[12] Significant proportions of children currently living in residential care have at least one living parent or other close relatives. Many children are not placed in institutions (or other alternative forms of care) because they are orphans, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.[13]

Major social, political and economic changes in sub-Saharan Africa in the last two decades have changed the character, ability and capacity of families and communities to care for children. Many families are weakened by endemic poverty, HIV and AIDS, armed conflict, political instability, disasters, financial crises, urbanisation and family breakdown.[14] Despite such challenges families and communities continue to depend on their own resources for child care and upbringing. Informal kinship care practices are widespread in the East Africa region, and such practices are identified as a traditional coping mechanism, which – if effectively supported – can contribute to resilient communities who are more able to care for and protect children in the face of adversity.

> Kinship care: family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.
>
> International Guidelines for the Alternative Care of Children 2010

In Ethiopia and Kenya 11% of children are living in households without either biological parent.[15] This figure rises to 17% for Tanzania.[16] In each of these countries children who are not living with their parents are most often living with relatives, including grandparents, aunts, uncles or other relatives. The majority of

these children have both, or at least one living parent. Thus, orphan hood is not the main reason why children are living with their relatives.[17]

The widespread nature of informal alternative care, especially kinship care, across regions of the world calls for a better understanding of it so that Save the Children can strengthen the impact of its work in this area through better support to kinship caregivers and children experiencing kinship care. Research to date underscores the major gap in knowledge about kinship care. For example, a discussion paper from UNICEF[18] aimed at improving understanding of informal alternative care identified two key conclusions: need for targeted research about children in informal care; and establishment of national policies for children in informal alternative care. In a review of existing research concerning orphans and the changing context of fostering in sub-Saharan Africa, Drah (2012) also highlighted the lack of research efforts to explore local communities and children's understandings and perspectives.[19]

The international Guidelines for the Alternative Care of Children[20] provide the basis for the establishment of such national policies and are a key advocacy tool for Save the Children's work on children without appropriate care. In East Africa, the Regional Office has supported capacity building workshops on CWAC in Ethiopia, Kenya, Uganda, Tanzania and Zanzibar for Save the Children staff, government officials and partners to realise the goal of improved care and protection for children without appropriate care. These workshops were instrumental in highlighting the lack of information on children in informal alternative care, and the need to ensure that national efforts to implement Guidelines for the Alternative Care of Children include a focus on informal kinship care practices. Country programmes in Ethiopia, Kenya and Zanzibar "opted in" to the participatory research initiative on kinship care that was supported by Save the Children's East Africa Regional Office.

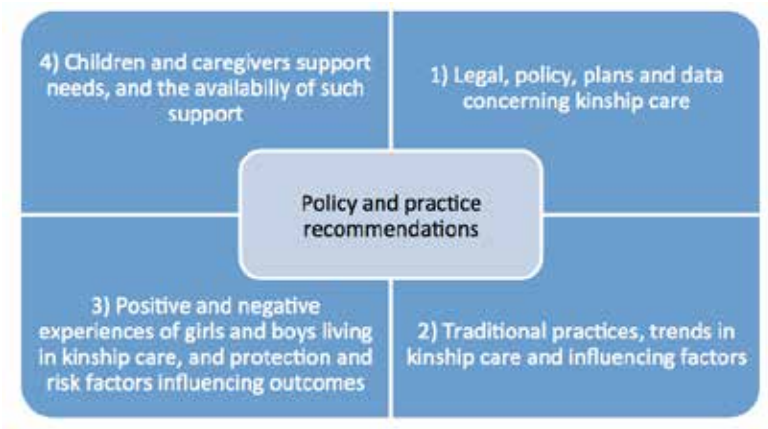
Building upon a Save the Children regional participatory research initiative on kinship care that was undertaken in West Central Africa in 2012 – 2013, Save the Children's East Africa Regional Office supported a similar process in East Africa. The aim of the research in East Africa was to build knowledge on endogenous care practices within families and communities, especially informal kinship care, in order to increase the care and protection of children. A research protocol for East Africa was updated based on lessons learned from the West Central Africa region,[21] and was adapted to the East Africa context.[22]

Research objectives

The research was primarily qualitative, participatory and exploratory with the following objectives:

- To increase understanding of the magnitude and characteristics of kinship care, and factors contributing to kinship care practices.
- To increase understanding of the experiences (positive and negative) of children living in kinship care, and protection and risk factors that build or undermine the fulfilment of their rights including access to basic services, education, nutrition, protection, non-discrimination and participation.
- To increase understanding of male and female caregivers perspectives and experiences (positive and negative) of kinship care;
- To identify and analyse the extent to which existing laws, policies, child protection systems and community based mechanisms (formal and informal) contribute to identification, monitoring, protection and support of children living in kinship care and/or prevention of family separation.
- To develop policy and practice recommendations to prevent family separation and support family strengthening efforts within a comprehensive care and protection system for children and their caregivers.

This regional report provides: key contextual information concerning the research countries; an overview of the research methodology; key reflections from the research process; and key findings on the four main research topics which inform the final chapter on conclusions and recommendations:



A snapshot of the context in Kenya, Ethiopia and Tanzania:[23]

	Kenya	Ethiopia	Tanzania[1]
Total Population	44,350,000	94,100,000	49,250,000
Human Development Index:	.535 (Rank – 147)	.435 (Rank – 173)	.488 (Rank – 159)
Percentage of population living below $1.25/day:	43.4%	36.8%	67.9%
Urban vs. rural distribution:	24.8% urban, 75.2% rural	17.5% urban, 82.5% rural	27.6% urban, 72.4% rural
HIV/ AIDs prevalence	6.1%	1.3%	5.1%
Child labour (age 5-14 years)	25.9%	27.4%	21.1%
Median age at first marriage for women	19.7 years	16.5 years	18.8 years

The total population of Zanzibar currently stands at 1,303,569 with an annual population growth rate of about 2.8%.[24] Zanzibar is a fairly homogenous society religiously and linguistically, with the vast majority of the population practicing Sunni Islam (over 97%) and speaking Kiswahili.

Group discussions during Zanzibar reflection workshop

RESEARCH PROCESS AND METHODOLOGY

An overview of the geographic scope and stakeholders involved

The research on kinship care was implemented in Ethiopia, Kenya, and Zanzibar. The participatory research was undertaken in 22 communities covering 10 districts across these three countries. In each of the countries children and caregivers were actively involved as researchers in the Local Research Teams (LRT), working in collaboration with Save the Children staff, NGO and/or government partners. In Zanzibar and Ethiopia the research was supported by national consultants.

Kenya: The Kinship care research in Kenya was conducted in Busia County located in the western region of Kenya. It was coordinated by Save Children Kenya in partnership with Childline Kenya working in close collaboration with the County Children's Office and members of a county level Child Protection Working Group. The research was undertaken in two communities, one rural community in Teso South sub county, and the other in an urban community in Busia township. An LRT was formed in each of these communities in June 2014. Across the two research sites 35 people were actively involved as researchers: 8 boys and 8 girls living with relatives, 13 women and 6 men. The adult research team members included representatives from NGO and CBO partners working in Busia, government officers from the County children's office, government administrative officers (chiefs) and children's caregivers. The research was mostly carried out during the school holidays in July and August. Qualitative participatory research tools were used, in addition to structured interviews using a questionnaire at the household level with caregivers which provided additional quantitative data. Over 200 people were consulted including: 42 children living in kinship care (23 girls, 19 boys); 160 caregivers (75 grandparents, 57 aunts and uncles, 11 elder sibling, 16 step-parents, and 1 cousin); and 15 child protection and welfare service providers.

Ethiopia: The kinship care research in Ethiopia encompassed participatory research with Local Research Teams (LRTs) involving children, caregiver and adults researchers in 3 of the biggest regions and in one city administration: Oromia, Amhara, Southern Nations, Nationalities and People's Region (SNNPR), and Addis Ababa. The LRTs were supported by Save the Children and local NGO partners in the three regions and in Addis Ababa city administration including: SNNPR supported by Mary Joy Development Association; Oromia supported by Ratson Women Children and Youth Development; in Addis Ababa supported by Love for Children Organisation; and in Amhara supported by member of an OVC project in North Gondar. Each of the LRTs included: 6-8 children and 3-4 adults and each team collected data from 2 communities. Overall, 15 girls, 11 boys, 8 women and 7 men were members of LRTs. In addition, LETARC consultancy was recruited both to support the LRTs participatory research, and to develop and implement quantitative and qualitative data collections across additional communities in these four areas. Questionnaire data was collected through interviews with children (children living in kinship care and biological children) and caregivers in nine woredas (districts) across the four regions namely: Ladeta (Addis Ababa city administration); Takusa, Habru, and Woldeya (in Amhara region); Hawassa, Dita, Chencha (in SNNPR);

and Shashemene and Ada (in Oromia region). Data was collected from 727 children living in kinship care, 365 biological children of kinship caregivers, and 727 caregivers (a total of 1817 participants).

Zanzibar: The Zanzibar programme of Save the Children Tanzania led the research initiative on kinship care in Zanzibar between March and September 2014. The research was undertaken with the collaboration of the Ministry of Empowerment, Social Welfare, Youth, Women and Children and SOS Villages Tanzania. The research was carried out in 12 Shehias or villages across five districts across the isles of Unguja (2 districts, Urban and Makunduchi) and Pemba (3 districts, Chake-Chake, Wete and Micheweni). LRTs were formed in i) Makunduchi, rural south region, ii) Urban Unguja, and iii) Pemba covering both urban and rural communities. Each of the LRTs included children[25], caregivers, and an official from the Department of Social Welfare. The Pemba team also included an SOS staff member. The 3 Local Research Teams were supported by a national consultant[26]. A total of 51 caregivers, 67 children (who collected over 220 stories from their peers) and 19 other stakeholders (including government officials, religious and community elders, and parents) took part in the research.

Selection of the research sites: purposeful sampling

Decisions regarding the scope of the research in terms of geographic locations and numbers of children, caregivers and other key stakeholders involved[27] were influenced by the human and financial resources that Save the Children country teams were able to secure to support the participatory research process in their country. Each country team was encouraged to conduct the research in at least two main geographic locations in each country, ideally one urban and one rural location. As the research was primarily exploratory and qualitative and aimed at improving practice, purposeful sampling was used to identify geographic locations where the research would take place. Though a broader research approach (encompassing quantitative and qualitative data collection methods) was used in Ethiopia; and in Busia County in Kenya, a questionnaire using structured interviews was also undertaken with a small cohort of caregivers in the two research communities.

Decisions about research locations were largely informed by:

- Locations where Save the Children or their NGO or Government partners have existing child protection programmes. Through existing programmes Save the Children have relationships and trust with relevant community stakeholders to gain permission and support to undertake the research, and more structures in place to respond to any safeguarding or other concerns raised by children and adults during the research process;
- Knowledge or existing data regarding States or Regions where kinship care practices were prevalent due to migration, HIV pandemic or other factors.

In Kenya, Save the Children Kenya and Childline Kenya selected Busia County due to it being one of the regions most affected by the HIV and AIDS pandemic which has contributed to higher numbers of children living with relatives[28]. In addition, it was selected due to the existence of an active County level Child Protection Working Group (CPWG) which is led by the county coordinator of Children Services who is committed to strengthening the response to and prevention of child rights violations. In Busia County this CPWG has piloted Child Protection Case Management Guidelines, and members have been involved in piloting cash transfers to vulnerable families. The selection of the two research communities – one rural village in Teso

sub-country, and one community in the urban Busia township were selected by Local Reference Group members in consultation with local administrators, as these two counties had the highest number of vulnerable families registered for cash transfer beneficiaries.

In Zanzibar efforts were made to undertake research in both main island Unguja and in the smaller island Pemba. In both islands, Local Research Teams were formed to support data collection and analysis. Furthermore, in Unguja a team was formed in the urban location, and in the southern rural location in Makunduchi.

In Ethiopia, the participatory research was undertaken in three diverse geographic regions and in the city administration of Addis Ababa. In each of these regions an LRT used the participatory research tools, and the national consultancy agency gathered additional quantitative and qualitative data through the household interviews with children and caregivers in additional communities.

In each of the countries the research also drew upon recent analysis by the Better Care Network of existing quantitative data from existing MICS and DHS surveys concerning the child and their relation to the head of the household.

124 people were involved in Local Research Teams across the three countries, including 83 children (39 boys and 44 girls), and **41 adults** (18 men and 23 women)**.** These teams included: children (mostly girls and boys living in kinship care, but also some children living with biological parents); caregivers; Save the Children staff; NGO partners; and Department of Social Welfare Officials (in Zanzibar).

Across the three countries over 2000 stakeholders were consulted during the research process including: more than 800 children living in kinship care; 380 children living with their biological parents; 900 caregivers; and 35 other relevant stakeholders (parents, community members, members of child protection and most vulnerable children committees, traditional chiefs, religious elders, local and national officials, and members of NGOs).

Child researchers in western Kenya

Key elements of the research process

Stage 1: Preparations for participatory research (updating the research protocol; establishment and initial capacity building of country research teams)

The regional research protocol was updated and adapted to support participatory research involving children and caregivers as researchers, respondents and documenters. Save the Children country programmes used the protocol to inform the development of a Terms of Reference for the participatory research which was specific to their country context. In each country Save the Children identified relevant partners to collaborate in the planning, implementation and follow up to the research. In Ethiopia and Zanzibar national consultants were recruited to support planning and implementation of the research process, while in Kenya the research was primarily supported by staff from Save the Children and from their NGO partner Childline Kenya.

Through dialogue with their key partners (Government and NGO) each country made decisions regarding the geographical scope of the research and collaborated to share relevant information on the research with key stakeholders in order to be able to establish LRTs including girls, boys, female and male caregivers, local Save the Children staff and partners. Local Reference Groups involving key stakeholders were also formed in Busia County Kenya to ensure practical and strategic follow up to research processes and outcomes.

Orientation meetings with Government and NGO stakeholders, Busia County, Kenya

In preparation for conducting the Kinship care Research, Save the Children Kenya and Childline Kenya organised orientation meetings bringing together members of the Child Protection Working Group – staff from NGOs and CBOs working in the children's sector, local leaders and local government officials (children's officers) working under the Department of Children Services in Busia, and two child representatives. Through the orientation meetings Local Reference Groups (LRG) were established in each of the research locations enabling: i) support for implementing the research, ii) stronger links with the existing child protection system in the County for referral and response to any significant protection and care concerns identified during the research; and iii) opportunities to advocate and follow up on practice and policy recommendations emerging from the research. The CPWG members were extremely positive about the research, as they recognised that the outcomes would contribute to enrich other ongoing processes in the county such as the establishment of a Child Protection Centre, and development of Case Management Guidelines for response and prevention of violence against children. In addition to the orientation meeting with LRG members, village elders in the two chosen locations were sensitised on the research activity. This was necessary to further stimulate buy in and acceptance, which was critical to mobilization and support of the research teams during the research.

Desk research on existing laws, policies, data, and research on kinship care was undertaken in each country by focal points from each country team and by an international consultant[30].

Three day capacity building workshops were organised by Save the Children and their partners with members of the Local Research Teams (children and adults) to increase their confidence, skills and knowledge to undertake research[31]. The workshops were organised in Addis Ababa (Ethiopia), Unguja (Zanzibar), and in Busia (Kenya). As the Addis Ababa workshop only involved two child researchers from each of the four Local Research Teams, additional local training workshops were organised in the three regions (Amhara, Oromia, SNNPR), and in the city administration of Addis Ababa, to build the capacity of all the LRT members in each area. The workshop used child friendly approaches to: introduce the research protocol; explore ethical approaches to research; introduce and try out relevant participatory research tools; and to further develop interview, facilitation, documentation and analysis skills. The participatory research tools that were introduced during the workshop included: interviews, focus group discussions, observation, trend analysis, visual mapping of care options, body mapping, day in a life of, draw and write, photovoice, stories, and resource mapping. Children and adults also analysed and developed some initial "codes" for themes that emerged from using these research tools to explore kinship care.

Prior to the training workshop, the research protocol and key annexes[32] including Ethical Guidelines—were translated into Kiswahili increasing their accessibility and application by Local Research Team members. The ethical guidelines encouraged adherence to child safeguarding policies and basic requirements in children's participation promoting safe, meaningful and inclusive children's participation throughout the research process.

Ethical guidelines included efforts to:

- ✓ Ensure effective communication and co-ordination systems are in place
- ✓ Apply child safeguarding policy and code of conduct and ensure availability of psycho-social support if needed.
- ✓ Apply basic requirements in children's participation
- ✓ Identify risks and ensure strategies to minimise or deal with risks
- ✓ Plan research activities at times that suit children and caregivers. Use school calendars and harvesting calendars to inform timely planning.
- ✓ Ensure informed consent and options to withdraw at any time.
- ✓ In addition, seek the support of children's caregivers and wider community
- ✓ Ensure anonymity of views and safe keeping of data
- ✓ Be sensitive and flexible – ready to resolve any ethical issues which may arise.
- ✓ Ensure feedback to all involved

Monthly 'virtual interest group' meetings were organised bringing together the focal points from each country and the advisory group to ensure regular communication, sharing of good practice, problem solving on emerging challenges or ethical concerns, and action planning enhancing a quality participatory research and action process.

Stage 2: Implementation of participatory research (over a 2-4 month period)

In the latter part of the initial capacity building workshop, Local Research Team members (children and adults) developed draft work plans to implement the research in their local areas. Their work plans often included: efforts to inform traditional community leaders about the research; identification and information sharing with children living in kinship care and with their caregivers to ensure informed consent of those who were interested to participate in research workshops or focus group discussions; coordination to implement the research tools. National consultants, Save the Children and NGO partners' staff supported the Local Research Teams in implementing their work plans in their respective geographic areas.[33]

Local Research Teams (adults and children) implemented the participatory research in two phases: *an initial exploratory phase* using participatory research tools with groups of children living with relatives in their community, as well organising focus group discussions and interviews with caregivers and other key stakeholders; followed by more *in-depth research* on the most significant emerging themes identified by children.

As part of the initial exploratory research child friendly participatory tools including body mapping, timelines, and visual mapping of care options were facilitated[34] with girls and boys who were living with relatives, as well as with some children living with their biological parents (to provide comparative data). In many research locations a one day workshop was organised with children enabling 3-4 research tools to be used in one day. In other research locations the tools were facilitated over a period of time using one tool at a time. Some of the activities, such as the body mapping exercise were carried out in separate groups of girls and boys; and children were able to develop their own individual timelines showing a typical day in their own lives.

At the outset of the in-depth research phase, children identified themes concerning their most significant positive and negative experiences of living in kinship care. They then used draw and write, poems, stories and "photovoice" to explore and document their own experiences, feelings and views on these themes, and encouraged other girls and boys living with relatives to also share their stories. Girls and boys were able to contribute to "draw and write", poems and stories individually at times that suited them, which contributed to their effective use by child researchers and their peers. Child researchers were also provided with training and access to disposable cameras in Zanzibar, and to digital cameras in Ethiopia and Kenya. Photovoice is a tool in participatory action research where people can create and discuss photographs as a means of enabling personal and community change.[35] While discussing and applying ethical guidelines, children used photography to capture and document share some of their stories concerning kinship care. The photovoice method was interesting for children to use, particularly in Ethiopia and Zanzibar when they had access to cameras over a number of weeks. However, the child researchers in Kenya only had access to the cameras over a two day period which limited the effectiveness of the photovoice method in this context.

Children's interest led to more children "opting in" to become researchers during the research process, Zanzibar

There were initially 12 lead researchers (six males and six females), who participated in the initial capacity building workshop. Following a consultation with children from Zanzibar Association for People living with HIV and/or AIDS, known as ZAPHA+, four children from Zapha+ became child researchers. Furthermore, when outreach research workshops were organised with additional children across the three Local Research Team areas, some of the children who took part as respondents expressed their interest to remain actively involved in the process as researchers in the follow up 'in-depth' research phase. As a result, 67 children participated in the research workshops, and 41 of them became dedicated researchers who actively collected data from their peers in their respective communities during the months of April and May 2014. The child researchers collected a total of 220 stories from children living in kinship care, but also from children living with their biological parents in Pemba, Makunduchi (Unguja) and Urban (Unguja).

Separate focus group discussions and use of participatory tools including trend analysis, visual mapping of care options, and body mapping were also used with caregivers to explore their views and perspectives. In addition, key informant interviews were undertaken with some parents, caregivers, community elders and government officials.

In most of the research locations the Local Research Teams held weekly meetings to coordinate planning, data collection, data storage and analysis of emerging themes. Use of the analytical and documentation framework by country research teams and ongoing analysis of the most significant emerging themes (identified by Local Research Teams) enabled more systematic exploration and documentation of key findings.

Stage 3: Regional and country level reflection, documentation and advocacy based on participatory research

Reflection workshops involving country research members (children and adults), Save the Children staff, key partners, national and international consultants were organised at the end of the data collection stage. In each country the 3 day workshop enabled participants to reflect and action plan on key findings, the most significant emerging themes, gaps in research findings, documentation of good practice and critical issues, and preparation of recommendations for practice and policy developments. In some locations these country workshops were preceded by local reflection workshops.

A country report has been developed sharing the key findings from the research in each of the three countries. In addition, a child led Family Album bringing together draw and write, photovoice, stories and poems by child researchers has been produced in each country. Both of these products are being used to inform feedback, action and advocacy initiatives at different levels (local, sub-national, national and regional). This regional report has been prepared building upon the findings from the country reports[36]. Furthermore, Save the Children is using the findings to inform country annual planning and advocacy for 2015 onwards; and key learning from the research is also informing an Africa Programme Learning Event on Children without Appropriate Care which will take place in 2015.

Country research teams reflection on the research process

Researchers reflect on strengths and weaknesses of the research, Kenya

Throughout the research, child researchers were able to share their feedback and thoughts on the process of the research, and seek support from adult members of their Local Research Teams on key challenges they faced. The feedback was systematically used to inform and improve the research experience of other teams, which facilitated the finding of practical solutions. Some examples of challenges identified and solutions found are described below.

Strengths of the research process

Collaboration among a range partners to implement the research including Save the Children, NGO partners (Childline Kenya, Mary Joy Development Association, Ratson Women Children and Youth Development, Love for Children Organisation, SOS Zanzibar, ZAPHA+), Government Departments, Children's Parliaments and Groups, local chiefs and members of faith based organisations. In each country multi-agency efforts strengthened planning and implementation of participatory action research processes, as each partner brought with them specific expertise and knowledge of the local context; and synergy among different agencies was fostered to enhance multi-agency action planning and support to the child researchers. For example, Government engagement in the research in Zanzibar has enhanced their ownership of the findings and readiness to work in collaboration with Save the Children and with children to act upon the findings to inform policy and practice developments concerning children without appropriate care. Furthermore, sensitisation with community elders was important to help identify and mobilise caregivers and children living in kinship care to be part of the research process.

Community ownership and positive engagement of children, caregivers, local chiefs and other community members in the participatory research on kinship care was perceived as relevant to them due to the prevalence of children living with relatives. Furthermore, the research methods were seen as interesting. Many caregivers and children's shared positive feedback that people were finally taking notice of their situation and allowing a better understanding of kinship care practices to emerge, as they had often felt ignored and isolated as caregivers or children living in kinship care.

> Some caregivers were ready to talk and express their feelings. They were happy, as they said this was the first time they were recognised as caregivers. Some caregivers are yearning for us to talk to them.
>
> (Adult member of LRT, Kenya)

Researchers (children and adults) enjoyed the training workshops as they were interactive and they developed a strong sense of ownership of the research process, and children and caregivers felt empowered to better fulfil their responsibilities as researchers. A lot of information on kinship care was generated during the 3 day training workshop when the tools were piloted and tested among the researchers. Moreover, child researchers enjoyed interacting with other children, meeting on a weekly basis and looked forward to their local reflection workshops. In Zanzibar for example, good communication within Local Research Teams and clear expectations of deadlines and weekly tasks was identified as a strength.

Use of child friendly participatory research tools especially the body mapping, draw and write, poems and photovoice enhanced children's interest and their active engagement in the research. Use of participatory tools enabled children to express themselves with means they were comfortable with sharing personal and intimate testimonies through storytelling, poems, drawing, singing, taking photos, etc.

Challenges faced during the research process and some solutions

Existing socio-cultural attitudes towards children contributed to a situation where some adults (community elders, caregivers or parents) were ***reluctant to take child researchers seriously***. Efforts by the local Government Department or NGO partner representatives to inform and sensitise the community elders or chiefs about the purpose of the research and the roles of children as researchers helped to reduce such challenges. Some ***caregivers had fears*** that the child researchers were 'spies' and that research would expose some negative practices. Sharing information sheets about the research in local languages, and seeking informed consent from both the child and their caregiver(s) enhanced opportunities to share transparent information about the research. Furthermore, in each research location collaborative efforts and sensitisation by adults and children in the Local Research Teams helped to secure caregiver's understanding of, and engagement in research activities. However, occasionally caregivers refused to participate in the research. In such situations their research team moved on to identify caregivers and children in another household.

Adult's power and influence over children also contributed to a situation where ***children found it hard to express themselves freely in the presence of adult caregivers***. Thus, the initial participatory research workshops or activities for children were usually organised in a safe and accessible venue where girls and boys living with relatives could freely interact with one another, without the presence of caregivers. The research activities were facilitated by the child researchers, with support from adult research team members. Some activities and discussions were facilitated in separate groups for girls and boys. Child researchers in Zanzibar also used opportunities to interview children during school breaks, so that the children were more free to express their views without the presence of their caregivers. For the follow up in-depth research activities using draw and write, stories, poems, and photo voice, girls and boys were able to prepare these in moments when they had the necessary privacy and time to express themselves.

Expectations for payments among local researchers and research respondents created some challenges in Busia County, Kenya. Children and adults in the three research countries had opportunities to join the Local Research Teams, receive training, and contribute a few hours a week to research activities as "voluntary work" if it was something that they were interested in. Local transport allowances were provided. Refreshments and lunch were also provided to researchers if activities took more than a few hours in a day. All the children and caregiver members of the

Local Research Team members were volunteers and not paid researchers. Child labour laws were respected, and efforts were made to ensure that children's voluntary participation as researchers was reasonable to their age and circumstances and not a form of exploitation. Efforts were made to ensure that the time contributed by the child researchers did not negatively interfere with their studies, leisure or other responsibilities, and that children did not use their money for expenses for their involvement in the research. In Ethiopia and Kenya most of the research was conducted during children's school holidays. Furthermore, certificates of participation were provided to the researchers (children and adults) to recognise their contributions and their skills.

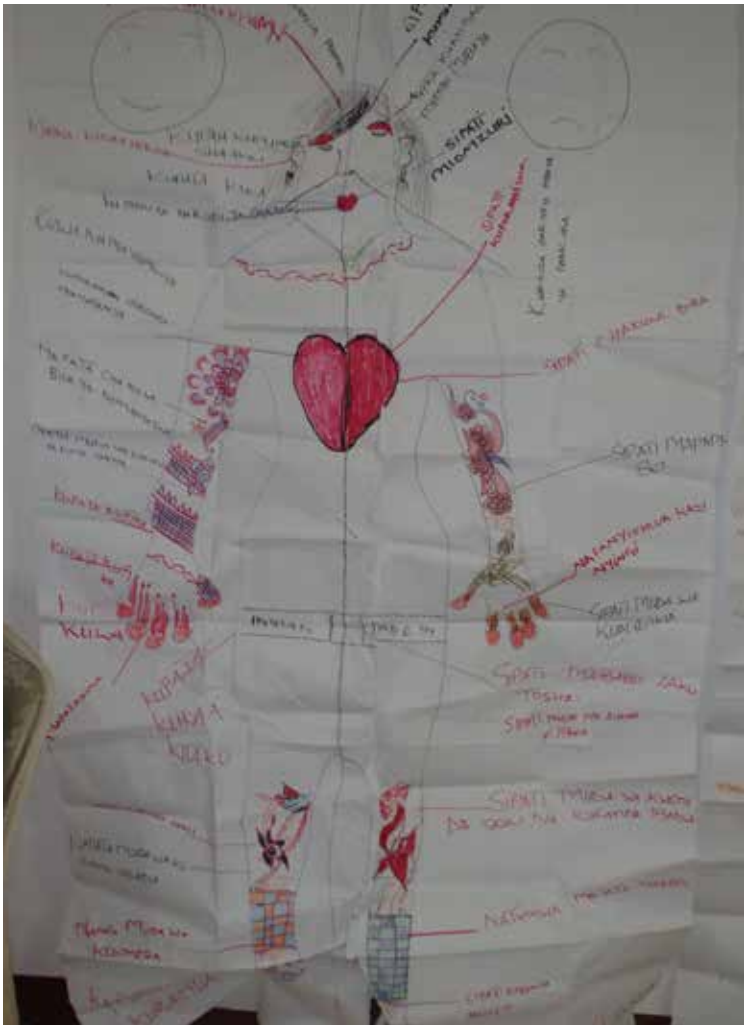
Transparent information about the voluntary research work opportunity and the lack of funds available to pay Local Research Team (LRT) members was shared with relevant stakeholders at the outset of the process. Stakeholders had opportunities to "opt out" if they were not interested to be part of the process without payment. However, despite transparent information sharing, in Busia County some adult and child researchers continued to raise their expectations that they would be provided with financial "appreciation" for their efforts. Thus, further communication was needed to ensure realistic expectations. Despite the lack of financial payments the Local Research Team members recognised the value of their contributions, the benefits of community based research, and the importance of applying the findings to inform improvements in program and policy developments to better support children and families.

Logistical challenges in transport and support to researchers were sometimes faced by child researchers in Zanzibar, as members of the LRT lived in different communities. Thus, more efforts were needed to arrange transport to bring the LRT members together for weekly meetings, in contrast to other countries where members of the LRTs often lived in the same village or urban ward.

Limited secondary data available on kinship care: Local and national authorities have limited data on kinship care. However, close collaboration between Save the Children and the Better Care Network enhanced opportunities to access DHS and MICS data concerning children in households and their living and care arrangements. The Better Care Network[37] has been developing a series of country briefs using the latest available data set from DHS or MICS for the country and presenting the data and analysis of the trends, when data is available, regarding children's living arrangements and care situations. Close collaboration between focal points involved in Save the Children's regional research initiative on kinship care, and the BCN resulted in Ethiopia, Kenya and Tanzania (including Zanzibar) being prioritised for the country briefs.

Limitations in the research methodology: the lack of quantitative data collection; limited number of field locations; and limited numbers of parents consulted. The participatory research in Zanzibar and Kenya was primarily qualitative and exploratory. Resources were not sufficient to undertake widespread household surveys, which would have provided systematic quantitative data regarding the number and characteristics of each specific kinship care arrangements in the research communities. However, DHS data was drawn upon to provide quantitative data concerning children living in households without their biological parents. In Ethiopia questionnaire surveys with caregivers and children were undertaken as part of the research. In Kenya structured interviews were undertaken with a cohort of caregivers in the two village research locations; and triangulation of the data from various sources increased the validity of the data gathered.

A weakness of the research was that a limited number of parents were interviewed or involved in focus group discussions. Thus, less information from the perspectives of mothers or fathers regarding the reasons they have sent children to live with relatives was collected. Therefore, although significant information was gathered regarding trends and factors which influence decisions to send children to live with relative caregivers, it is important to consult and engage with children's mothers and fathers in future research and practice, especially in efforts to prevent parental separation.



Body Mapping of children's experiences in kinship care, Zanzibar

KEY FINDINGS

Key findings are shared for four key topics:

1. Existing legal and policy frameworks, available data and national government programmes concerning kinship care
2. Traditional practices, trends in kinship care and influencing factors
3. Positive and negative experiences of girls and boys living in kinship care, and protection and risk factors influencing outcomes
4. Children and caregivers' support needs and the availability of support

Reflection workshop, Zanzibar

Reflection workshop, Ethiopia

Topic 1: Existing legal and policy frameworks, available data and national government programmes concerning kinship care:

This section shares some key findings concerning:

1. **Legal and policy frameworks** relating to children's care and protection and the extent to which informal kinship care is recognised and supported by national laws, policies, plans and guidelines, including efforts to apply the International *Guidelines for the Alternative Care of Children (2009).*
2. **DHS and MICS data** analysis by the Better Care Network concerning children living in households without their biological parents in Ethiopia, Kenya and Tanzania, and available disaggregated data concerning children who are living with their relatives.

1. Legal and Policy Frameworks supporting children's care and protection

The United Nations Convention on the Rights of the Children (UNCRC) recognizes every child's right to survival, development, protection and participation. Governments which have ratified the Convention, including Kenya (in 1990) and Ethiopia and Tanzania (in 1991) are obligated to take all necessary steps including legislative, administrative and other measures towards its implementation. The Convention affirms *"the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community*". Article 5 outlines the responsibilities and rights of parents, and also recognises that extended family members may be caregivers in local customs.

> ***Article 5, UNCRC:***
> *States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.*

Article 18 of the UNCRC further endorses the primary responsibility of parents (or legal guardians) for the upbringing and development of the child; and it outlines the role of the State to provide *"appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children."* Article 20 is the main provision that specifically addresses the issue of children without parental care.

Article 20, UNCRC:

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.
2. States Parties shall in accordance with their national laws ensure alternative care for such a child.
3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

When making decisions about children's care, the principle of the child's best interests (Article 3); listening to children's views, while taking into consideration their evolving capacity (Article 12); the child's right to survival and development (article 6), and the principle of non-discrimination (article 2) must be applied. Building upon the UNCRC, the International Guidelines for the Alternative Care of Children[38] (2009)*(see below)* provide further guidance to support care planning, decision making, monitoring and follow up in the best interests of the child.

Ethiopia, Kenya and Zanzibar (Tanzania) are also signatories to the African Charter on the Rights and Welfare of the Child (ACRWC). Article 25 of the African Charter specifically addresses issues of children without parental care by stating that any child *"permanently or temporarily deprived of a family environment is entitled to special protection and assistance"*.[39] The provision sub article 2 provides a detailed description of alternative care *"… which could include, among others, foster placement, or placement in suitable institutions for the care of children"*. The Charter also emphasizes the "best interest of the child" principle.

The Constitution of the Federal Democratic Republic of Ethiopia (FDRE) 1994, and the more recent Constitution Kenya 2010 also emphasise a commitment to children's rights and the importance of the family unit.

Since the ratification of the UNCRC and the African Charter there have been **significant legislation and policy developments to increase child rights and child protection** in countries in the East Africa region including the:

- The Children's Act of 2001, Kenya
- The Children's Act 2011, Zanzibar
- The Revised Family Code 2000, Ethiopia

Each of these Acts and Codes promote the principles of child rights for children under the age of 18 years, and recognise the importance of the family unit and parental care. Prevention of family separation and efforts to unify families are encouraged. Furthermore, Government responsibilities to provide support if a child lack's parental care and needs alternative care are outlined.

The Revised Family Code in Ethiopia[40] recognises the roles of extended family members and supports kinship care options if a child cannot live with their own parents. Where the parents of the child are not in a position to take care of their children, the responsibility to take care of an orphan falls to the grandparents.[41] If the orphan does not have grandparents, the responsibility would go to sisters and brothers (who have reached the age of majority). If a child does not have relatives whom they can live with a guardian needs to be appointed.

The Children's Act in Kenya and Zanzibar recognise extended family member roles when defining a "family" or "home". In Zanzibar, a "family" in relation to a child includes: "*A parent of the child; any other person who has parental responsibilities and rights in respect of the child; a grandparent, brother, sister, uncle, aunt or cousin of the child; or any other person with whom the child has developed a significant relationship, based on emotional attachment, which resembles a family relationship"*.[42] Furthermore, in Kenya, a "home" in relation to a child *means "the place where the child's parent, guardian, relative or foster parent permanently resides, or if there is no parent, guardian or relative living and the child has no foster parent, the child's parent's or guardian's or relative's last permanent residence"*.[43] Yet despite awareness of extended family structures and the prevalence of informal kinship care arrangements in East Africa there is limited focus on informal kinship care in the Children's Acts in Kenya or Zanzibar. Rather, there is a stronger focus on alternative formal care options including: foster care (by non-relatives), guardianship, adoption, and placement of a child in an institution. In the Zanzibar Children's Act there is also an additional focus on "Kafalah" (as an Islamic alternative to adoption), and a focus on approved schools.

Kafalah in the Zanzibar context[44]

Kafalah is an Islamic type of guardianship and is defined by the Children's Act as "*the commitment to voluntarily takecare of the maintenance, protection and education of the child in the same way as the biological parents of the child would do*'. The provisions on Kafalah apply to persons subscribing to Islamic faith, while provisions on adoption strictly apply to persons who do not subscribe to the Islamic faith. The blood-ties between the child and their biological parents are deemed unbreakable in Islamic traditions and a change in parental status, name and inheritance rights are typically prohibited in Islamic societies. Part VII of the Children's Act provides the conditions under which Kafalah may be granted via section 75 (1) which state that an application for Kafalah is to be made to the Khadi's Court.

Kafalah is as a family care alternative used when all efforts to place a child with their extended family have been exhausted. It is a system of guardianship that is mediated by the state, in contrast to informal or customary adoption.[45]

Review and amendment processes to update the Children's Act in Kenya are currently underway, including discussions to re-focus the language to reflect an emphasis on alternative family-based care as opposed to institutionalization. Although the Children's Act in Kenya provides for placement of children in Charitable Children's Institutions (CCIs) as a measure of last resort, in practice, CCIs continue to be established and used by private, religious and government agencies without first exhausting alternative family base care options. Moreover, there have been limited legal and policy guidelines developed to guide and promote the practice of foster care and guardianship.

National Policies and National Plans of Action concerning children, or more specifically for orphans and vulnerable children have been developed which are relevant to some children living in kinship care including:

- A National Children's Policy 2008, Kenya
- National Action Plan for Children, draft 2013 – 2016, Kenya
- National Plan of Action for Orphans and Vulnerable Children, 2007-2010, Kenya
- The National Costed Plan of Action for Most Vulnerable Children, 2010-2015, Zanzibar
- National Plan of Action for Children, 2003 – 2010, Ethiopia
- National Plan of Action for Orphans and Vulnerable Children 2004 – 2006, Ethiopia

A National Children's Policy was enacted in Kenya in 2008 to support improved implementation of the Children's Act. The policy recognises that all children have a right to be protected and receive support within the family, community and the wider society; while also outlining the importance of appropriate measures to protect orphans and vulnerable children including: support for parents, families and caregivers; and provision of treatment, care and support to children including their parents and caregivers. A section on Children under Community Care,

Adoption, Foster Care and Charitable Children's Institutions (CCIs) emphasises the importance of protecting children in these different forms of care against any possible abuse and exploitation. Efforts to achieve this include: strengthening and supporting the structures and community systems that take care of the orphans and other vulnerable children; ensuring that CCIs (with national minimum standards in place) are used as a last resort and temporary measure for children as they await appropriate placement and alternative family care within the community; and domestication of the provisions of the Hague Convention on Inter-country Adoption. To support implementation of this policy a National Plan of Action for Children has been drafted identifying interventions and expected outcomes for children for each policy area, including parental and family care, and social protection.

In Kenya there is also a National Plan of Action for Orphans and Vulnerable Children 2007-2010, which was designed to respond to children who were orphaned or vulnerable due to HIV/AIDS. The NPA for OVC has a clear focus on increased care and support of OVCs by communities, increasing family based care and children's access to essential services. In reviewing and updating this NPA for OVCs, advocacy is also underway for renewed strategies to strengthen the capacity of families to protect and care for OVCs.

In Zanzibar, the National Costed Plan of Action for Most Vulnerable Children, 2010-2015 sets out five thematic areas of strategic focus for targeted intervention, including chronic poverty reduction, child protection system strengthening, service coordination, addressing cultural and social norms and monitoring and evaluation. The definition of Most Vulnerable Children (MVC) encompasses children who are: orphans; abandoned; living in elderly headed or female headed households; born out of wedlock; from families who suffer from acute poverty; as well as other groups.[46] However, children living with aunts, uncles, elder siblings or cousins are not identified as a group of MVC for targeted interventions.

The National Plan of Action (NPA) for Children (2003 – 2010) in Ethiopia focuses of four thematic areas: 1) promotion of healthy lives; 2) provision of quality education; 3) protecting children against abuse, exploitation; and 4) combating HIV/AIDS. A more specific NPA for Orphans and Vulnerable Children 2004 – 2006 also supported increased action with regards to the legal and regulatory frameworks, situation analysis, advocacy and capacity building, consultation and coordination and monitoring and evaluation.[47] However, this NPA for OVCs has not been updated in recent years.

Each of these NPAs and policies reflect the principles of the African Charter and the UNCRC. To some extent they also reflect key principles of the International Guidelines for the Alternative Care of Children (2009)[48] *(see below)*, as family and community based care and protection, including efforts to prevent and respond to family violence and family separation are promoted.

The International Guidelines for the Alternative Care of Children, 2009

The International Guidelines for the Alternative Care of Children apply to the use and conditions of alternative care for all children under the age of 18 years, regardless of the care setting and of its formal or informal nature, with due regard to both the important role played by the extended family and community. The Guidelines set out to:

- Support efforts to preserve or re-establish the family unit
- When needed, identify and provide alternative child care that promotes the child's development

- Encourage governments to assume their responsibilities towards the rights of children without parental care.
- Encourage all concerned with child care to fully take into account the Guidelines in their policies and activities.

Two key principles of the Guidelines focus on whether alternative care is necessary and appropriate. The Guidelines aim to ensure the appropriate use of alternative care, preventing the need for unnecessary alternative care by promoting parental care and respect for children's rights; and addressing the root causes of abandonment and separation. Family strengthening services (such as parenting courses) and supportive social services (such as day care, mediation, or services for parents and children with disabilities) are encouraged to empower families with attitudes, skills, capacities and tools to provide adequately for the protection, care and development of their children. Youth policies aiming at empowering youth to overcome the challenges of everyday life, including when they decide to leave the parental home, and preparing future parents to make informed decisions regarding their sexual and reproductive health are also encouraged.

In determining whether alternative care is necessary the Guidelines encourage: consultations with the family and the child; efforts to family support and family reintegration; efforts to address negative societal factors that may contribute to family separation; and effective gate keeping by formal care agencies. Furthermore, in determining whether alternative care is appropriate the Guidelines encourage assessments concerning the extent to which the care option meets certain general standards (access to basic services, contact with parents or family members, protection from violence and exploitation); and whether the care options meets the specific needs of the child concerned considering their views, best interests and long term stable solutions.

The Guidelines for the Alternative Care of Children[49] recognize the critical role of kinship care as a major form of informal care, but also highlights the importance of such carers being encouraged to notify the competent authorities *"so that they and the child may receive any necessary financial and other support that would promote the child's welfare and protection" (para 56).* Considering the principles of best interests, the child, parent and caregivers' views, and permanency planning, the Guidelines also encourage deliberation concerning opportunities to formalise care arrangements after a suitable lapse of time. While formalizing care arrangements in the extended family may not be always be appropriate or realistic, developing a system whereby the transfer of responsibility for the child's care to relatives or friends is reported and recorded to the local authority (e.g. to the traditional chief, child protection committee) would increase better monitoring and support.

Inter-agency collaboration and advocacy are underway to support national Governments to adopt and implement the Guidelines for the Alternative Care of Children 2009, including a Pan Africa launch and promotion of a "Moving Forward" handbook[50] to support implementation of the Guidelines.

> *The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role.*
>
> *(Para 3, Guidelines for the Alternative Care of Children, 2009)*

National Guidelines for the Alternative Care of Children have recently been developed in Ethiopia and Kenya. In Zanzibar, Alternative Care Guidelines have not been developed. However, National Guidelines for the Protection and Welfare of Children, and Guidelines for the Establishment and Management of Residential Care for Most Vulnerable Children were developed in 2011.

National Alternative Childcare Guideline, 2009, Ethiopia

In 2009 Alternative Childcare Guidelines were developed by the Ministry of Women, by revising the 2001 Alternative Childcare Guidelines.[51] The updated Guidelines help establish a regulatory instrument to improve the quality of care and services to orphans and vulnerable children. They cover: Community-Based Childcare, Reunification and Reintegration Program, Foster Care, Adoption and Institutional Care Service provision.[52] Family reunification and community based child care options are preferred, and the Guidelines recognize kinship care as one of the key alternative placements for orphans and vulnerable children (OVCs).

The Guidelines encourage community based child care organisations to be engaged in preventive, remedial or rehabilitation interventions to ensure children's basic rights to shelter, food, nutrition, education, care and affection, health care and counselling, play and recreation, and special care for children with disabilities are met. When making decisions about placements of the child organizations implementing community-based childcare programs are encouraged to take the following issues into account when making decisions:

1. Assess locally acceptable and appropriate model of placement;
2. Enhance the capacity of the family where OVC are placed through imparting knowledge, providing training and creating access to microfinance service;
3. Provide parenting skills for care givers;
4. Build OVC's capacity through Income Generating Activities (IGA) in order to help them become self-supportive;
5. Discourage separating siblings in OVC placements;
6. Network and coordinate with organizations working with OVC;
7. Consider the participation of OVC and the community at large in the process.

The Guidelines also request organisations providing institutional care to support Child-Family Reunification Programs to support efforts to reunited child with their biological parents or extended family members.

Guidelines for the Alternative Care of Children, 2012, Government of Kenya

In 2012 the Department of Children's Services under the Ministry of Labour and Social Services supported a participatory process to develop Guidelines for the Alternative Care of Children in Kenya. Although the guidelines are not legally binding, they build upon existing laws and policies and they are designed to assist and support government and partners in implementation of alternative care services.[53] The Guideline provide practical tools for child protection practitioners who work with children deprived of parental care and those children who are at risk of being separated from their parents. The Guidelines recommend adequate assessment of needs and linking families to social support services so as to strengthen the capacity of families to provide care and support to children in the family.

Kinship care is recognised as an existing informal care practice which is culturally appropriate and a much better alternative to institutional care. Living with relatives can help to mitigate distress after parental death or separation, and can reduce the likelihood of a child experiencing multiple care placements.[54] The Guidelines also recognise the potential risks of informal kinship care, as currently there is no government authority, or external agency tasked with regulation and monitoring the welfare of children under this kind of care – especially as kinship care was not outlined in the Children's Act.

Despite the development of significant laws, policies and guidelines to promote child rights and child protection especially for orphans and vulnerable children, in Zanzibar and Kenya there is insufficient focus on informal kinship care within existing national policies, national plans of action, standards and guidelines relating to children's care and protection. Ethiopia has more focus on kinship care within its laws, policies and Alternative Childcare Guidelines. However, a more explicit focus on children living with different kin caregivers (aunts, uncles, elder siblings, grandparents, cousins, close family friends) is required to ensure monitoring, prevention and response to ensure non-discrimination, care and protection of children living in kinship care. Furthermore, increased efforts are needed to ensure their implementation.

In each of the countries advocacy is needed to increase resource allocations to Ministries responsible for child protection, social welfare and family strengthening; as across the East Africa region Ministries concerned with the care and protection of children tend to be under-resourced in terms of both financial and human resources, contributing to constraints in implementation and enforcement of laws, policies and guidelines. In each country significant challenges are faced in disseminating, implementing and monitoring implementation of laws, policies, plans and guidelines. Many duty bearers at local and district levels remain unaware of the different laws and policies, regulations and guidelines concerning children's care and protection. As a result vulnerable children and families in need of care and protection are often not accessing the services that they are entitled to. Furthermore, prevailing traditional cultural attitudes towards children contribute to situations where the child's voice and their best interests are rarely used to guide decisions affecting them.

2. DHS and MICS data analysis

Across each country where the research was undertaken there are limited mechanisms in place to identify and record data concerning children living in informal kinship care arrangements. However, data available through socio-demographic household surveys including DHS and MICS provide useful data on orphans; children living in households without their biological parents; and households which include children living without one or both of their parents.[55] Understanding the relationship between parental death and children's care situation is critical for two major reasons. First, the loss of one or both parents is a major risk factor for a child that has the potential of seriously affecting a child's well-being. Secondly, the role played by the extended family and others who step in when a child's parents have died must be understood to ensure policies and programmes targeted at 'orphans' and other vulnerable children effectively support the important role these alternative caregivers play. It is crucial to challenge the myth that the majority of children living in kinship care are orphans, so that we better understand and tailor and develop programmes and policies to prevent family separation, and to support kinship care families.

DHS and MICS data analysis by the Better Care Network

The Better Care Network[56] is working with partner organizations to support more systematic use of existing household level data sets, particularly DHS and MICS data, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. In collaboration with members of the Child Protection Monitoring, Evaluation Reference Group (CPMERG) and its Technical Working Group on Children Without Adequate Care, and with support from Save the Children, it is developing a series of country briefs using the latest available data set from DHS or MICS to inform policy and practice reforms and developments for children's care and protection.

The DHS and MICS core questionnaires contain a number of indicators in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided, there is general consistency as far as the key categories are concerned (grandchild, niece and nephews, foster child, unrelated, for example). This data is systematically collected but rarely extracted and analysed in the national reports, despite its clear relevance to children's care situations. Although that data is not a perfect proxy indicator for caregiving arrangements, this information is key to understanding the extent and patterns of informal alternative care, particularly kinship care.

Strategic collaboration and synergy between BCN and the East Africa regional research initiative has resulted in the development of Country Briefs of DHS and MICS data from Kenya, Ethiopia and Tanzania – including available data from Zanzibar. However, challenges were faced in obtaining recent data for Kenya as in 2008/ 2009 DHS dropped the orphan hood/ survival of parent question in data collection. Thus, the only data concerning a child's relationship to the head of household is from the DHS 2003 data set. Advocacy to maintain these questions, and to add further questions concerning children living and care arrangements are being advocated for by the Better Care Network.

An insight to key findings from recent DHS and MICS household surveys

Data available through DHS surveys in 64 countries and through MICS in 31 countries indicate that the numbers of children who have lost both parents (double orphans) are actually very low, even in countries with major disasters, conflicts or epidemics. In the vast majority of countries, the percentage of children under 15 who have lost both parents has been consistently found to be less than one percent of the population surveyed, most under half a percent.[57]

Within the East African Region[19] Ethiopia has one of the lowest rates of parental death for children under 15 years living in households. Only 0.6% of children under 15 years have lost both biological parents and 7.2% have lost one. In neighbouring Kenya approximately 2% of children have lost both parents, and 8.8% of children have lost one parent.[59] In Tanzania 5.8% of children have lost one by parent under 15 years of age.[60]

According to DHS 2011 data from Ethiopia, nearly 3 out of every 4 children (age 0-17) live with both biological parents (71%). 14% live with their biological mother only and another 3% with only their biological father. A significant percentage of children (11%) live in households without their biological parent.[61]

According to DHS 2003 data from Kenya nearly 3 out of every 5 children in Kenya live with both biological parents (58%). 26% live with their biological mother only, and another 3% live with their biological father. A significant percentage of children (11%) do not live with either biological parent.[62]

Similarly Tanzania DHS 2010 data shows that 58% of children aged 0-17 are living with both biological parents in Tanzania. 19% are living with their biological mother only and another 6% are living with only their biological father. A significant percentage of children (17%) do not live with either biological parent.[63] Zanzibar shows variation within its small geographic area. The likelihood of living with both biological parents is higher for children living in rural households (60%) when compared to children under the age of 18 in urban households (51%).[64] More children live with both biological parents in the Pemba regions (74%) than in the Unguja regions (68.1%).[65]

In Ethiopia, Kenya and Tanzania:

- Boys are more likely than girls to live with neither biological parent;
- Younger children are more likely to live with both parents, than older children
- There are significant regional variations within each country. In Ethiopia this is partly driven by urban-rural differences: more children live with both biological parents in rural areas. In contrast in the capital Addis Ababa 23% of children are living in households without their parents.[66]
- In Kenya the Western and Nyanza provinces maintain the highest proportion of children living with neither biological parent at over 15%, while the Central province and region around Nairobi boast the lowest percentage of children 0-14 living without either their mother or father at around 7%.[67]

- Among east African states, Tanzania has a low proportion of children living with only their biological mother, and the highest prevalence in the region of children living with only their biological father.[68]

Significant proportions of children are not living with their parents <u>even when both parents are alive</u>. Thus, **factors contributing to parental separation need to be better understood.**

- In Ethiopia 11% of children aged 0-17 years live with neither biological parent. Of these 70% children have two living biological parents, and another 19% have one living parent. Only 7% of these children are double orphans.[69]

- In Kenya 11% of children aged 0-17 years live with neither biological parent. Of these 57% have two living biological parents, and another 17% have one. Only 17% of these children are double orphans.[70]

- In Tanzania 17% of children aged 0-17 years live with neither biological parent. Of these, 73% have two living biological parents and another 20% have one. Only 8% of these children are double orphans.[71]

95% of children living in households without their biological parents in Kenya live in a household headed by a relative.[72] In **Ethiopia 88%**, and in **Tanzania 91%** of children living in households without their biological parents are related to the head of the household.[73]

As illustrated by the diagram*(shown below)* from Ethiopia, the **vast majority of children under 15 years not living with their parents are not single or double orphans** but **have both parents alive**, and therefore other reasons must be underlying the fact that they are not living with their parents. Such reasons are explored in topic two concerning traditional practices and other factors influencing kinship care, and additional DHS data analysis has been shared.

Figure 10: Ethiopia DHS 2011[74] Percent distribution of children 0-17 in Ethiopia not living with a biological parent, according to survival status of parent

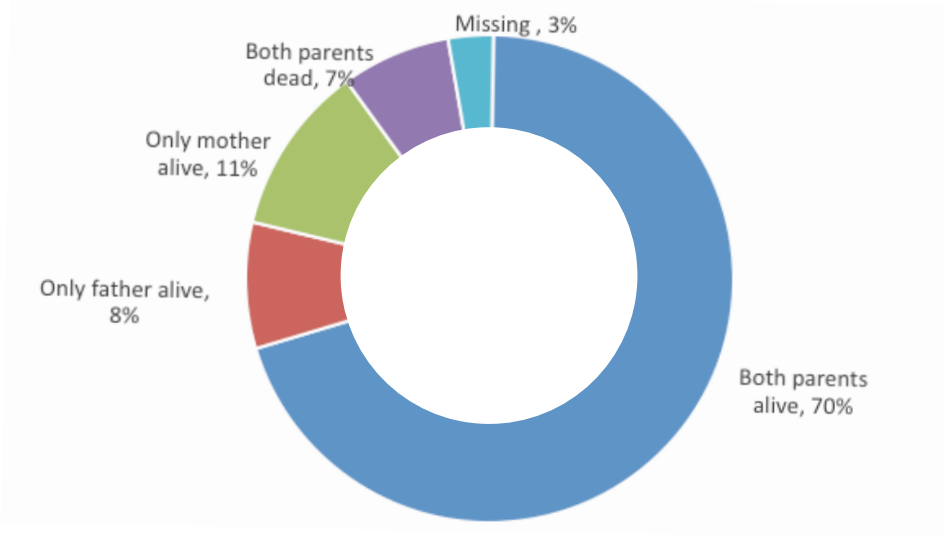


Table: Children's living arrangements and orphanhood in Zanziba[r75] (Tanzania DHS, 2010)

Living arrangement	Total in %	Unguja (%)	Pemba (%)
Children living with both parents	68.1	64.1	74.0
Children not living with a biological parent	16.5	19.0	12.9
Children with one or both parents dead	5.6	6.4	4.6
Children not living with either parents			
While both parents are alive	13.7	15.5	11.0
While only father is alive	1.0	1.2	0.7
While only mother is alive	1.6	1.9	1.1

Topic 2: Traditional practices, trends in kinship care, and other factors influencing kinship care

This chapter shares key findings concerning:

1. Traditional practices and relating to kinship care and factors that influence kinship care practices;
2. Trends in kinship care;
3. Care options;
4. Advantages and disadvantages of different care options;
5. Decision making regarding kinship care or other care arrangements;
6. How gender, age, and other factors influence kinship care options.

Traditional Practices relating to kinship care and factors that influence kinship care practices

In Africa kinship care practices are prevalent and historical. In many societies child fosterage is described as an accepted means of raising children, and members of society value the roles and responsibilities of extended family members in caring for children.[76] Kinship care is a mechanism to maintain social stability, creating and helping to sustain bonds of mutual cooperation and interdependence.[77] For example the practice of kinship foster care has been used as a process where children were passed on to people other than their parents for training or companionship without the parents losing parental rights. This process helped to cement kinship or friendship bonds, reaffirm family ties or political relationships and sometimes provide companionship or household help to a childless person.[78] Kinship care also provides opportunities for a child in a rural setting to live with better-endowed adult relatives who live in towns, who may send them to school or enrol them in an apprenticeship.[79] In addition, kinship care is identified as an alternative source for domestic help and social support for childless and aged relatives.[80] Caregiving is not always based on altruism[81], but may be undertaken with an expectation that the caregivers would also benefit from their emotional, material and financial investments. For example Save the Children's research in West Central Africa revealed that there is an implicit expectation that kin children should continue to feel responsible for and contribute to both their kin caregivers' households, as well as their own living parents' households once they are adults.[82]

> *"Kinship care is part of our culture, our tradition. It has always been here" (Caregivers, Zanzibar)*

Factors influencing kinship care arrangements in Ethiopia, Kenya and Zanzibar identified through this research included:

- Traditional socio-cultural and religious practices;
- Family poverty;
- Family breakdown (divorce, re-marriage, polygamy, early or forced marriage, alcoholism);
- Poor health, death of parent, HIV/ AIDs or outbreak of other diseases;
- Lack of access to secondary schools, health services or livelihood opportunities;
- Insecurity, conflict, and disasters;
- Urbanisation and migration.

Traditional socio-cultural and religious practices contribute to the prevalence of kinship care practices in the East Africa region. Kinship care is a social norm rooted in a number of different cultural and religious practices including:

- Caring for relative's children is considered a blessing from God;
- Culturally accepted practice for a family member to support the child of another family member, especially if relatives have more resources;
- Children may be sent to live with grandparents to provide companionship and support to the grandparents, and for children to learn traditions;
- Entrusting the care of orphans to kin caregivers or Godparents;
- Female caregivers who do not have their own children or who don't have a son (to inherit the property) may be given a child to raise by one of their relatives;
- Parents with too many of their own children may give some children to other relatives to raise;
- Children who are born out of wedlock may be raised by other relative caregivers;
- Children are not in the care of their parents due to superstition.

Caring for relative's children is considered a blessing from God in Islamic and Christian religions, especially if the child is an orphan. In Zanzibar a predominantly Muslim society, kinship care is rooted in Islamic teachings relative to the care and protection of orphans. The provision of protection and care for an orphan is associated with pious and exemplary religious behaviour, and with heavenly rewards. In Busia County in Kenya caregivers who were consulted included both Christian and Muslims. Both described how caring for relative children as seen as a blessing from God, and provided spiritual satisfaction.

> *"In Islam, it is good to care for orphans. It opens the doors of Paradise" (Caregiver, Zanzibar)*

Taking Care of Orphans in the Quran[83] and Bible:

Taking care of orphans is an act of piety in Islamic thought. The Quran, the primary source of guidance for Muslims worldwide, repeatedly emphasizes the importance of taking care of orphans and those in need (2:67; 2:147; 4:36). The Quran tells believers that it is a duty to treat orphans with equity (4:127) and a sin to wrong them (93:9). The Prophet Muhammad himself was reported to have been orphaned at a young age and was raised by his uncle. The Prophet paid special attention to the needs of children and orphans, and asked believers to provide for orphans, regardless of the circumstances, lineage, and heritage.

In the Bible there are also clear messages to look after orphans including:

Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world (James 1:27)

A father to the fatherless, a defender of widows, is God in His holy dwelling (Psalm 68:5)

It is a culturally accepted practice for a family member to support the child of another family member, especially if relatives have more resources. Similar to West Central Africa,[84] kinship care is viewed and accepted as a family obligation in East African countries where the research was undertaken. For example, in Zanzibar placing a child within an extended network of family and friends is a widely accepted and well-established practice. It is commonly referred to as *"maleziyaukoo"* in Kiswahili, and means *"the raising of a child by the clan or extended family"*. In Ethiopia provision of kinship care is also considered as a customary practice. While anyone in the extended family may be considered as eligible kin to take care of children, the commonest groups of kin are grandparents, aunts, uncles, sisters/brothers, God father/mother, and *Yayneabats*.[85]

Children may be sent to live with grandparents to provide companionship and support to the grandparents, and for children to learn traditions. In the Zanzibari culture for example, elderly people are not expected to grow old alone, it is common for a grandparent to request for a grandchild to come and live with them, for companionship purposes. Furthermore, children in Zanzibar are expected to fulfil domestic work and other duties to contribute to the household from a young age. Thus, they are a practical help to their grandparents undertaking domestic or agricultural tasks. Kinship care is thus used as a means to reinforce family cohesion, and in that sense children are seen as fulfilling their duty to preserve family unity. Similar practices were identified in Kenya and Ethiopia.

The traditional practice of "Adera"—entrusting the care of orphans to kin caregivers—was identified in Ethiopia. Efforts to make the transfer of parental responsibilities transparent are noteworthy, as such "social contracts" may increase the responsibility of caregivers to provide appropriate care and protection to the children they have agreed to care for.

"Adera" – entrusting the care of orphans to a caregiver, Ethiopia:[86]

In the Ethiopia context "Adera" is an important family care system whereby orphaned children will get a protection and a guarantee of shelter from a close kin or somebody entrusted by their deceased parents. The process is customary particularly in the highland areas of the Ethiopia.

The process of transferring parental responsibilities is usually done by parents who are terminally ill. Before death they will call religious leaders or elderly in the area and give their children to the person they want them to be raised with.

The social values attached to Adera are shown in the customary saying of the society: "አደራ ጥብቅሰማይሩቅ" which literally means the strength of a promise is wider than the horizon. Consensual agreements between Adera donors and Adera recipients take place during the transference of the child. Adera donors entrust Nuzazie (word of promise) in front of witnesses (e.g., Religious Priests and Sheiks, and Community elders) to the Adera recipient for protecting and nurturing the child to be self - reliant, and to utilize child's parental estate properly. Adera recipient, in turn, received all the responsibilities given from the donor.[88]

Within the Orthodox Christian Church in Ethiopia, believers may also assign God fathers for boys and God mothers for girls during the baptism of children. God fathers and mothers may act as parents whenever biological parents are unable to raise their children.

Female caregivers who do not have their own children or who don't have a son (to inherit the property) may be given a child to raise by one of their relatives. Such traditional practices were highlighted in Ethiopia, Zanzibar, and Kenya. In situations where there is a death of a child within a family, there have also been solidarity gestures by other relatives in Zanzibar to handover one of their biological children to the grieving parents. In Ethiopia, as described below there are also traditional practices and informal adoption to provide caregivers without children with a relative child to raise as their own.

Guddifachaa or informal adoption, Ethiopia[89]

Child (customary adoption) is an old informal practice and common among many ethnic groups of Ethiopia particularly in Oromo ethnic group. The when and where of the customary adoption practices in Ethiopia, as in many other ancient countries of the world, are not known with clear precision but it is originated with Oromo people in the early 1800's. Accordingly *guddifachaa* practice appears to be well established among many ethnic groups in Ethiopia, for example, Oromo, Kafa, Zay, Yem, Konso, Sidama, WarraDube, Gedio, Amhara (as Madego) of the country.[90] The ritual ceremonies in the Guddifachaa child transference can grant the protection, development, and survival of the adopted children. The Guddifachaa parents take the children with full economic, psychological and social privileges and rights over the family as of the other family members.[91] Adopting guardians could be close kin of the family or others who are not related by blood.

The custom is important in rendering help to children who do not have a family. Also it is considered a useful mechanism for people who could not have a child of their own due to different reasons. Moreover it is also a means to get a son for people who do not have male children (sex preference in mostly tilted towards the male).

Parents with too many of their own children may give some children to other relatives, particularly maternal relatives (maternal aunt or maternal grandmother) to raise. While there are increased family planning services and information than a decade ago, in some communities, particularly in rural communities lack of access to sexual reproductive health information and services for adolescents, mothers and fathers contributes to a lack of family planning.

> *"Before I was two years old, two other children were born (to my mother). I was still a baby and I still needed to be breastfed. This is why my maternal aunt came to take me to her home"*
> *(Child, Zanzibar)*

Children who are born out of wedlock in Zanzibar are often given to maternal relatives to raise as sexual relationships are not considered acceptable outside of marriage. This illustrates how kinship care is used as a social remedy to what is considered to be a deviant social behaviour in Zanzibari culture. Testimonies collected from caregivers evidenced that children born out of wedlock are usually placed with maternal relatives, even when there is paternal recognition. In Busia County Kenya, modernisation was seen as contributing to family breakdown, less parental monitoring, and worsening moral behaviour of young people which is resulting in increasing sexual behaviour among young people, and more babies being born out of wedlock. It was also recognised that some

babies are born out of wedlock due to rape. Children born out of wedlock to young mothers in Busia county were often left in the care of the maternal grandparents.

Care of children born out of wedlock by maternal grandmother, Zanzibar[92]

"My name is Fatima[93], and I have three children living in my house. Two are my own children and are aged 12 and 9, and one is my grandchild and is 2. My eldest daughter is 25 and lives in town. Two years ago, she gave birth to a child but she was not married to the father of the child. I waited until she finished breastfeeding him, and then I requested for the child to come and live with me. This is our tradition. When a child is born out of wedlock, the child is not linked to the father's kin, but to the mothers."

Some children are not in the care of their parents due to superstition. For example, in Zanzibar some personal stories were revealed by caregivers who had their children taken away from them as they were considered to have "evil spirits" associated with them due to having a still-born baby or a baby dying prematurely. In earlier Save the Children research in Democratic Republic of Congo accusations of children being involved in witchcraft was also a significant factor contributing to a child being sent away from their own family. There were also instances of this in Nigeria.[94]

Accusations of having "evil spirits" result in children being raised by relatives, Zanzibar[95]

"My name is Mona[96] and I am a community leader in a small village in Zanzibar. My role is to make sure everything goes well in the Shehia, that people are kept informed with important news, and that they keep me informed with issues that affect them. I was one of the first female community leaders in Zanzibar. I can tell you about kinship care in my Shehia, but maybe my personal story will be of more interest to you. Myself, I gave birth to 13 children, only six survived, and I looked after none of them. They were all taken away from me. In our culture, when a child is still born or dies prematurely, the rest of the children a woman gives birth to are taken away from her. Six of my children died before the age of two. The problem was with my milk, and the evil spirits that hunt me. People are scared of me, and they don't want children to stay with me for too long. When a child survived, he/she was taken away from me before I knew whether they had survived or not. It is only a couple of months later that people informed me. They were usually placed with my family or my husband's family, far from our village. This makes me so sad, children run away from me. My children come to visit me, but they get sick if they stay too long with me. People don't like me to talk about this."

Family poverty plays a significant role in decisions to send a child to live with a relative. Poverty and a parent's ability to care for and raise their own children are compounded by unemployment, debt, being a single parent, parental illness or disability. For example, in Ethiopia, some children mentioned that their parents struggled with debt repayments which compounded family poverty, particularly in rural areas where purchase of fertilizers are commonly covered through loans.

Lack of access to social protection schemes compounds family poverty. In many contexts, parents affected by poverty send their children to live with "better off" relatives, often with the

assumption that children will then have increased access to education, health and other services. In particular parents in rural communities are sending their children to live with relatives in urban areas.

However, DHS data reveals that wealthy families also send their children to live with relatives. Thus, poverty is not always the driving force. Parents may send their child to live with relatives who have better wealth than them (even if they are considered wealthy in their own right), or if relatives are living in particular urban settings where children can access better schools. There are many factors influencing kinship care practices and diverse kinship care experiences.[97]

Lack of access to secondary school, health services or livelihood opportunities in rural communities is a factor influencing kinship care practices in some communities in Zanzibar, Ethiopia and Kenya – as parents send their children to live with relatives in towns for better access to services. However, this factor was less influential in these countries compared to the research findings from West Central Africa, particularly in Sierra Leone and Nigeria.[98]

Family breakdown (divorce, re-marriage, polygamy, early or forced marriage, and alcoholism) are contributing to kinship care practices. Divorce, remarriage and polygamy sometimes creates a situation where children living with step parents face increased risks of discrimination that may result in them being sent to live with other relative caregivers. In Ethiopia and Kenya discussions among caregivers and community members emphasised negative impacts of modernisation, materialism, and urbanisation which are increasing family breakdown, divorce and re-marriage that may result in children being sent to live with relatives. Many children who took part in the research in Zanzibar also indicated that they had been placed in kinship care following the divorce of their parents, or they knew other children who were in similar situations. Caregivers and children

We should get enough time to go to school (Child participant in Makunduchi, Zanzibar)

Testimony: I live with my aunt because the school I am attending is far from my parents' home. I get good education, enough time to study, time to rest and also good food. I love my aunt so much. My parents come and visit me and I am grateful for this" 12 year old girl who lives with her aunt in urban town, Zanzibar

in Kenya also described how children were sent to live with relatives following conflicts or mistreatment with their step-parents following re-marriage. Grandmothers also highlighted the impact of inter-ethnic marriages on kin relations.

Inter-ethnic marriages affecting kin relations, Kenya:[99]

An interesting perspective on effects of intermarriages to quality of kinship care was expressed by members of a grandmothers' discussion group in Busia County. Due to the different cultures and modern living, the young people who enter into inter-ethnic marriages are more likely to live independently from their extended family, thus denying children the warmth and familiarity of extended family. In this situation, children grow without knowing members of their extended family, and when the parents die or separate, it becomes very difficult for the children, who may be sent to live with relatives they are not close to. Furthermore, it emerged that sometimes the differences in culture within an inter-ethnic marriage can contribute to conflicts, divorce and separation, resulting in neglected and or abandoned children who end up under the care of grandparents. Often, conflicts between grandparents and grandchildren are attributed to this lack of nurtured warmth that would have been there had there been a relationship prior to the grandmothers' taking up the primary caregiving role.

Polygamous marriages continue to be practiced in some communities in Kenya. Traditionally polygamy was allowed if men had enough land, cows or goats to sustain multiple families. Furthermore, polygamy was traditionally encouraged for a man to marry his widowed sister in law in order to ensure family unity, inheritance, care and protection of the widow and relative children. However, nowadays some men are considered to enter into "irresponsible polygamy" which is contributing to children being without sufficient parental care.

Poor health, death of parent, HIV/ AIDs or outbreak of other diseases have resulted in single or double orphans, increasing the chances of children being taken in by relative caregivers. For example, when discussing trends in kinship care, adults in Busia County Kenya described how the spread of HIV and AIDS in the early 1980s contributed to increased numbers of single and double orphans.[100] Furthermore, other disease outbreaks relating to malaria, tsetse, and typhoid contributed to death of parents, before interventions were introduced to prevent and respond to such diseases.

Outbreaks of diseases in rural communities, Busia County, Kenya[101]

Community members shared how some of the illnesses that resulted in large deaths of parents included: the tsetse fly outbreak in 1990 where many people and domestic animals (mostly cows) died; HIV/AIDS was prevalent in the 2000s and it continues to be a challenge to-date; in 2010, there was an outbreak of cerebral malaria and lastly in 2013, there was an outbreak of typhoid which mostly affected those living with HIV/AIDS. These deaths of parents and other caregivers meant that a lot of children were without parental care, and many were taken in by relative caregivers.

In situations where children are orphaned siblings may be cared for by different relatives in order to reduce the burden on any one caregiver.

Testimony of how orphans were taken care of by different relatives, Zanzibar:[102]

"My mother died, so our relatives took us in. My grandfather took me with him; my uncle also took one of us. My grandmother also came, and took my brother with her. I'm being looked after very well, and I would like to thank you all, the religious people to look after us orphans. You will be rewarded by God."

Political insecurity, conflict, and disasters have also contributed to family separation, death of parents, and use of kinship care. For example, in Kenya drought and floods have contributed to parental death, displacement and migration of people in search of better livelihoods which have resulted in children being sent to live with relatives.

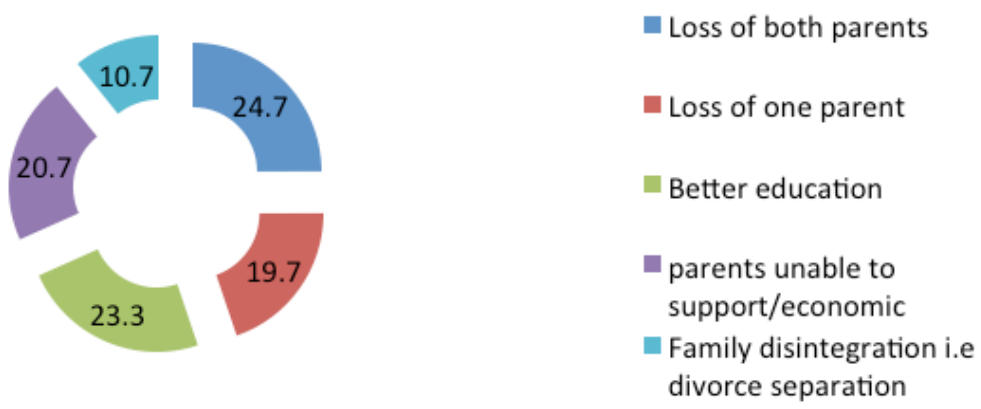
Political, environmental and disaster factors contributing to use of kinship care, Zanzibar:[103]

In the collective memory of elderly caregivers who participated in research consultations in Zanzibar, kinship care is a practice that has always existed, and is inherent to Zanzibari culture. Some caregivers evoked how kinship care was used in their childhood as an informal protection response mechanism at a time when there was no welfare system in place, or during political turmoil, such as the aftermath of the 1964 Revolution, a period marked by political unrest, mass migration and family separation. Political insecurity following the presidential elections in 2001, negatively affected some families. Furthermore, lack of disaster risk reduction contributed to a famine in Pemba in the 1980s; and the ferry disasters between Unguja and Pemba in 2011; and just off the shores of Stonetown in 2012 resulted in the death of some parents.

Urbanisation and migration has influenced kinship care practices in different ways. The emergence of new economies and industries, urbanisation and migration, and transition from an informal and subsistence economy were identified as factors contributing to family separation and use of kinship care in Zanzibar, Kenya and Ethiopia. As better facilities (business, livelihood, educational, medical etc.) are centralized in big towns, some parents from rural communities are migrating to urban settings in search of better livelihoods, and are leaving their children in the care of grandparents or other relatives in their rural communities. Other parents are motivated to send their children to live with relatives living in urban settings in order for their children to access better education and other facilities. However, in reality the costs and pressures facing some families in urban settings means those children do not always get access to such facilities.

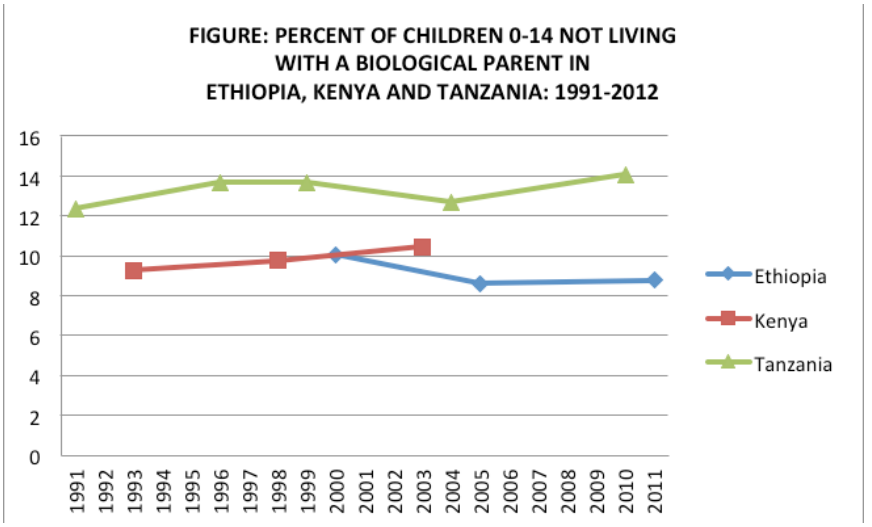
There are **multi-faceted reasons** for kinship care and **reciprocal functions.** As illustrated by the chart below from Ethiopia there are a range of different factors contributing to kinship care, and factors are often complex and cumulative.

Chart: Different reasons for children living in kinship care based on questionnaires with caregivers in Ethiopia:[104]



As described in the Zanzibar country report: "*Kinship constructions and care options in Zanzibar are the result of a pragmatic and adaptable understanding of family structures... and kinship care fulfils a dual social function in Zanzibar*." Kinship care helps to 1) maintain a given social order through the preservation of family's unity; and 2) it is also a coping mechanism to compensate existing gaps (e.g. financial or parenting) within a family, or to respond to adversity.

Zanzibar examples of how kinship care preserves and strengthens family unity:[105]	**Zanzibar examples of how kinship care is coping mechanism to compensate gaps or to respond to adversity:**
▪ Maintain or create ties within family or clan, especially when they live in a different geographic location. ▪ Establish and maintain ties with non-blood related individuals, such as neighbours or family friends (in that sense, kinship care has the same social function as a marriage). ▪ Children born out-of-wedlock are kept within the family, specifically when there is no paternal recognition.	▪ Respond to family hardship (e.g. children from large size families are split up in order to alleviate daily household costs) ▪ Compensate for a weak protective environment at community level for children and elderly. For instance, a child is sent to live with elderly caregivers who cannot look after themselves.
▪ A family is able to maintain or exercise its power within a community, through the child who represents the patriarchal lineage. ▪ Strengthen a family and clan's existing power resources (e.g. children contribute to farm work). ▪ Achieve family equilibrium, for instance a child is sent to a caregiver who is unable to have children.	▪ Further education opportunities and improve access to health services (e.g. a child from a rural community is sent to urban settings to finalise schooling). ▪ Act as an informal resolution mechanism in case of family breakdown. For instance, grandparents think that it is in the best interests of the child to be taken away from a negative familial environment, in case of on-going matrimonial conflict, divorce procedures, or issues arising from a polygamous union.



Trends in kinship care

The DHS and MICS data indicates that in the last two decades the prevalence of children living with neither biological parent has remained largely unchanged in most East African countries, including in Kenya, Ethiopia and Tanzania. In Ethiopia there was a slight decrease between 2000 and 2005, and it has remained largely unchanged since then. In Kenya there was a slight increase in the number of children living in households without their biological parents from 1993 to 2003, and current data is unavailable. In Tanzania there have been slight changes between 1991 and 2010.[106] However, as described below it is likely that a range of factors are at play (e.g. reduction in HIV rates, increased rates of rural to urban migration etc.) even if the overall figures remain somewhat similar. It is important to recognise that significant numbers of children are living with relatives, and that on-going efforts are needed to understand and better support kinship care as one of the main forms of alternative care for children who cannot live with their parents, while also making increased efforts to prevent parental separation.

DHS data on children living in households without their biological parents provides a *proxy indicator* for children living in kinship care, as a significant proportion of these children are living with relatives. DHS data also reveals that children not living with biological parents are more likely to live with relatives in rural households, than in urban households.[107] While 92% of children in rural households who are not living with their parents live in households where they are related to the household head, this is only true for 75% of children living in urban households.[108]

During the participatory research community members shared their perceptions regarding trends in kinship care practices over the past two to three decades, and factors that influenced such trends. Different perspectives were shared which reflected: different scenarios in rural and urban communities; as well as changes in socio-political, economic, environmental, health, or socio-cultural practices. In Ethiopia for example, community members in the SNNPR felt that kinship care practices were decreasing due to: decreased polygamy; decreased HIV rates; improving rural economy; increased risk reduction and adaptation in relation to droughts; decreased war; and improved family planning. In contrast caregivers and children in Addis Ababa felt that increased numbers of children were living with relative caregivers, as parents from rural areas were sending them to the town to access schools or livelihood opportunities.

In Zanzibar many caregivers and children thought that kinship care practices were increasing due to: changing social and moral behaviour of young people contributing to increasing numbers of children born out of wedlock; increasing divorce rates; and due to rural-urban migration.

In Kenya, mixed views were shared. Similar to Zanzibar some community members in Busia County felt that kinship care practices had increased due to: increased numbers of early pregnancies (and babies born out of wedlock); increased divorce and re-marriage; and increased rural - urban migration – either parents going to towns for work and leaving their children with relatives in the village; or sending their children to live with "better off" relatives in towns to access education or other services. In contrast, other community members in Busia County felt that kinship care practices were decreasing as a result of modernisation, individualism and economic strains on families. The value for extended family responsibilities is perceived to be reducing, and caregivers are less inclined to take in their relative children than in the past. Thus, it is recognised that there a number of complex push and pull factors that influence kinship care practices, which may have differential impacts on families in rural and urban settings.

Group discussions during Zanzibar reflection workshop

An overview of factors that influence increased or reduced kinship care practices:

Positive Factors that increase kinship care practices:	Positive Factors that reduce kinship care practices:
▪ Strong extended family ties– socio-cultural norms that relatives will take care of their grandchildren, nieces, nephews or younger siblings; ▪ Religious values which see caring for orphans or vulnerable children as a blessing; ▪ Increased value for education which influences parents decisions to send their children to live with "better off" relatives to access education; ▪ Children sent to live with grandparents for companionship; ▪ To ensure children get their inheritance; ▪ Growing recognition that institutional care should be "last resort" and used for the "shortest possible time".	▪ Improved rural economy and access to basic services (education, health) in rural areas; ▪ Improved family planning services; ▪ Reduced polygamy; ▪ Reduced HIV/ AIDS (and increased access to antiretroviral drugs); ▪ Improved health services and prevention of diseases; ▪ Reduced conflict and insecurity; ▪ Improved disaster risk reduction and resilience coping mechanisms to droughts and other disasters; ▪ Increased number of NGOs and government policies and programmes support families, preventing family separation and supporting family reunification.
Negative factors that increase kinship care practices:	**Negative factors that reduce kinship care practices:**
▪ Family poverty (and debt); ▪ Lack of access to basic services, including lack of access to quality schools and health services especially in rural areas; ▪ Increased divorce and remarriage, and children born out of wedlock; ▪ Urbanisation and migration; ▪ Insufficient economic and livelihood opportunities (especially in rural areas) ▪ To escape violence, abuse or exploitation in families; ▪ War, conflict or instability; ▪ HIV/ AIDS or outbreaks of other diseases (malaria, typhoid, tsetse etc.); ▪ Famine, drought and other disasters; ▪ Insufficient social protection schemes or family support services for parents.	▪ Individualism and materialism – less value for extended family responsibilities and looking after relative children; ▪ Child protection services and policies which favour children's institutions; ▪ Lack of services available to support elderly caregivers.

Care options

In each community there are usually a range of care arrangements (informal or formal) that may be considered if a child is not living with their own parents.

Definitions of formal and informal care, Guidelines for the Alternative of Children

Formal care	Formal care includes all care provided in a family environment (see definition above of family-based care for examples) that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including private facilities, whether or not as a result of administrative or judicial measures.
Informal care	Any private arrangement provided in a family environment whereby the child is looked after on an ongoing or indefinite basis by relatives, friends or others in their individual capacity, on the initiative of the child, his or her parents and other people, without this arrangement having been ordered by an administrative or judicial authority or accredited body.

The types of informal care arrangements mentioned by children and adults in communities included:

- Living with extended family relatives (grandfather, grandmother, aunt, uncle, brother, sister, cousin, step parent)
- Living with a god-parent, *Yayneabats*[109], or family friend
- Living with neighbours

Type of formal care mentioned by community members included:

- Formal foster care (arranged through the local authorities or an NGO)
- Institutional Children's Homes (run by Government, Private, Religious or Non Government organisations)
- Children's Village (run by SOS)
- Emergency shelter for women and children *(e.g. run by Action Aid in Zanzibar)*

Zanzibar examples of how kinship care preserves and strengthens family unity:	Zanzibar examples of how kinship care is coping mechanism to compensate gaps or to respond to adversity:
▪ Maintain or create ties within family or clan, especially when they live in a different geographic location. ▪ Establish and maintain ties with non-blood related individuals, such as neighbours or family friends (in that sense, kinship care has the same social function as a marriage). ▪ Children born out-of-wedlock are kept within the family, specifically when there is no paternal recognition.	▪ Respond to family hardship (e.g. children from large size families are split up in order to alleviate daily household costs) ▪ Compensate for a weak protective environment at community level for children and elderly. For instance, a child is sent to live with elderly caregivers who cannot look after themselves.
▪ A family is able to maintain or exercise its power within a community, through the child who represents the patriarchal lineage. ▪ Strengthen a family and clan's existing power resources (e.g. children contribute to farm work). ▪ Achieve family equilibrium, for instance a child is sent to a caregiver who is unable to have children.	▪ Further education opportunities and improve access to health services (e.g. a child from a rural community is sent to urban settings to finalise schooling). ▪ Act as an informal resolution mechanism in case of family breakdown. For instance, grandparents think that it is in the best interests of the child to be taken away from a negative familial environment, in case of on-going matrimonial conflict, divorce procedures, or issues arising from a polygamous union.

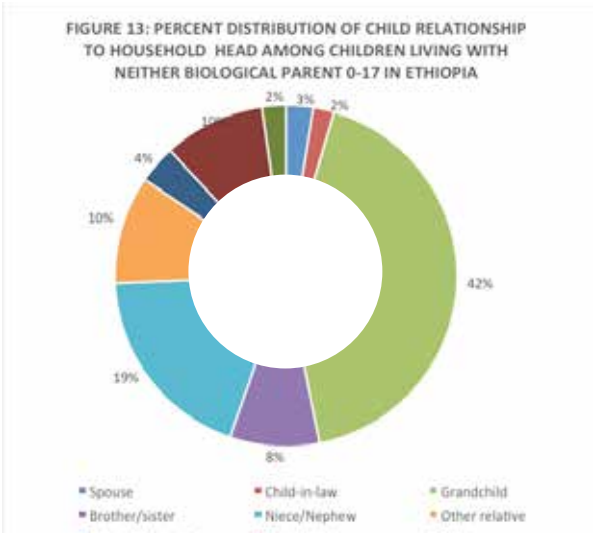
Foster care: the importance of "choosing to be a caregiver", Zanzibar:[110]

"I am 41 and I have been married to my husband for many years. I do not have any biological children. In 2010, I decided to apply to become a registered foster carer with the Department of Social Welfare. Following a four-year process, which entailed detailed assessment, home visits, and medical examinations arranged by the Department of Social Welfare, I was finally granted the care of my son Ali March 2014. Ali was abandoned and nothing is known about his family. When Ali turns 7, my husband and me plan to explain to him that we are not his biological parents.

I decided to opt for foster care because I wanted to have a child that is mine, a child that I did not have to share with any other mother. I did consider asking my sisters, but they both respectively have 1 and 2 children.... I will give my son unconditional love. I am ready to look after him whereas a lot of caregivers involved in kinship care had the decision imposed upon them. Caregiving is like any other job. You will do a good job if you like it, and a bad if you don't want it."

DHS data indicates that the majority of children who are living in households with neither biological parent are living with relatives. For example, as shown in figure 13 Ethiopia DHS 2011data[111] below, for 0-17 year old children living with neither parent in Ethiopia:

- 42% are living with their grandparents;
- 19% are living with their aunts or uncles;
- 8% are living with their siblings;
- 10% are living with other relatives; and 3% are living with their spouse;
- Only 10% are living in households with someone whom they are no related to.



Advantages and disadvantages of different care options:

Through group activities, individual written and oral testimonies, girls and boys in Ethiopia, Kenya and Zanzibar shared their views on the advantages and disadvantages of different care

Overview: Advantages and disadvantages of care options from children's perspective (E = Ethiopia; K = Kenya; Z= Zanzibar)

Care Option	Advantages	Disadvantages
Grand-parents	▪ Love, care and good advice (E, K, Z) ▪ Giving stories about times gone by and lessons from culture and traditions (K, Z) ▪ Taught life skills e.g. how to farm, cook (K, Z) ▪ Providing their basic needs – shelter, school, food, medicine and clothes (K, Z) ▪ Provides "Sense of belonging" (E, K) ▪ Protection from harm especially from some extended families or strangers (K) ▪ Children inherit values and beliefs of the family/culture/ community (E, K) ▪ Time to play (Z)	▪ Some children are not sent to school, especially secondary schools due to lack of money (E, K, Z) ▪ Inability to provide all basic needs due to limited finances (E, K, Z) ▪ If grandparents are physically unfit, then the children have too much workload e.g. digging, fetching water, firewood and even cooking. (E, K, Z) Boys face increased risks to work outside of the home to provide financial income to grandparent household (E). ▪ If grandparents give the child too much freedom and do not have enough control there are risks of early pregnancy (E, K); and discrimination from the extended family (K, Z) ▪ Language barrier especially when children have been living in a different environment – e.g urban or from an intertribal marriage (K) ▪ Risk of early marriage (K)
Aunt and Uncle	▪ Being involved in family issues especially with paternal aunt/ uncle (Z) ▪ Some provide love, care and advice – especially maternal relatives (K, Z) ▪ Learn traditions from maternal uncle (Z) ▪ Growing up close with cousins (Z) ▪ Providing their basic needs – shelter, school, food, medicine and clothes (E, K, Z) ▪ Protects them from harm, including protection from sexual abuse (E, K) ▪ Encourages them to go to church (K)	▪ Heavy workload and household chores (E, K, Z). Girls are especially exploited as housekeepers or nannies (E). ▪ Treated differently than biological children (E, K, Z): Biological children more like to go to school (K); get less food (K); get less new clothes (K); may not be taken to hospital when sick (K) ▪ Family conflict and more likely to be blamed (K) ▪ Mistreatment and beaten for small mistakes (E, K) ▪ Risk of being sexually abused by uncle (E) ▪ Risk of being disinherited by uncles (K) ▪ Lack of education and challenges faced in getting basic needs (E) ▪ Given away to provide cheap labour for the aunt's friends and relatives (K)

Aunt and Uncle	▪ They give stability and solidarity in the family by living in peace (K) ▪ Learn values, religion, and traditions of their family (E)	▪ Increased risks of child going to live on the streets (K) ▪ With maternal relatives may have too much freedom leading to misbehaviour (Z) ▪ Lack of freedom to worship (K)
Sibling	▪ Feeling like we are with our parents, same blood (Z) ▪ Our opinions matter and were listened to (Z) ▪ Providing their basic needs – shelter, school, food, medicine and clothes (E, K, Z) ▪ Provide advice (K,Z)	▪ A lot of work and household chores which makes it hard to study properly (K, Z) ▪ Face discrimination with other children in the household (K, Z) ▪ Sometimes sibling jealousy or rivalry (E, K, Z) ▪ Scolded, insulted and beaten (Z, K) ▪ Sometimes hungry (Z)
Cousin	▪ Encouragement to go to school (K) ▪ They understand their problems since they could be in same age range (K) ▪ Better family bonding (K) ▪ They provide the basic needs that is food, shelter and clothing (K)	▪ They discriminate and talk negatively about our relatives (K) ▪ High risk of sexual abuse (K) and risk of early pregnancy (K) ▪ Risk of early marriage (K)
Step parent	▪ Provide shelter (K) ▪ They are taken to school (K) ▪ Provide food (K)	▪ Lack of love (K) ▪ Discrimination (K, Z): less food, less new clothes, more work, less play, less chance to study, not taken care of when sick (K) ▪ Has heavy work and household chores (K) ▪ Beaten for small mistakes (K) ▪ Not involved in decision making (K)
Other friends, ***Neighbour pastors or local leaders***	▪ Give counselling and guidance (E, K, Z) ▪ Provides the basic needs (K) ▪ Access to life skills and education (K) ▪ Family identity through adoption or foster care (K) ▪ Spiritual guidance (K) ▪ Love, protection and care (K)	▪ Discrimination from the family members and may have to do heavy work (E, K, Z) ▪ May not be sent to school (Z) ▪ Conflict amongst children in the foster family (K) ▪ Risk of physical and sexual abuse and exploitation, including trafficking (K) ▪ Risk disinheritance, loss of family properties/assets (K)

Overall, children's positive experiences of kinship care are generally associated with living with their grandparents. Children seem to be more likely to experience love and a sense of belonging from grandparents. Grandparents or elderly caregivers are often seen as less disciplinary and authoritative figures, which is identified as both a positive and negative element by children. The children's emphasis on receiving love and care from grandmothers and grandfathers as compared to other caregivers is supported by other research.[112] For example a study of orphan children living with their grandparents in Tanzania found that despite economic hardships, the majority of children felt very comfortable living with their grandmother, more than an aunt or uncle.[113] In addition a study with children affected by HIV/ AIDs in Malawi found that while adult's preferences was to send children to live with relatives who had the highest income and lowest numbers of children, children preferred to remain with their mother, maternal grandmother, a sibling, or the mother's younger aunt.[114]

Decision making regarding kinship care

Decision making regarding kinship care tend to be made informally involving the father, mother and close relatives. In some situations the traditional chief or community elder is consulted or informed about the decision making process. In Zanzibar and in Busia County Kenya the decision making process is significantly influenced by a patriarchal system where decision making is predominantly male dominated. In most cases in the family (typically the father's relatives) discusses which family member will take in the child/children and the wider family network tries to support the family during the initial placement period by collecting funds and material goods.

In Ethiopia both maternal and paternal relatives usually have a say in decisions concerning children's care. However, conflict may arise if there is property inheritance at stake. In Orthodox Christian denominations which represent a significant proportion of families in Ethiopia, "Nefsabat" – children's god's parents may also be involved in care decisions particularly if a child is orphaned, so that they can support efforts to follow parents dying wishes regarding children's care arrangements and help to safeguard children's inheritance. Other traditional elders, such as Gada or clan leaders may also be involved, particularly in rural areas where their influence is strong. The court may also have a role to play if there are divergent views between close kin.

Patriarchal decision making in Zanzibar

A key characteristic of the kinship system in Zanzibar is its patriarchal and patrilineal features. This means that Zanzibar is a predominantly male dominated and ruled society and that the rights of inheritance (name, property, or titles) are passed through the lineage of the father. In the absence of the father, decisions are to be taken by male members from the patrilineal side. Paternal aunts may be consulted in the absence of patrilineal male relatives. The patriarchal system and Islamic context also impacts upon care options.

Kinship care arrangements are often organised and finalised without the participation of children. Children are typically informed when a decision has been reached. They are often seen as lacking the maturity or understanding to make a decision, and their opinions are therefore not deemed relevant. However, if a child categorically refuses to be placed with a particular relative, then the decision may be overturned. Furthermore, due to the patriarchal system, female caregivers (such as the paternal uncle's wife) are also frequently excluded from the decision making process, but rather are told once the decision has been taken. In some cases, female caregivers discover the decision once the child arrives on their doorstep. Lack of involvement of key caregivers in the decision –making process increases risks of negative outcomes for children.[115]

> *In Zanzibar decision-making is usually done by men... Most women are informed "you are taking this child". Women have to receive the child. (Man, Zanzibar)*

Decisions regarding the placement of a child with a specific caregiver will depend on (i) the reason that motivates the kinship care arrangement in the first place, (ii) the kin relation between the child and the caregiver and (iii) the age and gender of the child. For example, in Zanzibar children born out of wedlock are traditionally placed with maternal relatives, particularly the maternal grandmother. However, if children are sent to kinship care to access education or due to family poverty, the child may be placed with either paternal or maternal relatives (aunts, uncles, grandparents, elder siblings or cousins). Furthermore, in custody cases that are processed by the Court in Zanzibar the children are more likely to be sent to live with paternal relatives.

Custody rulings on kinship care in Zanzibar[116]

A child is placed with extended family follow a custody judgment made at a Khadi's Court. Custody rulings favour paternal care placements from the age of seven. This means that a father would generally gain custody of his children once they are seven, irrespectively of his ability or willingness to care for them. This was highlighted by social welfare officers who raise protection concerns for this group of children.

In general, the principle of the best interests of the child is rarely a prime consideration during decision making processes concerning children's care. For example, siblings are often separated which may not be in their best interests, and children's own views and preferences are not often sought.

How gender, age, and other factors influence kinship care options

The age and gender of the child, as well as other factors influences care decisions about who the child is most likely to be cared by.

Age: Research findings from children and caregivers, and the DHS data has revealed that younger children are more likely to be cared for by both biological parents, but this declines with age. If children are living in households without their own biological parents, younger

children are more likely to be living with their grandparents, while there is increasing likelihood of being sent to live with aunts, uncles or other relatives as children get older. For example, DHS data from Ethiopia illustrates that in the youngest age groups the prevalence of living in households headed by a grandparent is high at 86% for children aged 0-1 and 79% for children aged 2-4, but only 16% for the oldest age group of 15-17. Conversely, these younger age groups have very low rates of living in households headed by aunts, uncles, siblings, or other relatives, while in the older age groups the likelihood of living with these relative becomes much more common.[117] Similar patterns are noted in Kenya. In the youngest age groups the prevalence of living in households headed by grandparents is around 78% for children under the age of four, while only 46% for the children ages 10-14. Conversely these younger age groups have much lower rates of living with aunts, uncles, siblings, or other relatives, while in the older age groups the likelihood of living with these relative becomes much more common.[118]

Age considerations and Islamic traditions, findings from Zanzibar[119]

Children between the ages of 0-7 are considered to be best cared for by their mother according to Islamic traditions. A child's emotional attachment to his/her mother and the local custom to breastfeed a child until the age of two are key considerations in the decision to place an infant or a child under the age of seven with another caregiver. In case of an emergency placement, the preference would be given to maternal relatives and to the maternal aunt more specifically. From the age of seven onwards, religious and spiritual awakening of the child is considered to be a male's role, preferably from the paternal side.

Some caregivers in Kenya also commented that young children are more easily accepted as they are less a threat to family assets and are more likely to do what they are told. However, other caregivers mentioned that it was useful to take care of adolescents as they can offer more help in terms of household or other work, and the timeframe for taking responsibility for them as children is not too long. Caregivers in Zanzibar mentioned a preference for female children aged from seven years or more, as girls are seen as more docile, in a stronger position to support the family, more malleable and adaptable to changes. Their roles are more generally confined to the inner parts of the house, which makes it easier to control their movements.

Gender: Gender also plays a role in determining who children live with when living outside of the care of their biological parents. DHS data from Ethiopia and Kenya indicates that boys are more likely to live with their grandparents, siblings, and in households where they are unrelated to the household head. Girls, on the other hand, more commonly live with their aunt or uncle, other relatives, and in households headed by their husbands prior to the age of 18.[120] Possible explanations might include the different reproductive and economic life phases of older and younger generation family members and how these realities intersect with the need for assistance in the house, for example with childcare or manual labour. Boys and girls have a similar likelihood of living in households in which they are unrelated to the household head.[121]

Dynamics between gender, patriarchy, inheritance or dowry also impacts upon care decisions. For example, in Kenya, some caregivers mentioned that maternal relatives may be more hesitant to care for a boy as there are fears he may claim inheritance from the family as a male child. However, paternal relatives may be more likely to take the boy as they may profit from the inheritance from the biological parents. On the other hand, girls would be regarded as providing additional support for household chores and possible income from dowry upon her marriage.

Rural - urban: Children living in rural areas may be more likely to live with grandparents, compared with children who are sent to urban centres to access basic services who are more likely to live with other relatives, such as aunts, uncles, elder siblings or cousins. For example, DHS data from Ethiopia indicates that markedly more children aged 0-14 years living in rural areas live in households headed by their grandparents, than among children living in urban centers (60% vs 36%). The opposite is true for children living with other relatives, wherein 39% of children in urban areas live in households headed by these family members versus 22% of children in rural areas.[122] Children in urban areas are also more likely to live with unrelated caregivers. While 92% of children in rural households in Ethiopia who are not living with their parents live in households where they are related to the household head, this is only true for 75% of children living in urban households.[123]

> *Most of the time siblings are separated due to the economic capacity of the care providers (Local Research Team member, Ethiopia)*

Disability: In general across the three countries it was mentioned that caregivers may be more reluctant to care for children with disabilities due to fears that they will not be able to meet their additional needs, and fears related to stigma and discrimination.

Children born out of wedlock: In Zanzibar and Kenya, children who were born out of wedlock were more likely to live with their maternal grandparents or with other maternal relatives.

Siblings are often separated due to the perceived burden of taking on the care of multiple children, unless the grandparents are willing to care of all the siblings together. There were many situations where siblings were separated among different relative caregivers. For example, data from questionnaires undertaken with caregivers in Ethiopia revealed that among those children who have siblings, an overwhelming 70% of the children under kinship care are not living with their siblings in the same house. However, those who have only one sibling have a higher chance of living with their siblings as almost 50% of those who are residing with siblings are living with one brother or sister.

Table: Placement with siblings living with relative caregivers, Ethiopia[124]

Are there any biological siblings living with you?		Sex		Total
		Male	Female	
Yes		*36.1%*	*26.4%*	*30.3%*
No		*63.9%*	*73.6%*	*69.7%*
If yes, how many?	One	*48.5%*	*50.9%*	*49.8%*
	Two	*20.8%*	*23.6%*	*22.3%*
	Three	*19.8%*	*11.8%*	*15.6%*
	Four	*6.9%*	*10%*	*8.5%*
	Five or more	*4%*	*3.6%*	*3.8%*

Disaggregated data indicates the importance of understanding the complexity of factors influencing family breakdown, separation of children from their mothers and fathers, and alternative care arrangements. In our efforts to reduce family separation and to ensure care and protection of children in families, there needs to be more focus on reaching and involving fathers, mothers, aunts, uncles, grandfathers, grandmothers, elder siblings and other kin caregivers from a wide range of income groups in positive parenting education initiatives. Better understanding across the region of changes in family composition and living arrangements, and how this affects children's care is critical to ensure social policies and programmes are developed that support families and better outcomes for children in terms of their care and well-being.

Exercise on visual mapping of alternative care options, Kenya

Topic 3: Positive and negative experiences of girls and boys living in kinship care, and protection and risk factors influencing outcomes

This chapter presents positive and negative experiences of life in kinship care from children and caregivers perspectives. The research explored how kinship care impacts on children's wellbeing, and realisation of their rights, including their rights to protection from neglect, abuse, violence and exploitation; access to education; health and nutrition; play; participation in decision making, identity and inheritance etc. Understanding, from a child's perspective, what constitutes a positive care arrangement is key to inform future programmes and interventions aimed at improving care placements. The research helped identify risk and protection factors which can inform care decision making, and practice and policy developments to support children's care and protection in families.

The findings demonstrate that girls and boys experiences of kinship care are diverse and that outcomes for children are mixed. Key themes identified and explored by child researchers during the "in-depth" research phase include:

1) *Proper love and care and sense of belonging or lack of parental care*
2) *Fair treatment or discrimination and unfair treatment*
3) G*uidance and discipline or mistreatment and abuse*
4) *Fulfilment of basic needs and access to education or challenges in meeting basic needs*
5) *Appropriate responsibilities or too much work load*
6) *Freedom of expression or limited voice*
7) *Preservation of family identity and inheritance or lack of information and inheritance*
8) *Communication and wider support or isolation*

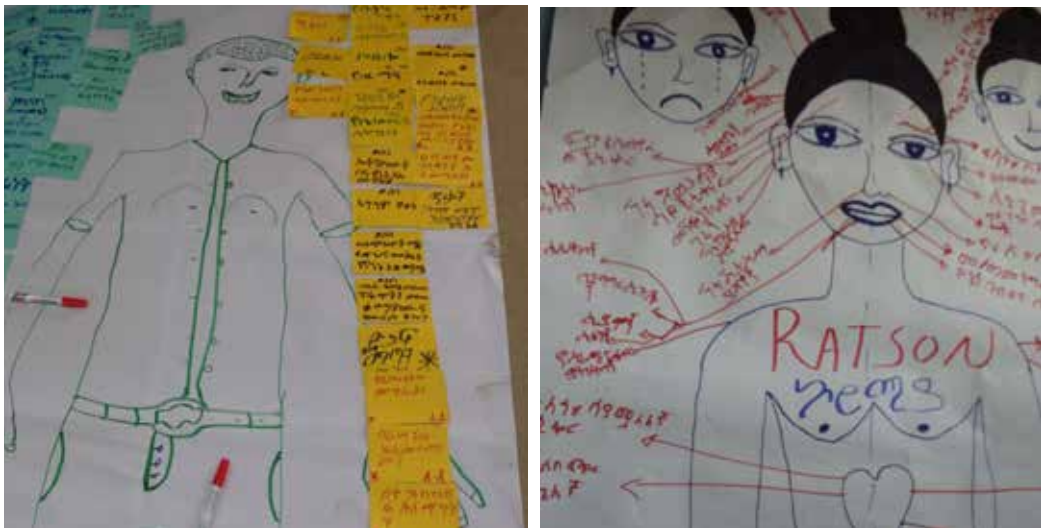
Caregivers' perspectives on the positive and negative experiences of being caregivers are also explored. Furthermore, protection and risk factors which influence positive and negative outcomes for children living in kinship care are identified and described. These factors include:

- Choice or obligation to care for a child which is influenced by patriarchal or matriarchal decision making processes
- Motivation to care for the child and the degree of "closeness" between the child and caregiver
- Families' financial situation
- Child's behaviour – being polite and hardworking or undisciplined
- Regular communication and support with parents or other relatives
- Child's individual circumstances (e.g. child born out of wedlock, child with disability) and community reactions.

An overview of positive and negative experiences of children living in kinship care

Kinship care is a positive experience for some children enabling them to be cared for and loved by family members, to maintain a sense of identity, culture and inheritance. Some children have increased access to education, health care and other resources when living with kin caregivers. However, for other children, kinship care is characterised by discrimination which can adversely affect their access to quality education, nutrition, protection, and contributes to unfair distribution of household tasks and potential barriers in accessing inheritance.[125] In many

scenarios, the situation is complex where caregivers are striving to support kin children in their care, but financial struggles place constraints and stresses on the family. However, other factors beyond "family income" influence care outcomes, including the extent to which male and female caregivers are actively involved in decisions to care for a child.



Body maps by children in Ethiopia

Positive Experiences	Negative Experiences
Proper love and care and a sense of belonging* (especially from grandparents) (E,Z,K)	**Lack of parental love and care*** (E, Z,K)
Fair treatment* (E,Z,K)	**Discrimination and unfair treatment*** (E,Z,K)
Guidance, discipline and protection (E, K)	**Mistreatment and Abuse*** (E,Z,K) Lack of appreciation and lack of discipline (K)
Fulfilment of basic needs*including **access to education**, food and nutrition, health and hygiene, clothes (E,Z,K)	**Lack of fulfilment of basic needs*** including **challenges ingoing to school**, access to food, health, clothes etc (E,Z,K)
Being given responsibilities, helping families (E); Time for rest and recreation (E,Z)	**Too much work load*** (E,Z,K) Not enough time to play (K)
Expressing views freely* and sharing ideas with peers (E,Z)	**Lack of freedom of speech*** (E)
Family identity and inheritance is preserved (K, E)	Inheritance is not provided (E) and lack of information (E)
Communication and support from parents, relatives or others in the community (E,Z)	Isolated and psycho social difficulties (E) Increased risk of going to live on the streets (E), becoming pregnant (E) and increased risks of trafficking (K)

** Indicates themes that child researchers' prioritised for more in-depth research using draw and write,photovoice and stories.*

An overview of draw and write, stories and testimonies collected by child researchers, Zanzibar[126]

220 stories and testimonies were collected by child researchers in Zanzibar throughout the months of April and May in Pemba, Makunduchi and Unguja Urban. Out of the 220, 147 described either positive or negative testimonies, 108 showed positive experience of children living in kinship care, while 39 testimonies exposed abuse, discrimination and forms of exploitation.

Sub-theme 1: Proper love and care, and a sense of belonging or lack of parental care:

Some girls and boys experience love and care when living with their relatives, particularly with grandparents or other relatives who create a "sense of belonging" for the child. For example, 49% of the testimonies collected by the child researchers in Zanzibar indicated a positive care environment characterised by love and care for children living with their grandparents, uncles, aunts or other relatives. Receiving love from their caregivers is one of the most important elements for children. In their drawings and written stories, children regularly emphasized how much they felt loved by their caregivers and how this was crucial to them. A sense of belonging in the family is important to children. Children appreciate being told by the caregiver that they are wanted and loved. When a child feels a sense of belonging they tend to be more resilient, facing adversity and challenges in a positive way.[127] A sense of belonging is channelled through the provision of love, affectionate gestures and words, and healthy communication between the child and their caregivers.

Story of a 12 year old boy living with his uncle in Ethiopia[128]

"I live with my uncle and his children, and he provides good care for us. He is a very kind and caring person; he is known for supporting poor people and those living in distress. My uncle sometimes work late in the evening, and he does not let us go outside for playing because he is afraid that something bad will happen to us. My uncle is a coach to a local football club, and I love playing football with him."

In general, children living with grandparents tended to express a greater sense of love and care, compared with children living with other kinship caregivers. This finding has been reinforced in other research studies.[129] Grandmothers more regularly express positive emotions to the child, communicating love, appreciation, care, and a "sense of belonging" to the child. Children living with grandparents also tended to feel that

> *I am really grateful for my parents to send me to live with my grandparents for they really love and take good care of me.... They love me so much. (Boy from urban Unguja, Zanzibar)*

they were treated more equally, without discrimination. Children also appreciated the stories and traditions that were shared by their grandmothers. However, as will be described below, children living with grandparents may face challenges in accessing basic services due to the socio-economic situation of their grandparents. Furthermore, children often have a lot of household and other responsibilities when living with their grandparents which may not be suitable for their age and capacity.

In contrast some children living with relatives feel deprived of parental love and care. They receive insufficient love and emotional affection from their relative caregivers. Some children expressed how they work hard in their caregiver's household in order to receive love and care. However, despite their efforts some children receive limited praise, appreciation or encouragement.

Lack of love from child living with aunt in Zanzibar[130]

I live with my maternal aunt. She does not love me. She beats me. She accuses me of stealing her money although I don't. She does not provide me with schools books, pens or anything. She beats me. She tells me I am a burden for her and makes me wash clothes. If I don't work, she beats me hard.

Sub-theme 2: Fair treatment or discrimination and unfair treatment

Some children living in kinship care reported that their caregivers treated them fairly, and that they received the same treatment as any biological children living in the household, particularly when there is a strong sense of belonging and security regarding the child's permanency within the family. This is a critical issue for kin children, as receiving equal treatments greatly impacts on a child's self-esteem and their confidence to interact with others within and outside their home. The level of fair treatment or discrimination also positively or negatively impacts upon children's access to basic services and realisation of their rights.

Photovoice by a child researcher, Ethiopia

This 13 year old girl lives with her aunt and gets proper care and love. Her aunt has other daughters, but there is not any significant discrimination between her and her aunt's biological children. They play together and have a similar lifestyle.

Children who are encouraged to feel that they belong and are part of the family are more likely to receive fair treatment.[131] In contrast, if a child does not feel a sense of belonging in the family, the discrimination and hardships faced may be more significant.

> *During the Eid festivals, I am given new clothes, similar to the ones he gives his daughters. If it is one dress, it is one for all, and if it is two dresses it is two for everyone. (13 year old girl living with her uncle, Zanzibar)*

Discrimination is a key experience of many children living in kinship care, particularly when living in households where the caregivers have their own biological children. In each country discrimination was identified and prioritised as a theme for the "in-depth research". Some children living with relatives or other kin caregivers face differential treatment in terms of clothing, food (amount and quality), living and sleeping arrangement, access to school, distribution of household tasks and work.

Discrimination experienced by a 6 year old boy living with his paternal uncle, Kenya[132]

The boy is living in a dilapidated house all alone…his house can collapse on him at any time, while the rest are living in a modern house. He is given the remains of the food that the rest have eaten. After eating he is told to go and dig in the garden and cut sugarcane.

Unfair treatment experienced by girls and boys living in kinship care included:

- Disproportionate household chores such as travelling long distance to fetch water, looking after the cattle for long hours, washing utensils and clothes of all the family members;
- Having to do work very early in the morning, or very late at night;
- Missing school in order to perform daily-allocated tasks;
- School fees not being paid or not paid on time (compared with biological children's school fees);
- Being deprived of food, or being given less quality food compared to other children;
- Having limited space or materials for sleeping;
- Having less clothes or other materials compared than biological children;
- Having less chance to play or rest compared with biological children;
- Being constantly reprimanded or falsely accused if there is a misdeed in the house.

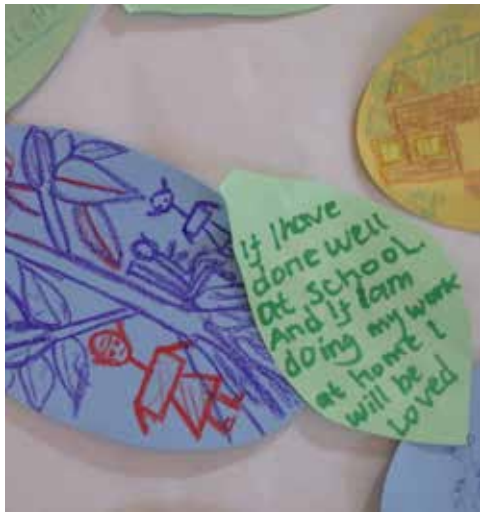
Discrimination experienced by a 12 year old boy living with his aunt, Ethiopia[133]

The 12 year old boy lives in a rural area. The child gets stressed and wonders about who his mother was, and why his father abandoned him when he was a little baby. He is currently living with his aunt (his father's sister) and her son. He feels that he is discriminated and maltreated by his aunt and her son. He is not allowed to mix with the family and spends nights in a small room located within the farm in the field, exposing him to danger. It is a scary place for him. He said he does not get timely meals or enough amounts, and his aunt does not buy him shoes and school materials such as note books and pens. He feels that his cousin (son of his aunt) does not like him because he thinks that he is going to share his inheritance.

Some caregivers try to treat all children in their care equally. However, other caregivers acknowledged that it was challenging to treat other children the same as their biological children, especially if they faced financial struggles within the family. Family harmony or disharmony also affects children's care experiences. In some situations the burden of caring for extra children felt by one of the caregivers can significantly contribute to family disharmony with adverse effects on children's kinship care experiences. Some children are told that they are not wanted by their caregiver, and they feel that they are a source of matrimonial and household conflict.

A seven year old boy living with his brother recounts his negative experience, Zanzibar:[134]

"*I am living with my brother but I don't like being here. It was my mother who insisted that I should live with him because he will educate me. My brother loves me but my sister-in-law does not. She always says that I am a bad boy who is here to create misunderstanding between my brother and her. She goes on to say that if she gets divorced (from him), it will be my fault and I will have him for myself. This statement brings a pain to my heart.*"



Drawing by a child researcher, Kenya

Some children described how they made extra efforts to be polite and hardworking, to complete all their requested duties in efforts to try to receive appreciation, love and care from their caregivers.

Sub-theme 3: Guidance and discipline or mistreatment and abuse

Some girls and boys receive guidance and advice from their caregivers enabling good moral development and discipline. Some children and adults also talked about the importance of spiritual guidance. Some described a sense of protection from their caregivers who are concerned for their well-being and want to try to protect them from different forms of violence, exploitation and harm, including negative peer pressure. Many caregivers encourage children to be polite, hardworking, and to study hard in school. If children work hard and do well in school they are more likely to have positive relationships with their caregivers. Conversely, poor educational performance or insufficient efforts to complete the requested household tasks can negatively affect the child's relationship with their caregiver.

Some children living with grandparents were considered to be "spoiled", as some adults and children felt that grandparents are sometimes lenient, that they pamper to their grandchildren's needs and do not provide enough discipline. In contrast some caregivers, especially uncles and aunts used caning and beating to discipline children.

Mistreatment and abuse emerged as a key theme in the in-depth research by children in each of the three countries. Various forms of mistreatment and abuse highlighted by children living in kinship care included:

- Neglect and lack of appreciation;
- Being beaten severely for small mistakes;
- Being scolded and emotionally abused;
- Exposure to excessive work in the home or farm (which negatively affects children's opportunities to study);
- Being sent to work for relatives in the town;
- Risks of sexual abuse especially of girls by male relatives such as uncles, cousins or step fathers;
- Increased risks of early marriage, particularly of girls.

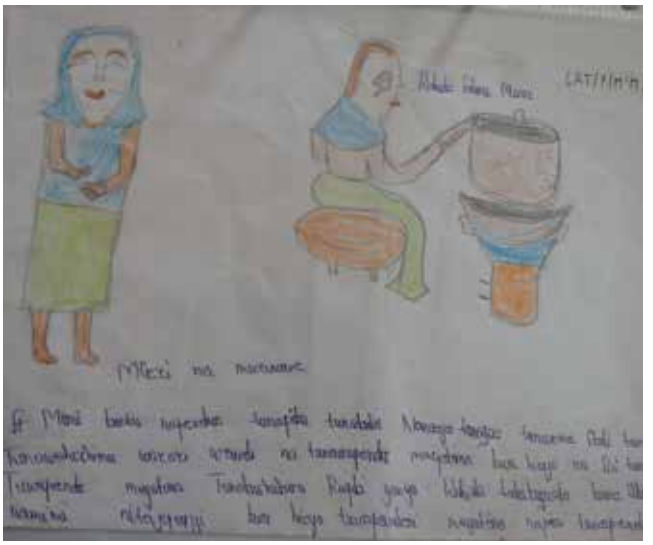
Mistreatment and abuse - drawing by child researcher in Kenya

Due to a lack of care received in some kinship care families, some children face increased risks of engaging in anti-social activities with their peers, such as drug use, sexual behaviour, or stealing. Girls face increase risks of early pregnancy. Furthermore, as a result of the mistreatment in their homes, children may be more likely to runaway to live on the streets where they face even more protection risks to physical and sexual abuse and exploitation.

Sub-theme 4: Fulfilment of basic needs and access to education or challenges faced in meeting basic needs

Quality care should ensure opportunities for children to fulfil their basic needs and rights. Key basic needs and rights emphasised by children during the research included:

- Having sufficient nutritious food – at least regular meals a day;
- Adequate and private space to sleep;
- Regularly attending school (or Madrassa) requiring support for the associated materials: uniform, books, school fees/ levies paid on time, and giving the child sufficient time to study;
- Being protected from too much heavy work;
- Getting sufficient time to rest and to play with their peers;
- Having medicine and/ or taken to health services when sick;
- Having sufficient clothes;
- Access to resources to keep clean and hygienic;
- Being able to communicate and visit their parents (if alive) or other relatives.



My grandmother cooks nice food for me (girl living with grandmother, Pemba, Zanzibar)

Fulfilment or challenges faced in accessing basic needs including access to education, food and nutrition, health and hygiene, and clothes were emphasised and prioritised by children as an in-depth research theme in each of the countries. As described earlier, one of the reasons that parents send children to live with kin caregivers is to increase opportunities for children's education and future prosperity. For example, some children are sent from rural homes to live with "better off" relatives in urban settings in order for the children to access secondary school. Some children are able to access better education (secondary education and university education), as well as gaining increased access to health services, social services and information when they are living with kin caregivers.

However, some children face challenges in accessing basic services, particularly if their caregivers do not consider the child to be an integral part of the family, but rather discriminate against the child (compared with their own biological children). In addition, some children living with caregivers, especially grandparents face economic difficulties which make it difficult for them to meet all children's basic needs.

Lack of access to basic needs, children living with their aunt, Kenya[135]

This is a boy and a girl. They are living with their paternal aunt. The boy is in class seven and the girl is in class six. They did not get their basic needs. Her aunt has not paid their school fees, so they children can not take their exams. Her aunt has given them a lot of work. They are washing clothes and utensils, after that, collect firewood, and then start cooking. After cooking they go to fetch water. If she is sick her aunt does not take her to the hospital. She goes to the market to buy medicine. If she makes a small mistake her aunt beats her.

Although there were more reports of receiving love and care from grandparents, some children living with grandparents may face difficulties in accessing school if the grandparents cannot afford to pay the school fees or meet other basic needs. Many children have to do heavy work while living with different caregivers, including grandparents. However, if the child receives love and care they are often happy to help with household work and other chores.

Challenges in meeting basic needs, boy living with grandmother, Kenya[136]

There is a 14 year old boy living with his maternal grandmother. He likes to live with his grandmother. He is in class five. He goes to school when he can, but when his grandmother has not paid money at school because of lack of money he does not go to school. He spend time collecting maize for the house, sweeping houses, fetching water, taking goats to the compound and digging. He is very sad because his grandmother is not able to pay his school fees.

The importance of health services, caring for a child who is HIV positive, Zanzibar[137]

A 17-year old girl infected with the HIV virus lives with her aunty. She shared how she did not feel that her maternal aunt took her health condition seriously enough, which put her at risk but also made it difficult for her to bond with her aunt.

"*My aunt sometimes does good things to me, but there are times when she does things that are not fair. When I am sick, she doesn't want me to go to hospital. Once it happened that I was sick, I was vomiting and had diarrhoea. She gave me cardamom and cumin (spices used in cooking). I called ZAPHA+ and they came and took me to hospital. I am very grateful to ZAPHA+, I am now physically and mentally well*".

Sub-theme 5: Appropriate responsibilities or too much work load

In East Africa girls and boys, particularly children older than seven years are expected to assist in domestic tasks and duties to contribute to the family household. Thus, all children living in the household (kin and biological children) tend to have duties and responsibilities. The allocation of duties and tasks is predominantly gender-based and gender-localised. While girls are primarily expected to assist with household chores that are confined to the sphere of the household, as well as collecting water; boys are given tasks that are conducted outside of the house, such as running errands, grazing the cattle, collecting wood or water etc. If the family is struggling economically older children may be expected to earn a living to contribute to the family income and survival.

Photovoice by a boy living with his grandmother in Ethiopia[138]

"I help my grandmother with the house work and on the small farm. I get time to play with other children in the neighborhood, and I am happy".

Most children are happy to undertake such tasks to contribute to their household and family cohesion, as long as the tasks are appropriate to their age and capacity, and leave sufficient time for study, rest and leisure. Thus, for children living in kinship care, household duties and work are a normal responsibility to support the family.

A typical day in the life of two 15-year old girls, Zanzibar[139]

"I help my maternal aunt with household chores before going to school. When I come back, I eat, I pray, wash clothes and then go to madrassa. When I come back, I go to play with other children. When I come back, I say my Maghrib prayer[140], do my homework, eat and then go to bed. I love my aunt, and she loves me." (A 15 year-old girl living with her maternal aunt in Pemba)

"I live with my sister because both my mother and father are dead. I attend school but I don't have time for independent studying. My sister beats me with a cane. I fetch water and I am always working. What I learn in school is the only knowledge I get as when I come home it's housework all the time. I don't even have time to wash my own clothes. I would love living with my mother and father, but God has taken them". (A 15 year-old girl living with her sister in Unguja Urban, Zanzibar)

However, many children living with relatives described unfair distribution of household and other work tasks, compared to the caregiver's biological children who are assigned less work, and have more time to rest and play. Discrimination compounded by financial hardship within kinship care families adversely affects the amount of domestic, agricultural or economic work that some children living in kinship care are expected to do. Children's work responsibilities can have negative impact on children's education, as children struggle to combine school and work responsibilities. Some children described falling asleep in school due to tiredness from working early morning prior to school, and working late at night to fulfil their household duties. Too much child work, delayed or non-payment of school fees has also resulted in school dropout, or missed periods of education by children living in kinship care.

Story of a 14 year girl living with her aunty in Ethiopia[141]

"I lost my mother when I was nine years old. My father was terminally sick at that time, and my aunt (my father's sister) took me in. She promised to provide good care, and to also let me visit and take care of my sick father. But, things were different when I started living with her. She used me as a maid at home and baby-sitter to take care of her newborn baby. I do household work – I clean the house, wash the baby's and my aunt's clothes, and when they come from work, I serve dinner and coffee. I usually sleep at midnight. I wake up at 5am in the morning, prepare and serve breakfast, then go to the market carrying their things to sell. I also travel long distance to fetch water, and carry up to 20 litres of water evry day. I am not allowed to go outside and play with other children. After some time passed we were informed about the death of my father, and I went for his funeral. At the funeral, I met with my older sister who was living by herself. I told her my situation and she decided to take me in though she is unable to provide for my needs. My aunt was not willing to let me go. My sister reported the matter to the police, and I expressed my preference to live with my sister to the police. I am now living a peaceful life with my sister, and I am performing well at at school. I am now 14 years old and in sixth grade."

Sub-theme 6: Freedom of expression or limited voice

Socio-cultural norms and traditions in much of East Africa contribute to an environment where children are expected to listen to and obey their caregivers, parents and elders. As described earlier, decision making processes in Zanzibar, and to some extent in Kenya and Ethiopia are patriarchal and dominated by male adults. Male adults dominate in decision making processes. Girls and boys are generally not expected to express their views, to ask questions or to participate in decisions affecting them. While some children living in kinship care are able to express their views and to seek advice and guidance from their caregivers, a significant proportion of children are excluded from decision making processes affecting their lives. Furthermore, in situations where children, particularly boys assert themselves the caregivers often describe their behaviour as disrespectful.

In decisions concerning their care children report that they are very rarely consulted, and that decisions are typically forced upon them. Lack of opportunities for children to express their views and limited efforts to explain decision making processes to children contribute to

scenarios where some children do not understand why they are moving to a new family. A lack of information contributes to a child's misunderstanding, feeling of rejection and low self-esteem.

As part of their in-depth research child researchers in Ethiopia and Zanzibar highlighted the importance of freedom of speech. Children in Ethiopia emphasised how challenges can be resolved if children are encouraged to express their views and to communicate effectively with their caregivers and family members. Freedom of expression among peers was also identified as a source of support to young people, enabling them to share their feelings and experiences and to support one another.

Sub-theme 7: Preservation of family identity and inheritance or challenges faced

Living with relatives provides an important opportunity for children to maintain their family identity and lineage. This was one of the advantages of kinship care that has been identified by children and caregivers, and which has been supported by other research.[142]

Reasons why kinship care is chosen shared by child and caregiver researchers, Kenya:[143]

1) To keep the family name alive and to give children an identity
2) To preserve the reputation of the family
3) To maintain traditions of the clan
4) To ensure children's protection and access to basic services
5) To secure children's inheritance
6) To provide family companionship
7) To provide love and care

When children are orphaned it is important to ensure that children's inheritance rights are protected; as orphans, particularly children who have lost their father face increased risks of losing their inheritance rights. Some caregivers may take in children in order to obtain their property or land rights.[144] Conversely, the research also revealed that some caregivers have fears about taking care of relative children if they have rights to access some of the caregiver's land, property or other inheritance. In Kenya for example maternal relatives may be more hesitant to take care of a boy as there are fears he may claim inheritance from the family as a male child. However, paternal relatives may like to take the boy, as they may profit from the inheritance from the biological parents. On the other hand, girls are regarded as providing additional support for household chores and possible income from dowry upon her marriage.

WAQF Commission, Zanzibar was created through a Decree in 1905. It operates as a trust organization that manages and protect assets that have been donated for public use (mosques, water wells, schools etc.). In Zanzibar the WAQF Commission plays a role in the protection and management of inheritance rights of orphan children. The Commission works in collaboration with the Department of Zakat and Charity and the DSW to distribute money to orphans, sober houses, elderly homes and boarding schools.[145]

Sub-theme 8: Communication and wider support or isolation

When children are living with relatives if they have regular and healthy communication with their parents (if alive) or other relatives it can enhance efforts to ensure children's care, protection and basic needs are met. Children and caregivers feel more supported and less isolated when there are collaborative (material and emotional) efforts to meet the child's needs. Good relationships between children, caregivers and community members also create a wider safety need and psychosocial support to children and their caregivers. Community monitoring and support can also prevent violations of children's rights, include protection of their inheritance rights. Moreover, children's relationships with and support from their peers is also important to children, and provides a source of support to children especially when they face emotional difficulties.

In contrast when children or caregivers are isolated and lack support from the child's parents, extended family, or the wider community risks of neglect, abuse and exploitation of the child are increased. Caregivers may be more inclined to resent caring for the child if the child's parents do not maintain communication, or provide any types of support to the child or the caregivers.

Caregiver experiences:

Main positive experiences	Main negative experiences
Caring for children is seen as prestigious and a blessing from God.	Caregivers struggle to provide child's basic needs, economic pressures and expectations that are hard to meet
Importance of family love, responsibility and sense of belonging.	Sense of obligation, duty and resentment about using existing family resources to care for other children
Kinship care is a form of social security investment	Insufficient support from family or community
Child supports household and other work	When the child seems ungrateful or does not fulfil caregivers' expectations
Good relations and communication especially when the child is well behaved	Communication difficulties especially when the child is undisciplined
Family name, identity, inheritance can be preserved	Fears about inheritance

It is recognized that **caregivers take in relative's children for a variety of reasons**. Some caregivers take in children as they want to ensure support for a child's well-being, to provide love and care for their extended family members whom they feel close to. For many there is a sense of family obligation, particularly if their family is economically better off than their relatives' family or more strategically placed in an urban setting with increased access to basic services. There are cultural norms that encourage better off family members to take in a niece, nephew or

other relative to enable them to access education, vocational training or other opportunities to improve their future outlooks. However, caregivers are also aware that taking in other children will be burden on their family resources, particularly if they are expected to cover all associated costs to meet children's needs.

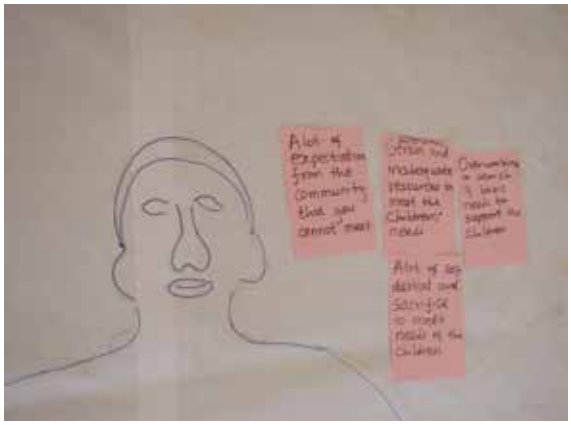
Caring for children is seen as prestigious and a blessing from God in both Islamic and Christian socio-cultural religious contexts in Zanzibar, Ethiopia and Kenya. Thus, some caregivers feel a sense of spiritual satisfaction. Caregivers often feel proud that they are being helpful and useful, caring for other's children, fulfilling societal expectations towards their kin.

The importance of family love, responsibility and sense of belonging was also emphasised by many caregivers. Similar to findings from West Central Africa if children are orphaned the sense of family obligation and the need to take responsibility for their own kin is even more keenly felt. Close family relations, especially grandparents and maternal relatives who already know and have a sense of closeness with their grandchildren, nieces or nephews tend to be particularly ready to take over the responsibility of caring for them.[146] They may embrace relative children in order to help a loved one, and to preserve the child's identity, traditions and inheritance. Furthermore, many caregivers regarded their caregiver role as a "natural role" due to their connectedness as kin relatives, and their shared responsibilities to support the well-being of their relatives children. In addition, many caregivers, especially grandparent caregivers also described how they appreciated the company of children, as well as the assistance provided in the household.

Historically kinship care has been a mechanism to maintain social stability, creating and helping to sustain bonds of mutual cooperation and interdependence. Caregiving is not always based on altruism[147], but may be undertaken with an expectation that the caregivers would also benefit from their emotional, material and financial investments. Many caregivers also appreciate that their relative children, especially adolescents **assist in household domestic, agricultural or income generation work** which benefits the family**.** When children worked hard, got good results in school, and were polite there was increased likelihood of positive relations and good communication between the child and their caregivers. Caregivers also described **kinship care as a form of social security investment.** For aunties or uncles who look after their relative children, there is an expectation that when the children grow up that they will help to look after their relative caregivers (financially and materially) when they are elderly. The research in East, West and Central Africa revealed that there is an implicit expectation that kin children should continue to feel responsible for and contribute to both their kin caregivers' households, as well as their own living parents' households once they are adults.[148]

However, despite the various motivations to care for relative children, many caregivers' experience stress while **struggling to fulfil the expectations on them to meet all of the child's basic needs.** Looking after relatives children creates economic burdens, which sometimes contribute to family conflict. Particularly in situations where one or both the caregivers feel obliged to care for a child, rather than actively choosing to care for the child, they are more likely to resent using existing family resources to care for the child.

Despite their desire to provide love, care, and basic needs for children, some elderly caregivers face particular challenges in meeting the child's basic needs due to their financial constraints and reduced opportunities to earn a living.



Body mapping exercise by caregivers in Kenya

Some caregivers described negative experiences of being "judged" by members of their community if children under their care did not thrive. Some caregivers didn't appreciate when children they were caring for seemed ungrateful, or when children did not fulfil their expectations concerning household work or other tasks.

Challenges in caring for relative's children are further exacerbated if the caregivers feel unsupported by the children's parents, other relatives or members of the community. A lack of support can increase the sense of "burden" of raising children, which can fuel frustrations and resentment increasing risks of mistreatment to children.

Caregivers also acknowledged some of the particular difficulties faced when taking care of adolescents due to challenges in communication and misunderstandings. Caregivers in Kenya mentioned that inter-generational communication barriers between grandparents and their grandchildren were enhanced if children were sent from their families in urban settings, to live with their grandparents in rural settings.

A few caregivers also mentioned fears and challenges faced concerning children's inheritance. While many made significant efforts to safeguard children's inheritance, it was also recognized that inheritance can create conflicts within the family.

Other people's perspective on kinship care

Informal kinship care is rooted in religious and socio-cultural traditions in Kenya, Ethiopia and Zanzibar. In general community members, government officials, and other stakeholders recognise that children are best raised in family based care, either with their own parents or with their relatives. Informal kinship care is somewhat taken for granted by community members and traditional elders as it is such a "social norm". However, on probing community members value kinship care as it provides ongoing family based care with blood relatives, thus preserving identity, culture, and inheritance. It is also seen as a form of "safety net" for parents who face difficulties. However, risks associated with kinship care, including discrimination, lack of access to schools, and increased work loads, were identified by some social workers and members of community based child protection committees.

Positive aspects and challenges faced by children living in kinship care identified by Government officials, traditional elders, and community members in Zanzibar[149]

Overall, the positive elements of kinship care include:

- Informal and key mechanism to protect children facing adverse life events.
- Children learn better and become better adults if grow up within their families.
- Grandparents are a great source of knowledge for children who live with them.

On the other hand, negative and challenging areas that need further targeted interventions entail:

- Parents believe that they have no or very limited responsibility once child is in kinship care.
- Kinship care may be motivated by personal interests related to the inheritance rights of a child.
- Children may be exposed to violence and exploitation.

According to a senior social worker based at the Department of Social Welfare in Unguja, kinship care is a positive practice but the ad-hoc involvement of government agencies means that children are occasionally placed at risk: "*Children living in kinship care are more at risk to be discriminated against by their caregivers, and to be exposed to acute violence. They generally have less access to good education opportunities".*

A MVC Committee volunteer from Pujini shared her experience of dealing with children living in kinship care: *"Children who live in kinship care suffer a lot because they are not sent to school. Children who live with their parents tend to be better protected. (Kinship) Girls in particular are given heavier workload at home, while (kinship) boys go farming. It is critical to focus our work on the education of children, but also parents and caregivers".*

Protection and risk factors influencing outcomes:

Through the research a number of protection and risk factors have been identified which influence positive and negative outcomes for girls and boys living in kinship care. These factors are inter-linked and multifaceted. Each family and individual is different, thus a number of these factors are often at play, and the relationships between factors are complex. For example, a child may be living with a grandmother who actively wants to care for the child, the child feels loved and a "sense of belonging". However, due to poor finances and a lack of support from other relatives the grandmother may struggle to meet the child's basic needs and child may have to drop out of school. In another scenario a boy may be sent to live with his uncle and wife who have good financial resources. However, as the aunt felt "obliged" to care for the child the boy faces discrimination within the household compared with the biological children, and the boy's basic needs are not properly met.

Protection factors	Key factors	Risk factors
When **caregiver(s) actively chose to care for the child** s/he is more ready to invest time, energy and efforts to take proper care of the child. Matriarchal or patriarchal practices vary in diverse locations within countries in East Africa. In some socio-cultural contexts children tend to have closer ties to their maternal relatives, thus a child may be more welcomed in the household of the maternal grandparents, the maternal aunt or the elder sister. In Zanzibar Islamic tradition promotes maternal child rearing until the age of 7, and paternal child-rearing from 7 onwards. If the male and female caregivers are both involved in the decision to care for the child, the child is more likely to be better cared for. If a female caregiver cannot have children and thus actively chooses to take care of relative child she is more likely to love and care for this child.	***Choice or obligation to care for a child*** *which is influenced by* ***patriarchal*** *or* ***matriarchal decision making processes***	If a **caregiver feels obliged to care for the child**, without being able to influence the decision, the child faces increased risks of discrimination and a lack of care. **Patriarchal systems** in some socio-cultural contexts mean that **male caregivers may make decisions to care for a relative child without consulting the female caregiver**. For example a paternal uncle may take in a niece or nephew without consulting his wife. Especially when the caregivers have their own biological children in the household, if the female caregiver feels ”obliged” to care for the relative child she may resent using family resources on these ”extra” children and there will be increased risks of discrimination between relative children and biological children. Similar findings, especially in relation to children living with paternal relatives emerged from the Save the Children’s research on kinship care in West Central Africa.[150]

Protection factors	Key factors	Risk factors
If the primary **motivation** to care for child is **to provide love and care, to ensure the child's family identity and belonging**, the child is more likely to receive proper care, basic needs and their inheritance rights. Some caregivers feel that it is a religious duty to care for children and they are blessed for their efforts. When people feel appreciated for their efforts they are more likely to care positively the child. **Close relatives are more likely to welcome a child** in the home and tend to be more willing to invest in the care, education and well-being of their kin. This finding is reinforced by other studies.[151]	***Motivation to care for the child and the degree of "closeness" between the child and caregiver***	If the primary **motivation** to care for the child is **to have extra help for household or other work** or to provide a form of "social security" to their caregivers, the child is less likely to receive love, care and access to basic services. If a child is taken in by a **"distant" relative they are less likely to provide love and care for the child**, and may have higher expectations about the child's duties within the household. A DHS study across 10 countries which found that *"adult caregivers are less likely to invest in children who are more distantly related regardless of household incomes".*[152]
Families with a **good financial situation** have more opportunities to meet the basic need's of a child including school fees, uniform, health care, nutritional food, clothes etc	***Families' financial situation***	Families with **poor financial situation** will struggle to meet all the basic needs of the child including school fees, uniform, health care, nutritional food, clothes etc Families affected by poverty are more likely to be over-burdened to care for "additional" children. There will be increased risks of a child dropping out of school, and taking on more work to contribute to the household.

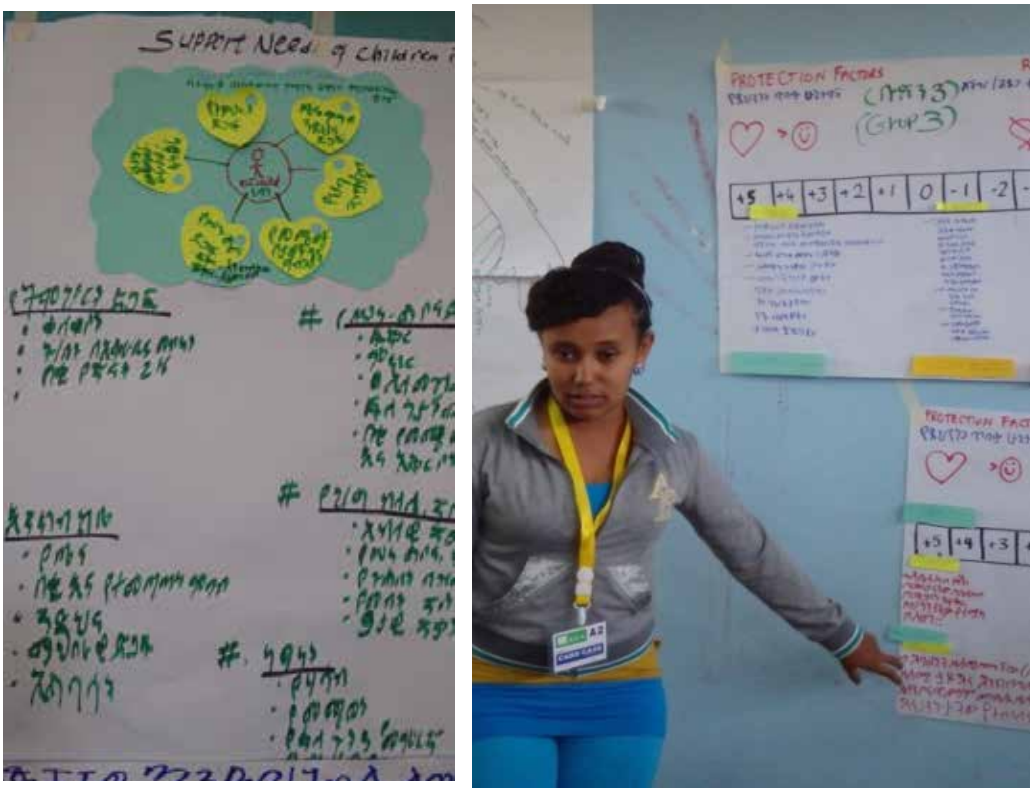
Protection factors	Key factors	Risk factors
Children who are perceived as **polite and hard working** in their school work and household duties are more appreciated by their caregivers and are more likely to be treated with care. When there are good relations between the child and their caregiver(s) it may be easier for individual's to express their needs and to overcome challenges faced.	***Child's behaviour – being polite and hardworking or undisciplined***	Children who are **perceived as rude and undisciplined**, or who are not doing well in school or who are not undertaking the work duties expected of them are more likely to be mistreated and abused by their caregivers. Poor relations between the child and their caregiver increases conflicts within the household. Some caregivers struggle to "control" adolescent children from engaging in anti-social behaviour. Furthermore, there are perceived "inter-generational communication gaps" between some grandparents and adolescent children. Gossip among neighbours and stigma can cause resentment among caregivers which increases risks of mistreating the child, or sending the child away from the home. Conflict and violence within the family also increases risks of a child leaving to live on the street.

Protection factors	Key factors	Risk factors
Caregivers and children who have regular communication and support from their parents or other relatives are more likely to be better cared for. In situations where children are living with relatives, but have one or two living parents, **regular communication between parents and caregivers, and regular visits** can enhance the child's protective environment as there should be more discussion and observation with regards to children's care and access to basic services. Shared responsibilities for children's well-being and needs by caregivers and parents or other relatives can reduce the burden faced by kinship caregivers, and can lead to improved care and outcomes for children. It has been suggested that fostering traditionally worked as there was a more equitable sharing of costs and benefits of child rearing between biological and kinship foster parents.[153]	***Regular communication and support with parents or other relatives***	**Limited interaction** between a child, their biological parents, and their caregivers can result in emotional distress, financial pressure, as well as parenting challenges. When caregivers **lack support from the children's parents or other relatives** they may face increased challenges to provide adequate care to the child and to meet the child's basic needs. There are also increased risks that mistreatment and abuse of the child goes un-detected.

Protection factors	Key factors	Risk factors
A **child's individual circumstances** can influence the way they are cared for and treated by others. For example, if a child is an **orphan** some relatives may feel more ready to care for the children and to take responsibility for them. In many socio-cultural religious contexts there is a spiritual belief that you are doing a good thing to take care of an orphan. So it can be a protective factor.	***Child's individual circumstances*** *(e.g. child born out of wedlock, child with disability)* ***and community reactions***	Being an **orphan** can also be a risk factor as the children may be more isolated and if their caregivers mistreat them they may not have anyone else to turn to. Furthermore, there are increased risks that caregivers may deprive orphans' of the inheritance. Few caregivers want to care for a **child with disabilities.** Caregivers and children may experience discrimination and stigma in the community. Furthermore, caregivers may face challenges in meeting the needs of a child with disabilities, especially if local schools and services are not inclusive and accessible. Furthermore, children with disabilities face increased risks of violence and mistreatment.[154] In some socio-cultural contexts children and caregivers may face stigma and discrimination if it is know that the child was **born out of wedlock**.

An earlier Save the Children (2007) publication on *Kinship Care: Providing positive and safe care for children living away from home* provides a useful table indicating how risk and protective factors can be considered when monitoring and assessing children's well-being, care and protection in kinship care families. The factors identified include: children's views about living with relative caregivers; family composition and the nature of relationships within the household; family network and contact arrangements; family history and current functioning; belief system and ability to consider the child's development needs; health status of caregivers; ability to provide for the child; carer's motivation; ensuring safety and the capacity to protect.[155]

Child researchers in Zanzibar pointed out that this almost organic nature of kinship care in Zanzibar entailed both positive and negative elements. While the spontaneous and informal character of kinship care means that care issues can be resolved locally, privately and in a timely manner, it also places tremendous pressure on families who do not always have the capacity to absorb and care for kin children adequately. This sense of family obligation tends to generate feelings of resentment and hate towards the looked-after child, which defeats the aim of kinship care.



Identifying protection and risk factors, Ethiopia

Topic 4: Children and caregivers' support needs and the availability of support

This topic describes the specific needs of children living in kinship care, as well as recognising the needs of caregivers and parents. It explores the extent to which support is available to meet these needs and provides an overview of existing strengths of different stakeholders and agencies that can be built upon to increase support to families, both to prevent family separation and to better support children living in kinship care and caregivers, especially elderly caregivers.

Specific needs of children living in kinship care

The table below offers comparative-needs analysis, putting in perspective what are considered to be standard or universal needs of children on one hand, and the specific needs of kinship care children on the other hand. This enables to have a clearer overview of the fundamental gaps in addressing the needs of kinship children.

Table: The specific needs of children living in kinship care[156]

Needs	Physical development	Emotional development	Educational/ intellectual development	Social development
Universal need of a child[157]	Access to nutritious food Access to quality healthcare Access to water, sanitation and hygiene. Being care for by parents when sick or unwell. Taught self-protection skills.	Love, affection, appreciation, respect, appraisal, guidance, life skills. Culture, identity and sense of belonging. Receive religious and moral guidance from parents. Fair treatment.	Access to quality education. Being sent to school. Being provided with books and stationery, uniforms and shoes. Receiving extra-curriculum support Access to information. Being aware of rights, remedy in case of child abuse	Time to play with friends and siblings Time to visit family members Opportunities to express views and to participate in decisions affecting them. Being allowed to engage in other activities, such as local clubs, children's group meetings, etc.
	Need protection from all forms of violence and discrimination. Children need to know who to report concerns to, and prevention, referral and response mechanisms for child protection should be in place.			

Needs	Physical development	Emotional development	Educational/ intellectual development	Social development
Specific or additional need of a kinship child	Children living in kinship care stressed that food, clothes, and sleeping space need to be the same as for other biological children. There should not be discrimination in amount or quality of food/ clothes/ space provided. Children living with a disability and deprived of parental care have additional medical needs. Children infected and affected by HIV and AIDS who are placed in kinship care need careful attention regarding their need for privacy and the protection of confidential and private information. Appropriate workload for their age and capacity.	For children's emotional well-being a sense of belonging in the family, positive relationships, appreciation, and guidance from caregivers are crucial. Time to adapt to new environment, support from family to make necessary adjustments. More tolerant behaviour. Children who have been orphaned or separated from parents due to an emergency may have additional psychosocial support needs. Presence of positive male figure can be important for children born-out-of wedlock. Right to privacy, protection of confidential information.	Importance of paying school fees (on time) and providing school stationary and uniform. Encouragement and time to study. Thus, children living in kinship care should have a realistic amount of household chores, so that they also have time to study and rest. They should have an equal share of household chores with other children present in the household (while considering the age and capacity of each child). Some kin children may need additional support with homework following a new care placement. The child may indeed feel disorientated at first, and may fall behind with school achievements.	Making friends in new environment and maintaining links with previous environment Being in regular communication with family, including parents, siblings and other close relatives. Participating in care and other decisions that affect them. Being listened to when feeling of discrimination or unfair treatment Need to feel like other children, no stigmatisation because kinship care children – community may presume there is something wrong how the child or their family. Being part of associative structures such as Children's Councils or Clubs.
	Increased community based monitoring, prevention and support is needed to prevent children living in kinship care face experiencing discrimination and different forms of violence. Children may also require legal aid to ensure protection of their inheritance rights, especially if one or both parents have died.			

Specific needs of caregivers, elderly caregivers, and parents:

The specific needs of caregivers are outlined in the table below. Additional needs of elderly caregivers, as well as additional specific needs of parents that would help to prevent parental separation are also shared. While access to basic services including schools, health services, water etc. have improved in many rural and urban communities in the past two decades, hidden costs (such as unofficial school fees, costs of school uniform or transport to school), continue to create barriers for poorer families to send their children to school. Rising costs of living in urban areas, and raised expectations due to consumerism, advertising and internet are creating increased expectations and economic burdens on families. In addition, while there have been significant developments in national laws, policies and plans relating to children, child rights, education and child protection in the past twenty years, low levels of awareness on such laws among parents, caregivers and local duty bearers contribute to poor implementation and monitoring of laws, policies and services that restricting access to services that parents, caregivers and children are entitled to. Some caregivers and parents also expressed fears regarding the justice system and associated expenses.

Poverty, limited social protection schemes and insufficient family support services contribute to a scenario where caregivers needs continue to be unmet, particularly in the scenario where caregivers' roles and responsibilities in raising children are hardly acknowledged by government duty bearers, local service providers or community members due to the prevalence and social norm of informal kinship care.

> *'In general, the lack of adequate financial means, poverty and the assumption that family matters are to be dealt privately were listed as the main barriers to adequately support kinship children.... some caregivers are reluctant to seek external support when facing difficulties with their kinship child. Interestingly, the overall responsibility to support caregivers was assigned to parents rather than to external agencies or service providers'. (Country evaluator, Zanzibar)*

Table: Needs of caregivers, elderly caregivers and parents:

Specific needs of caregivers:	Additional needs of elderly caregivers:
Livelihood / employment opportunities to earn a living to be able to afford to meet family members needs (including access to skill training, loans or micro credit).	Access to social protection schemes such as cash transfers so that elderly caregivers can meet children's education, nutrition, health and other needs.
Access to social protection schemes and cash transfers for the most vulnerable families, including support for school fees or school uniforms etc.	Ensure elderly caregivers can afford and access health care and medicines.
Access to shelter, nutritious food, and basic services (education, health services, social services, water and sanitation etc)	Parenting education and guidance, especially for raising adolescent children.
Access to information on relevant services, laws and policies.	

Specific needs of caregivers:	Additional needs of parents to prevent family separation:
Clear expression of expectations from parents in relation to childrearing, regular communication, and financial contributions for children's upbringing from living parents. Participation of male and female caregivers in decision making processes concerning care of the child. Communication and support from extended family members and/or community members, including appreciation and encouragement to them for their role as caregivers. Parenting education, including positive discipline and guidance, and health and nutrition guidance. Adult literacy and financial literacy. Awareness on child rights, child development and protection, and knowledge on available family support services, including referrals and support to respond to child protection concerns. Legal advice as guardians, and to protect children's inheritance rights. Spiritual guidance.	Counselling and family support services (e.g. marital counselling, counselling for parents who abuse drugs or alcohol) that may prevent family break up or divorce. Employment and livelihood opportunities (especially in rural areas) including skill training, loans or micro credit that support household economic strengthening. *Access to* free quality secondary and primary education for children, especially in rural areas so that parents do not need to send their children to live with relatives to access education. Access to social protection schemes for parents with disabilities or chronic illnesses. Parenting education, especially on positive discipline. Community based prevention, referral and protection mechanisms that provide family support and address harmful practices that contribute to family breakdown or parental separation. Legal advice for parents. Better implementation of existing laws, policies and plans that are supposed to support families. Disaster risk reduction, emergency preparedness and emergency response preventing parental separation and supporting family reunification and reintegration.

The extent to which support is available to support kinship care families

There have been significant policy developments relating to children, child protection, access to free education and health services in Ethiopia, Kenya and Zanzibar in the past decade. There are increasing efforts underway to develop community based child protection mechanisms to prevent and respond to children's protection concerns with links to formal child protection systems. However, in many locations community based child protection committees are not formed or not effectively functioning. Furthermore, referral and response services for legal aid, psychosocial support, family support, education, health or livelihood support are often limited, particularly in rural areas. While some efforts are underway to implement child protection case

management, qualified social workers at the district level with the skills to support families, to prevent family separation, and to respond to child protection concerns, remain extremely limited in number. Across the region child sensitive social protection schemes, family strengthening and social services are insufficient, though some services and structures are in place which can be built upon.

Good practice developments by the Department of Children's Services and the Child Protection Working Group in Busia County, Kenya

In Busia County the Department of Children's Services has piloted and supported the development of various services which support family based care and protection of children including: support for community based prevention and response to child protection concerns; case management of child protection cases and referrals for legal aid and other services; advice in child custody disputes; and implementation of a cash transfer scheme for the most vulnerable families. Furthermore, the County provides bursary grants for costs associated with education for children in the most vulnerable families.

There is also a strong Child Protection Working Group (CPWG) in Busia Country which brings together NGOs and Faith Based Organizations (FBOs) that work for child protection to enhance coordination and collaboration. The CPWG has been supporting implementation of case management on child protection and supports referrals and access to available services and resources. A range of NGOs, FBOs and Community Based Organisations provide family support in various ways in Busia including: education grants, food aid, financial support for health services, legal aid, micro credit or saving schemes, and information. The existence of the Childline helpline also supports reporting and referral of children to services to address their concerns.

In Zanzibar, the Department of Social Welfare (DSW) designs and implements preventive and response services to protect and safeguard children and their families. DSW staff are responsible to undertaken needs assessments, referral, and provision of services to vulnerable children. Since 2010 a Child Protection Unit has been established both in Unguja and in Pemba, and a case management approach is used to manage child protection cases and to coordinate referrals to services. The CPUs also encourage the establishment of Child Protection Committees at national and district levels. However, community based child protection mechanisms are fairly weak and often dysfunctional. Local committees for Most Vulnerable Children (MVC) are structures established at community level that are staffed by a pool of locally based volunteers. Their role is to identify and refer child protection concerns affecting the MVC, who are typically children affected or infected by HIV and AIDS; living with a disability; victims of violence and exploitation; or families affected by acute poverty. However the limited capacity and funding by the Department of Social Welfare at community, district and national level often mean that children in kinship care are not seen as their priority for intervention, and there are no specific support services designed to sustain and support informal kinship care arrangements in Zanzibar. Rather, child protection interventions are currently focusing and limited to case management of violence against children, and while there is increasing acknowledgment that informal kinship

care is an essential part of the local response mechanism, specific service provision for children without appropriate care remains non-existent.

NGOs, including local, national and international NGOs are undertaking various care and protection programmes to support vulnerable children in Zanzibar, among them, SOS Zanzibar which is expanding its family strengthening programmes in Unguja and Pemba to avoid child abandonment and separation.

ZAPHA+ an NGO supporting People Living with HIV and/or AIDS in Zanzibar[158]

ZAPHA+ seeks to improve the living conditions of People Living with HIV and/or AIDS through advocacy for the provision of quality services. ZAPHA+ supports parent and extended family based care. It supports mediation in cases of family breakdown, and supports children and families to find suitable kinship care placements for children if they are unable to live with their parents. ZAPHA+ provides weekly counselling sessions, psychosocial support and leisure-related activities for children affected or infected by HIV. It also provides non-food items and assistance with medicine procurement.

In Ethiopia, the Government supports child protection and family reunification programmes, including support for community based child protection committees. Ensuring the wellbeing of children has always been a matter that requires an eclectic approach with an effort from various actors in the community. NGOs and community based organizations are key child protection actors in Ethiopia. Some children who are not residing with their parents in different areas of the country have been supported by NGO's to help fulfil their basic needs. NGO's have been functional in providing material and financial support for caregivers to enhance their economic wellbeing to be able to meet children's needs. Construction of basic infrastructures like schools, clinics, and income generating institutions, and awareness raising on child rights, protection, HIV, health, nutrition, and other issues have also been supported by NGOs. Community associations and traditional institutions have been encouraged to play a role in prevention and protection of children, especially of the most vulnerable children to increase their access to basic services and support. Furthermore, children's groups and parliaments enhancing children's awareness and action on their rights have been supported in recent years.

Traditional community institutions that provide support to some children without parental care, Ethiopia[159]

In Ethiopia, Idir's are traditional community institutions that are constituted to facilitate burial. In some communities Idir's have played a role in providing financial support to children who do not have parents or kin groups to protect them.

Despite broad efforts by the Government and NGOs to enhance children's protection in Ethiopia, the needs of kinship caregivers and children living in kinship care are not sufficiently met. Questionnaires with kinship caregivers in Ethiopia revealed that 70% of caregivers do not receive any additional support from kin caregivers, government or NGOs to take care of their relative children. As the table below indicates, caregivers were least likely to receive support in Addis Ababa, and more likely to receive support in Amhara or Oromia regions. However, of those who receive support, caregivers in Addis Ababa are more likely to receive support from other relatives, compared to caregivers in Oromia who are more likely to receive support from NGOs. In Amhara region, some caregivers received support from the government of those who receive some type of support.

Table: Actual support got and from whom, Ethiopia[160]

		Region				
		Amhara	Oromia	SNNPR	Addis Ababa	Total
Do you get any support to take care of the child?	Yes	*33.3%*	*33.1%*	*25.7%*	*9.6%*	*28.4%*
	No	*65.2%*	*63.2%*	*73.7%*	*89.2%*	*70%*
If support is provided, who supports you?	Other kin	*38.9%*	*12.7%*	*4.4%*	*66.7%*	*24%*
	Government	*36.7%*	*4.8%*	-	-	*17.6%*
	NGO	*12.2%*	*58.7%*	*95.6%*	*16.7%*	*45.1%*
	Religious institutions	*4.4%*	*20.6%*	-	*16.7%*	*8.8%*
	Community institutions	*4.4%*	*1.6%*	-	-	*2.5%*

Strengths that we can build upon to increase family based care and protection:

In Ethiopia, Kenya and Zanzibar there are no specific services designed to support kinship care arrangements. However, there are a range of existing strengths, structures and services that can be built upon and mobilized to better support children and caregivers living in kinship care, and to better support parents to prevent parental separation. In addition to basic services which are supposed to be accessible to all children, there are a number of government and non-government services and interventions that are designed to meet the needs of parents, caregivers and children from vulnerable families which could be better accessed to meet the needs of children and caregivers living in kinship care.

Stakeholder	Strengths, services and structures which can be built upon:
Children	Children are often hard working, ready to be polite and to help their caregivers and parents. Many are motivated to maintain regular communication with their parents, and where-possible to be reunited with their parents. Some children are actively involved in Children's Groups and child led action and advocacy initiatives which help increase awareness on child rights and to contribute to community based efforts to prevent and report child protection and care concerns. Children are able to provide advice and guidance to their peers and to their siblings, and many children are resilient with abilities to solve their own problems.
Parents	Many parents love their children, they have their well-being at heart and be may motivated to make decisions in their best interests.
Caregivers	Many caregivers are making significant efforts to care for relative children to meet their basic needs and to provide care and guidance to children. There is a strong sense of responsibility to provide care and support to your relatives and to maintain family unity.
Local communities	Religious and traditional leaders in Kenya, Zanzibar and Ethiopia have influential roles in their community and form a crucial part of the informal child protection system since they are often the first point of contact for challenges affecting families and children in communities. They can play an important role in awareness raising, prevention and response efforts to support family based care and child protection, and to avoid use of institutional care. Members of churches and mosques provide support to vulnerable children, especially orphans (for example scholarship for costs associated with education). Community based Child Protection or Most Vulnerable Children Committees play a role in identification, prevention, monitoring, response, and referrals to vulnerability and child protection. They could play a strong role in identifying and supporting elderly caregivers and other relative caregivers who are considered vulnerable to enhance access to services and to reduce risks to discrimination, violence and exploitation.
Faith based organisations	Provides financial and food items to vulnerable families – especially to orphans, particularly during religious festivals. In Zanzibar, the WAQF Commission in Zanzibar helps protect the inheritance rights of orphan children.

Stakeholder	Strengths, services and structures which can be built upon:
NGOs including Save the Children	NGOs are supporting a range of interventions including: parenting education, education support for vulnerable children, nutrition and health support, vocational training and household economic strengthening, legal aid, training and awareness raising, and policy advocacy. Child focused NGOs including Save the Children are working with national NGO partners and the Government to strengthen the child protection system at national and local levels. They are helping to influence laws, policies, strategies and National Plans of Action which increase support to children and families, to prevent family separation, and to increase family tracing and reunification. They are empowering children to influence decisions and policies concerning them.
Local and national government authorities	Governments formulate and implement laws and policies and have constitutional power. They can provide legal advice and have duties to support families and to protect the rights of children without parental care. Governments are making efforts to strengthen child protection systems at national, district and local levels. Government has mandate to identify and support vulnerable children, including abandoned and orphaned children and children with disabilities. Government social workers play a role in child protection case management and referrals. Governments have a crucial role in regulating use of institutional care, and according to policy statements should ensure that institutional care is used as a last resort, while increasing family strengthening programs, including household economic strengthening and parenting education.
UN agencies	UN agencies have good abilities to gather data and statistics that shed lights on kinship care; Advocacy and voice to put pressure on government and donors; Advocacy for budget allocations; Supporting the government to strengthen alternative care; Awareness raising on child rights; Capacity building for social workers and other front line staff.

RECOMMENDATIONS AND CONCLUSIONS

At the outset of this chapter some key elements of a vision described by children, caregivers and Save the Children staff and partners are presented. This vision has informed the development of policy and practice recommendations to prevent family separation and to better support the care and protection of children in families, including in kinship care families. Areas of necessary action and advocacy fall under 10 key areas, and require mobilisation and efforts by multiple stakeholders including: Governments; UN and international agencies including Save the Children; civil society and faith based organisations; traditional and religious elders; and community members including caregivers, parents, children, youth, relatives, neighbours, and members of community based child protection mechanisms.

Elements of the vision

- ✓ Children receive love and care from their parents or caregivers. Some children who were separated have been reunited with their parents. However, if children do not have parents they are living with relatives.
- ✓ Children have a sense of belonging in their families. There is family unity; no discrimination among children and no child feels isolated.
- ✓ Children have access to basic services including primary and secondary education in rural and urban areas, good health facilities, water and sanitation.
- ✓ Family members have access to a good livelihoods and homes, and they are able to meet all children's basic needs.
- ✓ Children have opportunities to express their views and to participate in decisions concerning them.
- ✓ Children receive guidance and advice from their parents or caregivers.
- ✓ Children are protected. There is zero tolerance for any form of violence against children.
- ✓ Children have opportunities to play.
- ✓ There is peace and prosperity in the country.
- ✓ There is good governance and active confident citizens.
- ✓ Freedom of religion.

Vision developed by children and adults in Zanzibar

Vision developed by children and adults in Kenya

10 key areas of programming and advocacy with and by governments and other key stakeholders to prevent family separation and to increase the care and protection of children in families, including children living in kinship care:

1) Apply the Guidelines for the Alternative Care of Children[161] to improve the development, implementation and monitoring of national legislation, policies, and guidelines on alternative care, recognising the significant importance of informal kinship care.
2) Establish and expand family strengthening services including: child sensitive social protection schemes, especially for vulnerable single parents and elderly caregivers; household economic strengthening; and skilful parenting.
3) Increase positive parenting schemes for fathers, mothers, grandmothers, grandfathers, aunts, uncles and other caregivers.
4) Increase budget for social services and build the capacity of social workers or other relevant workforce to support family strengthening and family based care and protection
5) Increase access to free primary and secondary education and health services, especially in rural areas.
6) Strengthen child protection systems, including informal mechanisms to increase oversight of informal kinship care.
7) Increase active participation of female and male caregivers, mothers, fathers and children in care decision making and encourage ongoing communication and shared responsibilities for child rearing.
8) Increase opportunities for children's participation in families, communities, practice and policy developments affecting them.
9) Prevent and address discrimination of children living in kinship care.
10) Improve data collection on kinship care.

Apply the Guidelines for the Alternative Care of Children[162] to improve the development, implementation and monitoring of national legislation, policies, and guidelines on alternative care, recognising the significant importance of informal kinship care

The research has revealed that existing laws, policies and guidelines, particularly in Zanzibar and Kenya do not have sufficient focus on informal kinship care practices which contributes to the lack of support provided to kinship care families. However, Guidelines for Alternative Care in Kenya have been drafted, which recognise and encourage support for informal kinship care. In Zanzibar, the International Guidelines for the Alternative Care of Children should be used as a tool to improve existing legislation, policies, and guidelines to increase family support services which are accessible to all alternative caregivers, while also ensuring a strong focus on prevention of parental separation. In particular, further efforts are needed to operationalise and implement the Children's Act 2011, and to consolidate the national policy framework concerning Children without Appropriate Care. In Kenya, Save the Children is working in collaboration with the Department of Children's Services and with other child protection agencies to disseminate and support implementation of the Alternative Care Guidelines for Kenya. Save the Children and other child focused agencies in Kenya are also involved in advocacy initiatives concerning the review of the Children's Act and the importance of clear messages and guidance concerning use of institutional care as a last resort and a temporary resort, with increased support for family based care options. In Ethiopia Save the Children should increase collaborative efforts with the local and national authorities to ensure implementation of the 2009 Alternative Childcare Guidelines, which establish a regulatory instrument to improve the quality of care and services to orphans and vulnerable children.

Given the widespread nature of kinship care, informal family and community based options should be nurtured and supported, as if children are not able to live with their parents, permanency in family based care with relatives is often the next best alternative care option. Increased state and civil society support for informal kinship care would support policy and practice efforts to reduce use of institutional care, and would further support de-institutional care efforts. For children who are unable to live with relatives, increased efforts should also be made by the State to raise awareness, understanding and support for non-relative foster care or Kafalah in Islamic contexts, such as Zanzibar. Laws, policies and legal services should also be in place to assist children and families facing problems concerning: guardianship, inheritance, divorce, child custody, or maltreatment.

As will be further described below, existing efforts to build child protection systems from the community to the national level can be strengthened to increase care and support to kinship care families, especially through strengthening traditional and informal mechanisms. It is important to increase attention and support to kinship care families, without necessarily formalizing kinship care. Kinship care should only be formalized in individual cases where it has been carefully assessed to be in the child's best interests.

2 Establish and expand family strengthening services including: child sensitive social protection schemes, especially for vulnerable single parents and elderly caregivers; household economic strengthening; and skilful parenting

Family strengthening programmes should be at the heart of interventions to promote safe and protective family based care environment for children. The Guidelines for the Alternative Care of Children encourage governments to develop and implement family strengthening services such as parenting courses and sessions, the promotion of positive parent-child relationships, conflict resolution skills, opportunities for employment and income generation and, where required, social assistance. Supportive social services are also encouraged such as day care, mediation and conciliation services, substance abuse treatment, financial assistance, and services for parents and children with disabilities.[163] Such services should be accessible at the community level and should actively involve the participation of families as partners, combining their resources with those of the community and the caregivers.

In the East Africa region poverty is clearly a factor contributing to family separation, and to challenges in caring for children in families facing economic difficulties, including elderly headed households. Thus, child sensitive social protection schemes need to be scaled up by Governments, and made more accessible to parents or caregivers who are adversely affected by poverty, especially single mothers and elderly caregivers. Access to child sensitive social protection schemes should help prevent family separation, including separation of siblings to live with different caregivers. Moreover, there is a growing body of evidence that child sensitive social protection programmes can effectively increase the nutritional, health and educational status of children and reduce their risk of abuse and exploitation, with long-term developmental benefits.[164] Social protection mechanisms may include: cash transfers, social insurance and pensions, access to social services and social welfare to support families (including positive parenting); and policies, legislation and guidance that protect families access to resources, promote employment and support them in their child care role (including access to basic social services, maternity and paternity leave, inheritance rights and anti-discrimination legislation).[165]

A clear finding from the research in each of the countries is that children often prefer to live with their grandparents due to the love, care and sense of belonging provided to children, which increases the likelihood of positive outcomes for the children. However, it is also recognized that elderly caregivers may face health and socio-economic challenges that can create significant barriers to fulfilling all of the children's basic needs, and increases risks of school dropout and child labour. Thus child sensitive social protection schemes or other household economic strengthening opportunities are particularly crucial for elderly caregivers. Psychosocial, health care support, and other forms of support to elderly caregivers are also important. In Busia County in Kenya, the Department of Children's Services has been managing a cash transfer programme for vulnerable families. The Busia Child Protection Working Group could enhance collaboration with and referrals to the Department to ensure better targeting of elderly caregivers, and other vulnerable parents or relative caregivers who would most benefit from the cash transfer programme to ensure that children's basic needs are met. Furthermore, the CPWG can support the Department in more systematic monitoring of the outcomes and impact of the cash transfers.

Government strategies and policies to support the rural economy and to ensure children and families access to free basic services (including health care, education, and social services) are also required. Investment in rural livelihoods including support for income generation activities, provision of farming equipment, and rural infrastructure are required to prevent on-going patterns of rural to urban migration which is contributing to family separation and family challenges. Furthermore, broader efforts for household economic strengthening are needed with poverty affected parents and caregivers both in urban and rural settings. In each of the countries caregivers emphasised the importance of increased support from governments or NGOs for: income generation, vocational skill training, animal husbandry, improved financial literacy skills, as well as access to micro credit, loans or business start-up materials.

Parenting education for parents and other caregivers to increase their skills in raising children and applying positive discipline approaches was also emphasised by caregivers and children, and is discussed further below. It is necessary that integrated approaches to address these root causes of a child's separation from their parents are addressed. In addition there is need to strengthen kinship care families as the most prevalent family based care option for children who are not able to live with their parents.

3 Increase positive parenting schemes for fathers, mothers, grandmothers, grandfathers, aunts, uncles and other caregivers

This research has revealed the significance of warm, caring, loving and appreciative relationships that caregivers provide to children, and the importance of positive discipline approaches. Children need the structure and warmth of their main caregivers to develop emotionally, physically and socially. Governments and NGOs (including Save the Children) in East Africa are increasingly recognising the benefits of investments in positive parenting (or skilful parenting) schemes. However, such schemes tend to primarily involve mothers. Thus, increased efforts are needed to target and reach fathers, mother, grandfathers, grandmothers, aunts, uncles and other caregivers. Positive parenting should build upon parents and caregivers' strengths and resilience and equip them to develop supportive, non-violent relationships and effective communication with their children. Positive parenting should encompass a focus on child rights, non-discrimination, best interests, children's survival, development, protection and participation. Information should be shared on the negative effects of physical and humiliating punishment, harmful child work, early marriage and discrimination and positive discipline skills should be developed. Use of technologies, such as the radio and mobile phones should also be used to disseminate positive parenting practices in isolated and hard to reach communities.

4 Increase budget for social services and build the capacity of social workers or other relevant workforce to support family strengthening and family based care and protection

Governments need to allocate sufficient budget to ensure necessary human and financial resources to ensure optimal and progressive implementation of the Guidelines for the Alternative Care of Children in a timely manner. Such implementation requires increased investments in social services and social workers. The Ministry of Social Welfare (or its equivalent in each country) is often one of the most poorly resourced and therefore understaffed sections in Governments,

and access to social services for children and families remains limited in urban poor, rural and remote communities in the East Africa region. Each country involved in this research has an insufficient number of qualified social workers or government department social welfare officers, especially at the district and local levels. Thus, existing social workers are unable to effectively support family and community based care initiatives and child protection case management in the best interests of the child.

Advocacy is needed to ensure sufficient budgets to recruit, train and allocate increased numbers of social workers at the district and local level, with skills, knowledge and values to undertake child protection case management and community mobilisation to prevent family separation, to support family based care (including informal kinship care), to reduce vulnerability, and to build upon strengths to prevent and respond to different forms of violence and discrimination. It is recognised that in each socio-cultural and religious context there are existing traditions and cultural beliefs which influence care decision making and care outcomes. For example, beliefs and traditions may influence the closeness of relationship and kin ties with either the maternal or paternal side of the family. It is crucial that other stakeholders who are involved in developing or implementing child care and protection programmes or services understand the specific cultural practices which may inform decision making in the best interests of the child.

As described in Save the Children's West Central Africa research report, capacity building of government social workers, and para-professional social workers, including members of child protection committees or staff from local child focused NGOs, is needed both at the national and at sub-national levels.[166] Para-professional social workers can be particularly effective in supporting community awareness, sensitization and prevention work at the community level. However, referral mechanisms need to be in place to ensure necessary psychosocial, legal, health or education support.

5 Increase access to free primary and secondary education and health services, especially in rural areas

One of the reasons that children are sent by their parents to live with relative caregivers is to enable children to access secondary schools or other basic services. Thus, increased government efforts are needed to ensure that secondary school education, as well as primary school education and health care is accessible to children living in rural and remote locations. On-going efforts are needed to monitor and strengthen quality, accessible education services for all girls and boys, including for children with disabilities, and to eliminate hidden costs. Furthermore, schemes (by Government, non-government, faith based or community based organisations) to provide school uniforms, school materials or other forms of educational sponsorship to the most vulnerable children also help the poorest parents and caregivers to overcome the hidden costs of attending school.

6 Strengthen child protection systems, including informal mechanisms to increase oversight of informal kinship care

In countries in the East Africa region significant efforts are underway by government, UN and civil society organisations to strengthen child protection systems at national, sub-national and local levels. As integral to such efforts,

increased efforts are needed by community based child protection committees[167] to ensure identification, monitoring and support to kinship care families, particularly to ensure support to elderly caregivers, and to prevent children from experiencing discrimination or mistreatment from their relative caregivers. The Guidelines for the Alternative Care of Children[168] encourage caregivers to notify the authorities regarding their care arrangement in order to ensure access to appropriate services. Considering the scale of informal kinship care arrangements it may be more practical and strategic to strengthen local mechanisms to register key details concerning kinship care arrangements to increase oversight. For example, traditional elders, Shehia Women and Children Coordinators in the Zanzibar context, or members of the community based child protection committees could be requested to keep a local register of children living in kinship care. Other informal mechanisms including use of "social contracts" could also be used to encourage dialogue and active agency in decisions by concerned caregivers, parents and children to ensure care and protection in a child's best interests.

Furthermore, members of the community based child protection committees and other relevant stakeholders should make increased efforts to prevent parental separation and to provide psychosocial support to relative caregivers, especially to elderly caregivers, and to children. Reporting and referral mechanisms also need to be strengthened at community and district levels to increase access to relevant forms of support (social work, psychosocial, educational, health, legal, livelihood or social protection).

Child focused CBOs, FBOs, NGOs, and Government agencies should also continue efforts to coordinate and support community based efforts to provide support and basic services to children and their families. For example, the Ethiopian 2009 Alternative Childcare Guidelines encourage networking and coordination among organizations working with orphans and vulnerable children, and they encourage community based child care organisations to be engaged in preventive, remedial or rehabilitation interventions to ensure children's basic rights to shelter, food, nutrition, education, care and affection, health care and counselling, play and recreation, and special care for children with disabilities are met.

7 Increase active participation of female and male caregivers, mothers, fathers and children in care decision making and encourage on-going communication and shared responsibilities for child rearing

Similar to findings from West Central Africa, this research in East Africa has also discovered that decisions regarding a child's kinship care arrangement often exclude significant stakeholders, including the female caregiver and the child. Such exclusion increases the likelihood that the caregiver feels "forced" to take in a child, which in turn increases the risk of the child being treated with discrimination and a general lack of care.[169] Thus, it is crucial to advocate for and to support informal "dialogue and decision making" mechanisms at the local level which enable the active involvement of female and male caregivers, mothers, fathers, and children. Children have a right to be involved in all decisions affecting them, while taking into consideration their evolving capacity. Traditional mechanisms may be in place that could be built upon by traditional elders, Shehia Women and Children coordinators (in Zanzibar), or community based child protection committees to engage all concerned stakeholders in decision making processes determining the care arrangements of the child. Use of

social contracts involving each of the key stakeholders may also be used to increase transparency regarding shared responsibilities concerning the child's care and well-being. On-going efforts are also required to readjust the balance to increase parental involvement in their children's lives, even if children are living with relative caregivers. Recent developments in mobile phone technology may support increased communication between parents, children and their caregivers.

8 Increase opportunities for children's participation in families, communities, practice and policy developments affecting them

When children have opportunities to express their views and to be heard in decisions concerning them, it can increase healthy communication between children and their parents and caregivers, and can help inform care decisions that are in the best interests of the child. However, due to existing socio-cultural traditions and perceptions many girls and boys are currently excluded from decision making processes concerning their care arrangements, and some children have limited voice in decisions concerning their daily lives. Limited opportunities for expressing their views within their families were identified as a negative experience by children and young people during this research. Increased efforts are needed to raise awareness and ensure respect for the principle of children's participation in decisions concerning them, which is reflected in national laws and policies relating to children, child protection and care, in line with the UN Convention on the Rights of the Child. Children's views and opinions (while taking into consideration their evolving capacity) should be actively sought by parents, caregivers, and other stakeholders involved in the care and protection of children.

Good initiatives are underway in each country by government and civil society stakeholders to support children's participation in Children's Councils, Parliaments or other structures. Especially when aware of their rights and responsibilities children are actors in their own self-protection and in the protection of their peers. Child led organisations can play a crucial role in awareness raising, peer education, and prevention of discrimination and different forms of violence. Furthermore, opportunities to participate and to be part of children's associations increases children's self-esteem, resilience and overall development. Thus, ongoing efforts should be made to support child led groups, and to ensure that such children's organisations are inclusive of the most vulnerable children, including children living with relative caregivers. Furthermore, through active Children's Councils, more democratic processes for children's representation and participation in policy and practice developments concerning them at local, sub-national and national levels can also be supported, so that girls and boys influence policies that affect them, including policies concerning their care and protection.

9 Prevent and address discrimination of children living in kinship care

Significant concerns regarding the discrimination that some children face while living with relatives necessitates sensitization campaigns and other initiatives to prevent and address discrimination. Save the Children and other child focused agencies can work in collaboration with the government, state and private media agencies to implement campaigns to increase love, care, protection, and non-discrimination of children living with relatives, through radio programmes, soap operas, and through social media. Civil society organisations, faith based

organisations, traditional and religious elders, social workers, community based child protection committees, and child groups can support community based awareness raising initiatives, as well as identification and early interventions to prevent and address discrimination and different forms of mistreatment.

Awareness raising and sensitisation on children's rights, non-discrimination and related concerns relating to children without appropriate care (such as children born out of wedlock, children affected by HIV etc.) may be undertaken through a variety of traditional and creative methods including: traditional tea ceremonies; religious speeches; door to door home visits; community radio; and parenting education. Inter-generational dialogue among the young and old should also be encouraged to continue positive traditions and to find ways to reduce harmful traditions concerning children including early marriage, corporal punishment, and polygamy. It will also be useful to identify and reinforce the skills of key social agents (such as traditional or religious elders, Child Protection Committee members, social workers etc) who act as mediators or counsellors in case of family breakdown, or are involved during pre-nuptial counselling.

10 Improve data collection on kinship care

Improve data collection on kinship care so that there is improved understanding of the scale, scope and reasons for informal kinship care which can be used to inform service and policy developments at local, sub-national and national levels. This will improve the understanding of the scale, scope and reasons for informal kinship care which can be used to inform service and policy developments at local, sub-national and national levels. Data collection concerning children in each household, the parental status, and the relationship between the child and the head of the household should be integrated into national census, surveys and DHS/ MICS surveys. As reported in an earlier chapter of this report during the collection of DHS data in Kenya in 2008, questions concerning the child's relationship with the head of the household were left out, thus restricting the availability of key data concerning children living without parental care. Thus, it is crucial that these questions are maintained in all DHS and MICS surveys, while also ensuring their integration in national census and other surveys. In countries where DHS/ MICS surveys have been undertaken the data should be extracted and disaggregated. Data analysis should be undertaken to inform understanding about kinship care practices in different regions of the country - in rural and urban areas- and to see whether such factors influence school attendance or other outcomes. Advocacy is also required with the local or traditional authorities to develop and implement simple registration systems at the local level regarding informal kinship care practices. Traditional elders or community based child protection committees can also play a role in identifying and maintaining a register of children living in informal care, such practices would contribute to better monitoring and support.

Conclusion and the Way Forward

Informal kinship care practices are prevalent in Ethiopia, Kenya and Zanzibar, and are rooted in positive religious thoughts and cultural values about caring for children. Yet despite its prevalence, informal kinship care remains neglected in terms of specific policies and programming to better support the care, protection and well-being of children. Similar to findings from Save the Children's research on kinship care in the West Central Africa region, the East Africa findings also expose that the informality and normality of kinship care is both a strength and hindrance. It is a strength as informal kinship care is culturally acceptable, and is commonly practiced to provide family based care for children who are not able to live with their parents, ensuring on-going kin ties and child rearing in family and community based settings for significant numbers of children, some of whom would otherwise require formal care. However, the informality of kinship care also contributes to a lack of regulation concerning the care, protection and other rights of girls and boys living with kin caregivers; and limits caregiver's and children's access to services that may have been developed for caregivers providing more formal care options. The privacy of families also makes it harder to monitor and intervene to ensure practice in a child's best interests, and cultural beliefs have contributed to a situation where some living parents relinquish their responsibilities once they have handed over their children to a relative.

One of the key debates that emerged during the research concerned the risk attached to formalising kinship care. While formalisation of kinship care may increase monitoring and regulation preventing discrimination and mistreatment, and increasing caregivers and children's access to services, it is also recognised that formalisation may adversely harm this traditional informal form of care, as some relatives may be more reluctant to care for relatives if they have to go through formal registration processes that may be considered invasive, time consuming or potentially costly. Furthermore, there are also risks that it may increase parental separation, as children may be sent to relatives in order to access services. Thus, more informal mechanisms to register and regulate informal kinship care are encouraged to increase access to support and services, while maintaining its informality.

If effectively supported kinship care practices can contribute to resilient families and communities who are more able to care for and protect children in the face of adversity. Traditions and other factors contributing to the prevalence of kinship care include: religious blessings that are associated with caring for orphans or vulnerable children; socio-cultural norms to support relatives and to maintain family identity, culture and inheritance; mutual benefits of children receiving care and learning traditions from grandparents, while providing companionship and support to their grandparents; informal strategies to respond to children born out of wedlock or to help parents who have too many children to raise, or insufficient resources. However the way in which kinship care is practiced is changing with increased urbanization, rising costs in education, families struggling to make ends meet, the HIV and AIDS pandemic, and impacts of disasters or conflict. These changes are contributing to more families feeling like it is a burden to raise a relatives' child rather than a blessing. Thus, it is essential that a holistic approach is adopted to mitigate the root causes contributing to parental separation including: poverty; lack of access to primary and secondary schools in rural areas; urbanization and migration; discrimination and violence within families and family breakdown; conflict and insecurity; illness and diseases including HIV; and traditional practices and beliefs such as separation of children from their mother if they are born out of wedlock.

This research has found that there are both negative and positive outcomes for children living in kinship care. Some children experience a sense of belonging, love, care and protection in families, and have their basic needs met. In contrast, other children experience discrimination, mistreatment and some children do not have their basic needs met. The importance of receiving love, care and sense of belonging was emphasized by children who generally preferred to live with grandparent caregivers, even if they struggled to meet all their basic needs.

"It is difficult to envisage how we could intervene to support kinship care without corrupting the practice at the same time and create incentives for families to place their children in kinship." (DSW representative, Zanzibar)

Many caregivers are committed and are doing all they can to care for children and to treat them well, but some caregivers, especially grandparents struggle to meet all their basic needs due to family poverty or ill-health. Other relative caregivers may not provide relative children with equal access to basic needs due to discriminatory practices. Protection and risks factors contributing to the positive or negative outcomes have been identified and are concerned with: choice or obligation to care for a child which is influenced by patriarchal or matriarchal decision making processes; motivation to care for the child and the degree of "closeness" between the child and caregiver; the families' financial situation; the extent of regular communication and support from parents or other relatives; the child's behaviour – being polite and hardworking or undisciplined; and the child's individual circumstances (e.g. child born out of wedlock, child with disability) and community reactions.

It is crucial to build upon the strengths and resilience of children and caregivers, and to reduce the risks. Interventions aimed at supporting informal care arrangements will only have a meaningful impact if they are anchored in existing community structures and part of a wider child protection system. Programmes that are designed for Children Without Appropriate Care, but which are not linked to a wider social protection framework, will only partly address the need of a handful of kin children and caregivers, and potentially increases the risk for further discrimination, abuse and exploitation of this population.

Increased programming and advocacy is required in the identified 10 areas. Save the Children is committed to taking forward these recommendations, informing its own child protection and care programming, as well as more integrated programming; and through its external influencing and advocacy work. For example, at the regional and country levels, findings from the research will be used to inform strategic programming and advocacy work by Save the Children International on resilience building, urbanisation and migration. As integral to efforts to build resilient families and communities it is crucial to ensure access to basic services, child sensitive social protection schemes, and family strengthening services especially for the most vulnerable families, including elderly caregivers, single parents, or other kin caregivers affected by poverty or poor health. Efforts to improve rural economies and access to quality basic services (including secondary schools, health and social services) in remote and rural areas are needed to prevent rural-urban migration which is contributing to family separation and increased risks to children.

Save the Children has been taking steps prevent family separation and to support family based care and protection to achieve its breakthrough 2020 that "All children thrive in a safe family environment and no child is placed in harmful institutions." For the next Save the Children wide strategy from 2016 onwards the organisation will be working towards a 2030 breakthrough that "violence against children is no longer tolerated".[170]Achieving this remarkable and sustainable shift in child protection will mean that more children are cared for in safe family environments through the implementation and monitoring of relevant laws and policies that promote family-based care and through adequate resource allocation aimed at strengthening families to care for and protect their children. It will also mean the transformation of social norms and behaviour and attitude change that supports non-violent care and child-rearing practices, the provision of quality and inclusive child protection services and children's own advocacy for their protection rights.

APPENDICES

The research protocol and annexes are available from claireokane2008@gmail.com

Save the Children (September 2013) Research Protocol: *Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa*.

The protocol annexes include:

- *Annex 1: Analytical and Documentation Framework*
- *Annex 2: Ethical Guidelines*
- *Annex 3: Child/ User Friendly Information Sheet about the Research*
- *Annex 4: Guidance for Initial consultations with children and caregivers*
- *Annex 5: Participatory research tools – step by step guidance*
- *Annex 6: Webinar training plans and Power points*
- *Annex 7: Possible training workshop plans for research teams*
- *Annex 8: Guidance on sequencing of research tools*
- *Annex 9: Initial Guidance for country (and regional) reports*

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[1]This new proposed breakthough is still draft as it is yet to be approved by Save the Children International

[2]BCN (November 2014 Draft) *Ethiopia: Children's Care and Living Arrangements* DHS, 2011; BCN (November 2014 Draft) *Kenya: Children's Care and Living Arrangements,* DHS 2003.

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[4]*Ibid*

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[6] See Save the Children (2013) Research Protocol: *Understanding and Improving improving informal alternative care mechanisms to increase the care and protection of children, with a focus on kinship care in East Africa.* Prepared by Claire O'Kane.

[7]Drah, B. (2012) Orphans in Africa. Africa Today, 59 (2); Isiugo-Abanihe, Uche, C. (1985) *Child Fosterage in West Africa.* Population and Development Review, Vol. 11, No. 1. March 1985. pp. 53-73; Government of Kenya, Ministry of Labour and Social Security, 2012: The Guidelines for the Alternative Care for Children in Kenya. Draft, Unpublished pg 38

[8] A/HRC/11/L.13 15 June 2009

[9] 'Children without appropriate care' are children who are not receiving suitable, continuous and quality care, nurture and guidance at a physical, emotional, social and psychological level from either their families or from other primary carers who are meant to replace the family environment and who are responsible for their well being and development. This definition includes children within their own families, children in alternative care, and children who have become separated, either voluntarily or involuntarily, from their families, including children on the move. It also refers to children in developed, developing, fragile and emergency contexts.

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[26]Aida Diop

[27]Either as active members of the country research teams and/or as research respondents

[28]http://www.nacc.or.ke/countyprofiles/Busia%20County%20Profile.pdf

[29]A regional research protocol and annexes were developed by the international consultant Claire O'Kane.

[30]Supported by Kelley Bunkers, independent consultant.

[31]In Zanzibar and Ethiopia the international consultant supported facilitation of these workshops. Save the Children staff and Childline staff from Kenya and the East Africa Regional Office joined the Zanzibar workshop so that they could provide this training to Local Research Teams in Kenya.

[32] See Research Protocol and annexes. Email: claireokane2008@gmail.com

[33]In Ethiopia there was a significant delay in Local Research Teams implementing their workplan after the initial capacity building workshop in December 2013, due to re-recruiting a new national consultant to support the research process. Thus, the capacity building workshops were re-organised for the Local Research Team members in each locality in April/ May 2014, and the research was implemented May – September 2014.

[34]By child and adult researchers from the Local Research Team, in some places supported by the national consultant, Save the Children or NGO partner staff.

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[44]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

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[46]Other groups include children who are: victims of sexual violence, abuse and exploitation; infected or affected by HIV and/or AIDS; under-aged girls who have children born-out-of wedlock; living with a physical disability or intellectual impairment.

[47]National Plan of Action for orphans and vulnerable children, Establishing, reviewing and implementing National Plans of Action for Orphans and Vulnerable Children in Southern and East Africa: Lessons learnt and challenges, Accessed August 12 2014, http://resourcecentre.savethechildren.se/sites/default/files/documents/3191.pdf

[48]A/HRC/11/L.13 15 June 2009

[49]A/HRC/11/L.13 15 June 2009

[50]CELCIS (2012) Moving Forward: Implementing the Guidelines for the Alternative Care of Children.

[51] Now called the Ministry of Women and Youth Affairs

[52]Alternative care guidelines, Community based childcare , reunification and reintegration program, foster care, adoption and institutional care service, FDRE, MOWA, May 2009, accessed on Aug 6 2014 http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

[53]The Guidelines for Alternative Care of Children in Kenya:

[54] Government of Kenya, Ministry of Labour and Social Security, 2012; *The Guidelines for the Alternative Care for Children in Kenya.* Draft, Unpublished

[55]Regional level data from other DHS and MICS enables a comparison of the situation of children in the region, but it is important to note that data for different countries is more or less recent, limiting somewhat the reliability of the comparison. Furthermore, some data sets focus on children under 18 years, while others focus on children under 15 years.

[56]http://www.bettercarenetwork.org/BCN/about.asp

[57]ICF International 2012, Measure DHS Stat compiler, www.statcompiler.com, August 31st 2013.

[58]Defined by the DHS to include: Burundi, Comoros, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe

[59]BCN (November 2014 Draft) Ethiopia: Children's Care and Living Arrangements DHS, 2011; BCN (November 2014 Draft) Kenya: Children's Care and Living Arrangements DHS, 2003;

[60]BCN (November 2014 Draft) Tanzania: Children's Care and Living Arrangements DHS 2010. 61 BCN (November 2014 Draft) Ethiopia: Children's Care and Living Arrangements DHS, 2011. 62 BCN (November 2014 Draft) Kenya: Children's Care and Living Arrangements DHS, 2003. 63 BCN (November 2014 Draft) Tanzania: Children's Care and Living Arrangements DHS 2010. 64 BCN (November 2014 Draft) Tanzania: Children's Care and Living Arrangements DHS 2010. 65 Tanzania DHS 2010 report.

[66]Data from Gambela province is an outlier, as only sees just over half of its children (53%) are living in households with both parents, and 18% of children living with neither biological parent. As the Save the Children participatory research was not undertaken in Gambela, further research is needed in Gambela to explore the reasons for the data.

[67]BCN (November 2014 Draft) Kenya: Children's Care and Living Arrangements DHS, 2003.

[68]BCN (November 2014 Draft) Tanzania: Children's Care and Living Arrangements, DHS 2010.

[69]BCN (November 2014 Draft) Ethiopia: Children's Care and Living Arrangements DHS, 2011.

[70]BCN (November 2014 Draft) Kenya: Children's Care and Living Arrangements, DHS 2003

[71]BCN (November 2014 Draft) Tanzania: Children's Care and Living Arrangements, DHS 2010.

[72]BCN (November 2014 Draft) Kenya: Children's Care and Living Arrangements, DHS 2003

[73]BCN (November 2014 Draft) Ethiopia: Children's Care and Living Arrangements DHS, 2011.

[74]BCN (November 2014 Draft) Ethiopia: Children's Care and Living Arrangements DHS, 2011.

[75] Tanzania DHS 2010, cited in Save the Children Zanzibar (2014) *"WatotoNdioTaifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.
[76]Drah, B. (2012) *Orphans in Africa. Africa Today,* 59 (2); Isiugo- Abanihe, Uche, C. (1985) Child Fosterage in West Africa. Population and Development Review, Vol. 11, No. 1. March 1985. pp. 53-73; Government of Kenya, Ministry of Labour and Social Security, 2012: *The Guidelines for the Alternative Care for Children in Kenya*. Draft, Unpublished pg 38

[77]Ankrah, Maxine E. (1993). *The Impact of HIV/AIDS on the Family and Other Significant Relationships: The African Clan Revisited. AIDS Care* 5:5–22; Save the Children UK (2007) Kinship Care: Providing positive and safe care for children living away from home.

[78]AfuaTwum-DansoImoh (2012) From Central to Marginal?: Changing Perceptions of Kinship Fosterage in Ghana. Journal of Family History 37 (4) 351-363

[79]Goody, Esther N. (1982). *Parenthood and Social Reproduction: Fostering and Occupational Roles in West Africa*. New York: Cambridge University Press.

[80]Nsamenang, A. Bame.(1992). *Human Development in Cultural Context.*Newbury Park, Calif.: Sage.

[81]Drah, B. (2012) Orphans in Africa.Africa Today, 59 (2); Isiugo- Abanihe, Uche, C. (1985) Child Fosterage in West Africa.Population and Development Review, Vol. 11, No. 1. March 1985. pp. 53-73.

[82]Save the Children (2013) *"YARO NA KOWA NE"*: Children belong to everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[83]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

[84]Save the Children (2013) *"YARO NA KOWA NE":* Children belong to everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa; Child Frontier (2012) Family support and Alternative Care in Sub-Saharan Africa.

[85]Yayne Abat literally means father of the eye, is a person not related in blood but a good friend of the family who will hold the child while circumcision is carried out in childhood.

[86]Save the Children Ethiopia (2014) *Kinship Alternative child care for children unable to live with their parents in Ethiopia.* By LETARC Social and Economic Information Gathering and Analysis Center.

[87]Mebratu Belachew (2010) Care and Support of Orphaned children with Adera, Non-Adera and Institutional Care Arrangements at Debre Markos and Bahir Dar Towns. Institute of Psychology, Addis Ababa, Ethiopia

[88]*Ibid*

[89]Save the Children Ethiopia (2014) *Kinship Alternative child care for children unable to live with their parents in Ethiopia.* By LETARC Social and Economic Information Gathering and Analysis Center.

[90]Ayalew Duressa, (2002) Guddifechaa: Adoption Practice in Oromo Society with particular reference to the Borana Oromo, Department of Anthropology, Addis Ababa, Ethiopia

[91] *Ibid*

[92]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

[93] Name changed for anonymity.

[94]Save the Children (2013) *"YARO NA KOWA NE":* Children belong to everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[95]Save the Children Zanzibar (2014) *"WatotoNdioTaifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

[96]All the names of researchers and respondents that feature in case studies and testimonies have been changed throughout this report to protect their right to privacy.

[97]Verhoef, H. And Morelli, G. (2007) *"A Child is a Child":* Fostering Experiences in Northwest Cameroon ETHOS Vol. 35, Issue 1, pp. 33-64, ISSN 0091-2131 online ISSN 1548-1352. American Anthropological Association.University of California.

[98]Save the Children (2013) *"YARO NA KOWA NE": Children belong to everyone*. Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[99]Save the Children Kenya (2014) *"Tulinde Watoto Wetu":* Understanding Informal /Alternative Care Mechanisms for Protection of Children: Study of Kinship care practices in Busia County Kenya.

[100]Patients with HIV/ AIDS were first diagnosed in Kenya in 1984. National AIDS Control Council, 2014: Kenya AIDS Response Progress Report 2014 Progress towards Zero.

[101]Save the Children Kenya (2014) *"Tulinde Watoto Wetu":* Understanding Informal /Alternative Care Mechanisms for Protection of Children: Study of Kinship care practices inBusia County Kenya.

[102]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

[103] *Ibid*

[104]Save the Children Ethiopia (2014) *Kinship Alternative child care for children unable to live with their parents in Ethiopia.* By LETARC Social and Economic Information Gathering and Analysis Center.

[105]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to

increase the care and protection of children. A Case Study from Zanzibar.

[106]BCN (November 2014 Draft) *Ethiopia: Children's Care and Living Arrangements* DHS, 2011, annex

[107] *Ibid*

[108] *Ibid*

[109]Y*ayne Abat* [in Ethiopia] literally means father of the eye, is a person not related in blood but a good friend of the family who will hold the child while circumcision is carried out in childhood.

[110]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

[111]BCN (November 2014 Draft) Ethiopia: Children's Care and Living Arrangements DHS, 2011.

[112]Mann, G. (2004) Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi. Save the Children; Claherty, G. (2008) *Living with Bibi: A qualitative study of children living with grandmothers in the Nshamba area of north west Tanzania*; Save the Children (2013) *"YARO NA KOWA NE":* Children belong to everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[113]Claherty, G. (2008) Living with Bibi: A qualitative study of children living with grandmothers in the Nshamba area of north west Tanzania.

[114]Mann, G. (2004) *Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi.* Save the Children.

[115]See Drah, B. (2012) Orphans in Africa. Africa Today, 59 (2); Verhoef, H. and Morelli, G. (2007) *"A Child is a Child": Fostering Experiences in Northwest Cameroon* ETHOS Vol. 35, Issue 1, pp. 33-64, ISSN 0091-2131 online ISSN 1548-1352. American Anthropological Association. University of California; Save the Children (2013) *"YARO NA KOWA NE":* Children belong to everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[116]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism toincrease the care and protection of children. A Case Study from Zanzibar.

[117]BCN (November 2014 Draft) Ethiopia: Children's Care and Living Arrangements DHS, 2011.

[118] BCN (November 2014 Draft) Kenya: Children's Care and Living Arrangements, DHS 2003

[119]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

[120] BCN (November 2014 Draft) Ethiopia: Children's Care and Living Arrangements DHS, 2011; BCN

(November 2014 Draft) Kenya: Children's Care and Living Arrangements, DHS 2003

[121]BCN (November 2014 Draft) Kenya: Children's Care and Living Arrangements, DHS 2003

[122]BCN (November 2014 Draft) Kenya: Children's Care and Living Arrangements, DHS 2003

[123]BCN (November 2014 Draft) Ethiopia: Children's Care and Living Arrangements DHS, 2011

[124]Save the Children Ethiopia (2014) *Kinship Alternative child care for children unable to live with their parents in Ethiopia.* By LETARC Social and Economic Information Gathering and Analysis Center.

[125]Save the Children (2013) *"YARO NA KOWA NE":* Children belong to everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa; Save the Children UK (2007) Kinship Care: Providing positive and s*afe care for children living away from home.*

[126]*Save the Children Zanzibar (2014) "Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

[127]Save the Children (2013) *"YARO NA KOWA NE":* Children belong to everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[128]Ethiopia Powerpint for Family Album

[129]Save the Children (2013) *"YARO NA KOWA NE":* Children belong to everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa; Claherty, G. (2008) Living with Bibi: A qualitative study of children living with grandmothers in the Nshamba area of north west Tanzania; Mann, G. (2004) Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi. Save the Children.

[130]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

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[132]Save the Children Kenya (2014) *"Tulinde Watoto Wetu":* Understanding Informal /Alternative Care Mechanisms for Protection of Children: Study of Kinship care practices inBusia County Kenya.

[133]Ethiopia powerpoint for Family Album

[134]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

[135]Save the Children Kenya (2014) *"Tulinde Watoto Wetu":* Understanding Informal /Alternative Care Mechanisms for Protection of Children: Study of Kinship care practices in Busia County Kenya

[136]*Ibid*

[137]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: *Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children.* A Case Study from Zanzibar.

[138]Ethiopia PPT for Family Album

[139]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

[140]The prayer of sunset

[141]Ethiopia powerpoint for Family Album

[142]Drah, B. (2012) *Orphans in Africa.* Africa Today, 59 (2); Isiugo- Abanihe, Uche, C. (1985) Child Fosterage in West Africa. Population and Development Review, Vol. 11, No. 1. March 1985. pp. 53-73; Afua Twum Danso Imoh (2012) From Central to Marginal?: Changing Perceptions of Kinship Fosterage in Ghana. Journal of Family History 37 (4) 351-363.

[143]Save the Children Kenya (2014) *"Tulinde Watoto Wetu":* Understanding Informal /Alternative Care Mechanisms for Protection of Children: Study of Kinship care practices in Busia County Kenya.

[144] See Stuckenbruck, D. (April 2013) Advancing the rights of children deprived of parental care: Domestic adoption of children in Kenya. Thesis submitted in the framework of Masters of Advanced Studies in Children's Rights, InstitutUniversitaireKurchBoch – University of Fribourg.

[145]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

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[147]Drah, B. (2012) Orphans in Africa. Africa Today, 59 (2); Isiugo-Abanihe, Uche, C. (1985) *Child Fosterage in West Africa.* Population and Development Review, Vol. 11, No. 1. March 1985. pp. 53-73.

[148]Save the Children (2013) *"YARO NA KOWA NE":* Children Belong to Everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on kinship care in West Central Africa.

[149]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

[150]Save the Children (2013) *"YARO NA KOWA NE":* Children belong to everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[151]Verhoef, H. And Morelli, G. (2007) *"A Child is a Child":* Fostering Experiences in Northwest Cameroon ETHOS Vol. 35, Issue 1, pp. 33-64, ISSN 0091-2131 online ISSN 1548-1352. American Anthropological Association.University of California.

[152]Case, A., Paxson, C., Ableidinger, J. (2004) *Orphans in Africa: Parental Death, Poverty, and School Enrolment* - Center for Health and Wellbeing Research Program in Development Studies, Princeton University.

[153]Madhavan, S. (2004) *Fosterage* patterns *in the* age *of AIDS: continuity and change.* Social Science and Medicine 58 (2004) 1443-1454

[154]Pinheiro, P., (2006) World Report on Violence Against Children, UN.

[155] See p.9-11, Save the Children (2007) *Kinship Care: Providing positive and safe care for children living away from home*

[156]This table was originally developed by Aida Diop the national consultant in Zanzibar bringing together key

data from Zanzibar. The contents of the table were updated drawing upon data from Ethiopia and Kenya.

[157]As identified and expressed by children and caregivers as part of this research.

[158]Save the Children Zanzibar (2014) *"Watoto Ndio Taifa la Kesho":* Children are the nation of the future. Save the Children's Research Initiative: Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children. A Case Study from Zanzibar.

[159]Save the Children Ethiopia (2014) *Kinship Alternative child care for children unable to live with their parents in Ethiopia.* By LETARC Social and Economic Information Gathering and Analysis Center.

[160]Save the Children Ethiopia (2014) *Kinship Alternative child care for children unable to live with their parents in Ethiopia.* By LETARC Social and Economic Information Gathering and Analysis Center.

[161] A/HRC/11/L.13 15 June 2009

[162]*Ibid*

[163] Para 34, A/HRC/11/L.13 15 June 2009

[164]DFID et al (June 2009) *Advancing Child Sensitive Social Protection*

[165]*Ibid*

[166]Save the Children (2013) *"YARO NA KOWA NE":* Children belong to everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[167] Or Committees of the Most Vulnerable Children in the Zanzibar context

[168] A/HRC/11/L.13 15 June 2009

[169]Save the Children (2013) *"YARO NA KOWA NE":* Children belong to everyone: Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[170]This new proposed breakthough is still draft as it is yet to be approved by Save the Children International

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