

A SNAPSHOT OF ALTERNATIVE CARE ARRANGEMENTS IN TANZANIA



QUALITY CARE FOR EVERY CHILD



SOS CHILDREN'S
VILLAGES
INTERNATIONAL

*Based on SOS Children's Villages' assessment
of a state's implementation of the UN Guidelines
for the Alternative Care of Children*



with funding from

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Development Cooperation

A loving home for every child

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Background

In 2011, SOS Children's Villages International, along with child rights experts Nigel Cantwell and Prof. June Thoburn, developed an assessment tool¹ to measure a state's implementation of the UN Guidelines for the Alternative Care of Children. This tool is meant to be used as research foundation for countries participating in the SOS Children's Villages global advocacy campaign: *Care for ME! Quality Care for Every Child*.

The assessment tool is a long and complex diagnostic instrument. Undoubtedly, many states will not have sufficient data available to answer all the questions contained in the assessment and no single state will have implemented all the provisions for family support and alternative care as laid out in the UN Guidelines for the Alternative Care of Children. Nevertheless, SOS Children's Villages national associations were asked to complete as much of the tool as possible, given the available data in their country. The three main steps for completing the assessment are:

1. Desk research of existing secondary and meta data, from state, non-state and international sources;
2. Interviews with key service providers, service users and management; and
3. Compilation of the final report, including this summary.

A full version of the original data can be made available upon request. Requests can take up to 90 days to complete. Please contact Emmanuel.sherwin@sos-kd.org for further assistance and questions.

The target groups of this study are:

Children in alternative care: those children and young people who, for any number of reasons, live outside their biological family and are placed in formal or informal care arrangements such as residential care, SOS families, foster care or kinship care.

Children at risk of losing parental care: children whose families are in difficult circumstances and are at risk of breaking down. They may be experiencing any number of challenges including, but not exclusively: material poverty, substance abuse, poor parenting skills, disability and behavioural issues.

Next Steps

SOS Children's Villages calls on all states, civil society partners, inter-governmental agencies, human rights institutions and individuals to use the data contained in this report to defend the rights of children and families – to work together or individually to bring about a lasting change in a child's right to quality care. If possible, in each of the countries where the assessment was carried out, SOS Children's Villages, in cooperation with key partners, will initiate an advocacy campaign on one or more of the recommendations contained within the report. Please contact the SOS Children's Villages national office if you wish to know more, support or become involved in the campaign.

Disclaimer

While all reasonable efforts have been made to ensure the accuracy and legitimacy of the data in this report, SOS Children's Villages cannot be held liable for any inaccuracies, genuine or perceived, of the information retrieved and presented in this document. The purpose of this report is to offer an insight into the state's attitude and recourse to alternative care and any human rights violations therein. SOS Children's Villages will not assume responsibility for the consequences of the use of any information contained in the report, nor for any infringement of third-party intellectual property rights which may result from its use. In no event shall SOS Children's Villages be liable for any direct, indirect, special or incidental damage resulting from, arising out of or in connection with the use of the information.

¹ The original version of the tool can be found here: www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx.

Executive summary

The Tanzanian government recently enacted two comprehensive child rights laws: the *Child Act* 2009 applicable on the Tanzanian mainland and the *Children's Act* 2011 applicable in Zanzibar. These bring Tanzanian legislation in line with its obligations under the *UN Convention on the Rights of the Child*, the *African Charter on the Rights and Welfare of the Child* and other international agreements. The realisation of these rights mainly depends on the extent to which laws are implemented and issues of poverty and marginalisation are addressed.

Around 50% of the Tanzanian population is under the age of 18,² and a large proportion (approximately 3 million) is considered "most vulnerable", either without parental care or at risk of losing it.³ Children's wellbeing is threatened by severe poverty and the high prevalence of HIV/AIDS in the country. It is estimated that 1.3 million children under the age of 17 have been orphaned due to AIDS.⁴ The epidemic poses a threat to economic and social development and has exacerbated the vulnerability of children, their households, and communities.⁵

In particular, these children are vulnerable to child labour. Along with more traditional forms of labour in agriculture and fishing, the mining industry in Tanzania employs thousands of children in extremely hazardous conditions.⁶ Such forms of labour affect children's rights: often child labour entails little or no payment and no protection from maltreatment by employers.⁷ It is hazardous to health and development, from work that involves physical strain and repetitive movements,⁸ to mining that involves handling harmful or toxic materials.⁹ Despite this, the Tanzanian government has done little to implement the 2009 child labour action plan and children remain largely unprotected.¹⁰

The alternative care arrangements for most vulnerable children are informal.¹¹ Extended families and communities predominantly take on the responsibility of caring for children when their parents are unable to do so, which exerts considerable financial burden that the government does little to alleviate. There are few services to assist with informal care, which has the potential to place children at even greater risk of poverty and exploitation. High mortality rates due to

The government structure of Tanzania and Zanzibar

The Government of the United Republic of Tanzania is a unitary republic based on multiparty parliamentary democracy. All state authority in the United Republic is exercised and controlled by the Government of the United Republic of Tanzania and the Revolutionary Government of Zanzibar. At the time of writing, Tanzania is reconsidering the governance structure of the two states. Accordingly, there are some difference in the way law is developed and implemented in mainland Tanzania and Zanzibar.

² REPOA, NBS and UNICEF, *Childhood Poverty in Tanzania*, Dar es Salaam: UNICEF, 2009.

³ CRSA, *Child Rights Based Situational Analysis of Children without Parental Care and at Risk of Losing Parental Care*, Dar es Salaam: SOS Children's Villages Tanzania, 2012.

⁴ See: UNAIDS, <http://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania/>.

⁵ USAID, 2008, United Republic of Tanzania, *The National Costed Plan of Action for Most Vulnerable Children*, Dar es Salaam: United Republic of Tanzania, p.1.

⁶ Human Rights Watch, *Toxic Toil: Child Labor and Mercury Exposure in Tanzania's Small-Scale Gold Mines*, New York: Human Rights Watch, 2013, p.5.

⁷ See: <https://www.un.org/en/globalissues/briefingpapers/childlabour/>.

⁸ Ibid.

⁹ Human Rights Watch, p.5.

¹⁰ Ibid, p.5.

¹¹ These include double orphans 230,256; maternal orphans 462,688; paternal orphans 1,283,067; children cared for by elderly 327,514 and those cared for by siblings 200,091, *The National Costed Plan of Action for Most Vulnerable Children*, p.1.

HIV/AIDS are also putting these customary support systems under increased pressure,¹² signalling an increase in demand for more formal alternative care in the future.

The formal alternative care system consists of arrangements for foster care, public or private residential homes and adoption. The system is fragmented, however: cooperation with non-state actors, including non-governmental, community-based and faith-based organisations and international development agencies and donor groups is poorly coordinated by the Ministry of Health and Social Welfare.¹³ Demand for services has also raised the prospect of increased adoptions, including inter-country adoption.

The research conducted by SOS Children's Villages found that there are considerable gaps in the implementation of alternative care services, mainly due to weak monitoring, evaluation and oversight. Informal care lacks monitoring or support; formal care, which is mostly run by private organisations and NGOs, is poorly coordinated and lacks adequate inspection, monitoring or regulation; and although adoption has been legislated, there are inadequate regulations or oversight to ensure that the rights of children and their best interests are upheld.

¹² Department of Economic and Social Affairs, Population Division. *Child Adoption: Trends and Policies*, New York: United Nations, 2009, ST/ESA/SER.A/292.

¹³ It is supported by a number of key ministries, including the Ministry of Community Development, Gender and Children; the Ministry of Constitutional and Legal Affairs; the Ministry of Home Affairs and the Ministry of Finance.

Key findings

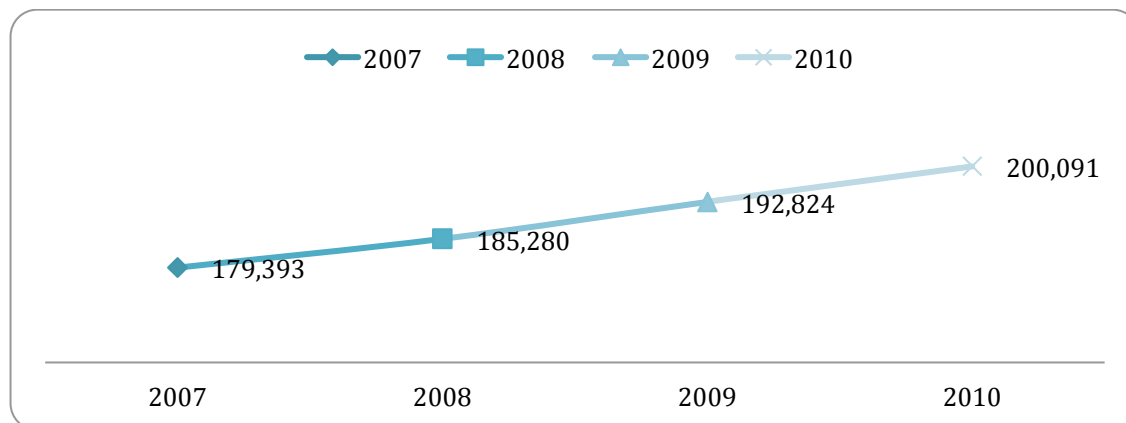
In the context of high levels of poverty and the effects of the HIV/AIDS epidemic in the country, children's rights violations are numerous and shocking. Effective alternative care for children does not yet adequately address the needs of the most vulnerable.

Informal care and preventative services

Informal care is popular and is usually done locally without any formal interventions by the state. In many cases informal care is preferred as it enables children to grow up in a family environment and to retain ties with their extended family and community. However, due to the effects of HIV/AIDS and the large numbers of orphaned children, financial and practical constraints mean that families and communities are less able to take on responsibility for children and provide for their basic needs.

There is a large number of children living either with elderly relatives who are unable to care for them appropriately, or in child-headed households. These children are most at risk as they are deprived of their rights to education, food, health and parental care. There is no follow up on their school attendance, and many survive on only one meal a day, and cannot afford medical attention.

Numbers of children in child-headed households



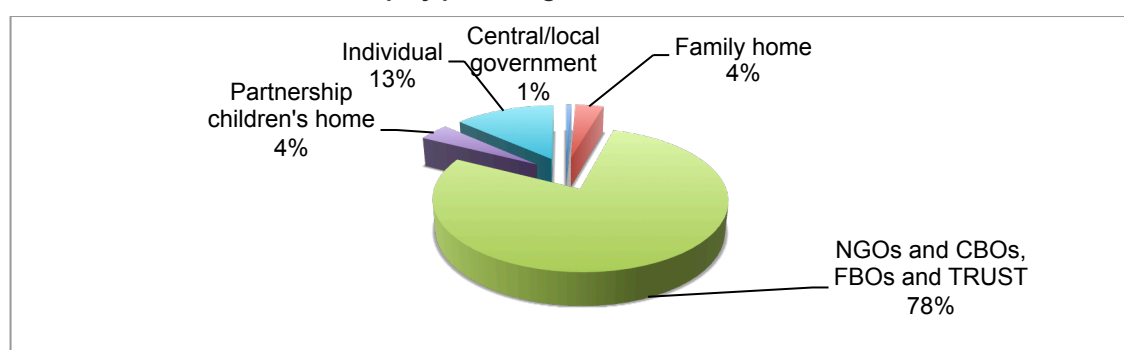
Source: CRSA, *Child Rights Based Situational Analysis of Children without Parental Care and at Risk of Losing Parental Care*, Dar es Salaam: SOS Children's Villages Tanzania, 2012.

Children cared for informally are not registered with social services and therefore do not have access to assistance and support. However, there are few processes in place for formalising or monitoring informal care in the future, and without effective family strengthening or preventative services to support informal care, vulnerable children are put at even greater risk of neglect, exploitation and abuse.

Formal care

In 2012 there were 11,565 children in residential homes, 453 in prison and a further 578 in detention, 80 in retention and 80 in approved schools.¹⁴ The state owns a very small percentage of formal alternative care institutions and facilities with the largest players involved in alternative care being NGOs, community-based organisations, faith-based organisations and trusts (78%). These multiple stakeholders are poorly coordinated, however, and many of them operate without state registration.

Formal alternative care ownership by percentage



Source: (Unpublished UNICEF/DSW) MoHSW-DSW and UNICEF, *Institutional Care Assessment Situation Analysis Report*, 2011.

Registration

Under The Children's Homes (Regulation) Act, No. 4 1968,¹⁵ it is illegal to operate an unregistered home, but the enforcement of government regulations is weak. The government has emphasised registration, certification and licensing as a priority, but so far has done little to follow up unregistered institutions and organisations.

Registration status of all institutions that provide alternative care¹⁶

Whether institution is registered		Total
YES	NO	
97	188	294

Source: (Unpublished UNICEF/DSW) MoHSW-DSW and UNICEF, *Institutional Care Assessment Situation Analysis Report*, 2011.

¹⁴ CRSA, *Child Rights Based Situational Analysis of Children without Parental Care and at Risk of Losing Parental Care*, Dar es Salaam: SOS Children's Villages Tanzania, 2012.

¹⁵ See: [www.gov.go.tz/egov_uploads/documents/The_Childrens_Homes_\(Regulation\)_Act,_4-1968_en.pdf](http://www.gov.go.tz/egov_uploads/documents/The_Childrens_Homes_(Regulation)_Act,_4-1968_en.pdf).

¹⁶ The assessment covered the whole of Tanzania mainland and its 21 regions and included both registered and unregistered institutions.

The Social Welfare Department is responsible for providing a suitable regulatory framework to ensure registration, assessment, approval and inspection of residential care facilities. But there is no common monitoring framework of the services provided. For instance, the admission process and placement/ review procedures differ among the institutions, depending upon the care arrangements and the resources of the institution concerned. A government placement may depend on a decision from a court or a recommendation from a Social Welfare Officer. While private institutions and non-governmental organisations dominate in care provision, and some are working in collaboration with the Social Welfare Department, each has their own procedures of admitting and placing children.

Adoption

One solution to the rising number of vulnerable orphaned children due to the HIV/AIDS epidemic has been to develop legislation towards increasing the number of legal adoptions. Although emphasis remains on internal adoptions, the *Child Act* 2009 (Tanzanian mainland) included provisions for adoption of children by foreigners. Tanzania and Zanzibar have not yet ratified *The Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption*,¹⁷ however, and there are no processes in place to monitor and supervise adoptions of this kind.

Adoption data for Tanzanians and non-Tanzanians

Year	No. of requests	No. of requests granted		Total granted
		Tanzanians	non-Tanzanians	
2006	65	21	6	27
2007	50	19	7	26
2008	52	22	1	23

Source: Dunn A., E. Guga and J. Parry-Williams, *Mapping and Assessment of Formal and Informal Child Protection Structures, Systems and Services in Tanzania*, Final draft, Dar es Salaam: UNICEF, 2012.

¹⁷ Of 29 May 1993.



Recommendations

1. **Coordination of stakeholders:** The state needs to undertake a comprehensive review of all actors involved with orphans, vulnerable children and families at risk, and urgently establish an independent agency to monitor, review, register and inspect all facilities and service providers.
2. **Preventative services:** The government, donors and NGOs should work together to invest more in family strengthening programmes, including counselling programmes and parenting education, to support family networks and the customary practice of informal alternative care of children.
3. **Informal care:** The government should make efforts to support informal care provision to the extent that it is able to monitor the quality of children's care and provide the various types of support where necessary, such as basic needs, micro-credit and psycho-social services.
4. **Awareness of policy and legal frameworks:** Easy to read and accessible guidelines on alternative care should be made available to all stakeholders, including informing children of their rights and responsibilities.
5. **Registration and inspection:** The government should conduct a baseline survey of the residential facilities owned by both public and private institutions to determine their current status and make plans for future improvement, including inspections and monitoring.
6. **Inter-country adoption:** The government and policy-makers should ratify inter-country adoption and provide adequate monitoring procedures to ensure the welfare and best interests of adopted children.

References

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Glossary

Adoption	Adoption is a permanent legal method of building families. When a child is adopted, the rights of the birth parents and biological family members of the child are permanently terminated and a permanent and legal bond is established between the child and the adoptive parents (<i>Child Act 2009</i>).
Approved residential home	Approved residential home means a licensed home whereby a child is given substitute temporary family care.
Formal care	Formal care is based on formal arrangements of the Department of Social Welfare or private residential facility.
Foster care	Foster care or fosterage means a temporary measure provided on voluntary basis by the family and individual who is not related to a child to discharge care and protection to the child.
Informal care	Informal care means children who are not living with their parents; they are looked after by another member of the family on an informal basis.
Orphan	Orphan means a child who has lost both parents or one parent through death.
Relative	Relative means a grandparent, grandmother, brother, sister, cousin, uncle, auntie or any other member of the extended family (<i>Child Act 2009</i>).
Social welfare officer	Social welfare officer means an officer in the service of the government.

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