

A close-up photograph of a man with dark skin and short hair, wearing a white t-shirt with a black geometric pattern on the collar. He is looking down at a baby he is holding. The baby is wearing a light blue shirt and is looking up at the man. The background is a textured, light brown wall.

Looking Back Looking Forward

**Celebrating 10 years of transforming
Sudan's Child Protection System**

**An innovative model of alternatives
to institutional care in Khartoum**



Hope & Homes
for Children

Abbreviations

AFC	Alternative Family Care
EAF	Emergency Alternative Family
ERC	Emergency Reception Centre
FCPU	Police Family and Child Protection Unit
HHC	Hope and Homes for Children
KCCW	Khartoum Council for Child Welfare
IDP	Internally Displaced Persons
INGO	International Non Governmental Organisation
MOSCA	Ministry of Social and Cultural Affairs
MSF	Médecins Sans Frontières
NCCW	National Council for Child Welfare
NGO	Non Governmental Organisation
PAF	Permanent Alternative Family
SFH	Small Family Home

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Over ten years ago when I first began to hear about this work of developing Alternative Family Care I doubted whether it would be successful in the face of ingrained attitudes and practices prevalent in Sudan. Today I am happy to say my doubts were unfounded and I am very proud to be part of this change which not only cares for abandoned babies but is a system of protection supported by legislation and policies which ensures that children deprived of parental care can grow up in a loving family environment. Hope and Homes for Children has been a crucial part of this partnership between government and civil society and I hope we will continue to work together to complete these reforms in Sudan and to offer this model of change to other countries in the region.

Her Excellency Amal Mahmoud
Secretary-General, National Council for Child Welfare



The successes of the past ten years have been beyond all of our expectations. What began as a reaction to the alarming number of children being abandoned on the streets of Khartoum has developed into an innovative new system for the protection of children – one which is based on families rather than institutional care.

This is not a case of moving bodies around but of developing a new mindset about how to care for children, new attitudes towards the most vulnerable children in our society and new practices to ensure all children grow in a way that guarantees their right to healthy development.

This report finds four critical factors that have contributed to this success. There is no doubt in my mind however that the factor most fundamental to the success over the past decade has been the willingness of the Government to take seriously their responsibility to provide quality, family-based care for children who need it.

These changes are significant not only for Sudan but for all the countries in the region and beyond who are struggling to provide the highest standards of care for their children.

Farid Idris
Country Director, Hope and Homes for Children Sudan

Introduction

The Maygoma Institution for Babies (Maygoma) in Khartoum State, Sudan, was established in 1961. It was designed to take care of a maximum of 80 babies and generally had a population of about 40 at any one time. At the time that the institution was established, there were close relationships between the Sudanese Government and the communist governments of Eastern Europe and this resulted in a considerable influence of Eastern European social work practices upon those in Sudan.

A study¹ carried out in 2003 estimated that 1600 babies, mostly newborn, were being left on the streets of Khartoum or in hospitals every year. Many would die on the streets and those who were admitted to Maygoma only had a 25% chance of reaching the age of 4². The babies were stigmatised in Khartoum society because their births were considered ‘illegal’ as well as ‘illegitimate’. The Government of Sudan, concerned about the number of babies being abandoned on the streets, set up a task force to find alternative ways to institutional care for those babies.

This report tracks the progress and celebrates the success of how a new child protection system - encompassing prevention, emergency hospital care, alternative family care (AFC) and permanent solutions - was introduced into an Islamic context. It outlines the process

of transformation from an institution-based response to abandonment to one of family-based care, and the role played by Hope and Homes for Children (HHC) Sudan and others working alongside the Government of Sudan. Drawing on HHC Sudan documentation from 2003-2013; discussions with HHC staff in the UK and Sudan, discussions with representatives of public bodies including the Police Family and Child Protection Unit (FCPU) and UNICEF staff during March and July 2014, the report provides a broad overview of work undertaken over a ten year period. It highlights the most significant step changes in attitudes and the development of the essential and practical building blocks for the transformation of services for children deprived of parental care in their birth families.

What began as a reaction to the number of babies being abandoned on the streets of Khartoum has developed over the last ten years into the The National Policy on the Welfare and Protection of Children Deprived of Parental Care, underlining the Government’s commitment to ensuring that every child grows up in a family environment. Further, it seeks to recognise and celebrate the enormity of the achievements over the ten year period and to lay out the final steps to complete the process of change.

¹ Sudanese Attitudes and the Institutional Set Up for Alternative Family Care, the State Ministry for Social and Cultural Welfare, Khartoum Council for Child Welfare, UNICEF and the Alternative Family Care Task Force, Africa Management Systems in collaboration with Massara NGO (July 2003)

² Ibid.

Background

The Maygoma Institution for babies in Khartoum State, Sudan, was established in 1961. It was designed to take care of a maximum of 80 babies and generally had a population of about 40 at any one time. At the time the institution was established there were close relationships between the Sudanese Government and the communist governments of Eastern Europe and this resulted in a considerable influence of Eastern European social work practices upon those in Sudan.

An abandoned newborn baby can survive on the streets without access to food, fluids and medical attention for a maximum of 4 or 5 hours. As a result, an estimated 50% of the babies died on the streets. Those that survived were admitted to Maygoma, Khartoum’s only institution for babies. However, at that stage, the mortality rate inside Maygoma was 75%. To demonstrate the scale of the problem, in the five year period from 1998-2003, 2500 babies were admitted to Maygoma. 2100 of those babies died there. Those who survived suffered severe developmental delays and some suffered chronic illnesses due to poor nutrition and lack of stimulation and individual care. Nursing staff ratios were approximately one nurse for every 20 children.

With support from UNICEF, the Government established an Alternative Family Care Task Force in 2002 whose members were the Khartoum State Ministry of Social Affairs, the Khartoum Council for Child Welfare, Medecins Sans Frontieres (MSF) and Hope and Homes for Children (HHC).

The Task Force commissioned a study group to conduct field research³, interviewing 150 families with 50 families being chosen randomly from towns in each of the areas known as Khartoum, Khartoum North and Omdurman.

The most significant finding was the conformity of Sudanese culture with the family-based care for children. Of particular significance was the Sudanese familiarity with Kafala as a permanent family-based solution akin to adoption and the

high rate of success it had across all economic groups.

It also revealed a negative attitude towards illegitimate birth amongst most respondents who considered illegal birth a sin. If it was known that a child had been born out of wedlock, the child would have difficulties integrating with his or her peers in school and also in the community in a family-based placement.

The findings acknowledged the challenges that would be faced in the process of developing a full alternative family care system, in terms of culture, effective organisation, the ability to raise funds and to launch awareness and advocacy campaigns.

The results of the study were verified in a participatory workshop. The workshop developed recommendations for urgent action to promote alternative family care and prevention mechanisms by:

- coordinating the new services in a way which empowers local communities to provide professional care for children;
- ensuring coordination between competent NGOs and community leaders in the Task Force in order to effectively address the increasing numbers of children without parental care;
- supporting government units in improving the legal environment to support the new child protection system;
- evolving the role of Maygoma to that of a support system that would assist Khartoum Council for Child Welfare (KCCW) in implementing prevention services and alternative family care;
- ensuring the new system is financially sustainable by making use of national and international funding while ensuring that the Government retains overall responsibility for financing the system;
- developing and delivering a convincing message that will activate communities and individuals to consider becoming a permanent family for a child.

³ Ibid.

Addressing the problem

HHC Sudan was asked to assist since they were already running a programme in Khartoum to provide family-based care for older children who had been orphaned or separated as a result of the war. In 2000, HHC Sudan initially developed a foster care network for children from the south and from the Nuba Mountains who had been orphaned or separated from their parents due to the war and who were living on the streets of Khartoum or in the Internally Displaced Persons (IDP) camps.

Working with two local NGOs, HHC Sudan set up 15 Small Family Homes (SFH) and, during the course of the project, 300 vulnerable children were assisted with protection and

basic needs support. This was intended as a temporary measure to ensure they were safe and not on the streets of Khartoum. When the Comprehensive Peace Agreement was signed in 2005, the emphasis was on tracing and identifying the children's families and supporting them to decide for themselves where they wanted to be cared for in the long term. Most of the children wanted to return home and HHC Sudan felt confident about working closely with these children to trace and rejoin their families and places of origin but only when they were ready and felt comfortable to do so.

What did HHC Sudan achieve with this project?

- 300 children were reunified or assisted into independent living by the end of the project in 2009.
- An innovative child-led study on the needs and concerns of children returning home was undertaken. The study was developed and carried out by children from the Small Family Homes and uncovered a lot of new information about the issues facing children in Khartoum and their fears and expectations around the possibility of returning to their communities of origin.
- A new pilot prevention project was developed following the survey which was aimed at protecting very young children newly arrived on the streets around the area of Khartoum market (see Child Protection Networks p17).
- The work of agencies and the Government in addressing the needs of returnee children as well as starting to address the needs of vulnerable children on the streets of Khartoum was influenced by the team who worked on this project and their contributions to various government and agency working groups in Khartoum.

Visit to Romania

Although the work of Médecins Sans Frontières impacted enormously on the care and health of the babies in Maygoma, admissions were still being made because there was no real alternative care system in place and weak mechanisms for tracing families and reintegrating children. With mortality rates increasing, the Government decided to take action and in September 2003, a study tour to Romania was arranged by two of the Task Force members, HHC Sudan and UNICEF Sudan⁴, to see first-hand services developed by their respective organisations in the country and meet with key stakeholders in the process.

The objectives of the study tour were to learn about the effects of institutions on the development of children; learn more about the different types of community and family-based services required to be developed as an alternative to institutions; and to learn about the basic components of planning and implementing a successful institution closure programme so that a plan could be drafted for the closure of Maygoma.

The issues of prevention of separation and alternative family care ignited particular debate on what was relevant and appropriate for Sudan and were illustrated by several field visits to a community care centre providing integrated services for the emergency care

of infants and day care for children at risk of being separated from their families, a mother and baby unit and visits to foster and adoptive families. The Task Force was also introduced to specialist residential care – Small Family Homes for children who have severe disabilities where they can receive around the clock care in an environment as close to a family as possible. The Task Force learned that most of the children in these Small Family Homes had been born free of disability and their disabilities had arisen as a direct result of being placed in an institution.

Importantly, throughout all the learning sessions, comparisons were made between Sudan and Romania and also Western Europe so that cultural differences were highlighted from the outset. In particular, training on the principles and procedures of deinstitutionalisation provided the Task Force with a strong framework for closing Maygoma safely.

It was in the Sudan Embassy in Bucharest during the last days of the visit that the plan of action for developing a family-based care system for babies who were being abandoned and the closure of the Maygoma Institution began to take shape.

Beginnings of a new approach

Back in Sudan and using the model provided by Hope and Homes for Children, the Task Force undertook a needs analysis, which assisted in planning for the range of services necessary. The main services required were:

- Services to prevent the separation of children from their families and to reunite families.
- Alternative family care for children who could not live with their families in the short or long term.
- Specialist services for children with disabilities.

Following this, an analysis was undertaken of what resources were already available that could be activated and utilised in the new services.

A strategy was also devised to raise awareness among the general public to challenge attitudes, particularly in relation to children born outside of marriage.

This included:

- Raising awareness among key stakeholders, including police, health officials, imams (see p16), of the serious damage to children caused by abandonment and institutionalisation and therefore the need to change practices and procedures and the need for community mobilisation.
- Targeting young people to highlight the risks to babies of abandonment and the need to prevent unwanted pregnancy.
- Recruiting families who may wish to offer a temporary or permanent home to a child.

In order to implement the reform, a number of changes or additions to law and judicial practice were needed including:

- Clarification of the process by which a child can be placed in a permanent family.
- The introduction of procedures for selecting appropriate alternative families, for preparing them and for matching them with children.
- The concept of the Emergency Alternative Family (EAF) and procedures to regulate this.
- Payment and support for EAFs and some Permanent Alternative Families (PAFs).
- A change in the police procedures for dealing with abandoned babies - the priority being to get them to a hospital or clinic before carrying out procedures of registration, documentation or interrogation of the person who brought the child.
- A change of emphasis in terms of dealing with unmarried mothers - a focus on helping them rather than punishing them.

Developments between 2004 and 2007

The personal commitment of senior government officials, in particular the Minister of Social and Cultural Affairs, Mr Hashim Haroom (2002-2006) was a critical factor in the swift implementation of the reform programme and, most importantly, in the enactment of the Child Act 2004, subsequently superseded by the Child Act 2010, which gave legislative force to measures, methods, and approaches to all aspects of child protection within Sudanese society. The legislation placed a new emphasis on the family unit as the primary source of care for abandoned children - a significant change from previous legislation which promoted institutional care.

The establishment of a framework for family-based care consistent with Sudan's cultural and religious traditions

While priority is always given to reintegrating children into their biological families, this is not always possible or in a child's best interest. A crucial achievement during this period was the development of variations of adoptive and foster care which are compatible with Islamic teaching and sensitive to the Sudanese context and which can provide family-based care for these children on a temporary or permanent basis.

Kafala – a progressive approach

In Islamic law, a great deal of significance is placed on lineage and blood relationships or "filiation".

Adoption as it is commonly understood is therefore prohibited because the idea that a legal process can create family bonds between an adult and child who are not related, which are equal to a biological relationship, is incompatible with this principle of Islamic law.

The need, and indeed duty, to provide care and protection for a child who is orphaned however is also well recognised in Islamic law which provides for a form of guardianship known as Kafala.

In Sudan, the existence of cooperation and dialogue between different actors, including the Government, religious authorities and civil society, has resulted in the principle of Kafala being applied in a progressive way.

Kafala is applied via Permanent Alternative Families and constitutes a permanent solution for children. HHC Sudan, working with the Task Force, helped the Khartoum State Government and local imams to develop a set of procedures and regulations around the placement of children in these families, overcoming the obstacles to providing a permanent care solution for children in this context.

For example, arrangements made according to Kafala do not allow for a child to take the name of their new family or guardian, or receive automatic rights to inheritance which is calculated according to a strict formula under Islamic law. This is because these two issues are closely linked in Islamic law to the preservation of blood ties. Furthermore, Kafala only applies to children whose parents have died.

In Sudan however, the existence of cooperation and dialogue between different actors, including the Government, religious authorities and civil society, has resulted in the principle of Kafala being applied in a progressive way which addresses these fundamental issues.

In February 2006, a fatwa was issued in Sudan by the Fatwa Council—the highest religious body in Sudan—which fundamentally changed the way in which society viewed abandoned babies.

The 2006 fatwa set out that the principle of Kafala can be extended to children who have been abandoned at birth and whose birth parents cannot be found. This provision made family-based care and, most importantly, long term family care available for children in Sudan. It also marked a significant change in the social status of abandoned children.



The result of this evolution is a system of Permanent Alternative Families, a pioneering model of providing permanent care for children as an option for children who are orphaned or abandoned and cannot be reunited with their families.

Alongside this, a system of Emergency Alternative Families was established for those children who need care in an emergency, for a short period while reintegration efforts are made or while a Permanent Alternative Family is found.

Permanent Alternative Families

Permanent Alternative Families are a practical application of the principle of Kafala in the Sudanese context. This care arrangement was developed and piloted by Hope and Homes for Children in partnership with the Khartoum State Government and religious authorities, with support from UNICEF.

Permanent Alternative Families are as close to adoption as possible while remaining compatible with Islamic teaching as it is applied in Sudan. A Permanent Alternative Family assumes parental responsibilities for a child in the same way as an adoptive family and provides a permanent solution for a child once every effort has been made to return a child to his or her own family.

A Permanent Alternative Family is financially responsible for the child and takes responsibility for most of the day to day decisions affecting them. The State retains the responsibility to monitor the placement and intervene if it breaks down.

Hope and Homes for Children also piloted an alternative mechanism by which an adoptive child can inherit by training social workers to counsel PAFs to make a will, naming the adoptive child as beneficiary of up to the maximum of 30% of the estate.

Best practice in adoption shows the importance of maintaining the child's identity and knowledge of his or her birth family and history – a principle which is mirrored under Kafala. Permanent Alternative Families therefore provide a progressive approach to a long term stable solution for children.

Emergency Alternative Families

An Emergency Alternative Family provides short term care for a child while efforts are made to keep a mother and child together or while a Permanent Alternative Family is found, usually for up to three months.

Previously to the establishment of this arrangement, the only option for a mother who was thinking of abandoning her child had been to place him/her into the Maygoma Institution.

Placing a child in a family environment rather than an institution at this stage means that the child stands a better chance of thriving and developing and allows time for the mother to consider her decision.

Each Emergency Alternative Family is paid a regular sum each month and health insurance provided for all children in the family. School fees for the children who have been adopted are paid for by the State.

A key development during this period was the establishment of processes to select and train Emergency and Permanent Alternative Families and safeguard children.

Selection and training

When a family makes enquiries to become an Emergency Alternative Family or a Permanent Alternative Family, a rigorous process is in place to select applicants.

The child's best interests are at the forefront of this process and several meetings/visits take place with the Emergency Alternative Family or the Permanent Alternative Family before any child is placed.

Families also undergo training during which they will learn best practice in caring for children as well as the trauma the baby may have experienced and its possible impact of this.

Safeguarding

Once a child is placed in an Emergency Alternative Family or a Permanent Alternative Family, safeguarding the child's welfare is of primary concern. Regular visits take place, often unannounced, to verify that the child is being cared for appropriately and to assess the family for further support if needed.

In the case of Emergency Alternative Families, visits will be weekly. Visits to Permanent Alternative Families will begin at this pace but reduce to every three months, every six months and then every 12 months until the child reached the age of 18.

On-going training continues to be provided for social workers with the support of UNICEF and HHC Sudan. Social workers have weekly case work meetings to share and learn from each other.

Communicating the message

In order to implement the programme of reform, there was a significant need for awareness raising among the general public and to change attitudes, particularly in relation to children born outside of marriage, reducing the stigma attached to children born out of wedlock.

Targeted awareness raising sought to highlight that these children are innocent and cannot be accountable for the actions of their parents and that these children need their mothers and that therefore the mothers should be supported rather than punished.

The Islamic Scholars Council, covering 3000 mosques, agreed to use the Friday prayers during the communication campaign to spread the message that abandoned babies are orphans and, in Islam, to protect the orphan guarantees you an 'equal place with the Prophet in paradise'.

A poster campaign across Khartoum highlighted the message that abandoning babies is effectively a death sentence for them and that people were abandoning babies only because of family and community pressure. The campaign called for people to prevent abandonment as well as calling for more Emergency Alternative Families to come forward. The key messages were also screened on new electronic billboards across the city.

A very successful radio soap opera, Sika Tawdi, ran for 60 episodes and dealt with abandonment and the effects on children, mothers and society.

Four free phone lines were donated for a helpline and operators were trained by HHC Sudan to deal with callers sensitively and appropriately. This service is now located in the Family and Child Protection Unit.

The 'decriminalisation' of babies born out of wedlock

In February 2006, a fatwa was issued by the Islamic Scholars Council, the highest religious body in Sudan, which fundamentally changed the way in which society viewed abandoned babies.

Previously, the Islamic definition of 'orphan' had included only children whose parents had died, but established that orphans were entitled to full support and compassion from the community, and that the state had a legal

obligation to provide financial and material support for these children. The 2006 fatwa set out that children who had been abandoned by their birth parents should also be considered as orphans in the Islamic context and therefore could also look to the state and the community for support and assistance. This marked a significant change in the social status of abandoned children.

The fatwa stated that pregnancy alone was not proof of adultery, and that children born out of wedlock should not be punished for any apparent failings of their parents which effectively decriminalised unmarried mothers, and removed the 'criminal' stigma attached to children born out of wedlock.

The fatwa prevented the forced separation of mother and child - a common practice when an unmarried mother was presented to the courts or police for judgement. Mothers and children were subsequently allowed to remain together, unless it is against the best interests of the child.

The Technical Unit - Government ownership of the new system

The Director of Social Welfare for the State and the Technical Unit is responsible for the social workers, Emergency Alternative Families and Permanent Alternative Families, police and midwives who carry out the work on the ground.

The Technical Unit is responsible for training all those involved in implementing prevention services and alternative family care as well as monitoring the performance of social workers, Emergency Alternative Families and Permanent Alternative Families. In particular, it is responsible for building the capacity of the state social workers in designing service provision and liaising with the National Council for Child Welfare (NCCW) who help to train all those concerned on the The National Policy on the Welfare and Protection of Children Deprived of Parental Care (see p15).

An informal review by HHC UK in 2007 noted the significant achievements up to that time whilst also recognising that the new systems were still in their infancy in Khartoum State and in wider Sudan. Continuing efforts and commitment of resources were required at a political, professional and community level.

Developments from 2007-2009

From 2007-2009 momentum was maintained with some important developments in Khartoum State including:

- the introduction of a pilot scheme for the referral of abandoned babies direct to Emergency Alternative Families;
- a database completed of all the children in Maygoma;
- a helpline for information and guidance for those considering abandoning a child (later incorporated in legislative requirements).
- National and State policy formulation in respect of the care of separated children.
- recognition that institutional care should be a last resort and a plan developed with the Government and UNICEF to close Maygoma.
- A Ministerial commitment to the assumption of full managerial and funding responsibility by State authorities with HHC Sudan offering technical assistance.

In addition, the work in Khartoum State gave a lead to other States who started to seek assistance in transforming their own services. HHC Sudan was selected by the National Council for Child Welfare to be the only INGO member of the national committee responsible for drawing up policies for abandoned children and several meetings were held to discuss the experiences of HHC in Khartoum State which would later become national policy.

Furthermore, it was agreed that the houses used by HHC Sudan when they set up their first project in Khartoum to provide care for vulnerable older children (see p8) could be used to support a range of services for

separated children. Discussions were held with the FCPU as two of the homes could be used for emergency placements for children at severe risk of abuse. The first Emergency Reception Centre (ERC) began operating in 2010 to provide a support service for vulnerable children aged between 4-17 who have either been abandoned or who are at risk of exploitation or abuse. They may be children who have run away from home because of abuse and ended up on the streets of Khartoum.

Although 2009 and 2010 were challenging years socially and politically, Khartoum State social workers continued to use and develop the prevention and alternative family care services as best they could and the Helpline, which was now located in the FCPU, became operational for 16 hours a day with help from Shamaa, a new local NGO. A communication campaign, 'Children Need Their Families', was funded by Shamaa with HHC Sudan providing support with planning, training and monitoring.

Despite these continuing efforts, 2010 saw the number of babies admitted to Maygoma increase to 65 per month. The constraints on HHC Sudan's work in Khartoum led to a significant reduction in the staff team there and decisions to focus on two main areas of activity:

1. liaison with the National Council for Child Welfare ('NCCW'), FCPU, UNICEF, and other local partners in order to help maintain momentum; and
2. support to the development of AFC in other States as invited by the State authorities.

The launch of a National Policy

Importantly, The National Policy on the Welfare and Protection of Children Deprived of Parental Care was finally approved and officially launched in June 2011 emphasising:

- children should be with their own or extended families and if this is not possible then arrangements should be made under the alternative family care system.
- institutions are harmful for children.

The policy establishes four pillars of the Sudanese approach to children deprived of parental care:

1. awareness-raising to avoid child abandonment and illegal pregnancy
2. prevention of separation and where separation happens, prioritising reunification. This stage is stated to begin immediately after the pregnancy is discovered and continues until after delivery in order to

prevent separation of the child from his or her mother.

3. Permanent Alternative Families, selected in accordance with specific conditions and criteria to provide a permanent, stable and secure family environment for a child who cannot be reintegrated.
4. Emergency Alternative Families which provide temporary professional care for the child as alternative to residence in institutions or care homes so that the child is cared for in a family environment. The child will remain with family for a short period until a permanent alternative is found.

Over 100 people including both national and local government representatives, childcare professionals and journalists attended the launch. 5000 copies of the policy were published and distributed to 15 States.

"Family is the natural environment for the growth of children and their protection and care."

The National Policy on the Welfare and Protection of Children Deprived of Parental Care



Why has the new system been successful?

The immense amount of thought and planning, working with the local authorities, professionals, religious leaders and communities and helping to change attitudes, reduce stigma towards unmarried mothers and their vulnerable babies, has been paramount in demonstrating positive sustainable change in the child protection system.

Further informal research carried out in 2014 based on interviews indicated that the following were all crucial to the success:

KEY SUCCESS FACTORS

1. Government commitment to and ownership of the new child protection system.
2. Broad based support with key stakeholders - Task Force, Imams, Community, Midwives, Police, Prosecutors, Media.
3. The support of significant influential individuals to champion the new child protection system.
4. Ongoing awareness-raising through the media and community leadership structures.

The Task Force:

The formation of the Task Force was the foundation of the success of the project, demonstrating the Government's commitment to radically reforming the child protection system. The primary role of the Task Force was to develop the Government's policy on the care of children deprived of parental care in a way that was consistent with the highest international standards and Sudan's cultural and religious commitment to the care of some of its most vulnerable citizens. It was an example of genuine partnership between the State, international organisations, NGOs and the local community. It was formed of UNICEF, HHC Sudan, the Director of Maygoma, the KCCW and the Director of Social Welfare at the Ministry of Social and Cultural Affairs (MOSCA), MSF France and Masarra. It concluded its role in 2009.

The Technical Unit:

The Technical Unit was the government body responsible for coordinating the implementation of the new alternative family care arrangements. It was established in 2006 and ensured the Government's ongoing commitment to and responsibility for the new child protection system.

The responsibilities of the Technical Unit are:

- the overall care of abandoned babies.
- recruiting and supervising social workers for the family-based system.
- recruiting, training and supervising Emergency Alternative Families and Permanent Alternative Families.

The Technical Unit became an independent department at MOSCA and continues to be essential to the successful implementation of the Alternative Family Care system. They have expanded to include a sub-Technical Unit in each of the seven localities of Khartoum to ensure continued good practice and a consistently high quality of care for children. All of this demonstrates how seriously the Government takes the new system, owns it and supports it. There is also a Technical Unit with the same responsibilities operating in each State where this comprehensive family-based system is being rolled out.

Working with the Imams:

Engagement with the Imams was another crucial step to developing and implementing both prevention services and alternative family care. They played an integral role in the de-stigmatisation of orphans by issuing a fatwa and helped in the prevention and reunification process by encouraging young mothers to keep their babies and calling for families to become Permanent Alternative Families. This contributed to changing attitudes towards abandoned babies. The Imams were also instrumental in influencing policy makers by asserting that, in Islam, the care of abandoned babies is a sacred duty.

A well thought through communication strategy:

Fundamental to this success was a well planned outreach strategy that included innovative mediums for delivering key messages.

In particular, the soap opera proved to be immensely popular and influential in changing attitudes and a survey completed in two localities showed that the soap opera was actually changing community attitudes towards unmarried mothers.

The public awareness campaign continued to be successful despite the political turmoil and included a series of chat shows in which esteemed religious, political and local celebrity figures discussed the issues of abandonment from all angles and encouraged the new positive attitudes. HHC Sudan also secured a series of radio programmes, television shows, newspaper articles profiling the issue.

Setting up the Family and Child Protection Unit in Khartoum in 2007:

This Unit was formally established under the provisions of the Sudan Police Act 2008 and branches have subsequently been established in other States. The establishment, objectives, strategic and operational approach of the Unit is enshrined in the Child Act 2010. Provision for the Helpline service is also included in the legislation. The Helpline number provides a 24 hour direct referral route to anyone wishing to report concerns about the care and protection of a child and the same number is used throughout Sudan.

The prevention work of Shamaa, the Local NGO:

In 2011, the emergency reception centre continued to operate well. Following a workshop with the NCCW and Shamaa and long discussions regarding the gap in prevention services, one of the outstanding outcomes of this workshop was the recommendation to establish a mother and baby unit which, once approved by the Minister, would be run by Shamaa and the FCPU with technical support provided by HHC Sudan. Shamaa was set up by Mrs Nour Hussein who was herself a baby in the Maygoma Institution and subsequently worked for HHC Sudan.

In 2013 the first ever Mother and Baby Unit was opened in Khartoum providing 6 residential places for mothers and babies together also with a reunification service which has been set up within Maygoma, encouraging single mothers to keep their babies rather than placing them in the Institution.

Shamaa developed from the work undertaken by HHC Sudan in establishing support to prevent abandonment of babies and to provide alternative family care arrangements by:

- Supporting EAFs and PAFs
- Working inside Maygoma on reunification
- Campaigning and awareness raising

Work in partnership with other agencies is key to what Shamaa do: in particular the close working relationship Shamaa has with the FCPU. As demand for the service increases, Shamaa are thinking of ways to expand the support services.

In June of 2014, Shamaa held a celebration for 150 children who had been placed into Permanent Alternative Families from Maygoma over 10 years ago. These children were now getting ready to leave primary school and enter secondary school and the celebration brought together the children and their families along with social works and the Director of Technical Unit at the Department of Social Affairs. The celebration served several purposes:

- to celebrate the children's achievements and the good work done by their families;
- to demonstrate to the community that families who adopt can be very happy and children who are adopted can be very successful;
- to emphasise that the children and their families are not forgotten and that care and support for them continues. It was part of their continuing work to reduce stigma around adoption and fostering and encourage more families to volunteer.

The child protection networks:

In Khartoum, a pilot network of community leaders in Omdurman was set up in order to respond to when the Child Protection Unit within the Police become increasingly concerned about the issue of abandonment and were severely under-staffed to deal directly with the problem given the huge population spread over seven localities. The community leaders were trained in the basic principles of child protection, cleared by the police to be fit to work with children and young mothers, and provided with a mobile phone in order to be able to report any identified risk case – whether dealt with locally or referred to the FCPU.

The pilot in Omdurman proved to be very successful very quickly and HHC Sudan in partnership with the FCPU was able to develop similar networks in eight communities in Khartoum and Khartoum North. A database was also set up with the police, recording all cases dealt with, allowing for the identification of patterns of abandonment or abuse. The networks also provide advice on child and family protection, support to families where there is a single mother in the family and can make referrals to the mother and baby unit or the emergency reception centre.



A Replicable Model

Over the last decade, the way that children who are orphaned and abandoned are cared for in Khartoum, Sudan, has been revolutionised. What began as a reaction to the number of babies being abandoned on the streets of Khartoum has developed into a holistic model of care covering the full spectrum of services from preventing separation to alternative family care. It also encompasses work at every level to challenge attitudes to children who are considered illegitimate, to create an enabling environment for these services to operate and in which children can flourish and see their rights respected.

This work has culminated in a The National Policy on the Welfare and Protection of Children Deprived of Parental Care and a new system for the protection of children, with special emphasis on the provision of family care and the eradication of institutional care for children.

These changes are significant not only for Sudan, a country which has transformed its child protection system in the midst of on-going political and economic turmoil, but for all the countries in the region and beyond who are struggling to provide the highest standards of care for their children.

In the space of ten years, a new child protection system - covering prevention, emergency hospital care, Emergency Alternative Families, and Permanent Alternative Families - has

been established and is now being rolled out across the country. Attitudes and behaviour towards single mothers, abandoned babies and orphans have radically changed, and thousands of babies who would have previously been condemned to a short and miserable existence in institutional or unregulated care are now flourishing in families and communities.

This experience demonstrates that, even in a challenging and complex context, pioneering services can be established using a grass roots approach involving parents and communities including local authorities who recognise and are themselves affected by the urgency of the need. Furthermore, with success demonstrated at community level, further involvement of national authorities can lead to national transformation and the roll out of those services pioneered.

The work that started in Khartoum State is now being rolled out across the country, driven by the National Council for Child Welfare.

In White Nile State the new policy on alternative care has been enshrined in law. Two fully-staffed Referral Units in Kosti and Rabak ensure that children at risk of being abandoned can receive medical care and either be reunified with their mothers or placed in alternative family care. The State authorities have enrolled, trained and are fully supporting Emergency Alternative Families and have also regulated the

work of Permanent Alternative Families, social workers, police and midwives from all localities in the State have received training in how to implement alternative family care. A State-wide communications campaign on TV and radio including community discussions and school and university information dissemination is continuing to change attitudes and encourage vulnerable women to use the new services.

Strengthening of local authorities, professionals and child protection practices will ensure these changes are sustainable. Sharing knowledge with government officials and in particular other NGOs allows a greater impact for the relatively small cost of this training, as they then go on to replicate the working model.

The development of this new holistic child protection system has provided an entry point to challenge and change attitudes towards unmarried mothers and their babies at all levels through training, advocacy and media campaigns, which is in turn creating an enabling environment to support these vulnerable mothers and give them the opportunity to exercise their rights to keep their babies in the future.

A number of critical success factors that have contributed to this outcome can be identified:

- The continual awareness-raising and advocacy work with all sections of society and networking with a broad base of influencers including religious leaders, police and security, professionals such as social workers,

midwives and the media and working closely and consistently with community leaders.

- Sharing information and training with the professionals has also strengthened the implementation of the new services and the child protection system.
- Targeting key individuals at every level of society, ones who understand and support the principles of the new child protection system and then are prepared to champion the same principles, even in the face of opposition and criticism.
- Demonstrating that the new child protection system works was also an important tool to reassure government and civil and religious society that it is effective and appropriate.
- Building ownership of the new services and the principles behind them with the Government. To do that it was important to contextualise the Alternative Family Care system so that this new way of caring for children was recognised as being within the broad cultural, religious and social environment of Sudan as well as conforming to international standards.

The project developed:

- Professional tools for use by social workers to recruit, train and monitor families and babies.
- Policy guidelines for the development of appropriate childcare services.
- Media tools to raise awareness and campaign for change in childcare practices.
- Community guidelines for activists calling for change in attitude and behaviour towards vulnerable mothers and babies.

APPENDIX 1

Terminology

Alternative Family Care

Care provided to a child in a family environment as a temporary measure until they can be returned to their family, or while a permanent solution is sought. A range of options exist including foster care, kinship care and guardianship.

Kafala

Kafala finds its origins in the Sharia and is the nearest Islamic equivalent to adoption – a practice which is not recognised by Islamic law. In particular, Islam does not permit a change in the child's name and children cared for through the Kafala system do not have an automatic right to inheritance in the way an adopted child would.

Because of the diversity of the Muslim world and the differences in how the Sharia is understood and applied, Kafala is implemented differently according to different national contexts.

In Sudan, the principle of Kafala is applied via Permanent Alternative Families (see below) and can be considered a permanent solution for children, falling outside the scope of 'alternative family care'. However, it has some characteristics that are similar to traditional forms of Alternative Family Care, such long term foster care and guardianship.

Emergency Alternative Family

An Emergency Alternative Family provides short term care for a child while efforts are made to keep the mother and child together, usually for up to three months.

Permanent Alternative Family

This is a legal arrangement established in Sudan according to the Kafala principle. A Permanent Alternative Family takes legal guardianship of a child in the same way as an adoptive family and provides a permanent solution for a child who cannot be returned to their own family.

In the Sudanese context, HHC Sudan piloted a process according to which social workers are trained to ensure that families make a will to ensure the child is able to inherit. The procedures around this process have been accepted into law through the Child Act 2010.

APPENDIX 2

Hope and Homes for Children in Sudan

Hope and Homes for Children has been working in Sudan since 1999, when we began efforts to ensure that displaced children in Khartoum were cared for in a family environment and supported to make their own decisions about their long term care. Many of these children were living alone on the streets, with little idea as to the whereabouts of their families.

Building on our direct work with children in Sudan and our experience in other countries and regions in the world, we have developed our work in Sudan to focus on reforming the child protection system and ensuring that a holistic model of care is in place to replace institutional care and which covers the full spectrum of services from preventing separation to alternative family care. Many of the services we have piloted have been lifted into national policy.

Supporting displaced children to return home

Starting in 2000, Hope and Homes for Children initially developed an foster care network for children displaced from the South, the Nuba Mountains and Darfur areas of Sudan. These children had been separated from their parents due to the war and were living on the streets of Khartoum or in the Internal Displacement Camps surrounding it.

As well as providing family-based care for these children, in Khartoum, we traced and identified their families, and supported them to make their own decisions about where they wanted to be cared for in the long term. In total, 734 children were reunified with their families or supported into independent living.

A crucial component of this project was working at community level to challenge attitudes towards these children and ensure their successful integration into the community. The result of this work was the formation of a Family and Child Protection Unit of the police, which has led to a greater level of protection of vulnerable displaced and abused children.

Development of Alternatives to Institutional Care in Khartoum State

The Maygoma Institution for Babies (Maygoma) in Khartoum quickly became the focus of our work.

Maygoma is a Government run institution which opened in 1961 to receive abandoned babies.

A study carried out in 2003 estimated that 1600 babies, mostly newborn, were being left on the streets of Khartoum or in hospitals every year. Many would die on the streets and those who were admitted to Maygoma only had a 25% chance of reaching the age of 4. The babies were stigmatised in Khartoum society because their births were considered 'illegal' as well as 'illegitimate'. For those babies who did survive, they faced a bleak future of institutional care, growing up without a family.

The Government decided to take action and set up a Task Force which we were invited to join. In September 2003, we hosted a study tour to Romania with UNICEF Sudan. This visit was a turning point in how children are cared for are cared for in Sudan and helped the Government to see how services could be put in place to prevent child abandonment and family-based alternatives could be put in place which provide better outcomes for children and for society. Since that time we have been working with the Government, religious authorities and other NGOs to put in place an alternative system to institutional care covering prevention, emergency hospital care, Emergency Alternative Families and Permanent Alternative Families.

In Khartoum we provide support and training to the Referral Home, an Emergency Reception Centre run by local NGO Amal. This centre provides vital short term care to up to ten vulnerable children at any one time while preparations are made to reintegrate them with their families or place them in family-based care.



We also support a Mother and Baby Unit run by local NGO Shamaa – the first such centre set up in Sudan. This centre provides a safe environment for vulnerable new and expectant mothers and their babies while they receive the intensive support they need.

To date, we have successfully moved over 3000 babies into loving families.

Advocating for Children

Many of the innovative services that we and our partners have piloted have now been adopted into national policy and legislation and are in the process of being rolled out nationally.

By working with the Government and religious authorities in a constructive dialogue, we have been able to make the case for several changes to national policy, law and practice:

- we were able to secure several provisions for children in the Child Acts of 2004 and 2010
- we advocated for the Fatwa issued in 2006 which decriminalised children born illegitimately and extended the principle of Kafala to cover them

Over the past decade, Hope and Homes for Children Sudan has supported, piloted and influenced the development of a pioneering new child protection system covering the full spectrum of family-based services.

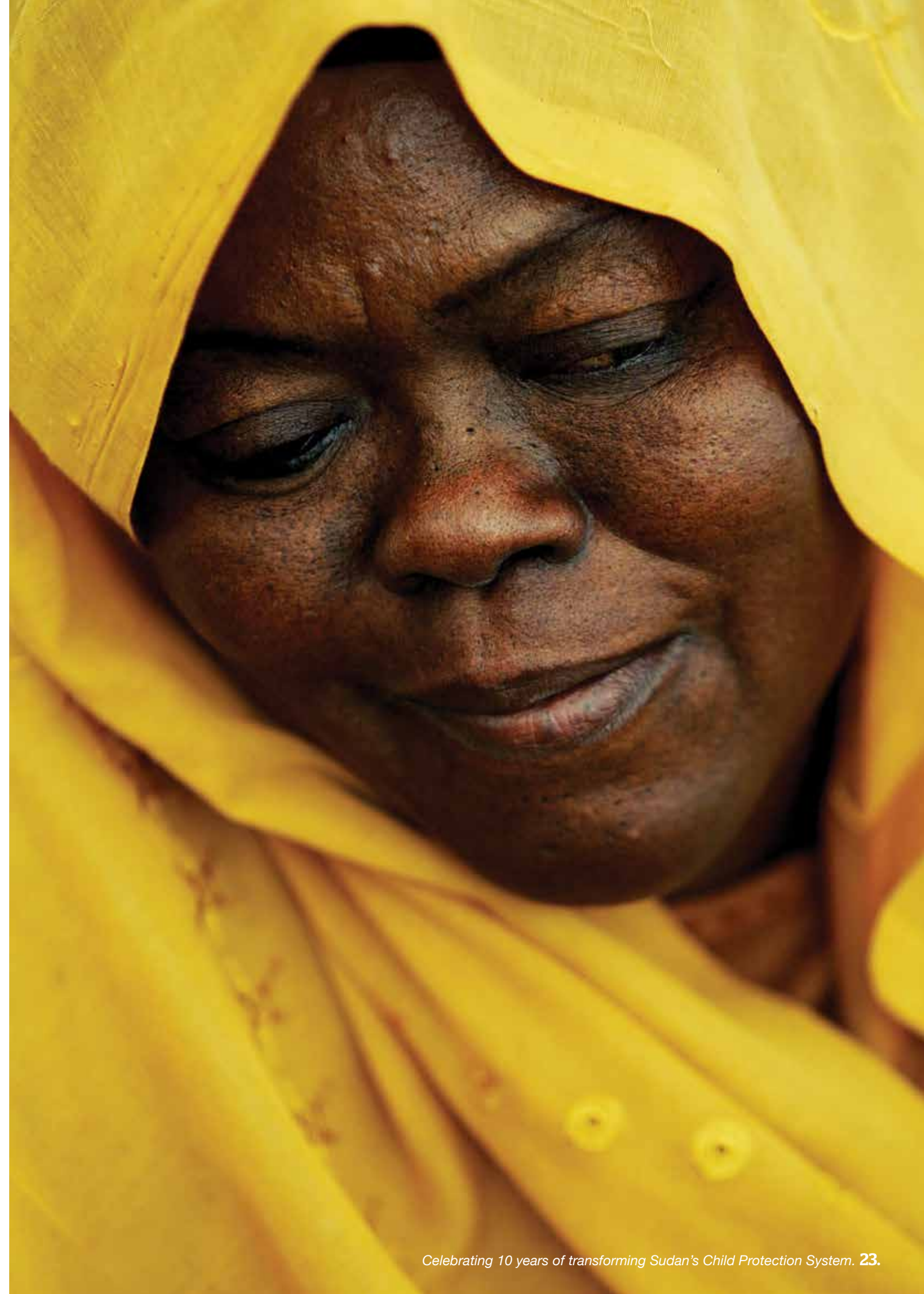
- we advocated for a holistic national policy on the protection of children without parental care – a policy which was adopted in 2010
- we developed and piloted the care arrangements which have been adopted into law and into the National Policy on the Welfare and Protection of Children Deprived of Parental Care

Expanding our reach

Today Hope and Homes for Children is working with the Government to roll out the comprehensive family-based child protection model that has been set up in Khartoum State and close institutions in nine of Sudan's 18 States. This project is supported by the UK Department for International Development.

We are working in particular to address the high rate of abandonment of babies, lack of protection for children without parental care in Sudan and stigmatisation of unmarried mothers which persists in spite of the progress made in Khartoum State. Abandoned babies continue to be placed in high risk situations in institutions or informal family placements with no assessment or monitoring, often resulting in high mortality rates, high risk of abuse, poor developmental outcomes and social exclusion.

The focus of our work today is on completing this reform process and ending institutional care of children in Sudan and ensuring that the pioneering model developed here is understood beyond Sudan's borders and can be adapted to other national contexts in the region.





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