FAMILY SUPPORT SERVICES AND ALTERNATIVE CARE IN SUB-SAHARAN AFRICA

BACKGROUND PAPER

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CONTENTS

ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
HIV	Human Immunodeficiency Virus
IRC	International Rescue Committee
ISS	International Social Service
MAEJT	Mouvement Africain des Enfants et Jeunes Travailleurs
NGO	non-government organization
ONPEC	Orientations Nationales pour la Prise en Charge des Enfants en Situation de Vulnérabilité (Niger)
OVC	orphans and other vulnerable children
PIPE/ETM	Projet Intégré de Protection des enfants victimes ou à risque d'Exploitation, de Trafic et de Maltraitance
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WAN	West African Network for the Protection of Children

EXECUTIVE SUMMARY

Chronic poverty, emergencies, community violence, HIV, AIDS, discrimination, the lack of investment in and access to social protection, child protection, education and basic services all place multiple stresses on families around the world in terms of the care and protection of their children and, in particular, on poor and marginalized families. The number of children who are vulnerable to separation or who are in alternative care arrangements is difficult to quantify; estimations indicate more than 153 million children globally have lost one or both parents; 16.6 million of those deaths are due to AIDS.[1]

Families in Africa face enormous challenges in caring for their children due to the devastating impact of poverty, HIV, AIDS, armed conflict, family disintegration and the accompanying stresses on traditional community values and systems. There is, however, widespread recognition that, amid all the complex challenges, African families and communities are remarkably resilient in ensuring adequate care and protection of their children, including informal care (such as kinship care and extended family care). Despite this resilience, though, the loss of a parent can result in a child becoming uncared for – many children in Africa do not live with their parents for a range of reasons. And as elsewhere around the world, many children within families can be exposed to violence, abuse, exploitation or neglected. Children can become separated from parents for other reasons, including armed conflict and natural disasters. Additionally, many children are sent to live with extended family members to better their access to basic services (such as education and health care), to alleviate pressure on families experiencing economic hardships or to increase their opportunities in life.

In an attempt to support and improve approaches to alternative care, the United Nations General Assembly ushered in the Guidelines for the Alternative Care of Children in November 2009. The Guidelines prioritize the prevention of family separation and child abandonment and promote the importance of having a range of options for alternative care. Although a range of options for alternative care are available in most countries, which can include local family-based care, informal kinship arrangements and residential care facilities, the Guidelines promote the two primary principles of necessity and appropriateness when making decisions related to the care of children.

More recently, member agencies of the United Nations and several non-government organizations organized a two-day conference on Family Strengthening and Alternative Care in sub-Saharan Francophone Africa (10–11 May 2012 in Dakar, Senegal).[2] In preparation for that discussion, this background paper and individual country briefs were commissioned to examine the current status of family support services and alternative care in 18 sub-Saharan Francophone, four Anglophone and two Lusophone African countries (a total of 22 countries). This background paper represents a comparative regional analysis, providing an overview of the current

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[1] United Nations Children's Fund, *State of the World's Children 2011*, UNICEF, New York, 2011.

[2] Members of the Organizing Committee included UNICEF, Save the Children, the Better Care Network, World Vision, SOS International, ENDA Tiers Monde Jeunesse Action, Mouvement Africain des Enfants et Jeunes Travailleurs, Terre des Hommes, Cordaid, Africa Child Policy Forum, International Social Services (West and Central Africa), and African Network for the Prevention and Protection against Child Abuse and Neglect (West and Central Africa).

situation and illustrating promising practices, opportunities and challenges.[3] **The background paper is a statement (as accurate as possible) of what exists regionally in relation to family support services and alternative care**.

Methodology

The background paper is largely based on extensive secondary data made available through global, regional and country-specific actors. Information gleaned from a literature review was complemented with information collected through four standardized tools: a comprehensive online survey, data aggregation sheets, case studies and interviews targeting respondents in each country. The point of the research was to consolidate and validate information, capture perceptions and attitudes, illustrate promising strategies and pinpoint gaps in both services and knowledge. Respondents included representatives of government agencies, international and national NGOs and advocates and experts working in the field of alternative care and care providers.

Findings

Overall, most of the national laws and policies appraised for sub-Saharan Africa contain some provisions related to family support services and alternative care, although alternative care tends to be more clearly developed than family support services. There are, however, **many gaps and inconsistencies**. Although formal care services were found to be better reflected in the legal and policy frameworks and consume more of the resources available for child protection, **the reality is that the majority of children in alternative care are still looked after through informal care options.**

Informal care, usually within the extended family, remains the most common form of alternative care across the region. These endogenous family and community arrangements tend to be an organic and practical response based upon the relationship to the child and financial ability to take a child in. In many of the countries studied, such placements are not only a response to orphans or vulnerable children but also a means to offer a child better opportunities. Despite its prevalence, informal care is not generally dealt with in the legal and regulatory frameworks, and there is a lack of research or documentation relating to informal care practices.

In terms of child protection programmes, a particular challenge appears to be how to incorporate both formal and informal alternative care mechanisms into a systems approach to child protection. Of critical importance is the need to balance support for activities that can strengthen the capacity and resilience of families and communities to care for their children with the prevention of family separation where possible and while ensuring that the best interests of children are reflected in the options for alternative care when it is necessary. **How child protection actors respond to this challenge is probably one of the most pressing issues for strategic planning and decision making in the short to medium future.**

Legal and policy frameworks

In line with the Guidelines, most sub-Saharan African constitutions recognize that parents have the primary responsibility for raising and educating their children and that the State and public services must support them in this endeavour. The legal frameworks in many countries give priority to family-based

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[3] Country-specific examples provided are purely illustrative. There are likely many more country-specific examples that either did not come to light or could not be included due to considerations on the length of the paper.

care rather than institutional care, which is often referred to as a measure of last resort.

Important aspects of reforms that were perceived to have taken place in some countries revolve around specific aspects of the care system, such as creating legislation on national and international adoptions (which did not previously exist) and efforts to develop standards of care and protection of children, especially orphans and other vulnerable children. **In countries in which reforms of the care system have taken place, there has been a shift in focus away from residential care facilities, such as the development of alternative care measures to promote and regulate family-based care.**

Beyond these legal provisions, however, there has typically been a lack of accompanying procedures and guidance to apply the measures, such as criteria for assessing risk or inspecting care homes. Familiarity with many of the procedures and protocols in place has not filtered down to those responsible for applying them. This is often due to lack of matching resources, dissemination of procedures and training on the reform measures. The comparative analysis also shows that welfare actors across the region have given relatively little attention or emphasis to develop comprehensive and preventive family support services. In general, resources tend to focus on interventions after the point that the family has broken down and/or harm has occurred. The general perception in the region is that change is only slowly coming.

Coordinating mechanisms
The findings of the study indicate that national and regional coordinating mechanisms are either lacking or underdeveloped. As a result, there has been a paucity of information sharing and a resulting lack of synergy and direction among the various actors working to improve alternative care. That said, international organizations are increasingly collaborating for the advancement of child protection in sub-Saharan and other parts of Africa and there is significant debate on the development of child protection systems more broadly. Unfortunately, the discourse on alternative care has been limited in this debate.

Data-management systems
The study found that not only are data about the numbers of children in care placements often unavailable but that monitoring (including case management and review) is rare. **Adequate systems generally are not yet in place for maintaining children's case files safely** and implementing regular reviews to track the progress of a child in a placement. This undermines the continuity of service delivery over a period of time and decreases the ability of professionals to reassess whether a child's placement is in their best interests or whether other care options are better suited.

Human and financial resources
According to the data received, there is a shortage of qualified staff and high turnover due to low salaries, particularly among paraprofessionals and social workers employed by local NGOs. The **working conditions are also disempowering**: large caseloads, excessive paperwork and limited resources for carrying out specific job tasks, such as monitoring visits, convening meetings and accessing transportation for investigations as well as low status and negative perceptions about social work among the public and other professionals. In many cases, the social care sector has ageing and poorly qualified staff. **There are also few incentives for social workers to stay in the job because there are no career development plans** for acquiring specialized skills or moving to professional

management or supervisory positions and few capacity-building programmes for staff.

Formal care services

Traditionally, children in Africa were cared for by extended family members who provided care, support and a safe home environment. This practice, however, is being challenged by social changes across the continent. In addition, the impact of HIV, AIDS, poverty and migration has weakened the family network, increasing the pressure on relatives to adequately provide for children in need of care. The proliferation of residential care facilities, and especially orphanages, across the continent is a result of many factors – not just the pressure on family members.

Although declared as a measure of last resort in many countries' national legislation, residential care is the most common type of formal care available across the region, especially in Francophone countries where 85 per cent of the survey respondents mentioned the availability of residential care. Nearly 90 per cent of the Francophone respondents and more than two thirds of the Anglophone respondents said that an individual or an agency must register with a government or independent body for approval to formally look after children, either voluntarily, for profit or as part of a government function. **However, many new residential care homes are reportedly built without permission from appropriate authorities.**

Transit homes/centres are also widely available in Francophone countries. Although formal family-based care facilities were reported as less in number than institutional care and transit homes, both Francophone and Anglophone respondents reported a prevalence of formal family-based care, such as guardianship and temporary foster care. The least common types of formal care are group homes, health care institutions and, not surprisingly, kafalah, which is practised in only a handful of the 22 countries reviewed.

An overwhelming majority of the Francophone respondents indicated that children maintain contact with their families, whether they are in residential care or formal family based-care; whereas the majority of the Anglophone respondents reported that only children in family-based care systematically maintain contact with their families and only half maintain contact when they are in residential care. According to respondents, children in residential care and family-based care systematically have access to health and education services across the region. **Despite these fairly promising survey results, the literature points to the fact that conditions in many institutions tend to be dire, with children inadequately cared for**.

Gatekeeping

Very little information was found in the literature to suggest that any of the countries has strong and clear gatekeeping or review mechanisms. In the online survey, a majority of the Francophone respondents noted that gatekeeping mechanisms are either not used at all or only sometimes used with children placed in care by NGO staff. **Regular reviews of service providers, placement of children and the quality of care provided to children in care take place only occasionally** across the region, mostly by the relevant ministry and government social or judicial services and tend to focus on formal options for alternative care with much less attention given to informal gatekeeping mechanisms or how the best interests of children in informal care might also be safeguarded.

Informal types of alternative care

Informal care, usually within the extended family, remains the most common form of alternative care across the region. Informal care arrangements are perhaps the greatest safety net available to children in need of protection across sub-Saharan Africa. Millions of children are growing up with carers other than their biological parents, most noticeably in countries devastated by AIDS, natural disasters and civil conflict. Statistics suggest that an average of 15.8 per cent of the children population across the 22 sub-Saharan countries analysed do not live with their parents.[4]

According to the study, **informal care is provided in three major settings: kinship, community and non-family foster homes**; the most prevalent form in sub-Saharan Africa is informal kinship care. There are many advantages to kinship care, which is believed to preserve continuing contact with the family (if desirable), siblings and the extended family network; to help maintain identity, decrease distress of relocation and grief of separation from parents; reduce the likelihood of multiple placements; expand capacity for self-sufficiency; as ongoing support throughout life; and because children and relatives provide mutual care and support. However, increasing pressures on families are placing children in more precarious situations, and owing to death, displacement and civil conflict, traditional care arrangements have become fragmented and at times unable to absorb the rapid increase in numbers of separated and unaccompanied children.

There is **no tradition of formalizing informal care arrangements through documentation.** In many countries, kin who are raising children in an informal arrangement with the plan to do so permanently do not have the means with which to legally formalize that relationship. Informal caregivers consequently find themselves ineligible for various social services if these services exist. **There is also the legal limbo in which many of these children find themselves, perhaps unable to access services and to establish inheritance rights.** On the other hand, conferring legal status for the millions of children living in these situations would create an impossible bureaucratic process and burden for already overstretched structures. It might be considered as contrary to the very nature of the practice and, in the worst case scenario, would actually make potential carers reluctant to take in vulnerable children.

Recommendations

The Guidelines for the Alternative Care of Children are beginning to be used in the region and can be further promoted; they are particularly useful as a guiding tool for developing and strengthening national child protection systems. The following recommendations to national and international actors are proposed within this perspective.

Child protection systems

▪ Alternative care within the region needs to be conceptualized within a child protection system approach. Dialogue needs to increasingly focus on the purpose, function and boundaries of alternative care within a broader national child protection system.

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[4] Average obtained from the results of Demographic and Health Surveys and Multiple Indicator Cluster Surveys conducted in the following countries: Benin, Burkina, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Ghana, Guinea, Guinea-Bissau, Liberia, Madagascar, Mali, Mauritania, Niger, Rwanda, Senegal, Sierra Leone, Togo and Uganda.

- The possibility of including endogenous practices related to alternative care within the system should be explored, or they should at least be recognized and supported with formal services.
- A balanced system that emphasizes support to families rather than focusing exclusively on the development of specialized responses that are only likely to target smaller numbers of children should be established.

Legal and policy frameworks
- National governments should work to strengthen laws and policies and balance support to the continuum of services within the national system.
- A stronger commitment to define the role and characteristics of family support services within the laws and policies should be promoted.
- A national regulatory framework should be tailored to the country context. While the principles of the Guidelines and recognized good practices should be adhered to, the laws and regulations must be made consistent with national realities rather than imported models. This will provide for greater application of the principles.
- Clear mandates must be outlined in national legislation for those responsible (agencies and individuals) for ensuring the protection and best interests of children.
- Legislation should promote greater (but realistic) accountability of those mandated to provide services for children. This should include, for example, mechanisms for reviewing care decisions, for monitoring policy standards (gatekeeping and home inspection) and implementing adoption directives.
- Legal and policy frameworks need to be supported by strategic plans that take into account the level of funding required to translate them into improved service provision.
- Legal and policy frameworks should also address land and inheritance rights of orphans, widows, fostered children, etc.

Family support services
- To shift their priorities towards the prevention of family separation, child exploitation and institutionalization, national governments and NGOs should collectively review their alternative care programmes and, as required, realign their budgets to support the prevention of family separation and the range of alternative care options available in their country context.
- Studies need to be undertaken to understand the impact of family welfare schemes (including social protection, public works, improved access to basic services, etc.).
- Child protection actors should be encouraged to advocate for and influence the use of poverty alleviation strategies that aim to reduce family breakdown, separation and ultimately the numbers of children entering alternative care.

Formal alternative care
- More mapping and documenting of the situations are needed to inform policy development and adjust the child protection and alternative care system design.
- With proper mapping and documentation, a vision of the continuum of services required to care for and protect vulnerable children should be developed, emphasizing a range of prevention measures and response services according to the stated needs of children and families.
- Beyond the legal framework, a series of protocols, guidance and standards for the management of entry of individual children into care should be adopted and incrementally adapted, along with the best interest-determination protocols, regular review of care plans and the management of a child's eventual exit from the care system.

Informal alternative care

- Informal care and community endogenous practices, such as les logeurs, need to be better documented. Based on their potential positive outcomes for children, social service providers should increasingly support informal family and community-based care within the continuum of alternative care provision.
- Formal and informal care should be seen as options along the continuum of care and build on each other's strengths to complement each other more effectively.
- National dialogues should be convened among the various parties, including community members, to understand the extent to which informal care arrangements can be supported or assisted to protect and provide care for children.
- There is a dearth of information regarding the dynamics and outcomes of informal care at the national level and within the region more generally. To understand the potential policy and service implications for strengthening informal care as well as the perceptions of communities about both formal and informal care options, further research is required.

Coordination

- Rather than establish a separate regional coordinating mechanism dealing solely with family support services and alternative care, build the dialogue into existing networks, framed under a broader common child protection system debate.
- Relevant regional bodies, such as the African Union, the African Committee of Experts on the Rights and Welfare of the Child, the Southern African Development Community, the East African Community, UNICEF and civil society in the region should be more integrally involved in efforts to develop child protection systems and alternative care services.

DEFINITIONS

The following definitions are primarily based on the Guidelines for the Alternative Care of Children (Guidelines),[5] the Save the Children UK protection fact sheet *Child Protection and Care-Related Definitions* and Nigel Cantwell's draft paper *Refining Definitions of Formal Alternative Child-Care Settings.*[6] They are more comprehensive than those presented in the Guidelines. Some issues and debates are highlighted beneath each definition, as appropriate.

Child: Article 1 of the Convention on the Rights of the Child (CRC) states, "For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier."

Alternative care:[7] A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by the decision of a judicial or administrative authority or duly accredited body or at the initiative of the child, his/her parent(s) or primary caregivers or spontaneously by a care provider in the absence of parents. Alternative care may take the form of:

- **Formal care**: All care provided in a family environment that has been ordered or authorized by a competent administrative body or judicial authority and all care provided in a residential environment, including in 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 or friends or by others in their individual capacity or at the initiative of the child, his/her parents or another person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

Comment: *There is no standardized definition of informal care and questions still arise as to whether it includes all children without parental care who live in a family-based setting (kin or non-kin) with no government oversight, such as child domestic workers, children living in child-headed households, child workers who migrate with their host families for purposes of work and many other situations. For the purpose of this paper, informal care is taken to include these categories, given that so many children move to live with other family members, not for their own protection per se but because of perceived opportunities that this might present for them or their parents or for social norms (such as where parents migrate to work and leave children with relatives).*

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[5] United Nations, *Guidelines for the Alternative Care of Children*, United Nations, February 2010.

[6] Cantwell, Nigel, *Refining Definitions of Formal Alternative Child-Care Settings: A discussion paper (draft available at the time of writing)*, Better Care Network, Every Child, Save the Children, SOS Children's Villages International and International Social Service (ISS), November 2010.

[7] Alternative care does not extend to children who are deprived of their liberty by decision of a judicial or administrative authority as a result of being alleged as, accused of or recognized as having infringed on the law. Nor does it extend to children who have been adopted or informal arrangements whereby a child voluntarily stays with relatives or friends for a limited period for recreational purposes and for reasons not connected with the parents' inability generally to provide adequate care.

In addition, there is no clarity over what period of time defines a child being in 'informal care' versus temporary care within an extended family member's household.

The term 'alternative care' and the Guidelines' French equivalent 'remplacement' is not used very much in sub-Saharan Africa, although 'remplacement' has been noted in a couple of documents related to Niger and Mauritania. More often, government and non-government agencies refer to the specific types of care, such as foster care, kinship care or residential care rather than the holistic, overarching term. In many cases, countries use terms such as 'adoption' and 'fostering' interchangeably, referring to informal caregiving rather than the result of formal proceedings. Additionally, although the scope of this paper does not extend to community perceptions, communities would almost certainly not use formal terms.

Aspects of social mobility (economic and social decision-making factors) have been included in the section on informal care to examine why children end up in informal care options; however, a full review of why children are on the move (child labour, child migrants, child marriage) is not presented here because this goes beyond the scope of the paper.

Family-based care: A form of formal or informal care arranged for a child that involves living with a family other than the birth parents. The term encompasses fostering, kinship care and supported child-headed households.

- **Formal foster care**: A care arrangement ordered by a competent authority, often considered short-term or as an emergency solution but which can be long term, whereby a child is placed with an unrelated individual or family whose head(s) have been selected, prepared and authorized to provide such care. They may be financially and non-financially supported in doing so and are supervised. Parental rights may or may not be removed, depending on the context or procedures in a particular country. In cases in which parental rights have been removed, the State usually retains those rights while a child is in foster care until he/she can be transferred to adoptive parents or to a nominated legal guardian (subject to the availability of these options).
- **Informal foster care**: Same conditions as formal foster care – a care arrangement, often considered short-term or as an emergency solution but which can be long term, whereby a child is placed with an unrelated individual or family but arranged by parties without the intervention of an external agency.

Comment: *The definition of foster care is by no means universal, making comparisons difficult. A similar placement, for example, may be referred to in different countries as foster care, guardianship, a family-type home or kinship care. A common element is that children are cared for in a family environment and the full range of parental rights is not transferred to foster carers. For this reason, this paper goes further than the Guidelines in making a distinction between formal and informal foster care and explores in more detail other forms of family-based care, such as:*

- **Kinship or extended family care**: Family-based care within a child's extended family or with close friends of the family known to a child. Kinship care can be formal or informal, although typically informal kinship care is the most common.
- **Confiage:** A popular West African custom of informal fostering arrangements, whereby a child is entrusted into the care of a third person, usually a relative, on the understanding that the child will be cared for and have access to better opportunities, be they health care, education or financial support.

- **Other family-based care settings**: A short- or long-term care arrangement agreed with, but not ordered by, a competent authority, whereby a child is placed in the domestic environment of a family whose head(s) have been selected and prepared to provide such care and are financially and non-financially supported in doing so.[8]
- **Family-like care**: Arrangements whereby children are cared for in small groups, in a manner and under conditions that resemble those of an autonomous family, with one or more specific parental figures as caregiver but not in those persons' usual domestic environment (such as SOS Kinderdorf).

Comment: The Guidelines list "other forms of family-based or family-like" care placements as an alternative form of care, distinct from residential care, but do not define such settings.

- **Child-headed household**: An arrangement in which a child or children (typically an older sibling) assumes the primary responsibility for the day-to-day running of the household, providing and caring for those within the household.
- **Adoption:** The legal transfer of parental rights and responsibilities for a child that is permanent. National adoption involves adopters who live in the same country as the child.[9] International adoption involves adopters who live in a different country to the child. When the adoption process is complete, a child is no longer considered to be in alternative care.
- **Kafalah:** Many Islamic countries do not recognize adoption because Islam prohibits breaking the blood tie between children and their birth parents. However, they do have the kafalah system, which does not involve a change in kinship status (parental status, name, inheritance rights and guardianship requirements) but does allow an unrelated child or a child of unknown parentage to receive care and some form of legal protection.

Comment: The Guidelines do not consider adoption or kafalah as alternative care. However, in many countries in sub-Saharan Africa they are often included as options for alternative care (in the case of adoption, the process leading up until the point where the adoption is finalized is consider as alternative care in some legal and policy frameworks).

Family support services: A range of measures that come under the umbrella of family strengthening services that ensure the support of children and families, which is provided by external agents, such as social workers, and includes such services as counselling, parent education, day-care facilities and material or social support.

Comment: As with the term 'alternative care', family support services are not used very widely in sub-Saharan Africa. Family strengthening is commonly used.

Gatekeeping: A term used to describe the process for decision-making that results in the selection of an appropriate placement of a child in formal care. Placement into

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[8] Cantwell, Nigel, *Refining Definitions of Formal Alternative Child-Care Settings: A Discussion Paper (draft available at the time of writing)*, Better Care Network, Every Child, Save the Children, SOS Children's Villages International and International Social Service (ISS), November 2010.

[9] National adoption is often understood as referring to adoptions by citizens of a country who are permanently in residence in that country at the time but could also conceivably include foreign citizens who have 'resident' status in the country where the adoption is taking place. Whether the adoption by a resident foreign citizen is consider a national or international adoption or subject to different procedures to adoption by nationals depends on the specifics of the adoptions laws in a particular country.

different types of formal care (residential and family based) should be preceded by an assessment of a child's physical, emotional, intellectual and social needs to ensure that the child is only admitted if there is a conscious decision that it is the most appropriate course of action. Gatekeeping also requires care planning and matching to determine whether the placement can meet the child's best interest, based on its functions and objectives and should prevent the placement of a child into a form of alternative care inappropriate to his or her needs.

Comment: There is no precise equivalent of the term in French, with actors referring primarily to 'mécanismes de contrôle'.

Guardianship: This term normally refers to a legal device for conferring parental rights and responsibilities to adults who are not parents. It is sometimes a temporary arrangement whereby a child who is the subject of judicial proceedings is granted a guardian to look after his/her interests. However, the term guardianship can also be used to refer to an informal relationship in which one or more adults assume responsibility for the care of a child.

Marabout: Is the term used for the Islamic scholar leading the school and teaching children the Quran in traditional Islamic Schools.[10]

Residential care facilities:[11] Care provided for children who cannot be looked after by their family due to the latter's inability or unwillingness to do so in a specially designed or designated facility (non-family-based group setting), such as places of safety for emergency care, transit centres in emergency situations and all other short- and long-term residential care facilities, including orphanages, children's homes, children's villages and other group living arrangements for children in which care is provided by paid adults or volunteers who would not be regarded as traditional carers in the wider society.[12]

Comment: The only mention of institutions in the Guidelines equates them with "large residential care facilities". This paper uses the term 'residential care facilities', which includes institutions.

Social protection: There is no single definition of social protection. Discussions in a global conference on social protection organized and hosted by UNICEF in November 2006 referred to social protection as a "set of transfers and services that help individuals and households confront risk and adversity (including emergencies), and ensure a minimum standard of dignity and well-being throughout the lifecycle". The conference proceedings state that a concept of social protection for children should focus on the objectives of systematically protecting and ensuring the rights of all children and women, achieving gender equality and reducing child poverty.

Comment: Social protection is a set of interventions whose objective is to reduce social and economic risk and vulnerability and to alleviate extreme poverty and

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[10]See Children Begging for Quranic School Masters, UNICEF briefing Paper on Children working in West and Central Africa, 2012.

[11] Residential facilities for the physically or mentally disabled or for the chronically or long-term ill are included, as are general boarding schools, to the extent that placement of children without parental care in these facilities is common.

[12] For example carers may be looking after many children or working in shifts thereby altering the nature of the emotional relationship or attachment normally associated with the presence of full-time 'parents' (biological or non-biological).

deprivation. A comprehensive social protection system should include four broad sets of interventions:

- *Protective programmes that offer relief from economic and social deprivation, including alleviation of chronic and extreme poverty. These interventions include humanitarian relief in emergencies and targeted cash transfer schemes.*

- *Preventive programmes are put in place before a shock (ex-ante) and are designed to avert deprivation or to mitigate the impact of an adverse shock and include such mechanisms as health and unemployment insurance and non-contributory pension schemes.*

- *Promotive programmes enhance assets, human capital and income-earning capacity among the poor and marginalized, such as skills training and active labour market programmes.*

- *Transformative interventions are those aimed at addressing power imbalances that create or sustain economic inequality and social exclusion and include legal and judicial reform, budgetary analysis and reform, the legislative process, policy review and monitoring, and social and behavioural/attitudinal change.*[13]

Supported independent living arrangements: These are settings in which children and young persons are accommodated in the community, either living alone or in a small group, and are encouraged and enabled to acquire the necessary competencies for autonomy in society through appropriate contact with and access to support workers.

Talibes: The term is often used as a generic label for boys learning the Quran in a traditional school.[14]

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[13] See UNICEF 2008, Social Protection in Eastern and Southern Africa a Framework and Strategy for UNICEF.

[14] Although talibes children would have asked for alms as part of their teaching, this has been increasingly manipulated and abused with children begging in the street for long periods of time and living in poor conditions. See UNICEF, *Children Begging for Quranic School Masters*, UNICEF briefing Paper on Children working in West and Central Africa, 2012.

INTRODUCTION AND BACKGROUND

Chronic poverty, emergencies, community violence, HIV, AIDS, discrimination, the lack of investment in and access to social protection, child protection, education and basic services all place multiple stresses on families around the world in terms of the care and protection of their children and, in particular, on poor and marginalized families. The number of children who are vulnerable to separation or who are in alternative care arrangements is difficult to quantify; estimations indicate more than 153 million children globally have lost one or both parents; 16.6 million of those deaths are due to AIDS.[15] The loss of a parent can result in a child becoming uncared for – many children in Africa do not live with their parents for a range of reasons. And as elsewhere around the world, many children within families can be exposed to violence, abuse, exploitation or neglected. Children can become separated from parents for other reasons, including armed conflict and natural disasters. Additionally, many children are sent to live with extended family members to better their access to basic services (such as education and health care), to alleviate pressure on families experiencing economic hardships or to increase their opportunities in life.

Families in Africa face enormous challenges in caring for their children due to the devastating impact of poverty, HIV, AIDS, armed conflict, family disintegration and the accompanying stresses on traditional community values and systems. There is, however, widespread recognition that, amid all the complex challenges, African families and communities are remarkably resilient in ensuring adequate care and protection of their children, including informal care (such as kinship care, extended family care, 'confiage' – a popular West African custom of informal fostering – and other informal social protection practices). Statistics suggest that an average of 15.8 per cent of the child population across 22 sub-Saharan countries do not live with their parents.[16]

The United Nations General Assembly ushered in the Guidelines for the Alternative Care of Children in November 2009 to help create a more supportive environment for promoting family-based care. The Guidelines prioritize the prevention of family separation and child abandonment and promote the importance of having a range of options for alternative care. Although a range of options for alternative care are available in most countries, which can include local family-based care, informal kinship arrangements and residential care facilities, the Guidelines promote the two primary principles of necessity and appropriateness when making decisions related to the care of children. Additionally, there is increasing international, regional and national-level action towards strengthening child protection systems and reforming care systems as a means of tackling the care and protection problems of children.

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[15] United Nations Children's Fund, *State of the World's Children 2011*, New York, UNICEF, 2011.

[16] Average obtained from the results of Demographic and Health Surveys, and Multiple Indicator Cluster Surveys conducted in the following countries: Benin, Burkina, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Ghana, Guinea, Guinea-Bissau, Liberia, Madagascar, Mali, Mauritania, Niger, Rwanda, Senegal, Sierra Leone, Togo and Uganda.

More recently, member agencies of the United Nations and several non-government organizations organized a two-day conference on Family Strengthening and Alternative Care in sub-Saharan Francophone Africa (10–11 May 2012 in Dakar, Senegal).[17] In preparation for that discussion, this background paper and individual country briefs were commissioned to examine the current status of family support services and alternative care in 18 sub-Saharan Francophone, four Anglophone and two Lusophone African countries (a total of 22 countries).

Methodology

This background paper represents a comparative regional analysis, providing an overview of the current situation in Francophone sub-Saharan Africa (and to a limited extent in Anglophone and Lusophone countries) and illustrating promising practices, opportunities and challenges.[18] In addition, one-page briefs provide a snapshot of each country situation for which information was provided. The findings and recommendations from the comparative study formed the basis for discussion during the Dakar conference.

The perspective presented here is largely based on extensive secondary data made available through global, regional and country-specific actors. A little more than 200 documents were reviewed, although there was far more literature available on the subject for Anglophone countries than for Francophone countries. Information gleaned from the literature review was complemented with information collected through four standardized tools: a comprehensive online survey, data aggregation sheets, case studies and interviews that targeted respondents in each country to validate the secondary information, capture perceptions and attitudes, distinguish the service gaps and illustrate promising strategies.

Focal points were selected in 22 countries from the agencies involved in the Organizing Committee to help collect information, identify respondents and be the contact for Child Frontiers, which was commissioned to develop the background paper. Respondents included representatives of government agencies with responsibility for family support and/or alternative care, international and national NGOs working on family support and/or alternative care, relevant advocates and experts working in the field of alternative care and care providers.

The online survey, covering a broad range of issues related to alternative care, was sent to 147 respondents (seven surveys were undeliverable due to the address provided and one person opted out). Of the remaining 139 respondents, 47 completed the survey (34 from the Francophone countries and 13 from the Anglophone countries). The majority of them worked for national and international NGOs, followed by government social welfare services, other government agencies and international organizations. In five countries, no respondents completed the online survey: Cameroon, Côte d'Ivoire, Democratic Republic of Congo (DRC), Guinea Bissau and Republic of Congo.

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[17] Members of the Organizing Committee included UNICEF, Save the Children, the Better Care Network, World Vision, SOS International, ENDA Tiers Monde Jeunesse Action, Mouvement Africain des Enfants et Jeunes Travailleurs, Terre des Hommes, Cordaid, Africa Child Policy Forum, International Social Services (West and Central Africa), and African Network for the Prevention and Protection against Child Abuse and Neglect (West and Central Africa).

[18] Country-specific examples provided are purely illustrative. There are likely many more country-specific examples that either did not come to light or could not be included due to considerations regarding the length of the paper.

The focal points for each country were asked to gather data and complete two data aggregation sheets, looking at child population figures, numbers and distribution of formal services, human resources and budgetary information for the different types of formal care options available. Of the 22 countries covered in this background paper, only 12 focal points completed and returned the data aggregation sheets.[19] Four in-depth interviews with key informants were conducted to focus on specific issues that emerged from the data to provide illustrative examples of positive initiatives and strategies in the region. These have mostly been reflected in text boxes sprinkled throughout the report.

Attempts were made to highlight similarities and discrepancies among the Francophone countries; however, with the information available, there were few significant trends that emerged to distinguish Francophone countries between themselves and thus draw definitive conclusions. The most notable comparisons are between the Francophone and Anglophone countries, for which the findings differed more markedly.

Constraints and limitations

From the start, the process necessary to achieve this paper was considered a challenging but worthwhile undertaking, especially in terms of the need for protection actors in Francophone sub-Saharan Africa to take stock and reflect on how family support services and alternative care is being addressed. The international agencies commissioning the paper were well aware of the problematic gap in information and data available in the area of family support and alternative care; hence, one of the objectives of the paper was also to highlight those gaps.

As noted, the bulk of the information used for this paper was based on the secondary sources, namely reports and documents provided for the literature review – although it was not possible to verify the quality and accuracy of the information provided in them. In addition, with 26 countries to cover initially, the researchers were reliant on the recommendations of documents from the Organizing Committee and focal points. The majority of the material had either a global or regional perspective, which means that country-specific examples were limited. Many countries were not forthcoming in sharing potentially relevant documents, thus some critical reports or assessments may not have been included in the review.

Four countries were excluded (Central African Republic, the Comoros, Madagascar and the Seychelles) from the final analysis due to the limited availability of relevant data. The scope of the paper (covering 22 countries in the end) posed numerous challenges in terms of mobilizing action from country focal points, ensuring that respondents (all of whom were not familiar with the process) responded to requests for information and obtaining documents for each country. The process of conducting the research draws attention to the lack of readily available national data as well as the lack of national coordinating bodies that could support the in-country respondents in providing more detailed information on the issues.

The background paper is a statement (as accurate as currently possible) of what exists regionally in relation to family support services and alternative care. It highlights as much as possible specific country-level examples. There is very little judgement on quality, effectiveness and the impact of the current approaches to

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[19] The countries for which the data aggregation sheets were not received are Cameroon, Chad, Côte d'Ivoire, Democratic Republic of Congo, Gabon, Mali, Republic of Congo, Rwanda, Togo and Uganda.

family support and alternative care. Information and data collected from the online survey, case studies and interviews are purely illustrative, based on the respondents' declarations and perceptions and are not necessarily representative of the entire region or indeed the reality. Nonetheless, they do provide an indication of the state of affairs in the 22 countries analysed. Additionally, the scope of the paper and time allocated did not allow for community perceptions to be explored, which would have required community consultations. It, however, would be an interesting and important consideration to research in a follow-up piece of work.

Information obtained from the literature review was triangulated with that obtained in the online survey and data aggregation sheets as much as possible to balance out any potential bias. Unfortunately, time and budgetary constraints meant that only a handful of respondents could be selected for each country. The initial intention was to collect case studies for inclusion in the final paper, but none were shared by the respondents. Four in-depth interviews were subsequently organized to provide more details on the illustrative examples contained in this report. The response to the online survey and the data aggregation sheets was also low. The spread of both respondents and documents available across the countries was thin, and thus information for some countries was limited. As noted, very little data was received in some cases, and as a consequence, they were either not included in the data analysis or are only given passing reference in the paper.

Limitations in the analysis do not only derive from the thin response from some countries but also from the general lack of information available in countries that did provide information. In some cases, though, the time limit for collecting the data hampered the quality of information provided; for the overwhelming majority of countries, the information appears to simply not have been available. The focal points had considerable difficulty collecting data for the data aggregation sheets. Additionally, it was a challenge providing clear comparative analysis from the data because of a lack of consistency, with some focal points providing national figures while others provided specific figures from individual government and non-government structures. Overall, there was not enough data provided for some countries to be included in the country briefs.

Due to these limitations, this paper provides only a snapshot of the 22 countries involved and a top-line analysis of the state of care and care systems in the region, highlighting tendencies, trends and promising practices. In line with the expectations of dealing with limited, scarce and sometimes inconsistent data around alternative care in the Francophone countries in sub-Saharan Africa, this paper confirms that additional in-depth research is required for each country to verify the emerging analysis, conclusions and recommendations presented.

Despite these limitations, this paper is seen as an important contribution to the body of literature on family support services and alternative care in the countries reviewed and especially in Francophone sub-Saharan Africa. By taking stock of the current legal frameworks, services available and recent attempts to reform how family support services and alternative care is approached, this analysis constitutes an initial step towards a better understanding of family support and alternative care in this region. The paper was intended to inform discussion at the conference in May 2012 and help focus future activities.

FINDINGS

1. Overview of the legal and policy frameworks

This section provides a general overview of national legislation for family support services and alternative care, including the policies, standards of care, regulations, mandates, responsibilities and coordinating mechanisms. Examples from specific countries are featured where possible. The analysis (throughout the paper) is framed against the Guidelines for the Alternative Care of Children and the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child; it assesses the extent to which national legislation is in line with the Guidelines.

The CRC includes provisions related to alternative care, such as article 9, which emphasizes children's right to live with their parents unless it is not in accordance with their best interests. Article 20 states that children who have no family, who have been abandoned or who cannot be cared for by their parents have the right to special protection and assistance provided by the State and to alternative care. Possible forms of alternative care recognized by the CRC are: foster care, kafalah, adoption and institutional care, although other forms of alternative care are not excluded (such as confiage, assisted living arrangements, etc.), allowing states parties to provide children with varying forms of alternative care in accordance with their national laws. Alternative care provided by a family is to be preferred and – unless deemed necessary – placement in an institution should be avoided, in particular for children younger than 3 years.

The Guidelines for the Alternative Care of Children are intended to improve compliance with the CRC and other relevant provisions of international and regional human rights law and provide a framework for governments and other parties to prevent unnecessary family separation and inappropriate use of alternative care. Although the Guidelines are non-binding, they present an important step forward for alternative care considerations and should be used as a basis for all measures developed around alternative care. The Guidelines are increasingly used as a point of reference by the CRC Committee, although those Guidelines do not consider adoption or kafalah to be forms of alternative care.[20] Crucially, the Guidelines focus on ensuring that children do not find themselves placed in alternative care unnecessarily and that, where alternative care is necessary, **it is provided in appropriate conditions and responds to the best interests of children**.

The Hague Convention of 1993 on the Protection of Children and Co-operation in Respect of Inter-country Adoption although a private international law, is another critical legal instrument for the purpose of this paper. It provides the appropriate and internationally accepted legal, administrative and regulatory frameworks to guarantee children's best interests in inter-country adoption (although adoption is also not included as a form of alternative care in the Guidelines).

As table 1 shows, all countries referred to in this paper have either ratified or acceded to the Convention on the Rights of the Child and the African Charter on the

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[20] See www2.ohchr.org/english/bodies/crc/crcs58.htm

Rights and Welfare of the Child (ACRWC). However, only a third has ratified or acceded to the Hague Convention.

Table 1: Ratification status of the Convention on the Rights of the Child, the ACRWC and the Hague Convention within each country

Countries	Convention on the Rights of the Child	Hague Convention	African Charter on the Rights and Welfare of the Child
Benin	3 August 1990	-	17 April 1997
Burkina Faso	31 August 1990	11 January 1996	08 June 1992
Burundi	19 October 1990	15 October 1998 (A)	28 June 2004
Cameroon	11 January 1993	-	5 September 1997
Cape Verde	4 June 1992 (A)	4 September 2009 (A)	20 July 1993
Chad	2 October 1990	-	30 March 2000
Congo, Democratic Republic of	27 September 1990	-	Not ratified (signed 2 February 2010)
Congo, Republic of	14 October 1993	-	8 September 2006
Côte d'Ivoire	4 February 1991	-	1 March 2002
Gabon	9 February 1994	-	18 May 2007
Ghana	5 February 1990	-	10 June 2005
Guinea Bissau	20 August 1990	-	19 June 2008
Guinea Conakry	13 July 1990 (A)*	21 October 2003 (A)	27 May 1999
Liberia	4 June 1993	-	1 August 2007
Mali	20 September 1990	2 May 2006 (A)	3 June 1998
Mauritania	16 May 1991	-	21 September 2005
Niger	30 September 1990	-	11 December 1996
Rwanda	24 January 1991	-	11 May 2001
Senegal	31 July 1990	24 August 2011 (A)	29 September 1998
Sierra Leone	18 June 1990	-	13 May 2002
Togo	23 May 1990	12 October 2009 (A)	5 May 1998
Uganda	17 August 1990	-	17 August 1994

* (A) denotes accession

Based on the Guidelines and incorporating provisions from the Convention on the Rights of the Child, the Hague Convention and the African Charter on the Rights and Welfare of the Child, the following considerations are core components to guide approaches to alternative care:

- Family support services that specifically help prevent family breakdown and separation should be available.
- A variety of alternative care options should be available.
- Alternative care should preferably be family-based, while the use of residential care should be limited to cases in which such a setting is specifically appropriate, necessary and constructive for the individual involved.
- Children younger than 3 years should be placed in a family-based setting rather than in residential care.
- States parties should assist parents and other caregivers responsible for a child in the provision of an adequate standard of living and care through the availability of supportive social services and financial support.
- All formal care arrangements should be subject to monitoring and periodic review at the national level.
- A child (subject to his or her evolving capacities) and the family should be involved in the decisions affecting that child's placement.

▪ Provisions for national and international adoption should be included.
▪ Informal care arrangements should be recognized and formalized where possible or at least integrated or harmonized with the national child protection system.

For this paper, national legislation concerning alternative care services was assessed and benchmarked against the inclusion or degree to which it reflects those considerations.

Overall, most of the national laws and policies appraised as part of the literature review for sub-Saharan Africa contain some provisions related to family support services and alternative care, although alternative care tends to be more clearly developed than family support services. **There are however, many gaps and inconsistencies and, in some countries, the legal framework regulating the situation of children deprived of their family or at risk of being so is very outdated, rendering it almost obsolete and in dire need of review and reform,** such as in Cameroon where the Civil Code of 1804 is still in force.[21] Very limited information on national legislation was available for Benin, Burundi, Chad, DRC and Guinea Conakry.

In the Francophone countries, provisions related to family support services and alternative care are typically covered under the constitution, the Family Code, the Civil Code and/or the Penal Code. **In line with the Guidelines, most sub-Saharan African constitutions also recognize that parents have the primary responsibility for raising and educating their children and that the State and public services must support them in this endeavour.** Similarly, much of the literature reviewed indicated that countries (Burundi, Cameroon, Congo Brazzaville, DRC, Guinea Conakry, Mauritania, Niger, Rwanda, Sierra Leone, Togo and Uganda) do provide various formal alternative care options, typically foster care, guardianship and residential and institutional care, although informal care is also widespread.

The literature review also found that the legal framework in many countries (Burkina Faso, DRC, Guinea Conakry, Mauritania, Niger, Republic of Congo, Senegal, Sierra Leone and Uganda) prioritizes family-based care rather than institutional care, which is often referred to as a measure of last resort in the legal and policy frameworks. For example, in Sierra Leone, the Ministry of Social Welfare, Gender and Children's Affairs, in conjunction with UNICEF, is developing an extensive policy on alternative care for children that is in line with the Guidelines and as part of a national deinstitutionalizing initiative that seeks to ensure that children remain within the family setting and are sent to an institution only as a last resort.[22] In Burkina Faso, a decree to promote foster families as a substitute for institutions was recently developed and deals with the movement of children from institutions to foster families; it was expected to be issued in 2011.[23] The following box highlights some national laws and policies pertaining to family support and alternative care.[24]

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[21] International Social Service and International Reference Centre for the Rights of Children Deprived of their Family, *Cameroon: Protection of the child deprived of, or at risk of being deprived of, the family of origin*, Geneva, June 2010.

[22] Information from online survey respondents.

[23] International Social Service and International Reference Centre for the Rights of Children Deprived of Their Family, *Monthly Review No. 3-4/2011*, March-April 2011; at the time of translation its release was could not be verified.

[24] This list of national legislation is far from exhaustive and merely reflects findings taken from documents provided by the Organizing Committee, Advisory Group members and focal points.

Additional laws and policies pertaining to family support services and alternative care

- **Burkina Faso:** *Decree No. 2010-616 of October 2010 on the creation and the requirements for care institutions for infants; Decree No. 2010-617 of October 2010 on the criteria for placement and follow-up of children in foster care; Decree on the creation of a central authority regulating adoption*
- **Côte d'Ivoire:** *Law on adoption of 1964, modified in 1989*
- **DRC:** *Child protection law of 10 January 2009*
- **Guinea Conakry:** *Children's Code, Law L/2008/011/AN of 19 August 2008*
- **Mauritania:** *Law No 2001.052 of 19 July Bill on children without appropriate parental care; National Orphans and Other Vulnerable Children Policy (2004)*
- **Niger:** *National Orientations for the care of Children in Vulnerable Circumstances (NOCCVC); Ordonnance 99-11, 14 May 1999 on juvenile justice*
- **Rwanda:** *Law No. 27/2001 Relating to Rights and Protection of the Child Against Violence (2001); 2006 Minimum Standards for Care, Protection and Support for Orphans and Vulnerable Children; National Policy for Orphans and Vulnerable Children (2003)*
- **Sierra Leone:** *1989 Adoption Act; Child Rights Act (2007)*
- **Togo:** *Projet de Decret Fixant les Normes et Standards Applicables aux Structures d'Accueil et de Protection des Enfants Vulnerables au Togo; Children's Code*
- **Uganda:** *Child Act (1997)*

According to the online survey respondents (figure 1), the **Francophone countries' legal frameworks appear to place greater emphasis on formal care**, **both residential and family-based (63 per cent) than on family support services**, **such as preventing family breakdown and separation (37 per cent).** The Anglophone respondents thought that the emphasis is more balanced, at 44 per cent each (see Annex I, figure I).

Figure 1: Perception of the aspects on which the national regulatory frameworks puts more emphasis (family support services versus formal care)
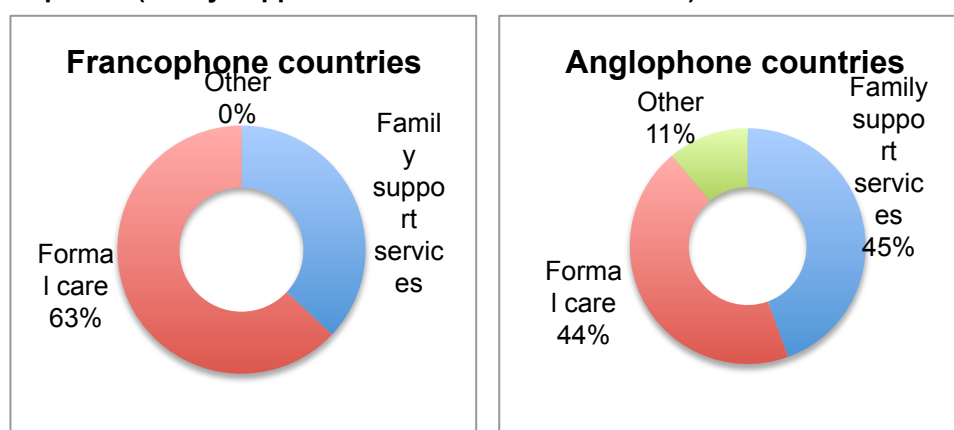
Source: Child Frontiers online survey, 2011

One exception in which the standards and regulations appear to be well addressed is under Rwanda's "one child, one family" policy. For cases in which children must be placed in residential care, Rwanda's policy: developed clear guidelines and procedures regulating the creation of centres, access to them and standards of care; established a monitoring system for centres and their activities, based on standards of care, rules and regulations; requires that a 'life plan' be

established with each child in a centre that facilitates community integration; and requires that models of alternative care for children who cannot be reintegrated, such as older teenagers, be developed.[25]

One child, one family policy reduces the number of children in care facilities in Rwanda

Rwanda's Ministry of Local Administration, Information and Social Affairs developed a national policy of "one child, one family", which encourages the integration of children living in centres in different types of care in the community. Although the different types of care have helped release some of the pressure that the large population in the centres creates, there is a lack of legal instruments to provide the necessary protection to children in those situations. One of the objectives of the national policy is to reduce the number of children living in centres by reintegrating them with their families or by placement in other forms of community-based care at the earliest possible moment.

A majority of the Francophone respondents said that several topics are not addressed at all in their country's legal and policy frameworks, including family support benefits (such as cash transfers and other cash or in-kind entitlements), deinstitutionalizing towards family-based care and to community life (such as independent living), and economic support (the exceptions for the latter were Niger and Senegal, where respondents reported it is clearly addressed). Notably, direct family support is perceived by respondents to be fairly well addressed in Chad, Gabon, Guinea Conakry and Niger.

Regarding family strengthening and support services, the legal frameworks of many countries across the region include provisions to keep children with their family and prevent family separation, which is in line with the Guidelines.[26] However, **what is rarely mentioned are the mechanisms and procedures that should be in place to deinstitutionalize any child who has been deprived of their family environment.** Very few of the reviewed legal frameworks addressed social protection policies that are specific to family strengthening and support services; where it was found, the references were minimal.

Conversely, the majority of the Anglophone respondents reported that most topics are either clearly addressed or vaguely addressed in their country's legal and policy frameworks (see Annex I, figure 1). Procedures for placement of children in care and residential care stand out as among the most clearly addressed in all four Anglophone countries. Whereas foster care and deinstitutionalization are considered to be clearly addressed in the Anglophone countries, the respondents in the Francophone countries said that, at best, they are only vaguely considered and, at worst, not addressed at all. **In the Francophone countries, international adoptions are addressed in detail. National adoptions are clearly addressed in both the Francophone and Anglophone countries**. Informal family-based care however was reported as only vaguely addressed in both the Francophone and Anglophone countries.

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[25] National Policy for Orphans and Other Vulnerable Children in Rwanda.
[26] Some examples of these provisions include follow-up with families, psychosocial and counselling support, improving parenting skills, social protection, income generation and improving access to basic services for children, including health care and education.

Figure 2: Topics addressed in the national legal and policy frameworks in Francophone countries, by how clearly they come across
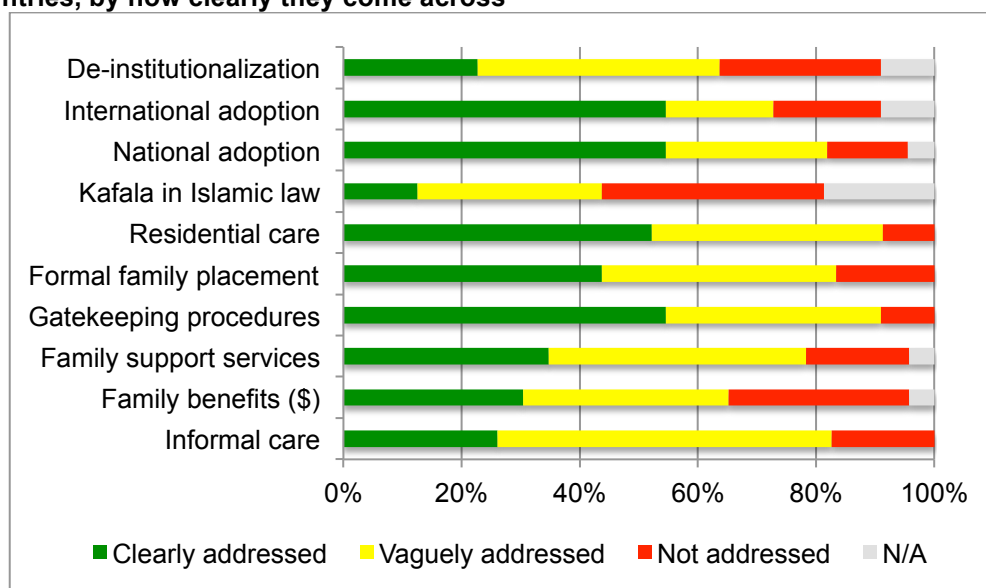
Source: Child Frontiers online survey, 2011

There are also apparent gaps regarding minimum standards and regulations for residential care facilities, orphanages and other bodies that care for children, such as registration processes and complaints mechanisms. Although it would seem that it is nearly always stipulated that private institutions and NGOs must be registered and approved with the competent authority and followed up by this authority, there is often a lack of specific provisions for the accreditation and inspection of the service providers.

Specifying standards in institutional care in Togo

Togo's Projet de Decret Fixant les Normes et Standards Applicables aux Structures d'Accueil et de Protection des Enfants Vulnerables outlines fairly comprehensively the norms and procedures related to institutional care. Article 8 of the decree refers to complaints mechanisms in residential centres that need to be in place and visible for all staff and children. Article 12 provides for children to be involved in decisions that concern them. Article 51 ensures that all children in a centre have an individual file (which should include reference to the planned duration of stay). Article 56 states that all residential centres must submit monthly statistics reports to the relevant authority. Article 57 states that measures should be put in place to ensure that children retain contact with their family. Article 88 stipulates that every child should from the outset have a life plan as well as individual follow-up care.

Source: Interviews and documents received from online survey respondents in Togo.

The Guidelines stipulate that efforts be made to ensure that family reunification processes are in place. Across the countries analysed, however, there are **few protective legal measures to promote family reunification** after a child has been placed in alternative care, be it with a guardian or in an institution. Again in the case of Rwanda, reunification with parents is recognized in the Rwandan Constitution and Civil Code, which also states that when reunification takes place with members of the extended family, it should be regularized as guardianship.[27]

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[27] Doná, G., *The Rwandan Experience of Fostering Separated Children*, Save the Children, 2001.

Deinstitutionalizing of children back to community life (such as independent living) is scarcely implemented in either Francophone or Anglophone countries. However, the policies on deinstitutionalizing to family-based care or back to a child's family were perceived as fairly well applied in Anglophone countries, in particular in Sierra Leone and Liberia. The opposite was true in Francophone African countries where deinstitutionalizing processes were reported as virtually non-existent (only scarcely implemented or implemented by a few agencies). Indeed, 90 per cent of the Anglophone respondents from Sierra Leone and Liberia compared with 65 per cent of Francophone respondents from Benin, Gabon, Benin, Niger, Rwanda and Togo (see the previous box on Rwanda)[28] said that there are national initiatives to promote formal family-based care as an alternative to institutional care.

When topics that are clearly addressed in the legal framework were compared with the perceived levels of application, the majority of respondents in the Anglophone countries thought that the bulk of the laws and policies related to those topics are scarcely applied or only applied by a few agencies (generally NGOs). Very few respondents indicated that any of the topics are fully implemented or implemented at national scale. In many cases, the Francophone respondents, rather worryingly, said they did not know whether the particular laws are effectively implemented or not; this raises serious questions about how the implementation and/or enforcement of laws is taking place in practice. **From the responses given, there appears to be a risk that laws and policies, where present, are not necessarily leading to changes in service provision.**

In a few cases, the monitoring processes and functioning procedures are clearly defined, such as Sierra Leone's Child Rights Act 2007, which requires orphanages to be registered with the Ministry of Social Welfare, Gender and Children's Affairs and provides for the development of standards, regulations and inspection of facilities as well as penalties for operating unlicensed facilities and hindering inspection.[29] Regulations for foster care placements are attached to Uganda's Children Act, in which the procedures of foster care, including monitoring, and the duties of foster parents are elaborated.

Figure 3: Perceived application of the laws and policies related to each family support service in Francophone countries
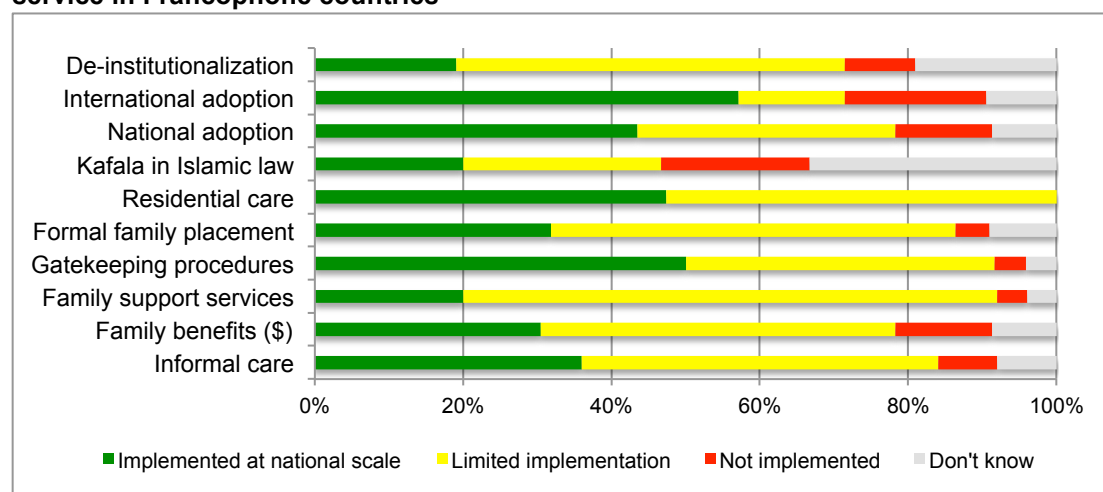
Source: Child Frontiers online survey, 2011

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[28]Phillips, C., *Child-headed Households: A feasible way forward, or an infringement of children's right to alternative care?*, Doctoral thesis, Leiden University, Leiden, the Netherlands, 2011.

[29]Cantwell, N., *The Relationship Between Intercountry Adoption, Trafficking and Child Protection*, UNICEF, November 2006.

As figure 3 demonstrates, **the perception across the region is that the application of laws and policies that deal with family support services and alternative care is fairly weak**.[30]

Much of the legislation on family support services and alternative care is perceived as either in its infancy or still characterized by considerable gaps and inconsistencies. In the online survey, approximately half of all the Francophone and Anglophone respondents reported that a reform of the care system had taken place. Ghana, Guinea Conakry, Mali and Uganda are among the countries in which respondents did not think that a reform of the care system had taken place.[31]

Important aspects of reforms that were perceived to have taken place in some countries revolve around specific aspects of the care system, such as creating legislation on national and international adoptions (which did not previously exist) and efforts to develop standards of care and protection of children, especially orphans and other vulnerable children in institutions or communities through community-based child protection networks. In countries in which reforms of the care system have taken place there has been a shift in focus away from residential care facilities, such as the development of alternative care measures to promote and regulate family-based care in Benin, Liberia, Mali and Senegal. According to some respondents, legal frameworks had recently been developed from scratch, such as a legal framework for alternative care in Togo in August 2010.

Achievements in care system reforms

In the online survey, the respondents who noted reform of the care system as taking place also highlighted achievements, such as community-based approaches, including Nkundabana – an adult mentoring scheme for vulnerable children, adopted by the Government of Rwanda and integrated into the newly cabinet-approved Integrated National Child Policy and efforts to standardize care and protection of children in institutions (see pp. 41-42 for more information). In Liberia, there is a completed profile on the number of children in orphanages, and substandard orphanages have been closed, with some of the children reunited with their family; also, a national inter-agency Accreditation Board for Alternative Care is in place and gatekeeping systems were established at the central level but need to be strengthened at the county level. In Benin, norms and standards for care services were developed and validated, and within just a couple of months, hundreds of children had benefitted from foster family care.

Some of the shortcomings cited referred to limited political support and commitment from some government agencies to guide the forming and applying of relevant legal frameworks or adhering to them. **Respondents thought that there is little to no government capacity or commitment to roll out reforms that would take place at the grass-roots level or to widely share norms and standards developed**, resulting in limited knowledge and application among the different parties and in communities.

There are also limited financial resources and specialized human resources. In Sierra Leone, respondents noted that conflict can arise between cultural practices and some aspects of the reform. However, very little at present seems to be

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[30] For figures on Anglophone countries, see Annex I, figure II.
[31] The overwhelming majority (nearly 88 per cent) of the Anglophone respondents noted that an alternative care reform is ongoing, while just over half of the Francophone respondents stated that it is ongoing, and 40 per cent said that it had not yet started.

underway in Sierra Leone to reform the family support services and policies specific to preventing family breakdown and separation. It remains unclear what efforts are being made to train or retrain the care and social workforce, recruit family-based carers or reallocate budgets to family support services and alternative care.

Interestingly, when asked about the Guidelines, a larger proportion of Anglophone respondents in the online survey claimed to have read them (nearly 39 per cent) and use them regularly (23 per cent), compared with 24 per cent and 18 per cent of the Francophone respondents, respectively. Nearly a quarter of the Francophone respondents (24 per cent) had never heard of the Guidelines versus 15 per cent of the Anglophone respondents. In addition, 90 per cent of the Anglophone respondents and 86 per cent of the Francophone respondents thought that the legal framework in their country that related to family support services and alternative care is either only partially adequate or not adequate at all. Still, in both cases, the majority of respondents thought the Guidelines are only partially reflected, and this raises questions about how effective the Guidelines have been in terms of influencing reforms at the country level.

**Key issues relating to the legal and policy frameworks**

- *Legal frameworks and policies relating to alternative care are only partially present and need further strengthening. No reference to traditional practices.*
- *It appears that provisions on alternative care options are generally more detailed than family support aspects.*
- *There is a weak presence of overall social protection policies, and where one existents, it is scarcely connected to the alternative care policies.*
- *Reforms to the legal and policy frameworks are taking place in countries, but they seem to be approached as an individual thematic issue rather than from a systems approach.*
- *Family support services are noticeably undeveloped in the legal and policy frameworks.*
- *Informal care is generally not dealt with in the majority of legal and policy frameworks.*
- *Even where issues relating to alternative care are addressed in the legal frameworks, there still appears to be considerable challenges in terms of implementing them; in other words, there is a disconnect between those frameworks and the reality of service provision.*
- *Francophone and Anglophone countries appear rather different: In the Francophone countries, the legal framework places more emphasis on formal care options than on family support and appears less comprehensive (procedures for de-institutionalization and reunification are very weak, family support is weak), and national and international adoption are clearly regulated. In the Anglophone countries, the legal framework is more comprehensive and detailed for alternative care: There are clear child placement and de-institutionalization procedures, formal foster care is well developed, there is national adoption, international adoption is less regulated and there is a wider gap between the legal framework and its implementation.*

Coordinating mechanisms

Very little information about structures and mandates specific to alternative care was found in the literature review. Most mandates related to government and non-government agencies cover child protection and children's rights and working with vulnerable groups of children and families in general, which may well incorporate aspects of alternative care, but this is not clearly stated or defined.[32] References to in-country coordinating mechanisms specific to family support and alternative care also did not emerge in the literature review; what was cited were more general or macro level child protection coordinating mechanisms that tend to only focus periodically on specific child protection issues, such as alternative care. This is supported by the response to the online survey, in which nearly 60 per cent of the Francophone respondents reported they were unaware of any national strategic and operational coordinating mechanisms that link family support services and alternative care in their country.

Of the 40 per cent who said that national coordinating mechanisms exist, none thought they function well; nearly 42 per cent characterized them as satisfactory, 4 per cent as poor and 54 per cent said they are non-existent (figure 4). Respondents from Liberia and Sierra Leone indicated that their country has national strategic and operational coordinating mechanisms linking family support services and alternative care and rated them as mostly satisfactory (80 per cent). Uganda and Ghana (where a systems mapping was completed) respondents said there are none in their country.

Figure 4: Perception among Francophone survey respondents of the functioning of national strategic and operational coordinating mechanisms linking family support services and alternative care in their country
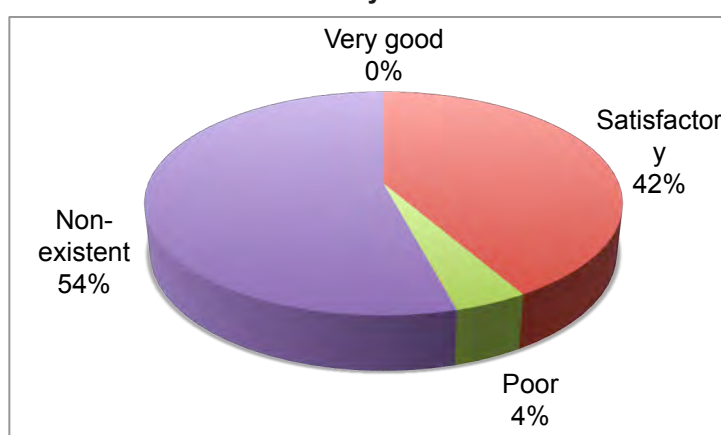
Source: Child Frontiers online survey, 2011

Key issues relating to coordinating mechanisms

- *Coordination seems to be a weak point across the region.*
- *Evident challenges are related to the strategic link and coordination beyond single thematic issues, and in the specific linking family support and formal alternative care.*
- *Respondents stated that a coordinating mechanism was either not present or that they were not aware of them.*

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[32]A handful of agencies and mandates specifically related to alternative care were cited in the online survey for Cote d'Ivoire, Niger, Senegal, Sierra Leone; see Annex II.

Data-management systems

This section examines what data management systems are in place for family support and alternative care, whether they are consistent and how data on children in formal care is managed and shared. Across the region, the overwhelming majority of the online survey respondents either stated that a centralized data management system for both family support services and alternative care does not exist or that they are not aware of one.

Nearly 75 per cent of agencies in Francophone countries systematically collect data, the majority of which use an internal agency system. The Francophone respondents provided mixed responses, with a slight majority of respondents stating that the data collected by agencies is shared with anyone and others stating that it is used only internally. In addition, records management relating to individual cases or monitoring of service providers is very poor, with no documentation centre where files are kept for easy retrieval.

Around 60 per cent of the welfare services agencies in the Anglophone countries systematically collect data about children and families who use family support and/or alternative care services, the majority of which use an information management system (database) that is part of a national shared system while 40 per cent use an internal agency system. Most of the survey respondents said that the data they collect is available to other organizations. Across the region, the overwhelming majority of respondents (over 80 per cent) said that their agency obtains data from other agencies to inform their work which may raise concerns about confidentiality depending on the exact nature of the information being shared.

The apparent absence of centralized data management systems and an institutional body responsible for centralizing data is a real hindrance and manifests itself through the apparent difficulties focal points had in all countries to complete the data aggregation sheets on populations and services. Of those that responded, very few could provide comprehensive reliable top-line data, and barely any data was disaggregated, except for some population data provided by Sierra Leone. According to one respondent, the Rwandan Government is in the process of developing a database that will be decentralized to the local level.

Key issues relating to data management

- *Data is collected but there are still challenges over how the data is used and managed.*
- *There is relatively more data being collected in formal alternative care situations compared with family support initiatives.*
- *Data collection tends to focus on formal services, with informal services given much less attention.*
- *Data management systems are generally not effective or maximizing their potential to provide data to support policy making and planning.*
- *The way information is shared and the type of information shared raises issues of confidentiality or the need for procedures for accessing data relating to specific cases or children.*

2. Overview of human and financial resources

This section highlights the perceived strengths and weaknesses of the care workforce and provides an overview of the type, distribution and capacity of the care workforce as well as the types of schools and degrees for social work available. It also attempts to shed some light to budget allocation and expenditure for family support and alternative care services.

Obtaining accurate and current information on the numbers of schools, students and graduates was challenging. The information collected was very sparse and erratic and thus it was difficult to compare across countries. There were also inconsistencies, with some countries providing national figures while others provided individual organizational data, which further made it hard to compare.

According to the online survey, **there is a shortage of qualified staff** and **high turnover due to low salaries, particularly among para-professionals and social workers employed by local NGOs. The working conditions are also disempowering**: large caseloads, excessive paperwork and limited resources for carrying out specific job tasks, such as monitoring visits, convening meetings and accessing transportation for investigations as well as low status and negative perceptions about social work among the public and other professionals. In many cases, the social care sector has ageing and poorly qualified staff. There are also few incentives for social workers to stay on the job because there are no career development plans for acquiring specialized skills or moving to professional management or supervisory positions, no capacity-building programmes for staff and very few training programmes.

In Sierra Leone, for example, 65 per cent of staff within the Ministry of Social Welfare, Gender and Children's Affairs is aged between 45 and 59 years.[33] Less than 2 per cent of staff members possess second degrees (master's) and less than 4 per cent possess a first degree (bachelor's). Some 35 per cent hold a diploma in social work, organized by the Social Welfare Division; nearly 40 per cent have some form of secondary school education, IT or civil service training, on-the-job training or clerical skills; and 19 per cent have no qualifications at all.[34]Echoing this, **respondents to the online survey across the region agreed that neither the quality nor quantity of human resources available in the formal care system is adequate.** Only 20 per cent of the Francophone respondents thought that care staff are adequately trained to fulfil their roles; the majority across the region said that they are poorly trained.

According to the data received in the data aggregation sheets, there is some on-the-job training, such as sessions on psychosocial care for orphans and other vulnerable children and identifying vulnerable children in Benin; training on working with children at risk in Cape Verde; regular trainings organized by the Ministry of Health and Social Welfare in Liberia; training social workers on social work and alternative care by UNICEF and partners in Mauritania; family tracing and reunification, gender-based violence and legal instruments in Sierra Leone; and a training programme for all staff and SOS mothers (carers in SOS Children's Villages) in Senegal. Most training sessions, nonetheless, are provided by external actors and tend to be fairly ad hoc or one-off events that are not part of a structured capacity-building programme.

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[33]Department for International Development, *Management and Functional Review of the Ministry of Social Welfare, Gender and Children's Affairs in Sierra Leone*, November 2006.

[34] ibid.

Information collected in the data aggregation sheets, as depicted in table 2, suggests that **few social work schools exist and few students are graduating each year.** Those schools that do exist are mostly concentrated in the capital cities. Anglophone countries appear to have relatively more developed social work schools (see Annex III for more information on countries where detailed data was available). However, the schools often rely on volunteers and foreigners to teach social work courses, and the social work library books and journals are 99 per cent Western. Resources, such as library books and classroom equipment, are poor.

It is common for graduates of African social work schools to have limited indigenous knowledge because many of the modules are based on Western models, and theory discussions rely on the Western literature, which is either very general or emphasizes Western clinical social work practice.[35] The United States Agency for International Development, the President's Emergency Plan for AIDS Relief (PEPFAR) and other actors have increased investments in workforce development over the past several years.

Table 2: Data available for social work schools

Country	Number of social work schools	Number of graduates per year	Qualifications offered
Benin	16 (10 government)	335	BAC of Social Assistant, BEPC + 3 years of training for support staff
Burkina Faso	2 (government)	279	Diplomas
Cape Verde	4 (private)		
Côte d'Ivoire	Institute National de Formation Sociale	500	
Ghana	3	200	Certificates, BSW and MSW
Guinea Conakry	1	80	
Liberia	2 (College of Health Science and United Methodist University)	24	Diploma in social work
Mauritania	1		Diploma in social work
Niger	1		BEPC+3 assistant social, BAC+3 Technicien supérieur de l'action sociale, and 3eme cycle: gestion des services sociaux
Rwanda	National University of Rwanda		BSW
Senegal	ENTSS		Diploma in social work
Sierra Leone	2 (Njala University College and Institute of Public Administration and Management)		Bachelor of Science in Social Work; Diplomas and certificates in social work

Source: Child Frontiers data aggregation sheet, 2011

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[35] United States Agency for International Development, *Human Capacity within Child Welfare Systems – The social work workforce in Africa*, USAID, December 2009.

All of the Anglophone survey respondents and 60 per cent of the Francophone respondents stated that in addition to the poor quality and quantity of human resources, **the financial resources available in the formal care system are inadequate**. A further 36 per cent of the Francophone respondents commented that they are only partially adequate and only 4 per cent stating that they are adequate across all care options. Beyond this, it is not possible to draw any meaningful analysis regarding budgets and financial allocations to family support services and alternative care. The financial data provided in the data aggregation sheets was too minimal and inconsistent, with some countries providing national budget figures and others providing individual organizational budgets and donor funding.

Key issues relating to human and financial resources

- *There is a lack of information when it comes to human and financial resources.*
- *Most countries are facing challenges and constraints when it comes to the numbers of staff involved in family support services and alternative care and the capacity levels of the available staff.*
- *Although some countries have improved capacity-building initiatives, there is still a general lack of options to provide staff involved in child protection with quality capacity building and especially access to third-level courses.*
- *There is a need to contextualize curricula practices for child protection and social work.*
- *Funding available for child protection, support to families and alternative care is generally seen as inadequate.*

3. Formal and informal care services

This section provides an overview of the formal family support services, alternative care and, to the extent possible, informal care practices. The section is based on the combined analysis of the available literature, responses to the online survey and the data aggregation sheets. The analysis highlights many challenges that need to be addressed in order to strengthen family support services and alternative care, especially in terms of how resources, both human and financial, are to support formal and informal practices.

There are many reasons why children end up in need of alternative care. Poverty is often cited as an underlying factor, but it is not likely to be the sole cause and should not be addressed in isolation from efforts to reduce abuse, neglect and exploitation. **Reasons for children entering formal care, particularly residential care, are still poorly understood and require more in-depth research with children and families**. Placement in care may result from children being subjected to abuse and exploitation in the home, orphaned, abandoned, disabled or born out of wedlock. Additionally, increasing numbers of orphans due to AIDS have led to a huge increase in children in need of alternative care. Many of them have ended up in formal and informal care with relatives.

The Demographic and Health Surveys (DHS) provide some consistent data on living arrangements of children younger than 18 years. According to the DHS reports, the proportion of children living with both parents is much larger in rural areas than in urban areas. Conversely, the proportion of foster children and orphans is larger in urban areas than in rural areas. However, there is no difference between girls and boys, where they live and the socio-economic status of their family, except in Liberia

where the proportion of children younger than 18 years who are living with both parents generally decreases with increasing wealth. Among children in the highest wealth quintile in Liberia, more than one quarter is not living with either of their biological parents, even though both are alive.

In each country surveyed, the likelihood of a child attending school is directly linked to the presence or absence of parents. The proportion of children attending school when both parents are alive or when the child lives with at least one parent is significantly larger than when both parents are dead, apart from in Uganda where orphaned children are only slightly disadvantaged. It is marginally smaller when only one parent is deceased, although this is more adversely affected when it is the father who has died than when it is the mother. Likewise, according to the various DHS findings (table 4), a few countries, such as Benin, noted that 'double orphan' children were more likely to be working than children who have at least one parent alive.

Some cultural phenomena also put children at risk, such as the so-called 'child witches', common in various parts of West and Central Africa (Benin, Burkina Faso, Central African Republic, Nigeria and DRC), where increasing numbers of children are accused of being witches. Caught up in strong religious rituals, the children are purged by religious figures, usually subjected to terrible treatment, isolated for days in poor conditions with little to eat and drink and beaten so severely it results in injury or even death. Following a so-called exorcism, it is rare for such children to return home; many are abandoned or continue to experience stigmatization and mistreatment at the hands of distrustful family and community members.[36]

In terms of child protection programmes, a particular challenge appears to be how to incorporate both formal and informal alternative care mechanisms into a systems approach to child protection. Of key importance is the need to balance support to activities that can strengthen the capacity and resilience of families and communities to care for their children, prevent family separation where possible and ensure that the best interests of children are reflected in the options for alternative care when this is necessary. Although formal care services were found to be better reflected in legal and policy frameworks and consume more of the resources available for child protection, the reality is that the majority of children in alternative care are still looked after through informal care options. **The analysis of data from the Demographic and Health Surveys and the Multiple Indicator Cluster Surveys found that an average of 15.8 per cent of children did not live with their biological parents, and of them, only 0.002 per cent were in some form of formal care placement.[37] How child protection agencies respond to this reality is probably one of the most pressing challenges for strategic planning and decision-making in the short to medium future.**

The virtual non-existence of data around informal care and community endogenous practices meant that the analysis was based primarily on perceptions of the respondents to the online survey. These perceptions are likely to be biased because the respondents were all representatives of the formal care system and did not necessarily have a real grasp of the extent of the endogenous community practices.

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[36] For example, see Cimpric, A., *Children Accused of Witchcraft: An anthropological study of contemporary practices in Africa*, UNICEF, 2010.

[37] The 15.8 per cent is based on data for 22 countries and the 0.002 per cent is based on data received from 12 countries.

Figure 5 provides an overview of the types of formal and informal care options available in the Francophone countries that were reviewed (see Annex I for Anglophone country figures). **The overwhelming majority of the online survey respondents indicated the majority of care is provided through informal options**. Common forms of informal care cited include confiage (this can be with kin or non-kin) but also informal kinship care/extended family care with relatives in the Francophone countries. In the Anglophone countries, informal care is overwhelmingly informal kinship care/extended family care. Some exceptions include Chad and Mauritania, where the respondents said that formal family-based care and institutional care were the most prevalent forms of care. After informal care options, the type of care most commonly used is residential care facilities, followed by some forms of formal family-based care.

Figure 5: Perception of most widely used alternative care among the formal and informal options in the Francophone countries
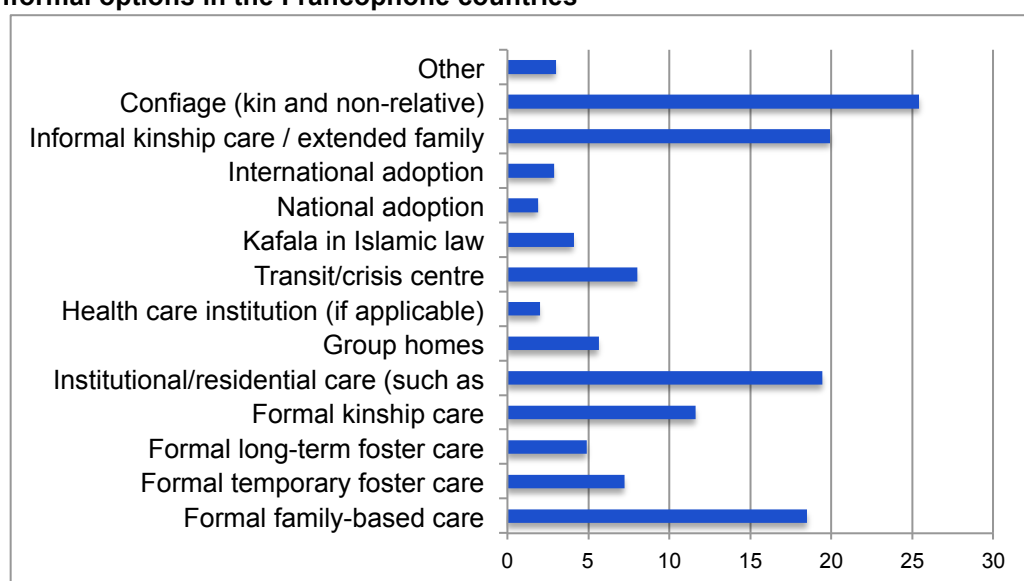
Source: Child Frontiers online survey, 2011

Formal care services

The following section examines the types of services found or reported in the 22 countries. It includes how these services are perceived to function, how and why children come into contact with the formal care system and, where possible, the numbers of services available and of children supported by a service type. Discussion on whether the formal care services link with family support services and to what extent they adhere to the Guidelines is also included. Promising models or practices of alternative family and community-based care as well as particular challenges are cited, as are specific examples of services available in emergencies.

Traditionally, children in Africa were cared for by extended family members who provided support and a safe home environment. This practice, however, is being challenged by social changes across the African continent. In addition, the impact of HIV, AIDS, poverty and migration has also weakened the family network, increasing the pressure on relatives to adequately provide for children in need of care. The proliferation of residential care facilities, especially orphanages, across the continent is a result of many factors – and not just the pressure on family members. Figures vary wildly, but according to the UNICEF *Progress for Children 2009*, around 2

million children are in institutional care globally, and the number is rising.[38]

In some cases, placement of children into formal care is a common response, such as when communities are devastated by armed conflict or AIDS and community coping reaches its limit. In these circumstances, formal foster care or other alternative family-based care can be perceived as challenging options to implement. However, this is not always impossible, and some respondents cited positive developments in Cote D'Ivoire and Guinea Bissau. **Yet mounting evidence demonstrates that institutionalized children are often deprived of adequate opportunities for cognitive, emotional, physical and social development,** which is crucial to help them grow up to realize their full potential. In addition, numerous reports show that, in general, institutional care is considerably more expensive than providing social services to vulnerable families or voluntary kinship carers, and it's more expensive than professional foster care or community residential or small group homes.[39]

That said, there are circumstances when time-limited residential care may be a preferred option, such as:

- adolescents who prefer to live alone or in small groups
- demobilized children who often need a period of transition, preparation and adjustment before being reintegrated back into a community
- children who have experienced a breakdown or abuse in a foster family
- group living for specific children with an issue in common, such as teenage mothers needing training and support.

Nonetheless, residential care placements must always reflect the best interests of children, have specified and time-limited objectives and be integrated into other programmes.

Types of formal care

Although declared as a measure of last resort in many countries' national legislation, residential care is the most common type of formal care available across the region, especially in Francophone countries (figure 6), where 85 per cent of the survey respondents mentioned the availability of institutional care, such as in Burkina Faso, Gabon, Guinea Conakry, Mali, Senegal and Togo. Nearly 90 per cent of the Francophone respondents and more than two thirds of the Anglophone respondents said that an individual or agency must register with a government or independent body for approval to formally look after children, either voluntarily, for profit or as part of a government function.

However, many new residential care homes are reportedly built without permission from appropriate authorities. In Sierra Leone, for example, orphanages are required under the Child Rights Bill to register with the Ministry of Social Welfare, Gender and Children's Affairs, but many have not done so due to poor registration procedures designed by the Government.

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[38] Wilton Park Conference, *The Neglected Agenda: Protecting children without adequate parental care*, Save the Children, UNICEF and the Better Care Network, 2009.
[39] See for example, Save the Children, *Keeping Children Out of Harmful Institutions: Why we should be investing in family-based care*, London, 2009.

Figure 6: Formal care options available in the Francophone countries (perceptions)
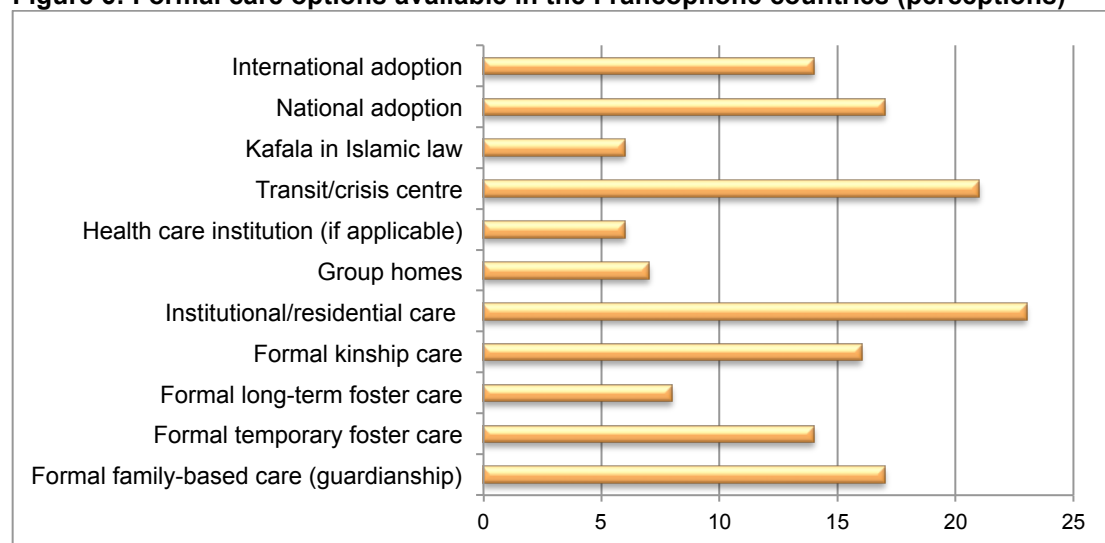
Source: Child Frontiers online survey, 2011

No approval mechanisms, standard criteria to grant permission to operate or monitoring systems to ensure periodic inspections are in place.[40] Only around 52 per cent of the Francophone respondents stated that an independent or government body is in place to regulate, monitor and evaluate formal care services – in each case, this is a government authority – while 44 per cent of respondents stated that there isn't one in place.[41]

Transit homes or centres are also widely available in Francophone countries, such as Burkina Faso, Gabon, Guinea Conakry, Senegal and Togo. Although formal family-based care facilities were reported as less in number than institutional care and transit homes, the Francophone respondents reported a prevalence of formal family-based care, such as guardianship and temporary foster care. Just over 40 per cent of the Anglophone respondents cited formal family-based care, such as guardianship, kinship care and foster care as available options. The least common types of formal care are group homes, health care institutions and, not surprisingly, kafalah, practised in only a handful of the 22 countries, such as Mali and Mauritania.

Very little information was provided in the data aggregation sheets regarding the numbers of services available. The data received indicates that the vast majority of services are non-government run, with the exception of Liberia, and concentrated in the capital cities. This is overwhelmingly so with institutions, transit homes and foster family providers, as shown in table 3 and figure 7.

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[40] Cantwell, N., *The Relationship Between Intercountry Adoption, Trafficking and Child Protection*, UNICEF, November 2006.

[41] No information was given on whether these bodies were seen as being effective.

Table 3: Formal care services provided

	Residential homes		Transit homes		Foster family providers	
	Gov.	**NGO**	**Gov.**	**NGO**	**Gov.**	**NGO**
Benin	-	92	1	158	-	1
Burkina Faso	2	73	23	5	2	2
Ghana	3	145	2	3	1	4
Guinea Bissau	-	3	-	3	-	-
Guinea Conakry	-	60	-	8	1	3
Liberia	118	5	-	5	-	2
Mauritania	1	2	1	2	-	
Niger	1	15	-	2	-	-
Senegal	1	17	-	-	-	-

Figure 7: Formal care services provided
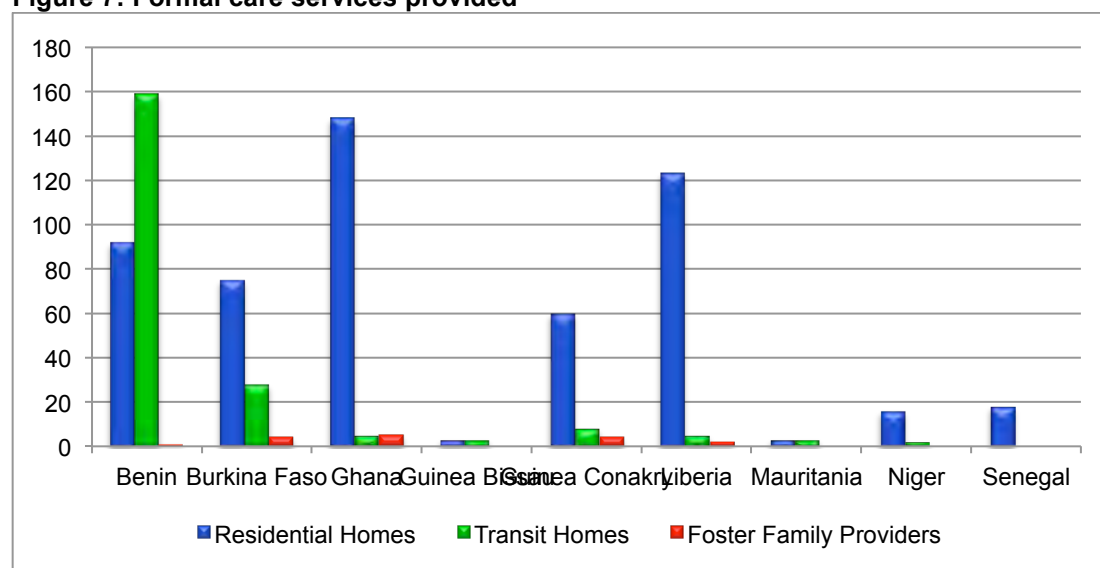
Source: Child Frontiers data aggregation sheet, 2011

According to the data sheets completed by respondents, there are few national or international adoption services, and they are mostly non-government services. The majority of the family services available – be they direct family support or economic support – are also reported as non-government services. If the responses received are accurate, then it would seem to indicate that service provision tends to be fairly ad hoc, not systematic and thus unsustainable.[42]

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[42] Ideally, a process of follow-up would be needed to verify some of the responses given and gaps in the data sheets; unfortunately, this was not possible during the course of this study.

An overwhelming majority of the Francophone respondents indicated that children maintain contact with their families, whether they are in residential care or formal family-based care, while the majority of the Anglophone respondents reported that only children in family-based care systematically maintain contact with their families and only half maintain contact when they are in residential care.

According to all the Francophone respondents, children in residential care and family-based care systematically have access to health and education services across the region. Two thirds of the Anglophone respondents reported a similar situation. Despite these fairly promising survey results, the literature points to the fact that conditions in many institutions tend to be dire, with children inadequately cared for, having infrequent access to health and educational services and not having contact with their families, such as in DRC, Mauritania and Niger.

Less than 20 per cent of the Anglophone respondents noted that children in residential care

> **Coming up short on residential care standards in Burundi**
>
> *In Burundi, an analysis carried out by the Ministere de la Solidarite Nationale, des Droits de la Personne Humaine et du Genre, UNICEF and the International Rescue Committee found that only 3 of 98 centres met more than 80 per cent of the standards for residential care. Thirty-five centres managed to achieve more than 50 per cent of the standards, and 63 centres met less than 50 per cent of the standards. Nine of them were in an extremely precarious situation, meeting less than 20 per cent of the standards. The majority of the Francophone survey respondents noted that formal complaints mechanisms are in place for children in care to report abuse, while the majority of the Anglophone respondents said that they are not in place.*
>
> Source: Ministere de la Solidarite Nationale, des Droits de la Personne Humaine et du Genre, Unicef, International Rescue Committee, *Analysis of the Situation of Children in Residential Centres in Burundi,* Executive summary, undated.

have individual care plans and participate in decisions concerning themselves, compared with more than 65 per cent of the Francophone respondents. Across the region, more than 80 per cent of all the survey respondents stated that standards of care and regulations are in place in formal care (family-based and residential care), although the overwhelming majority did not think that they are well applied or enforced (nearly 64 per cent of Francophone respondents and 83 per cent of Anglophone respondents).

Formal foster care is most likely to be successful if it is embedded in the local community, which helps ensure community ownership for the protection and cultural norms concerning the care of children.[43] The value of community contribution, however, is an area that is not included in the Guidelines. Involving children, their family and the foster family is also crucial. Children's participation in planning for their care is an important aspect of good practice that is stipulated in the Guidelines but is often neglected.

Data on the numbers and situation of children in formal care

Of the countries that provided information in the data aggregation sheets, only five countries (Burkina Faso, Cape Verde, Guinea Bissau, Liberia and Senegal) included information, albeit scattered, on the numbers of children in alternative care in 2006.[44] Each country provided a little more information for 2010, although in the vast majority

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[43]Tolfree, D., *Community Based Care for Separated Children*, Save the Children Sweden, 2003.
[44] Respondents were asked to provide data for the child population in 2006 and 2010 to show the changes over time.

of cases, there was no disaggregated information available other than for the sex of the children. There is not enough data for 2006 to compare the differences between 2006 and 2010 or between countries. According to the 2006 disaggregated information provided regarding the sex of children, regardless of the type of formal care (residential or family-based), there were more boys than girls.

Table 4: Ratio of children in institutional care, based on figures available, 2010

Countries[45]	Ratio of children in residential care per 100,000 children	Ratio of children in transit homes care 100,000 children	Ratio of children reunited with families[46] 100,000 children
Benin	116.7	19.3	39
Burkina Faso	10.8	0.5	8.5
Cape Verde		239.5	33.6
Ghana	3.6	0.2	0.2
Guinea Bissau	50.3	3.3	3.3
Guinea Conakry	32.2	0.2	0.0
Liberia	232.6	29.3	2.8
Niger	24.1	1.2	0.3
Senegal	8.9	0.2	
Sierra Leone	67.9	2.8	2.1

Source: Child Frontiers data aggregation sheets, 2011

Figure 8: Ratio of children per 100,000 child population in institutional care, reunified, based on figures available, 2010
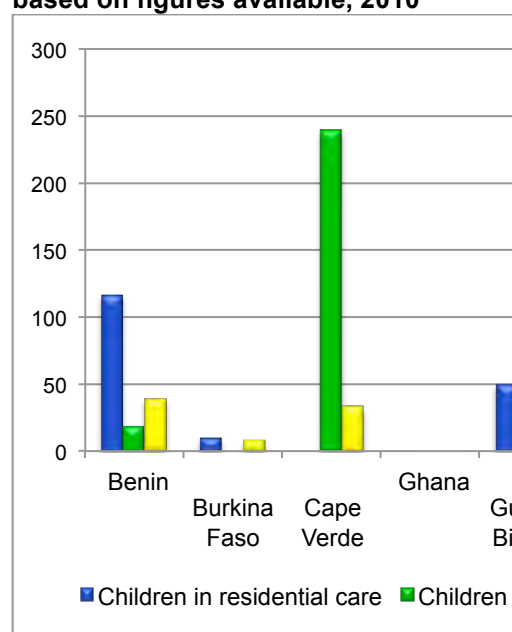
Source: Child Frontiers data aggregation sheets, 2011

Even where there was more information available for 2010, there was an apparent lack of data

Creating 'families' in sub-Saharan Africa

Across the region, SOS Children's Villages developed its own concept of long-term family-based care, which entails creating 'families' for children without parental care. The concept is based on giving children an opportunity to build lasting relationships with a 'mother, brothers and sisters' living together in a family house within the context of the 'village'. Each family house is headed by an SOS-trained mother, who takes care of eight to ten children in a community of 10 to 15 houses. Children grow up in conditions comparable to those in 'normal families' in the sense that biological siblings are not split up, children of different ages and sex become brothers and sisters, all are enrolled in public schools and all are strongly encouraged to maintain contact with the community. The village director supports the mothers and represents a father figure to the children. SOS Children's Villages are sponsored by an NGO, which is sponsored by corporate, institutional or private donors, and this support helps to maintain minimum standards and provide a level of care that reflects the Guidelines for alternative care.

However, these villages have been criticized for separating children from their native community and for providing a standard of material well-being so much higher than that of the surrounding community that it causes the children significant difficulties with social

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[45] No other countries had data to share.
[46]These figures mostly concern children from th

regarding children placed in family-based care; regarding foster care, only three countries could provide information (Cape Verde, stating 95 children were placed in family-based care, Ghana, stating 115 children and Liberia, stating 77 children). Regarding kinship care, only two countries had information (Cape Verde, stating 1,147 children, and Senegal, stating 203). There was slightly more consistent information available for children in institutional care, as shown in table 2, which suggests that formal family-based care is less well monitored or regulated. Despite formal family-based care being advocated in the Guidelines and in many countries' national legislation as the preferred option for children in need of alternative care, **few concrete examples of strengthening formal family-based care were found.**[47]

In line with the concept to reduce formal residential care, new and innovative forms of institutional or semi-institutional care have emerged. The Guidelines are clear about the problems associated with large-scale facilities and leave space for other forms of residential care to be considered, such as children's homes and children's villages where care is appropriate to the needs of a child and preferably short-term. But these forms vary widely in size, management and effectiveness. By providing children with a family and community-like setting, children's homes and villages should adequately meet children's basic material, safety and psychological needs.

Small group homes may be valuable for the short-term care of children while efforts are made to reunite children with their families, find family-based alternatives or to provide children with supported independent living arrangements (in general, anything longer than six months is considered long term). Small group homes may be beneficial for the longer-term care of older children with specialist needs, although, even for this group, every effort must continue to be made to find more permanent solutions outside of residential care. That said, it should not automatically be assumed that family-based alternative care is of a higher quality than residential care; small group homes can offer children greater stability than the frequent placement changes often experienced in foster care.

Data on the numbers of children leaving residential care for family placement was scarce, with only Ghana (426 children), Cape Verde (60 children) and Liberia (54 children) providing information. There was no data on the number of deaths in formal care for either 2006 or 2010, except for Burkina Faso. Only a handful of countries could provide information regarding the average number of years spent in residential care. The Anglophone respondents who sent a data sheet indicated that the length of time is considerable; ten years in Liberia, seven years in Sierra Leone and five years in Ghana. Only three Francophone countries responded: seven years in Burkina Faso, 18 months in Benin and less than one year in Mauritania.

Agreements with host families on conduct for protecting children in Benin

Through the Projet Intégré de Protection des Enfants Victimes ou à Risque d'Exploitation, de Trafic et de Maltraitance PIPE/ETM in Benin, Terre des Hommes has an agreement with host families that states that each must respect its policy to protect the child from all forms of abuse, to welcome, maintain and care for a child who has been removed from an abusive situation, to ensure the child's security, to inform Terre des Hommes immediately of any illness and to alert them to any difficulties or challenges. Terre des Hommes trains the families on children's rights, protection and rehabilitation, provides support

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[47] Terre des Hommes, Republique du Benin, *Convention TDH / famille hote.*

(families can come to them for advice), contributes 1,500 CFA franc per child per day for maintenance, covers medical costs, ensures that professionals follow up with each child (usually twice a week), informs the family on progress made to reintegrate the child and carries out impromptu visits.

The project, which has funding for three years, started in January 2011 and has thus far has placed a total of 267 children with 20 host families. A child spends on average three weeks with a host family while Terre des Hommes traces a child's family and prepares them for reunification. Families can apply to become a host family, and a Comite de Pilotage, consisting of the Ministry of Interior, the Ministry of Justice, the Ministry of Labour and the Ministry of Social Affairs as well as two local NGOs and other local organizations, is responsible for screening the applications against a set of criteria and validating them as appropriate. Each family receives individual advice and training according to their specific needs, and further training is provided to all the families together on children's rights. Children are encouraged to participate in decisions affecting them regarding their temporary placement, family reunification as well as immediate and future plans relating to school and/or vocational training.

The benefits of the host family approach are that children remain in an environment similar to that of their own family and can engage in a family life. Initially, however, the project was deemed too risky, particularly by the ministries involved whose officials thought that placing children in host families carried too much risk. Careful planning and response mechanisms in place helped mitigate those fears. To date, the risk appears to be low. There was in 2011 one case in which a young girl was abused by her host family. The agreement with the family was immediately suspended, the child removed and an enquiry was carried out by the Comite de Pilotage.

In the long term, it is anticipated that the Government will take responsibility for financing the project. Local authorities are already heavily involved in the monitoring the children who have been reunited with their families, and a fund for the protection of children is being established, which would be earmarked for similar projects.

Source: Interviews with and documents received from Terre Des Hommes staff.

Adoption services (national and international)

Although adoption is not in itself considered a form of alternative care in the Guidelines, the adoption process is considered a form of alternative care in many countries and only ceases to be such at the point the adoption is finalized. The procedures and process for adopting also provides a useful lens for reflecting on the functionality of the alternative care and family support systems – adoption effectively being an option when alternative care options have not yielded a durable solution.

Formal adoption is not a cultural norm within Africa. National adoptions in particular are infrequently practised, as indicated in the literature review for Guinea Conakry, DRC, Niger, Senegal and Togo. Most parents opt for entrusting their child to an extended family member rather than a stranger. Even in communities where they are open to children being cared for by non-family members, most do not know about the law or about procedures on adoption, and those that do consider them to be too restrictive as well as costly, lengthy and complicated. Adoption is not recognized in most Islamic countries. Instead, the practice of kafalah is common, whereby abandoned children are informally placed in 'adoptive' or 'foster' families. In some countries it is even recognized within the law, such as in Mauritania. In the kafalah system, a person takes on parental responsibility for the maintenance, education and protection of a child – a child is not abandoned. But the child does not inherit and there is no change in filiation.

The number of international adoptions nearly doubled between 1995 and 2006, from 22,000 to nearly 40,000. The vast majority of them involved children moving

from developing to industrialized countries. In recent years, the geographic spread of countries with children being adopted changed significantly, with increasing numbers of international adoptions out of Africa. For example, between 2000 and 2006, adoptions to the United States from Liberia rose tenfold.

Table 5 shows that international adoption is on the rise in all countries presented except Burkina Faso and Liberia, for which adoption rates peaked in 2006 and have been on the decrease since.

Table 5: Adoptions from Africa between 2004 and 2009 (peak years in bold)

	2004	**2005**	**2006**	**2007**	**2008**	**2009**	**2004–2009**
Burkina Faso*	93	78	**106**	97	82	54	**510**
Cameroon	58	45	58	42	47	**87**	**337**
DRC	12	42	62	68	62	**149**	395
Ghana	32	46	29	57	**116**	116	396
Ivory Coast	26	35	36	65	75	**100**	337
Liberia	87	193	**369**	334	249	36	**1,268**
Mali*	82	93	125	158	107	**191**	756

* Hague contracting states
Source: WAN newsletter

Article 21 of the Convention on the Rights of the Child and the Hague Convention contain a series of standards to ensure that adoptions are guided by the best interests of a child, including that all adoptions be authorized by a competent authority and that all involved persons, including the birth parents if present, give informed consent. Fairly comprehensive legislation on adoption, which sets out conditions for the adopters, procedures (including trial periods) and post-adoption follow-up, appears to be in place in much of Francophone sub-Saharan Africa. Most Francophone African countries, such as Burkina Faso, Congo Brazzaville, Côte d'Ivoire, Mali, Senegal and Togo, have inherited France's legal code, which distinguishes between simple adoption (the birth family name and inheritance rights are unchanged) and full adoption (confers a full and irreversible change in legal status, granting the child a filiation that replaces the original ties of filiation).[48]

Respondents to the online survey said that despite being among the most widely available and relatively well addressed in legal and regulatory frameworks, national and international adoptions did not occur that frequently, at least when the numbers of children involved were considered in comparison with those entering formal and informal care. This raises the question of whether international adoption receives a disproportionate amount of attention, although there are certainly many valid concerns relating to adoptions, especially the need to ensure that there are laws and guidelines to govern international adoptions and that adoption procedures reflect the best interests of a child.

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[48]The few focal points who responded to the data aggregation sheets were able to provide data on the numbers of national or international adoptions. The focal point in Burundi stated that in 2010, five children were adopted nationally and five internationally; in Ghana, 66 children were adopted nationally and 112 internationally; in Senegal in 2005, national adoption involved 14 children. In Burkina Faso between 2003 and 2005, only 41 children were adopted within the country and 242 by people living outside the country.

Informal care options

This section considers what informal care options are in place, begins to explore whether they are aligned to the Guidelines, highlights links known between the formal and the informal care practices and presents promising examples from a few countries.

It is evident that large numbers of children in sub-Saharan Africa are not living with their biological parents, and this is in minimal part due the death of both parents. The DHS and MICS findings present a very interesting picture of the arrangement of care of children in the countries analysed. It appears that on average that 15.8 per cent of children do not live with their biological parent, and thus considered as in some sort of alternative care arrangement (formal and informal). However, based on other available information, the rate of children in formal care appears to be, on average, 0.002 per cent.[49] Figure 9 clearly demonstrates the scope and the importance of informal alternative care practices.

Figure 9: Percentage of children according to care arrangements

■ % Children not living with biological parents   ■ % Children in formal alternative care
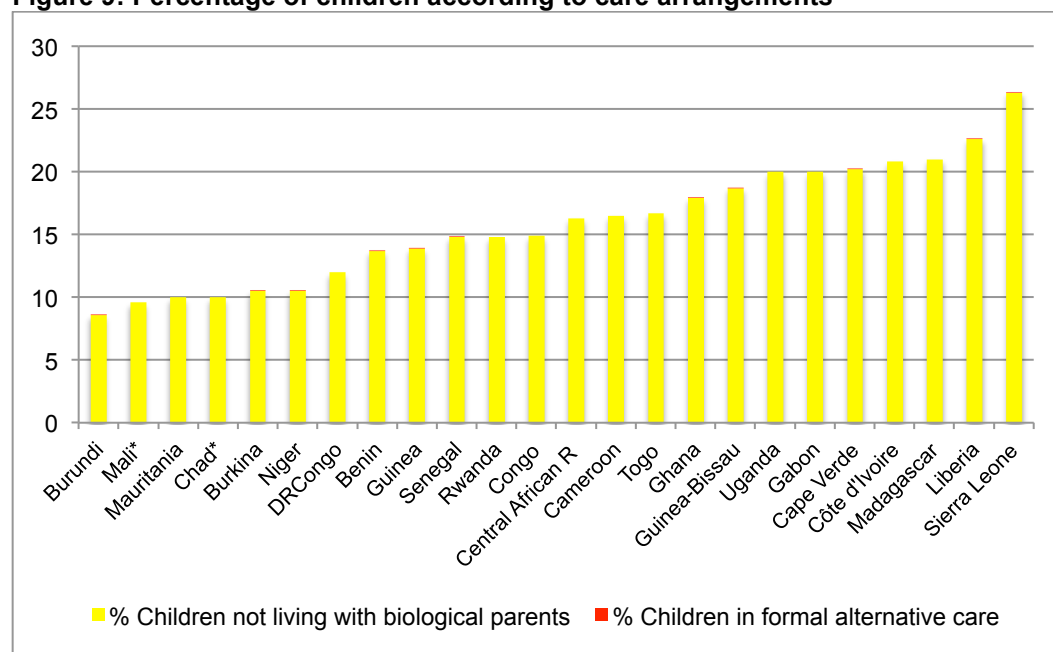
Source: DHS, MICS and Child Frontiers data aggregation sheets.[50]

Article 56 of the Guidelines encourages government to enable informal caregivers to formalize the relationship when doing so serves the best interests of a child; formal relationships typically afford more security and stability for a child. However, in many

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[49] The 15.8 per cent is based on data for 22 countries and the 0.002 per cent is based on data received from 12 countries.

[50] Burundi: MICS 2005, table HA.10, p. 113; Mali (children <15): DHS 2006, table 16.4, p. 268; Mauritanie: MICS 2007, table HA.10, p. 130; Chad (children <15): DHS 2004, table 2.9, p. 31; Burkina: MICS 2006; Niger: DHS 2006, table 16.2, p. 274; DRC: MICS 2010, table CP.9, final report, p. 181; Benin: DHS 2006, table 18.1, p. 294; Guinea: DHS 2005, table 2.8, p. 31; Senagal: DHS 2005, table 2.3, p. 16; Rwanda: DHS 2005, table 16.1, p. 244; Congo: DHS (AIS7) 2009, table 2.8, p. 23; Central African Republic: MICS 2006, table HA.10, p. 250 ; Cameroon: MICS 2006, table HA.10, p. 200; Togo: MICS 2006, table HA.10, p. 166; Ghana: DHS 2008, table 2.3, p. 14; Guinea-Bissau: MICS 2006, table HA.10, p. 181; Uganda: DHS 2006, table 16.1, p. 264; Gabon: DHS 2000, table 2.3, p. 16; Cape Verde: DHS 2005, table 2.3, p. 14; Cote d'Ivoire: MICS 2006, table HA.1, p. 113; Madagascar: DHS 2008-09, table 2.8, p.21-22; Liberia: DHS 2007, table 2.3, p. 10; Sierra Leone: DHS 2008, table 2.3, p. 16.

countries, kin who are raising children in an informal arrangement with the plan to do so permanently do not have the means with which to legally formalize that relationship. Although there are some laws and policies in place for formal care and a growing recognition among countries to develop and strengthen a framework for supporting alternative care, no country seems to have a separate set of customary or common laws regarding informal care, and it is rarely addressed or even mentioned in the legal framework.

There is very little specific literature or documentation on informal care. What does exist is very recent and conflated with other types of care, with much overlap with care for orphans and other vulnerable children. According to the reviewed literature, informal care is provided in three major settings: kinship, community and non-family foster homes; the most prevalent form in sub-Saharan Africa is informal kinship care. This observation is echoed in the online survey findings. Across the region, the overwhelming majority of survey respondents cited the availability of informal kinship care and extended family member care, in particular in Burkina Faso, Guinea Conakry, Senegal, Sierra Leone and Uganda.

Informal family-based care in sub-Saharan Africa is not necessarily in response to a child being removed from biological parents for protective reasons or because of parents' unwillingness or inability (orphaned, abandoned, separated in armed conflict, etc.) to look after children. Circulating children within an extended family has been widely practised through the centuries, especially in traditional societies.[51] Children are raised by different adults within the kin system at one time or over separate time periods. This might be to strengthen social and kinship ties, access better educational and economic opportunities, increase access to resources (such as land), social security and investments in child rearing.[52] In sub-Saharan Africa, childrearing is viewed as the joint responsibility of parents and the extended family, with very rare incidence of non-kin foster care.[53] Currently it appears that the vast majority of people providing kinship care are grandparents, especially in high AIDS-prevalence countries.

There are many perceived advantages to kinship care: to preserve continuing contact with the family (if desirable), siblings and the extended family network; to help maintain identity, decrease distress of relocation and grief of separation from parents; reduce the likelihood of multiple placements; expand capacity for self-sufficiency; ongoing support throughout life; and children and relatives provide mutual care and support. However, increasing pressures on families are placing children in more precarious situations, and owing to death, displacement and conflict, traditional care arrangements have become fragmented and at times unable to absorb the rapid increase in numbers of separated and unaccompanied children.

In addition, due to the lack of monitoring and review of informal care arrangements, the numbers of children and families are unknown, as are conditions of care; as a result, abuse or neglect of a child may go unnoticed. There are concerns that the burden of the extra child can lead to disparities between the biological children and non-biological children within a household in terms of health and nutrition, school attendance, abuse and neglect and different attitudes.[54] In extreme cases, children in informal care may end up working as a servant and living in very poor conditions.

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[51] Roby, J.L., *Children in Informal Care: A discussion paper*, UNICEF, August 2010.
[52] ibid 54.
[53] ibid 54.
[54] ibid 54.

Due to the lack of reliable data, however, there is still much speculation about the situation of children in informal care and the quality of care with which they are being provided.

Informal foster care is common in many parts of Africa and accounts for large numbers of children in alternative care; but unlike formal foster care, it is usually based on ideas of exchange, with children in informal foster care expected to work or care for foster carers later in life in exchange for a home or an education. In these situations, the arrangement is frequently based on an understanding between a child's parents and the hosting caregiver, wherein the child is to receive the basic necessities and sometimes an education in exchange for household labour.

Confiage is also common across the region but considerably more prevalent in Francophone West Africa, such as Benin, Burkina Faso, Mali, Niger and Senegal. Entrusting a child to a marabout for religious education was also noted in the West African Francophone countries. When parents do not have any money to pay for their child's religious teaching in Chad, Senegal and numerous other West and Central African countries, the child sometimes ends up in exploitive situations at the hands of the marabout. They are forced to beg or carry merchandize or sent out to work, usually with a daily earnings quota of what must be brought back.

A recent Human Rights Watch report contends that "at least 50,000 children attending hundreds of residential Quranic schools, or daaras, in Senegal are … forced to endure often extreme forms of abuse, neglect and exploitation by the teachers, or marabouts, who serve as their de facto guardians". The marabouts are grossly negligent in fulfilling the children's basic needs, including food, shelter and health care, despite adequate resources in most urban daaras that are brought in primarily by the children. The vast majority of the children, called 'talibés', have no contact with their families. In many cases, the lack of contact is a deliberate policy of the marabout.[55]

Across the region, as with formal care options, the overwhelming majority (over 80 per cent) of the online survey respondents reported that children in informal care maintain contact with their immediate families (parents and siblings) and just over 60 per cent have access to health and education services. **However, the respondents also indicated that children in informal care largely do not participate in decisions concerning themselves.** Clearly, more reliable data on the situation in different types of informal care is needed, especially data on the quality of care provided and whether the best interests of children are being met.

As previously pointed out, informal care is rarely recognized in individual countries' national legislation. According to the literature reviewed, only Niger's recent National Guidelines for the Care of Children in Vulnerable Situations policy[56] mentioned informal care mechanisms for children and advocated for them to be strengthened, including the integration of community leaders in the process of alternative care. Children in informal care thus lack the full protection of the law relative to children in parental care or formal care. For example, some children in informal care may not be entitled to inheritance even though they may have been in a de facto adoption

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[55] Human Rights Watch, *Senegal: "Off the Backs of the Children": Forced begging and other abuses against Talibés in Senegal*, New York, 2010.

[56] Ministère de la Promotion de la Femme et de la Protection de l'Enfant, *Orientations Nationales pour la Prise en Charge des Enfants en Situation de Vulnérabilité*, République du Niger, Niamey, Mars 2010.

relationship with their informal caregivers. Without a legally recognized guardianship or adoption, the child is at the mercy of the other beneficiaries defined by law or tradition. If the child is still younger than 18 years, the caregiver's death may trigger the need for another arrangement; although the remaining children may be cared for by other adults in the extended family or community (whether biological and non-biological children would be treated differently is something that needs further research).[57]

In addition, in most countries, informal care falls outside formal social support mechanisms, such as social security, social protection and other forms of assistance. **This means that carers in informal settings are rarely able to access and benefit from any form of government or non-government support, despite the additional financial, physical and psychological strain it puts on the families.** Identifying and recognizing informal care situations is essential to ensuring that those families receive the necessary assistance available, such as economic (care subsidies or social transfers) and psychosocial support.

There are some mechanisms in place to support informal practices. One such example is the phenomenon known as 'les logeurs', common in countries like Benin, Burkina Faso and Togo.[58] The practice of les logeurs, further described in the following textbox, is endogenous in nature and despite the risks and stigmatization that it attracted in recent years, the practice offers considerable value in supporting and protecting migrating girls. The logeurs become de facto guardians of girls who have left home to become domestic workers. Their exact role is not clearly defined, and some girls are at risk of abuse but increasingly these forms of informal care centres and the logeurs who run them are becoming more organized and regulated. An endogenous practice by nature, it is hoped that increased levels of recognition and support, will strengthen its potential, reduce the risks associated with the practice and finally increase the protection of the girls.

Overcoming the risks, les logeurs provide protection for migrating girls in Burkina Faso

In Burkina Faso, the phenomenon known as 'les logeurs' provide a level of protection for young girls travelling from the villages to the cities, primarily Ouagadougou and Bobo-Dioulasso, in search of work. The logeurs come from the same communities as the girls and are known to their parents. The girls establish contact with the logeurs on arrival in the city.

The logeurs act as the first point of contact for the girls and offer housing and food for the duration of time it takes for them to find work. A girl does not usually stay with a logeur for long, but they stay in touch; girls are known to visit a logeur from time to time for advice and to see other girls who have come more recently from their villages. One logeur will take in 30 girls over the course of a year. Apart from housing and food, the logeurs will also sometimes help the girls negotiate terms with employers, such as pay and days of rest. They will intervene in cases of violence and exploitation within the workplace if the girl informs them.

Once the girls leave a logeur, they mostly organize themselves into groups and live together. The older girls, known as 'les grandes sœurs', advise the younger girls. Another layer of protection for the girls that is closely linked to the logeurs and the grandes soeurs are the 'association de ressortissants'. These associations consist of two or three people from the same village who naturally unite. The logeurs, grandes sœurs and the association de ressortissants are closely interlinked and should not be seen in isolation, often consulting and referring to each other for the protection of many girls. The logeurs mediate informally with the employer in less serious cases of abuse and inform the association de ressortissants of more serious cases. The associations de ressortissants

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[57] Chad: Revue d'une sélection d'interventions en faveur des enfants en situation de vulnérabilité
[58] Terre des Hommes Lausanne, *Leslogeurstrafiquants ouprotecteurs?*, Switzerland, Juillet 2007.

become involved in cases of abuse either at the hands of the logeurs or the employers. They mediate directly with the logeurs or the employers, and in more serious cases, they are the ones who will likely inform the police.

Although the practice provided many girls with valued support, there were no controls in place as a safety check. Some girls were abused by their logeur, and in time the logeurs were equated with human traffickers. There were indeed risks and problems, but stigmatizing them created further difficulties for migrating girls. A 2003 law on the definition and repression of trafficked children in Burkina Faso, for example, further stigmatized the logeurs, who subsequently chased away girls out of fear of trafficking charges, exposing the girls to greater risks. At this time, Terre des Hommes began working on recognizing a degree of protection the logeurs offered to migrating girls and the positive function they did provide.

Other agencies and the Government soon began recognizing the role of the logeurs; with external support and awareness provided regarding the girls' rights, there has been much less abuse. They also have improved networks for communication and increased participation of logeurs in protection networks that include protection agency staff and police. The logeurs in Burkina Faso recently established an ethics code for migrant girl domestic workers, which includes not employing girls younger than 16 years and returning any girl who is younger than 16 to her family, providing a welcoming and safe environment, providing advice (particularly medical and financial management), ensuring that they are registered in government follow-up records and drawing up contracts with the girls (stating salary, payment method, nature of work, one day off a week, etc.).

Source: Interview with Herman Zoungrana, Terre des Hommes Chef de Programme Protection, Terre des Hommes

Key issues relating to informal care

- *The majority of children in alternative care are in informal care, but this is an area that is largely unknown, unregulated and not adequately addressed in legal and policy frameworks.*
- *There is a dearth of literature and reliable data on informal care practices and on whether children in informal care are receiving quality care and protection of their rights.*
- *Service providers appear to struggle with how best to engage in the informal care practice, especially in terms of monitoring the quality of life for children. However, it is important to be realistic, and calls for better regulation or monitoring of informal care practices need to be considered against the resources and capacities available to child protection agencies.*
- *Informal care generally receives less attention and resources from child protection agencies.*

Gatekeeping

The following section examines what gatekeeping mechanisms are in place to ensure appropriate placement of children and how effective they are. Gatekeeping mechanisms are essential to ensure that only children who are in need of alternative care are placed outside the immediate family environment and that any type of placement is determined according to a child's best interests.

To ensure that a child's best interests are given due weight, the Guidelines advocate that such an assessment be conducted for all decisions affecting the child. Elements should consist of a comprehensive and individualized assessment involving the child,

parents and decision-makers with relevant expertise to determine long-term durable solutions that are most favourable to the child's security and well-being.

Very little information was found in the reviewed literature to suggest that any of the countries have strong and clear gatekeeping mechanisms, with no examples of promising practices for identifying vulnerable children and families, determining children's best interests or for ensuring that appropriate assessments or decisions are made and that clear monitoring and periodic reviews take place, such as regular visits, telephone contact and group meetings.

In line with the Guidelines, most Francophone countries' legislation prescribes a competent authority for deciding appropriate care for children. This is usually a children's magistrate who has the authority to sanction the temporary removal of a child who has been identified as vulnerable or in danger due to a family situation and to thus make decisions about that child's care, placing him or her in alternative formal care if necessary.[59] In the online survey, a majority of the Francophone respondents noted that gatekeeping mechanisms are either not used at all or only sometimes used with children placed in care by NGO staff. A significant portion of the Francophone responses indicated that such mechanisms are either systematically or widely used, although they are used more by NGOs than government agencies. The majority of the Anglophone respondents reported that gatekeeping mechanisms are only sometimes used by both the government and NGOs.

Figures 10 & 11: Francophone and Anglophone respondents' perception of how 'adequately' gatekeeping mechanisms screen children
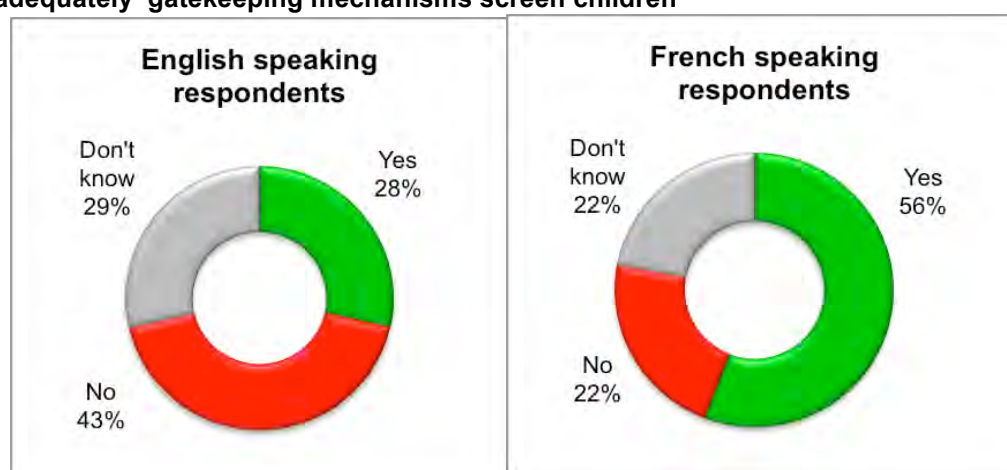
Source: Child Frontiers online survey, 2011.

Such a large percentage of Francophone respondents thinking that adequate gatekeeping or monitoring mechanisms are not in place raises questions about how decisions relating to child entering a care service are made; the current situation seems to undermine the principle that the best interests of children should guide decision-makers. A larger proportion of Anglophone respondents (71 per cent) said that an independent or government body is in place (and also only government authorities). Nearly 29 per cent of the Anglophone respondents thought that gatekeeping mechanisms screen children 'adequately', while nearly 56 per cent of the Francophone respondents thought that gatekeeping mechanisms just 'adequately' screen children, only placing them in care when necessary (figures 10 and 11).

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[59] ibid 54.

Key issues relating to gatekeeping mechanisms

- *Despite some improvements, gatekeeping mechanisms are not as effective as they could be.*
- *The proliferation of alternative care services without adequate oversight of gatekeeping from the regulatory authority undermines attempts to strengthen the system.*
- *Gatekeeping needs to be situated within the continuum of service provision and be subject to review, especially in terms of monitoring to ensure procedures (where present) are followed correctly.*
- *The apparent lack of or perception that a functioning gatekeeping mechanism is not in place appears to undermine the imperative that decisions relating to alternative care be made in accordance with the best interests of children.*

Reviewing mechanisms

Regular reviews of service providers, placement of children and the quality of care provided to children in care take place only occasionally across the region, mostly by the relevant ministry and government social or judicial services and tend to focus on formal options for alternative care with much less attention given to informal gatekeeping mechanisms or how the best interests of children in informal care might also be safeguarded.

There are, however, many gaps and inconsistencies across most countries' national legislation regarding review processes. The Guidelines and the Convention on the Rights of the Child stipulate that children who have been placed outside of their family are entitled to monitoring and periodic review of all aspects of their placement, although who should carry out the review and how often it should take place is not specified. This crucial oversight is frequently disregarded by governments and other agencies.

Ordinance No. 99-11 of May 1999 in Niger, for example, favours placement with a family but is not explicit about regulations for regular or periodic review of placement. The legal framework does not define cases when it is obligatory to place a child into care or its modalities.[60] Likewise in Uganda, care orders should be reviewed annually, but there appear to be no clear provisions and weak human resource capacity for monitoring alternative care arrangements; in Senegal, the law does not stipulate regular periodic review of children in alternative care, nor are there clear regulations or guiding principles to inform the decision-making process.

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[60]République du Niger, Ministère de la Promotion de la Femme et de la Protection de l'Enfant,*Rapport Initial sur la Mise en Oeuvre des Dispositions de la Charte Africaine des Droits et du Bien-être de l'Enfant*, Mai 2008

Ample legislation for family support services and alternative care in Mauritania

Mauritania's Projet de Loi Relatif aux Enfants sans Encadrement Parental provides fairly comprehensive legislation on family support services and alternative care in keeping with the Guidelines. It states that the removal of a child from the family must be a measure of last resort and for the shortest duration possible. Decisions must be regularly reviewed and a child reunited with his or her parents if the issues are resolved. Alternative care can include formal and informal care arrangements, which broadly speaking include foster care, kinship care and institutional care. It also provides for measures to prevent children from being abandoned, separated or entrusted into the care of third parties unless such a decision is made under the auspices of the ministry in charge of the family. Family support services are cited as crèches, mediation and conciliation services, financial support and services for parents and children. These should be made directly available at a local level, based on the active participation of the families. Children younger than 3 years must be placed in a family setting, with siblings where possible, for the shortest, defined amount of time, with the aim of reunifying them with the parents or establishing an alternative long-term solution.

Source: Based on interviews with and documents received from respondents in Mauritania

Key issues relating to review mechanisms

- *Review mechanisms are often not clearly defined in regulatory or policy frameworks.*
- *Reviews of children in care often do not take place and this calls into questions the quality of the care provided.*
- *Clearly allocated roles and responsibilities for reviewing the situation of children in care are not present in many countries.*

4. Overview of family support services

Efforts are being made across the region to review and reform the alternative care system, placing greater emphasis on family-based care, strengthening regulations around institutional and family-based care as well as strengthening laws on adoption. This section first examines family support services. For the purpose of this paper, family support services refer exclusively to those that specifically help reduce family breakdown and separation and thus prevent the need for alternative care.

According to the survey respondents, the most common types of family support services provided to prevent the need for alternative care are family mediation and income-generating activities, closely followed by home visits and family counselling, including therapeutic support. Analysis of the literature review and the views of respondents indicate that financial assistance for families, such as cash transfers and other entitlements, in addition to parenting courses and support groups, are less common in Francophone countries. In Anglophone countries, financial assistance for families is also considered a typical form of family support, albeit only provided in isolation.

Income-generating activities, financial assistance (with more emphasis on income-generating from Francophone respondents and more emphasis on financial assistance from Anglophone respondents) and family mediation were considered the most common types of family support. They also were by far considered the most effective because they tackle underlying socio-economic problems that families typically experience.

Although not very prevalent, parenting courses or support groups on positive parenting skills and responsibility were also mentioned quite frequently in the online survey as effective, as were home visits, which are considered productive for encouraging discussions among family members, detecting issues early on and providing an opportunity to signal any concern.

Links between family support services and alternative care appear to be limited; results from the online survey indicate that there is a fairly important disconnect between the two. The majority of the Anglophone and Francophone respondents thought that family support and alternative care policies and strategies are connected only to a limited extent. In both cases, 11 per cent did not think they are connected at all. Interestingly, none of the Anglophone respondents

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Family-strengthening programmes

SOS Children's Villages has an interesting family-strengthening programme in all West and Central Africa countries except DRC, Gabon and Mauritania in which financial support is provided to children within their family and community. Vulnerable families at risk of abandoning their children or placing them at risk of abuse and exploitation are identified through social services that carry out checks based on locally defined vulnerability criteria. A tailor-made family development plan is put in place for each family to guide the support they receive. The plans are regularly monitored and reviewed to improve their effectiveness. Apart from financial and nutritional support, the families have access to existing medical, psychosocial and educational services and access to income-generation or microcredit schemes. This approach has proven to be much more cost-effective, and families and communities have become better organized in protecting their children. In addition, the programme has strengthened the capacity of community-based social care workers involved through training, which increases the quality of and access to the services offered to all of the community.

Source: Interviews with and documents received from SOS staff.

thought that the services complement or reinforce each other, while just over a quarter (nearly 30 per cent) of the Francophone respondents thought they did.

In most instances, respondents noted that more than one type of support is required to sufficiently support vulnerable families and prevent problems from becoming unmanageable. A combination of income-generating activities accompanied by family mediation and home visits were commonly cited. **However, on the whole, family support services that are in place tend to be non-government initiatives provided in isolation and fairly ad hoc.** There are few activities being carried out at the national scale that aim to protect or strengthen the family environment, and for the most part, governments do not provide sufficient socio-economic support to families at the local level.

> **Community-based family preservation in Uganda**
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> *In Uganda, the NGO Action for Children has conducted community-based family preservation services for many years in collaboration with community leaders. The families are assisted on eight indicators of sufficiency: food security, all children in school, access to health care and immunizations, safe drinking water and sanitary latrines, psychosocial support, income-generation support and community involvement. In 2005, the programme was evaluated for its ability to keep vulnerable families together and its potential as a lasting solution for the children in families. Most promisingly, 94 per cent of the children were confident they could stay with the family until they turned 18, and 92 per cent of the caregivers thought they could continue to care for the children until adulthood. The few caregivers who were not sure cited their poor health. No significant differences were found between the biological and foster children in the households in terms of feeling loved, the amount of work each performed or the reported amount and quality of food they ate.*
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> Source: Roby, J.L., *Children in Informal Care: A discussion paper*, UNICEF, August 2010.

Social protection, as government-run comprehensive schemes that provide basic socio-economic security, can reduce the overall need for alternative care provision and can assist families (kin and non-kin) to care for children when birth parents can no longer do so. These types of programmes can have significant direct and indirect benefits for children. Evidence shows that in a household that receives social protection measures that enhance livelihood opportunities, such as public works, cash transfers and/or protection of assets, the children are more likely to be better cared for and less likely to have to do harmful work and be physically injured, abused or exploited. It also helps reduce children's vulnerability to family separation and unnecessary family-based or institutional care.[61]

Many of the social protection programmes in sub-Saharan Africa are framed around care services for orphans and other vulnerable children, such as Congo Brazzaville, DRC, Guinea Conakry and Rwanda, which tend to include supporting school attendance, professional and vocational training, access to basic health services, psychological support and income-generating support. Within the few countries that focal points provided information from the Demographic and Health Survey, the findings indicated that the support that families with orphans and other vulnerable children receive is minimal. In Cote d'Ivoire the support received was mostly in kind,

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[61] Save the Children, *Family Strengthening and Support: Policy brief*, September 2010.

and rarely addressed wider family vulnerabilities.[62] Around 90 per cent of households supporting orphans and other vulnerable children in Uganda[63] and 87 per cent in Rwanda[64] reported not receiving any type of support – despite the Rwandan Government scheme to extend 'orphan grants' to promote fostering by unrelated families. According to respondents when support is received, it is generally in the form of school-related assistance. Only a small proportion of orphans and other vulnerable children received any other type of support, be it medical, emotional, material or social support.

An increasingly popular donor-funded social protection programme in Africa today is the cash transfer, particularly with funding from the World Bank and USAID. Further research is needed on its usefulness, however, because there is little documented evidence to suggest that cash transfers prevent family separation or breakdown or improve the level of care extended to children. There are very few examples in which children were asked directly about the impact of cash transfers or other social protection schemes on their lives. There is a need to ensure that children's perspectives and experiences (and those of their parents and caregivers as well) are considered so that government and civil society can act on evidence from them directly and work towards developing more child-sensitive social protection policies and programmes.[65]

There are a number of challenges in initiating social protection programmes in Africa. These include limited institutional and technical capacity to develop and administer social protection programmes, small budget allocations, an over-dependency on donor funding and the complexities inherent in targeting and reaching beneficiaries. Another challenge is how countries can best be supported to make strategic decisions about the most effective social protection or range of social protection instruments required to suit an individual country context. Widespread debates exist on, for example, the relative benefits of targeted versus universal or conditional versus unconditional approaches.

Although cash transfers are increasingly used as a form of social protection to meet the needs of children, it is important that discussions relating to social protection are not oversimplified or approached only from a child protection perspective. The point is that the resources required, the level of coordination involved and the technical capacity needed to administer such schemes are often beyond the scope of child protection organizations and generally require high-level political commitment from a government as a whole and not just ministries with responsibility for children. Further evidence is needed to ascertain how far social protection services contribute to orphans and other vulnerable children remaining in a family setting and under what circumstances.[66]

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[62] Child Frontiers, Cartographie et Analyse du Systeme de Protection de l'enfant en Cote d'Ivoire, UNICEF, Ministere de la Famille, Abidjan 2010.

[63] Uganda Bureau of Statistics Kampala, *Uganda Demographic and Health Survey 2006*, Macro International Inc. Calverton, Maryland, August 2007.

[64] Rwanda Demographic and Health Survey 2005.

[65] For more information on child-sensitive social protection, see 'Advancing Child – Sensitive Social Protection' - A joint statement from DFID, HelpAge International, Hope and Homes for Children, Institute of Development Studies, International Labour Organization, Overseas Development Institute, Save the Children UK, UNDP, UNICEF, the World Bank and World Vision (2009). Available at: www.unicef.org/socialpolicy/index_53801.html

[66] For example see Miller C. et al Economic Impact Report of the Mchinji Social Cash Transfer Pilot, Boston University 2009 or Miller C. et al. Impact Evaluation Report, External Evaluation of the Mchinji Social Cash Transfer Pilot, Boston University 2008.

One encouraging example comes from DRC, where non-government initiatives support families and communities to prevent orphans and other vulnerable children from being abandoned or separated.[67] This includes income-generating support to families and schools; training community volunteers to follow up on families caring for such children (home visits), increasing access to education by lobbying for school fees (contribution to support teachers) to be waived and distributing medical kits to targeted beneficiaries. Committees have been established to follow up on orphans and other vulnerable children, strengthening their awareness and commitment to improving their circumstances. These initiatives have resulted in orphans and other vulnerable children remaining within family settings, reuniting such children with families and supporting them to remain in school. Another interesting initiative taking place in sub-Saharan Africa, primarily in the Anglophone countries, is the practice of building 'orphan-competent communities', as the following box explains.

Orphan-competent communities in Kenya

An orphan-competent community is a community in which orphaned children and their fostering households are best able to negotiate and access support from their social environment, including extended family, friends, neighbours, community groups, schools, NGOs and government departments. The programme in Kenya works closely with community leaders (village decision-makers, teachers and parents/guardians) who are consulted and involved throughout orphan issues and children's rights. A project management committee is elected, the members of which are trained on project management, bookkeeping and community participation. Based on a rapid appraisal of orphaned children in difficult circumstances by the communities, the leaders write up social action plans to address some of the obstacles faced by the communities in providing care and support.

Activities include community-led income- and food-generating activities that provide direct support with the revenue generated to individual children and their households. Bringing community members together for collective action helps develop a sense of community, mobilizing community members to address pressing issues related to orphan care and support. According to Skovdal et al., communities gain a sense of control and confidence in their ability to support orphaned children and foster families feel more confident in discussing the problems they encounter and how they could overcome them.

Source: Skovdal, M., Mwasiaji, W., Webale, A. and Tomkins, A., 'Building Orphan Competent Communities: Experiences from a community-based capital cash transfer initiative in Kenya', in *Health Policy and Planning,* Oxford University Press, Oxford, England, August 2010, pp. 1–9.

Pre-school education is often regarded as a luxury for the African child, and enrolment remains low by international standards. In Côte d'Ivoire, the Centres de Protection de la Petite Enfance are pre-school educational centres for children aged 3–6 years that offer potential for identifying and preventing protection issues. Côte d'Ivoire also has 'social centres' that have been set up to provide support services to vulnerable sections of the population, but their mission and target population is vague, and they lack a policy framework and guidelines of services to offer families and children.[68]

Burkina Faso has established a community-based approach to childcare, supporting early child development centres known as Les Petites Mamans for children aged 3–6 years. The Petites Mamans (carers) are selected by the community and receive a

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[67] UNICEF PowerPoint presentation – hard copy.
[68] Child Frontiers, *Cartographie et Analyse du Systeme de Protection en Cote d'Ivoire*, Republique de Cote d'Ivoire, Ministère de la Famille, de la Femme, et des Affaires Sociales, Avril 2010.

small financial contribution from parents. They are trained to provide basic education on health, hygiene and sanitation using educational songs, poems and stories. The centres have proven successful because they allow mothers to work while their children attend the centres and other daughters in the family to attend school rather than left with the responsibility for younger siblings. The centres are always located next to a primary school, and children completing a year in the centre can automatically enrol in the primary school. With 50 per cent of children attending the early childhood development centres girls, the number of girls enrolling in primary school has increased.[69] **Even though early childhood development has not received the attention it deserves in Africa, it is considered by many as having the potential to provide a range of support to children and families.[70]**

Although poorly documented, there are informal family support mechanisms relying on community solidarity that should be considered. Communities often step in to provide support when families experience challenges and difficulties. In some circumstances, Quranic schools run by marabouts are perceived as community structures that provide support to children and families by providing parents with the equivalent of crèches, places that prevent children from being idle and where children receive moral education.[71] In many parts of West Africa, such as Niger and Senegal, the Imams also have a crucial role in strengthening families; they are called on by families and neighbours to help resolve differences and provide advice and support to prevent disputes that otherwise would have a negative impact on children.

Given that government and non-government family support services are often one-off and for a limited duration, supporting community-based groups, including those run by religious leaders, is vital. They could help monitor the situation of families and children, identify local sources of support and create links to other external services.

Drawing out adult volunteers as mentors for children on their own in Rwanda

The Nkundabana (Kinyarwanda for 'I love children') programme, supported by Care and Save the Children in Rwanda, mobilizes adult volunteers (acting as mentors) from the community to provide guidance and care for children living without adult support. Initially established to provide support to child-headed households, the Nkundabana also now provide support to orphans and other vulnerable children. Nkundabana mentors are trusted adult community members who commit to work in support of orphans and other vulnerable children. The children in the programme actually choose their mentor after the criteria and roles have been explained. The mentors act as a parent's replacements, regularly visiting the child households. During home visits, the mentors talk with the children, assess their needs in terms of health care, food, education, clothes, shelter and other issues and provide support where needed and within their capacity.

The mentors receive training on children's rights and laws protecting children, life skills instruction, sexual and adolescent reproductive health, income-generating activities, active listing and how to provide psychosocial support. Through their presence in the community and by making regular visits, the mentors encourage children to attend school, help them to access basic services and provide psychosocial support. More generally, the mentors look to assist children in solving problems that they may be facing, including helping them to protect their property or deal with inheritance issues.

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[69] UNICEF, *Social Protection in ESAR: A framework and strategy for UNICEF* (draft), August 2007.
[70] Countries that have initiated some form of early childhood development programmes include Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Guinea, Liberia, Niger, Senegal and Sierra Leone.
[71] Child Frontiers, *Cartographie et Analyse du Systeme de Protection au Niger*, Ministère de la Population, de la Promotion de la Femme et de la Protection de l'Enfant, December 2010.

The Nkundabana approach draws upon strengths that already exist in communities to provide care for vulnerable children. The approach is very participatory, with community involvement and the establishment of advisory committees. The involvement of the wider community helps to reduce stigmatization and isolation. The model has been recognized and supported by the Government and the Ministry of Gender and Family Promotion has developed guidelines for its continued implementation. The model is seen as having excellent potential for long-term sustainability because communities are supported in coming together for the care of children.

Source: This case study is based on interviews with Save the Children and draws from *A Model for Community-Based Care for Orphans and Vulnerable Children – Nkundabana Lesson Learned, Care and the Guidelines on Nkundabana One Model*, Ministry of Gender and Family Promotion, Rwanda, 2011.

Links between family support services and alternative care in and after emergencies

In emergencies, interim care must be provided for children separated from their families until they are reunited, placed with foster parents or other long-term arrangements for care are made. Where possible, this care should be provided in families within a child's community, with close monitoring and, as a temporary situation, with commitment to carrying out family tracing.[72] In emergency situations, tracing and reunification efforts for children separated from families are expensive in the short term but in the long term it is in the best interests of children to be reunified with their family rather than placed in residential care.

After the Rwandan genocide, thousands of children were separated from their families. The overwhelming majority were placed in refugee foster families or independent child groups with community support. Unlike many emergency response situations, Tanzania, as one the receiving countries, managed to avoid the mushrooming of institutions and child centres and instead promoted family-based care. This was in part due to the fact that camps were set up in remote areas where there were few existing child institutions, that referral procedures in hospitals were set up early and information disseminated, that community leadership structures and women's groups were involved and given responsibility, that UNHCR had a gatekeeping policy for identifying NGOs for managing the family tracing and reunification and that no NGOs with an agenda of setting up residential care was accepted. Residential care facilities for children were clearly considered as a last resort, and the time spent there was indeed limited.

In contrast, the response to the same crisis in DRC was considerably more chaotic, and thousands of children ended up in institutions. The local government encouraged the setting up of centres and directed funds to existing ones; no clear policies or guidelines were ever worked out. Many families took in children but with the expectation of material compensation. Registration and documentation was delayed or simply not in place for foster families, and many of the children were not genuine unaccompanied children.

The experience of returning girl child soldiers in DRC[73] demonstrated that to support successful family reunification processes, certain services need to be offered to support the children and their families, such as establishing a place and network of

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[72] International Committee of the Red Cross, *Inter-agency Guiding Principles on Unaccompanied and Separated Children*, January 2004.

[73] Verhey, B., *Reaching the Girls: Study on girls associated with armed forces and groups in the Democratic Republic of Congo*, Save the Children UK and the NGO Group: CARE, IFESH and IRC, November 2004.

people to provide orientation, counselling and 'listening'; ensuring that activities, such as girls clubs, religious groups and moral and cultural education, are available to girls in the community to combat the stigmatization and marginalization they likely will feel; and providing mediation support to families and other caregivers and sensitizing neighbours and other community members. Economic assistance also proved important to empower victims, support their livelihood attempts and even provide a level of independence, if they have children. The interagency child protection working group in the West Africa subregion documented lessons on reintegration experiences in Cote d'Ivoire, Liberia and Sierra Leone.[74]

Spontaneous fostering, in which a family takes in a child without any prior arrangement, is a frequent occurrence during emergencies and may involve families from a different community in the case of refugee children. A UNICEF report on refugee children separated from families in emergency situations suggests that families in Guinea Conakry temporarily fostered children out of compassion.[75] Most were successfully reunited with their family. For those who were not, the best interests-determination procedures were applied to safeguard their rights and identify the most appropriate durable solution to ensure their overall well-being. Greater emphasis was placed on local integration due to the long stay of the children in Guinea Conakry, coupled with a lack of an effective and adequately supported child protection network, effective coordination or communication mechanisms with agencies and fewer reintegration support services available than in Sierra Leone.

There are many successful reunification processes documented in emergency situations but not so much is reported in non-emergency situations; see the following box for the WAN example.

Successful reintegration in non-emergency situations in West Africa

The West African Network (WAN) project, an International Social Service initiative in collaboration with local partners, is an example of successful reintegration for children who are separated from their families due to difficult circumstances, such as street children or children on the move. The project has eight participating countries and focuses on locating children in need, conducting a psychosocial assessment, searching for and evaluating the family, preparing children for a voluntary return and reintegrating them with support through an educational or vocational project. The individual project of reintegration is determined according to a child's age and maturity, such as schooling, vocational training or an income-generating activity, and according to available resources and specific needs. Each child benefits from individual support and follow-up monitoring over a two-year period.

Source: Geissler, O., *A Transitional Assistance for Children and Young Stranded Migrants,* West Africa Network for the Protection of Children, Geneva, undated.

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[74] See Inter-Agency Guidelines for Developing Reintegration Programmes for Children Affected by Armed Conflict in West Africa, Save the Children 2007 on behalf of the West Africa Reintegration Working Group.
[75] Shepler, S., *Transnational Fosterage of War-affected Children in West Africa: Immediate coping capacities across borders*, UNICEF, 2005.

5. Overview of regional coordination

This section provides an overview of the regional actors, coordination, partnerships and collaboration among them, as perceived primarily by respondents from the online survey, and assesses whether approaches and strategies are consistent.

According to the respondents in the online survey, UNICEF and some local and international child protection NGOs, such as Save the Children, Plan International, Terre des Hommes and SOS Children's Villages, stand out as the regional actors on family support services and alternative care, along with the relevant government ministries, in particular those concerned with social affairs, and child and family welfare.

However, across the region, the majority of the respondents said that there are no regional coordinating mechanisms dealing with family support services and alternative care or they are unaware of them. Only about 20 per cent of the respondents said they knew of any regional coordinating mechanism. Of them, the respondents stated that there is hardly any synergy, coordinating or sharing of information among the actors, which can lead to a duplication of work. Additionally, the respondents overwhelmingly said that approaches and strategies related to family support and alternative care are either not consistent among actors in the region or that they do not know.

Indeed, very little information regarding regional coordinating mechanisms dealing with family support services and alternative care emerged from the literature review. There are a few regional networks and platforms that deal with issues that overlap, such as children on the move and child trafficking, but none emerged that deal specifically with family support services and alternative care. The International Social Service has developed a regional network of cooperation with state partners and civil society in West Africa, which creates and strengthens cooperation between the different actors to support children on the move and displaced young individuals.

OVERALL ANALYSIS AND CONCLUSIONS

1. Adoption of the Guidelines into national legislation

Although the Guidelines for the Alternative Care of Children are a recent tool and reference, the development of formal care services has a long history in most countries in the region. Supported by national and international actors, many governments have been dealing with alternative care issues for a number of years, and there has been visible progress in many countries. However, it seems clear through the comparative analysis that there is a considerable way to go to before the principles articulated in the Guidelines are adhered to and applied to ensure that services match the needs of families and children.

Both the literature review and responses from participants in the study seem to indicate that there is significant difference between the approaches of the Anglophone and the Francophone countries. Although the study did not purposefully intend to contrast the approaches, it became evident that the inherited colonial systems of child protection remain an influence on the current policy and service dynamics across the countries included in the analysis. **It was noticeable, for example, that respondents from the Anglophone countries appeared to be more familiar with the Guidelines than those in the Francophone countries.**

Although governments of course need to contextualize the use of the Guidelines to their own country situation and traditions, there are many differences in approach across the region. Some governments have demonstrated limited political support and commitment to guide the formulation, implementation and adherence to the relevant international legal frameworks. In the domestication of these frameworks, most respondents in the online survey reported that the legal framework related to family support services and alternative care in their country is either only 'partially adequate' or 'not adequate at all'.

The Guidelines are better reflected in some national policy areas than in others. Legal frameworks across the region do position institutional care as a measure of last resort and signal a priority towards family-based care. Various options of formal care tend to be articulated, with competent authorities designated to make decisions about care options. In many countries, institutions are now required to register and regulate placements. These are all positive measures and an indication that progress is being made.

However, the general perception in the region is that change is coming only slowly, and that many of the recognized principles have not been translated into action on the ground. This fact is most visible in the large numbers of children who spend their childhood in formal residential care rather than within a family and community. Legal provisions remain largely focused on procedures for the placement of children in institutions as well as the regulation of those establishments. National legislation and cross-sector policy to promote and apply family support services has not been progressive. They tend to be just mentioned but not articulated. There are, nonetheless, notable exceptions: Rwanda's 'one child, one family' policy is a remarkable initiative on turning a stated commitment into practice. This background paper has not been able to analyse the impact of the Rwandan policy, but the fact that both the Constitution and Civil Code contain provisions for guardianship of

children within the extended family and a comprehensive commitment to systematic deinstitutionalizing is very impressive.

An increasing number of governments are introducing into their legal framework provisions for managing and inspecting formal alternative care services as well as the assessment and monitoring of foster families. Beyond these legal provisions, however, there has typically been a lack of accompanying procedures and guidance to apply the measures, such as criteria for assessing risk or inspecting care homes.

Familiarity with many of the procedures and protocols in place has not filtered down to those responsible for applying them. This is often due to lack of dissemination and training on the reform measures. Although, the protocols tend to set standards (sometimes unachievable) that do not properly reflect the capacity and resources on the ground. For example, the social welfare workforce is often overburdened and untrained to effectively apply gatekeeping and case management standards, and governments have not dedicated the financial resources to ensure systematic inspection of residential homes.

There has been a positive commitment in many countries to develop processes to regulate both national and international adoptions in line with the Hague Convention. In fact, the development of regulations has often been a starting point for looking more broadly at alternative care. Despite these efforts, there remain visible inconsistencies and gaps, especially in the Francophone countries, so the processes fall short of international legal standards, including the Hague Convention. These inconsistencies are especially noticeable in terms of adoptability criteria, matching processes/suitability, obtaining consent and post-adoption follow-up. The study revealed a wide range of approaches to formal adoption processes, often framed against culture and social values. While non-adherence to internationally recognized norms continues to expose children to considerable risk, in some countries the role of kafala can be instrumental in ensuring the child remains within a family unit. Of course, kafala practices do not provide the same rights as formal adoption, but they indicate the importance that communities place on finding their own solutions to child welfare issues.

2. Analysis of the findings

Informal care, usually within the extended family, remains the most common form of alternative care across the region. These endogenous family and community arrangements tend to an organic and practical response based upon the relationship to the child and financial ability to take a child in. There is no tradition of formalizing care arrangements through documentation. In many of the countries studied, such placements are not only a response to orphans or other vulnerable children but also a means to offer a child better opportunities. It appears, however, that the dynamics of kinship care are changing, and the outcomes might not always be good for children.

Notwithstanding, the increasing pressures and challenges facing families, informal care arrangements are perhaps the greatest safety net available to children in need of protection across sub-Saharan Africa. Millions of children are growing up with carers other than their biological parents, most noticeably in countries devastated by AIDS, natural disasters and civil conflict. The Guidelines go into more detail on formal options for alternative care than informal practices, and this is also reflected in the national laws within the countries studied. It is possible that local-level by-laws or village customary laws might have reference to such arrangements, but none were found through the research for this study.

The prevalence of such practices poses a dilemma for policy-makers. It is problematic that these informal care arrangements are not more widely documented. Informal caregivers consequently find themselves ineligible for various social services if they do exist. There is also the legal limbo in which many children find themselves, perhaps unable to access services and to establish inheritance rights. On the other hand, conferring legal status for the millions of children living in these situations would create an impossible bureaucratic process and burden for already-overstretched structures. It might be considered as contrary to the very nature of the practice and, in the worst case scenario, would actually make potential carers reluctant to take in vulnerable children.

It is critical that States engage with this issue and decide on national policies for supporting children and carers alike. It is clear that these informal caring arrangements may provide positive outcomes for children. It is perhaps reassuring to see that projects such as the use of logeurs in Burkina Faso, Togo and Benin are becoming more regulated and now providing some level of protection for girls at risk. In recognizing the prevalence of informal caring, it is important that government and other actors maximize the opportunities for vulnerable children by aligning their formal services towards families and communities that practise such informal arrangements. This means recognizing the reality on the ground and providing formal support to the positive that endogenous caring practices have to offer, thus moving formal care from 'competitor' or substitute to a partner with communities.

One of the most important issues in sub-Saharan African countries is the underdevelopment of family support services. National legal and policy frameworks provide few measures to prevent separation and family breakdown, although across the region there has been a significant emphasis on social protection initiatives. In the Francophone countries, the most common schemes involve income generation. More emphasis, it seems, is placed on financial assistance, such as cash transfers, in the Anglophone countries. Cash transfers and microcredit schemes are also popular among donors. While evidence suggests positive impact, questions of sustainability inevitably arise.[76]

Family mediation was considered by many of the survey respondents as an effective type of family support. In general though, resources tend to focus on interventions after the point that the family has broken down and/or harm has occurred (including most thematic programme targets, such as children on the streets, exploited in labour or as talibe). The study found that beyond economic support, services appear to be fragmented and ad hoc and not linked in a continuum with the rest of the child protection and alternative care measures.

The study reveals an overwhelming lack of empirical information on the status of the formal alternative care system; as well, the lack of information provided on the scope and nature of the different services is telling. For the great majority of countries, it appears that the data is not collected or not available: data management systems are often not in place; data is not collected, managed or shared systematically; there appears to be no single central body mandated or able to maintain records; and different actors do not have access to the little information that is available. Of course there are also concerns about confidentiality or the need for procedures for

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[76] For example see Miller C. et al., *Economic Impact Report of the Mchinji Social Cash Transfer Pilot, Boston* University 2009 or Miller C. et al. Impact Evaluation Report, External evaluation of the Mchinji social cash transfer pilot, Boston, Boston University, 2008.

accessing data relating to children. This fact is another telling indicator of the current priority given to alternative care and to child protection more generally in the region.

The comparative analysis shows clearly that by welfare actors across the region have given relatively little attention and emphasis on developing comprehensive preventive, family support services. Rather, the focus has remained on the development and regulation of the alternative care system, especially as it pertains to institutions and out-of-home care. There seems to be a positive shift by some organizations, such as the SOS Children's Villages, to provide support to children and their families to prevent the unnecessary separation of children. The progress in the way institutional care is provided, however, is counterbalanced by the large number of small organizations outside the control of the State setting up operations to provide often under-standard institutional care to a growing number of children. The continued reliance on institutionalizing, despite commitments to the contrary by most governments, perhaps remains the greatest challenge to the reform of alternative care systems in the region.

There are great variations in the numbers of alternative care options and the types of children they take in. This largely depends upon the country context, most especially on the model of the child protection system that has been applied. Despite regulatory frameworks sometimes offering a wider range of options, the reality is that there is still an overreliance on institutional care. The Anglophone countries appear to rely more heavily on formal alternative care solutions and consequentially are also considered to address deinstitutionalizing more keenly than the Francophone countries.

Given the international attention to minimize the numbers of children in residential care and to regulate care homes on meeting minimum standards, this aspect of alternative care has been addressed through law, policy and guidance more fundamentally than other care alternatives. From the evidence, it appears that formal services – other than residential care – are very limited and not clearly defined within the spectrum of alternative care options as much as residential care. Formal foster care seems rarely available as an option for children and families. There is little tradition of formal fostering services in sub-Saharan Africa (possibly due to a combination of cultural factors and the lack of a system to facilitate, to provide funding in support of or monitor and formalize adoptions): children are either informally cared for by social networks and kin or placed in residential care.

The study reveals that some countries have made significant efforts to develop the regulatory framework for children entering residential care in line with the Guidelines. The policy reforms in Sierra Leone provide a good example of such commitment. In general, though, actual implementation remains a challenge. Gatekeeping mechanisms to control the flow into residential care and reintegration are poorly developed. They are either not in place or do not have well-defined screening processes to make a decision about a child's best interests and suitability for placement. A large number of children still end up unnecessarily in alternative care without a proper assessment of their situation. This constitutes a major obstacle to reducing inappropriate or unnecessary placements across the region.

The study found that not only are data about the numbers of children in care placements often unavailable but that monitoring (including case management and review) is rare. Monitoring requires an effective administrative system, maintaining children's case files safely and implementing regular reviews to track the progress of a child in their placement. This ensures continuity of service delivery over

a period of time and enables professionals to reassess whether a child's placement is in that child's best interests or whether other care options are better suited.

Social work in sub-Saharan Africa has a long history, and there are (or have been) a number of respected academic institutions. In some countries, there has been a significant professional cadre of social workers. Several schools of social work exist and do contribute to the formation of professionals from countries across the region. They constitute a good basis on which to expand the development of the social workforce in quantitative and qualitative aspects. It was not possible in the course of this study to explore in depth the status of the current social welfare workforce in the region; however, initial indications suggest that there needs to be greater investment in this professional sector, along with heightened workforce standards and clear accountability structures. Respondents to the online survey thought that social welfare staff are insufficient in numbers, lack the necessary qualifications, have low professional status, huge caseloads and disempowering working conditions, all of which results in high staff turnover. These factors continue to hinder the application of developed standards on the ground and represent a significant barrier to improving service provision.

It is well documented that many residential care facilities are not able to or do not apply agreed standards of care for children. Institutions require a large social welfare workforce, and existing alternative care models risk monopolizing professionals within residential care facilities rather than in promoting support to families and children in their communities.

It is very clear that in all the countries of the region, NGOs and faith-based organizations are already and will continue to be required to take a significant role for the foreseeable future in the lives of vulnerable children. The government systems across the region are not able, for multiple reasons, to ensure the welfare of all children and their families. As evident through this study, NGOs provide considerable support to families as well as specific services for out-of-home children, including those in orphanages and shelters. But both government and NGO provision is characterized by fragmented services, short-term initiatives and limited geographical coverage. This is especially pertinent in the context of alternative care, not least because there has been limited application of the regulation by governments of NGO residential services. Through a systems lens, it is all the more important that NGO services are aligned and contribute to the national child protection system (vision or strategy on child protection), echoing findings from previous mapping exercises on protection system strengthening as a whole.

The study found that national and regional coordinating mechanisms are either lacking or underdeveloped. As a result, there has been a paucity of information sharing and a resulting lack of synergy and direction among the various actors working to improve alternative care. That said, international organizations are increasingly collaborating for the advancement of child protection in sub-Saharan and other parts of Africa, and there is significant debate on the development of child protection systems more broadly. Unfortunately, the discourse on alternative care has been limited in this debate. While specialized attention is required to develop different components of the protection system, it would be beneficial to foster convergence among international actors on alternative care both within Francophone sub-Saharan Africa and in terms of exposure to lessons from other areas.

International cooperation is important for the protection of vulnerable children, especially in sub-Saharan Africa where cross-border movements, human trafficking and illegal adoption are all prevalent. There is room for improvement in establishing

cooperation protocols among States to facilitate the exchange of information, mutual assistance and the sharing of promising practices on alternative care.

3. Conclusions

The vast majority of services identified through this study are not conceptualized within a broader vision of a functioning child protection system. Alternative care has a longer tradition within the child protection field, and its role within relatively new systems thinking is only now being more fully articulated.

A systems approach will require greater harmony and balance between family support services and alternative care. In other words, alternative care should be approached and articulated as one integrated component within the child protection system. Those developing the system should strive to achieve a balance between different care options within a continuum of services – not in isolation. To achieve this harmonized continuum in a meaningful way, financial and human resources will need to be realigned.

It is increasingly recognized that alternative care options need to be considered within the overall context of the national system. Otherwise, there is a risk that the development of principles, policies, standards and regulations for alternative care service delivery will run in parallel (or worse, contradict) those of the broader system. In this way there will, for example, be greater harmony and balance between family support services and institution-based care.

A focus on alternative care can serve as an entry point for strengthening child protection systems, at least as long as a broader national vision on the child protection system is first established, with the purpose, function and boundaries of alternative care defined within it. The Guidelines for the Alternative Care of Children would be a useful reference to support the entire child protection system in any given country.

RECOMMENDATIONS

The Guidelines for the Alternative Care of Children are beginning to be used in the region and can be further promoted; they are particularly useful as a guiding tool for developing and strengthening national child protection systems. The following recommendations to national and international actors are proposed within this perspective.

Child protection systems
- Alternative care within the region needs to be conceptualized within a child protection system approach. Dialogue needs to increasingly focus on the purpose, function and boundaries of alternative care within a broader national child protection system.
- The possibility of including endogenous practices related to alternative care within the system should be explored, or they should at least be recognized and supported with formal services.
- A balanced system that emphasizes support to families rather than focusing exclusively on the development of specialized responses that are only likely to target smaller numbers of children should be established.

Legal and policy frameworks
- National governments should work to strengthen laws and policies and balance support to the continuum of services within the national system.
- A stronger commitment to define the role and characteristics of family support services within the laws and policies should be promoted.
- A national regulatory framework should be tailored to the country context. While the principles of the Guidelines and recognized good practices should be adhered to, the laws and regulations must be made consistent with national realities rather than imported models. This will provide for greater application of the principles.
- Clear mandates must be outlined in national legislation for those responsible (agencies and individuals) for ensuring the protection and best interests of children.
- Legislation should promote greater (but realistic) accountability of those mandated to provide services for children. This should include, for example, mechanisms for reviewing care decisions, for monitoring policy standards (gatekeeping and home inspection) and implementing adoption directives.
- Legal and policy frameworks need to be supported by strategic plans that take into account the level of funding required to translate them into improved service provision.
- Legal and policy frameworks should also address land and inheritance rights of orphans, widows, fostered children, etc.

Family support services
- To shift their priorities towards the prevention of family separation, child exploitation and institutionalization, national governments and NGOs should collectively review their alternative care programmes and, as required, realign their budgets to support the prevention of family separation and the range of alternative care options available in their country context.
- Studies need to be undertaken to understand the impact of family welfare schemes (including social protection, public works, improved access to basic services, etc.).

- Child protection actors should be encouraged to advocate for and influence the use of poverty alleviation strategies that aim to reduce family breakdown, separation and ultimately the numbers of children entering alternative care.
- In attempting to address family breakdown, it will be necessary for those same organizations to explore a wider range of services, such as family mediation, recognizing that poverty is not the only driver of the institutionalizing of children.

Formal alternative care

The study reveals the paucity of reliable data on the numbers and 'types' of children in formal alternative care. Many countries are unable to provide an inventory of the different services (by type) providing alternative care to children.

- More mapping and documenting of the situations are needed to inform policy development and adjust the child protection and alternative care system design.
- With proper mapping and documentation, a vision of the continuum of services required to care for and protect vulnerable children should be developed, emphasizing a range of prevention measures and response services according to the stated needs of children and families.
- Beyond the legal framework, a series of protocols, guidance and standards for the management of entry of individual children into care should be adopted and incrementally adapted, along with the best interest-determination protocols, regular review of care plans and the management of a child's eventual exit from the care system.

Informal alternative care

- Informal care and community endogenous practices, such as les logeurs, need to be better documented. Based on their potential positive outcomes for children, social service providers should increasingly support informal family and community-based care within the continuum of alternative care provision.
- Formal and informal care should be seen as options along the continuum of care and build on each other's strengths to complement each other more effectively.
- National dialogues should be convened among the various parties, including community members, to understand the extent to which informal care arrangements can be supported or assisted to protect and provide care for children.
- There is a dearth of information regarding the dynamics and outcomes of informal care at the national level and within the region more generally. To understand the potential policy and service implications for strengthening informal care as well as the perceptions of communities about both formal and informal care options, further research is required.

Coordination

- Rather than establish a separate regional coordinating mechanism dealing solely with family support services and alternative care, build the dialogue into existing networks, framed under a broader common child protection system debate.
- Relevant regional bodies, such as the African Union, the African Committee of Experts on the Rights and Welfare of the Child, the Southern African Development Community, the East African Community, UNICEF and civil society in the region should be more integrally involved in efforts to develop child protection systems and alternative care services.
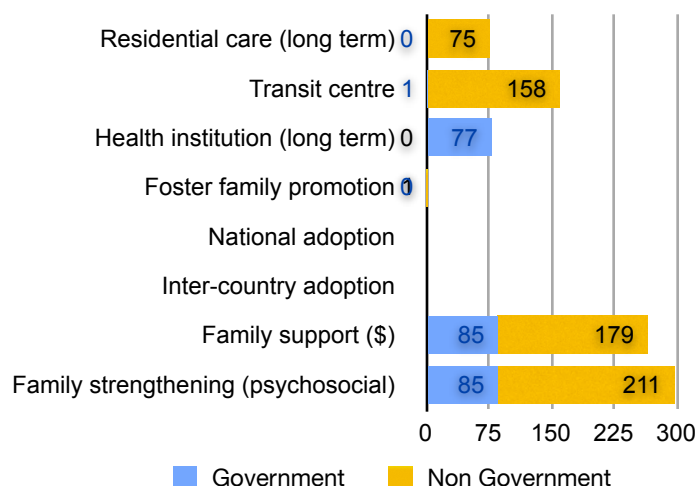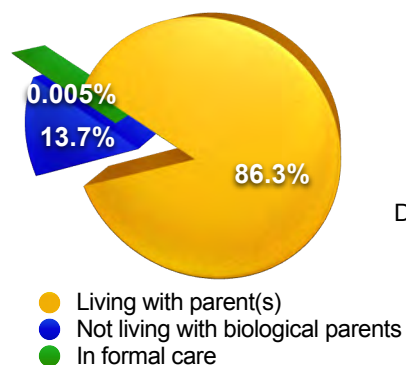
COUNTRY BRIEFS

BENIN

Total population: 8,935,000
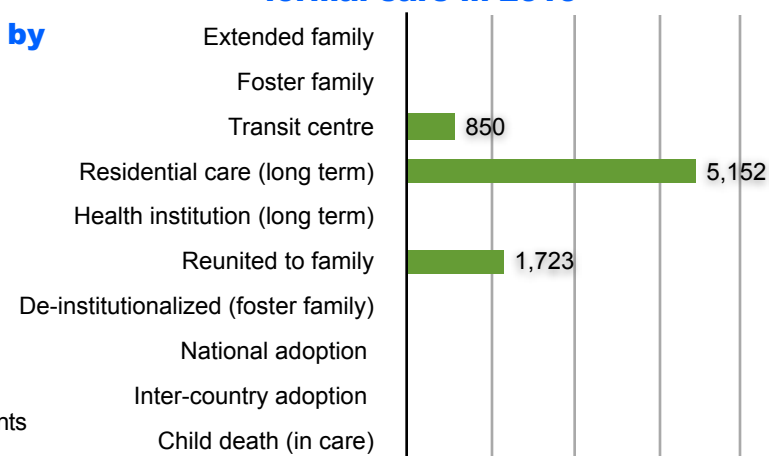Population <18 yrs: 4,431,000

Number of service providers

- Residential care (long term) 0 | 75
- Transit centre 1 | 158
- Health institution (long term) 0 | 77
- Foster family promotion 0 | 0
- National adoption
- Inter-country adoption
- Family support ($) 85 | 179
- Family strengthening (psychosocial) 85 | 211

Scale: 0 75 150 225 300

- Government
- Non Government

Total number of children in formal alternative care: 25,764

Proportion of children by care arrangement

- 0.005%
- 13.7%
- 86.3%

- Living with parent(s)
- Not living with biological parents
- In formal care

Number of children by placement in formal care in 2010

- Extended family
- Foster family
- Transit centre | 850
- Residential care (long term) | 5,152
- Health institution (long term)
- Reunited to family | 1,723
- De-institutionalized (foster family)
- National adoption
- Inter-country adoption
- Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK
- Alignment with International Guidelines ±
- Adequate legal framework ±
- Convergence between family support and alternative care policies ±

RESOURCES OF FORMAL SERVICES
- Human resources, quantity −
- Human resources, quality ±
- Budgetary resources −

GATEKEEPING AND FORMAL CARE PROCESSES
- Existence of a gatekeeping mechanism ±
- Gatekeeping mechanism quality ±
- Use of individual plans ±
- Placement review −
- Existence of a complaints mechanisms −

FORMAL ALTERNATIVE CARE
- Family contact ±
- Access to education and health services +
- Child participation in decision-making ±

INFORMAL ALTERNATIVE CARE
- Family contact −
- Access to education and health services −
- Child participation in decision-making −

HEADLINES *Informal alternative care (13.7% of child population) is negatively perceived, and little else is known *Some challenges in the legal framework, little convergence between family support and alternative care policies. *Balance between family support and alternative care service offered, but overreliance on institutional care. *Gatekeeping not systematically used. *Not all children have a care plan. *Not all placements are reviewed regularly.

BENIN - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS 2006, Table 18.1, p.294; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (4 responses)

The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

– *In the totality or majority of responses, the indicator is perceived as particularly inadequate, insufficient, very problematic or not used or applied.*

± *In the totality or majority of responses, the indicator is perceived as partially inadequate, somehow sufficient, somehow problematic or limited in terms of use and implementation.*

+ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
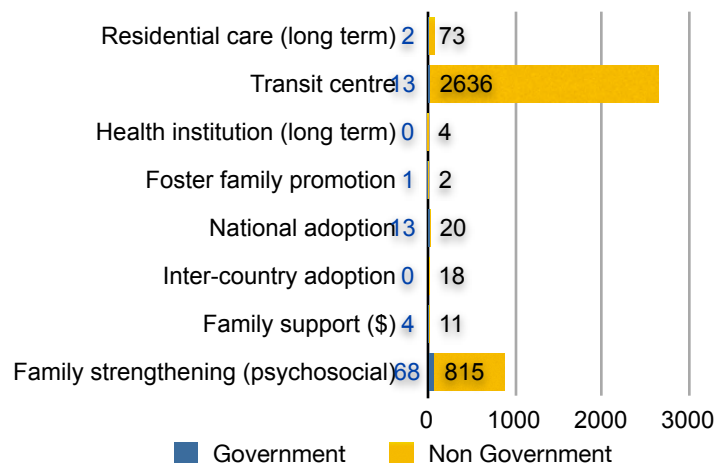
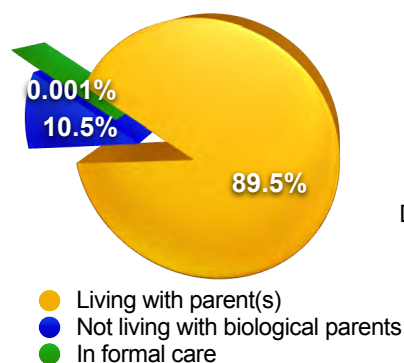NA *Not applicable (data not available).*

BURKINA FASO

Total population: 15.757.000
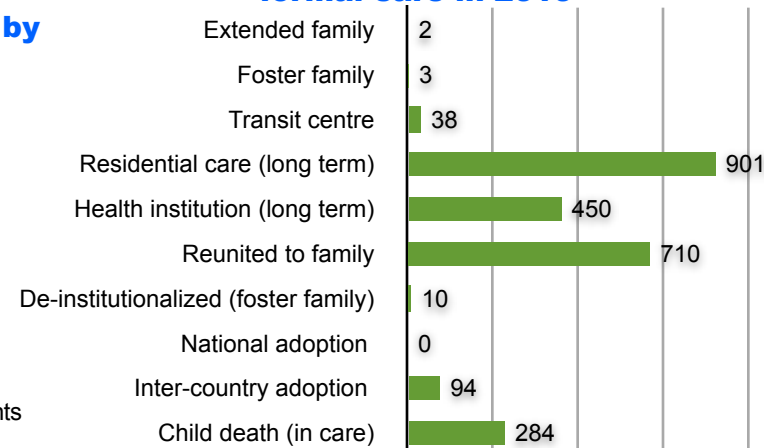Population <18 yrs: 7,974,496

Number of service providers

Residential care (long term)	2	73
Transit centre	3	2636
Health institution (long term)	0	4
Foster family promotion	1	2
National adoption	13	20
Inter-country adoption	0	18
Family support ($)	4	11
Family strengthening (psychosocial)	68	815

0   1000   2000   3000

■ Government   ■ Non Government

Total number of children in formal alternative care: 12.833

Proportion of children by care arrangements

0.001%
10.5%
89.5%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care in 2010

Extended family	2
Foster family	3
Transit centre	38
Residential care (long term)	901
Health institution (long term)	450
Reunited to family	710
De-institutionalized (foster family)	10
National adoption	0
Inter-country adoption	94
Child death (in care)	284

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK
- Alignment with International Guidelines — ±
- Adequate legal framework — ±
- Convergence between family support and alternative care policies — −

RESOURCES OF FORMAL SERVICES
- Human resources, quantity — −
- Human resources, quality — ±
- Budgetary resources — −

GATEKEEPING AND FORMAL CARE PROCESSES
- Existence of a gatekeeping mechanism — ±
- Gatekeeping mechanism quality — +
- Use of individual plans — +
- Placement review — ±
- Existence of a complaints mechanisms — ±

FORMAL ALTERNATIVE CARE
- Family contact — +
- Access to education and health services — +
- Child participation in decision-making — +

INFORMAL ALTERNATIVE CARE
- Family contact — ±
- Access to education and health services — ±
- Child participation in decision-making — ±

HEADLINES   *Unknown informal alternative care (10.5% of children). *Weak links between alternative care and family support policies. *Family support services appear limited. *The process for entering care needs improving. *Institutional care dominates the placement into care. *Progress in reuniting children with families. *Inadequate human and financial resources.

2012

BURKINA FASO - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*MICS 2006 (Tableau HA.10); Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (4 responses)

The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

(−) *In the totality or majority of responses, the indicator is perceived as particularly inadequate, insufficient, very problematic or not used or applied.*

(±) *In the totality or majority of responses, the indicator is perceived as partially inadequate, somehow sufficient, somehow problematic or limited in terms of use and implementation.*

(+) *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
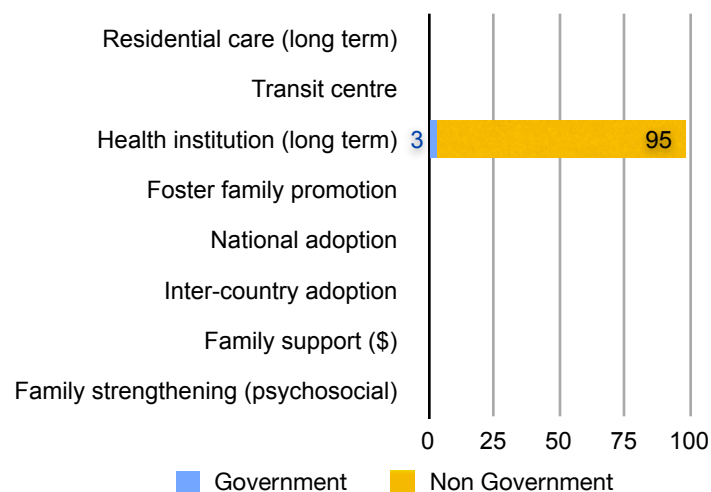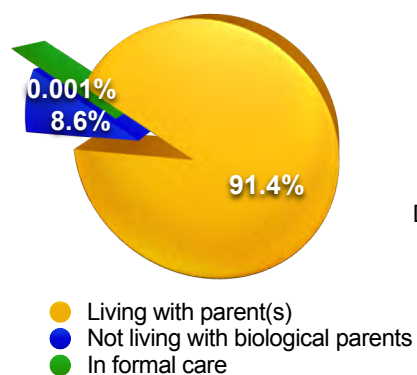
NA *Not applicable (data not available).*

BURUNDI

Total population: 8,303,000
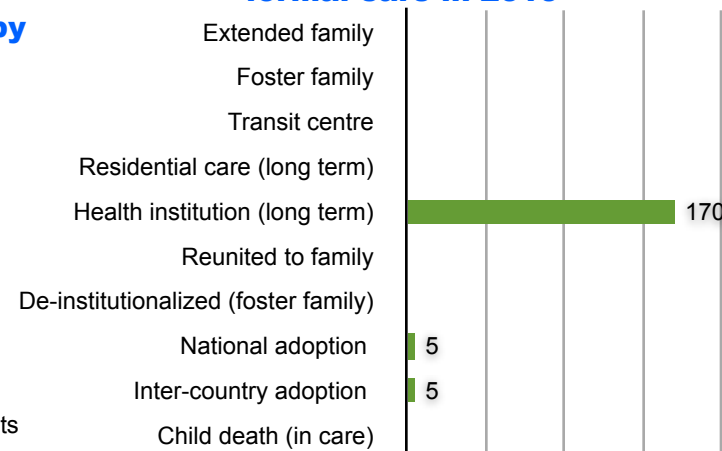Population <18 yrs: 3.772,000

Number of service providers

- Residential care (long term)
- Transit centre
- Health institution (long term) — Government 3, Non Government 95
- Foster family promotion
- National adoption
- Inter-country adoption
- Family support ($)
- Family strengthening (psychosocial)

Scale: 0 25 50 75 100

Legend:
- Government (light blue)
- Non Government (yellow)

Total number of children in formal alternative care: 5,520

Proportion of children by care arrangements

- 0.001%
- 8.6%
- 91.4%

Legend:
- Living with parent(s)
- Not living with biological parents
- In formal care

Number of children by placement in formal care in 2010

- Extended family
- Foster family
- Transit centre
- Residential care (long term)
- Health institution (long term) — 170
- Reunited to family
- De-institutionalized (foster family)
- National adoption — 5
- Inter-country adoption — 5
- Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — NA
- Adequate legal framework — NA
- Convergence between family support and alternative care policies — NA

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — NA
- Human resources, quality — NA
- Budgetary resources — NA

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — NA
- Gatekeeping mechanism quality — NA
- Use of individual plans — NA
- Placement review — NA
- Existence of a complaints mechanisms — NA

FORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

INFORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

HEADLINES *Data not available. *Informal alternative care involves 8.6% of children. *The limited available data shows an exclusive use of residential care. *Services largely provided by non-government organizations.

BURUNDI - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*MICS 2005, Table HA.10, p. 113;* *Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (1 response, incomplete)
The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

(−) *In the totality or majority of responses, the indicator is perceived as particularly inadequate, insufficient, very problematic or not used or applied.*

(±) *In the totality or majority of responses, the indicator is perceived as partially inadequate, somehow sufficient, somehow problematic or limited in terms of use and implementation.*

(+) *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
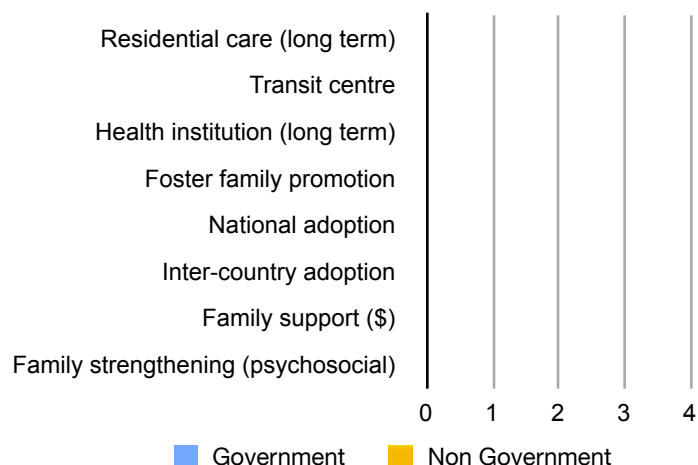
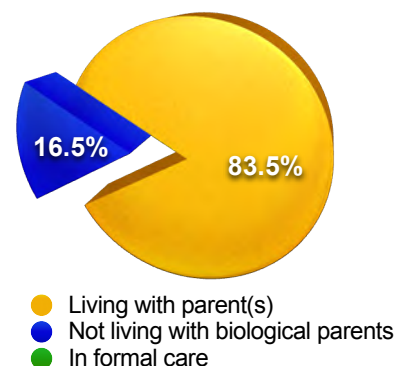NA *Not applicable (data not available).*

CAMEROON

Total population: 19,522,000
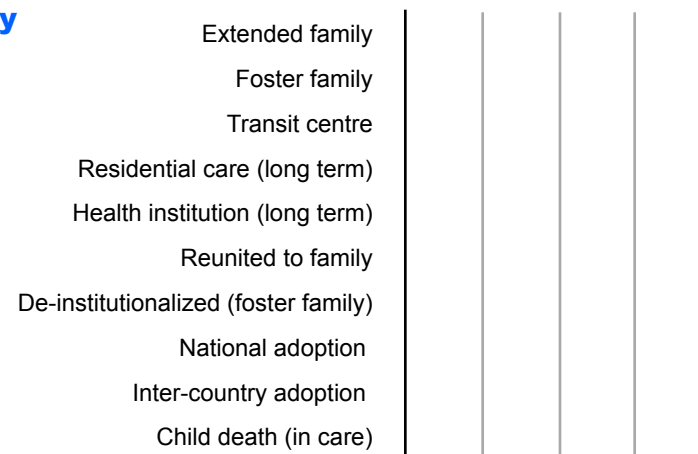Population <18 years: 9,306,000

Number of service providers

Residential care (long term)
Transit centre
Health institution (long term)
Foster family promotion
National adoption
Inter-country adoption
Family support ($)
Family strengthening (psychosocial)

0 1 2 3 4

Government   Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangements

16.5%   83.5%

Living with parent(s)
Not living with biological parents
In formal care

Number of children by placement in formal care in 2010

Extended family
Foster family
Transit centre
Residential care (long term)
Health institution (long term)
Reunited to family
De-institutionalized (foster family)
National adoption
Inter-country adoption
Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — NA
- Adequate legal framework — NA
- Convergence between family support and alternative care policies — NA

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — NA
- Human resources, quality — NA
- Budgetary resources — NA

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — NA
- Gatekeeping mechanism quality — NA
- Use of individual plans — NA
- Placement review — NA
- Existence of a complaints mechanisms — NA

FORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

INFORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

HEADLINES   *Informal alternative care involves 16.5% of children. *No other information available.

CAMEROON - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition	MICS 2006, Table HA.10, p. 200; Data aggregation sheet 2011
Number of children by placement in formal care in 2010	Number of placement of children in different forms of formal alternative care in 2010.	Data aggregation sheet 2011
Number of service providers	Number of organizations (government and non-government) according to services offered.	Data aggregation sheet 2011

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (0 responses)
The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

 — *In the totality or majority of responses, the indicator is perceived as particularly inadequate, insufficient, very problematic or not used or applied.*

 ± *In the totality or majority of responses, the indicator is perceived as partially inadequate, somehow sufficient, somehow problematic or limited in terms of use and implementation.*

 + *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
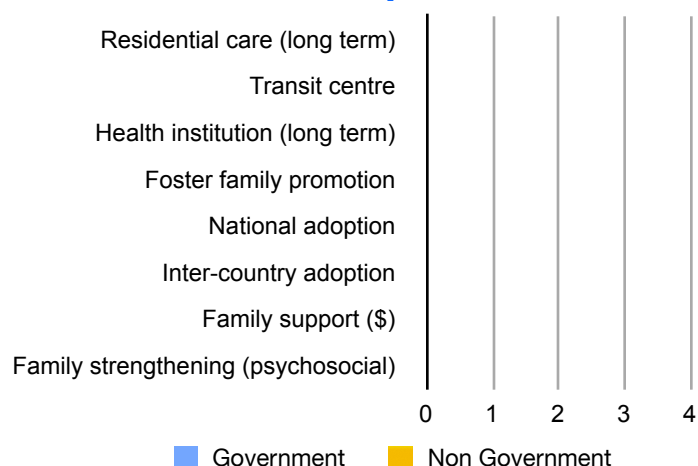
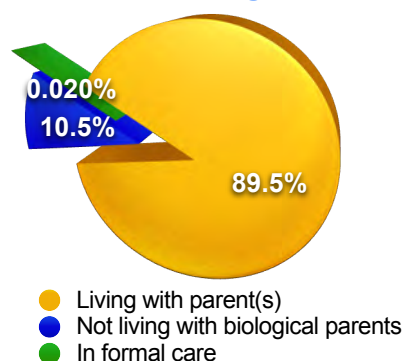NA *Not applicable (data not available).*

CAP VERDE

Total population: 506,000
Population <18 years: 220,000
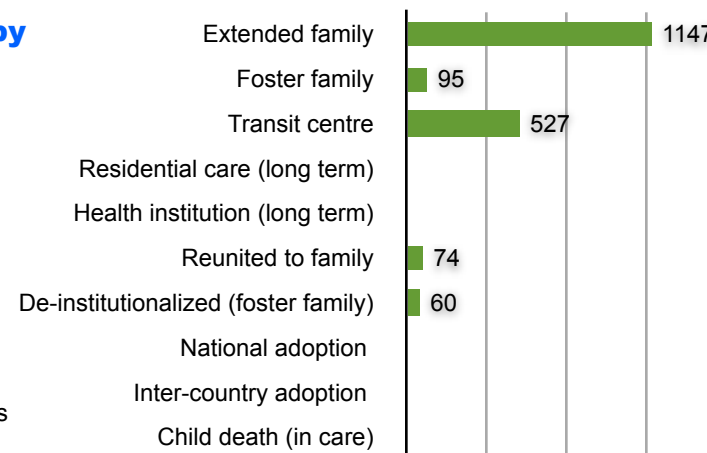
Number of service providers

Residential care (long term)
Transit centre
Health institution (long term)
Foster family promotion
National adoption
Inter-country adoption
Family support ($)
Family strengthening (psychosocial)

0   1   2   3   4

■ Government   ■ Non Government

Total number of children in formal alternative care: 4,586

Proportion of children by care arrangement

0.020%
10.5%
89.5%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care 2010

Extended family	1147
Foster family	95
Transit centre	527
Residential care (long term)	
Health institution (long term)	
Reunited to family	74
De-institutionalized (foster family)	60
National adoption	
Inter-country adoption	
Child death (in care)	

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — NA
- Adequate legal framework — NA
- Convergence between family support and alternative care policies — NA

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — NA
- Human resources, quality — NA
- Budgetary resources — NA

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — NA
- Gatekeeping mechanism quality — NA
- Use of individual plans — NA
- Placement review — NA
- Existence of a complaints mechanisms — NA

FORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

INFORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

HEADLINES *Very limited data available. *Informal alternative care involves 10.5% of children compared with 0.02% of children in formal alternative care. *Largest proportion of children in formal alternative care in the region. *Formal placement is done mostly within the extended family. *The use of residential care seems to be temporary.

CAP VERDE - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS 2005, Table 2.3, p. 14; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (1 response, incomplete)
The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

— *In the totality or majority of responses, the indicator is perceived as particularly inadequate, insufficient, very problematic or not used or applied.*

± *In the totality or majority of responses, the indicator is perceived as partially inadequate, somehow sufficient, somehow problematic or limited in terms of use and implementation.*

+ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
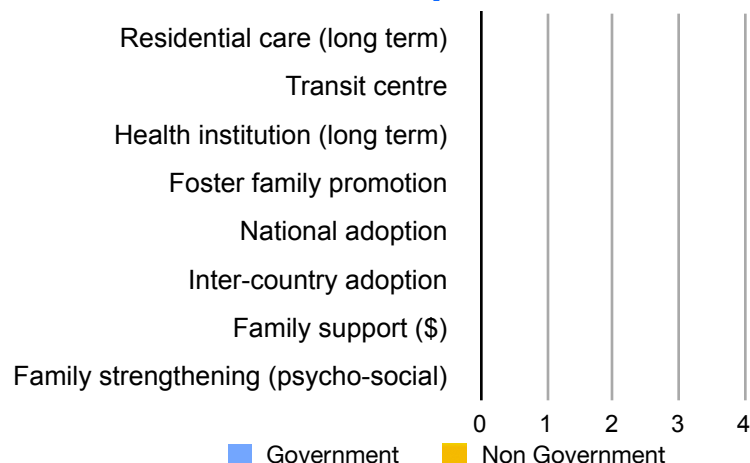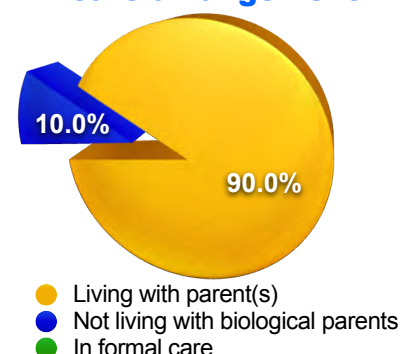
NA *Not applicable (data not available).*

CHAD

Total population: 11,206,000
Population <18 years: 5,867,000

Number of service providers

Residential care (long term)
Transit centre
Health institution (long term)
Foster family promotion
National adoption
Inter-country adoption
Family support ($)
Family strengthening (psycho-social)

0 1 2 3 4

■ Government   ■ Non Government

Total number of children in formal alternative care: ND

Proportion of children by care arrangement

10.0%
90.0%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care in 2010

Extended family
Foster family
Transit centre
Residential care (long term)
Health institution (long term)
Reunited to family
De-institutionalized (foster family)
National adoption
Inter-country adoption
Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — ±
- Adequate legal framework — ±
- Convergence between family support and alternative care policies — ±

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — −
- Human resources, quality — ±
- Budgetary resources — −

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — ±
- Gatekeeping mechanism quality — +
- Use of individual plans — +
- Placement review — ±
- Existence of a complaints mechanisms — ±

FORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — +
- Child participation in decision-making — +

INFORMAL ALTERNATIVE CARE

- Family contact — ±
- Access to education and health services — ±
- Child participation in decision-making — ±

HEADLINES *Very limited data available.   *Formal alternative care perceived as better than informal alternative care (10% of children).   *Effective gatekeeping mechanism exists but is not systematically in use for placement review. *Individual care plans seem to be in use

2012

CHAD - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITRE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS 2004, Table 2.9, p. 31; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (1 response)
The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

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(+) *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
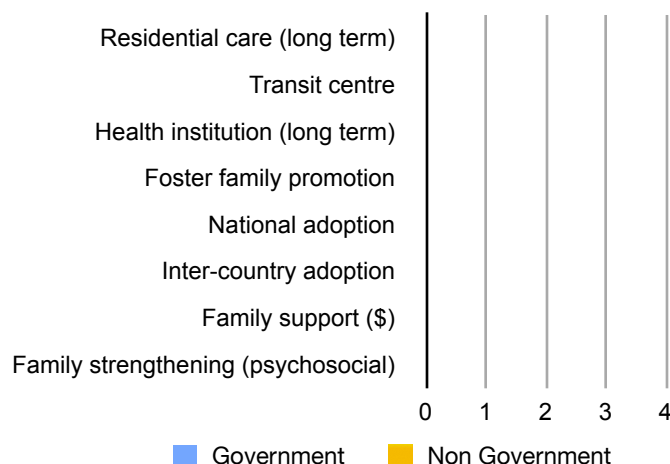
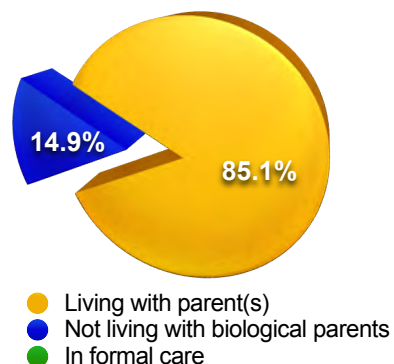ND *Not applicable (data not available).*

CONGO BRAZZAVILLE

Total population: 3,683,000
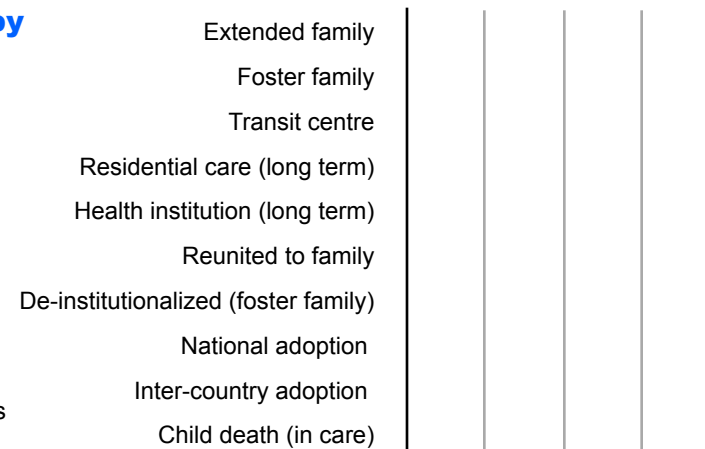Population <18 years: 1,739,000

Number of service providers

- Residential care (long term)
- Transit centre
- Health institution (long term)
- Foster family promotion
- National adoption
- Inter-country adoption
- Family support ($)
- Family strengthening (psychosocial)

0 1 2 3 4

■ Government ■ Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangement

14.9%
85.1%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care in 2010

- Extended family
- Foster family
- Transit centre
- Residential care (long term)
- Health institution (long term)
- Reunited to family
- De-institutionalized (foster family)
- National adoption
- Inter-country adoption
- Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — NA
- Adequate legal framework — NA
- Convergence between family support and alternative care policies — NA

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — NA
- Human resources, quality — NA
- Budgetary resources — NA

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — NA
- Gatekeeping mechanism quality — NA
- Use of individual plans — NA
- Placement review — NA
- Existence of a complaints mechanisms — NA

FORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

INFORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

HEADLINES *Informal alternative care involves 14.9% of children. *No other information available.

2012

CONGO BRAZZAVILLE - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS (AIS7) 2009, Table 2.8, p. 23; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (0 responses)

The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

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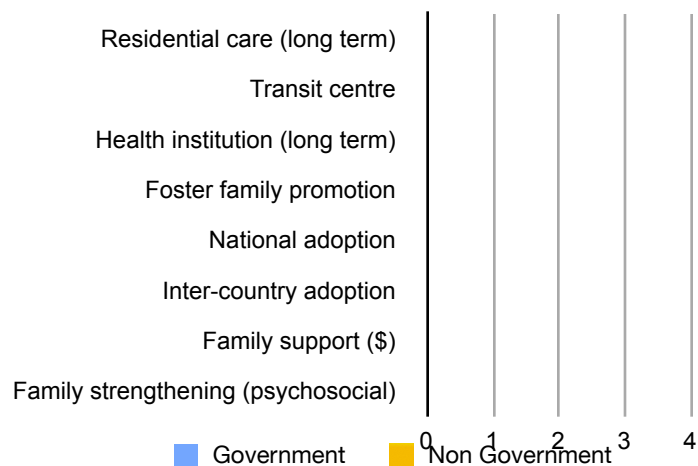
NA *Not applicable (data not available).*
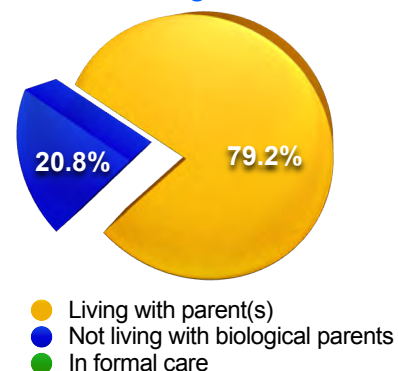
COTE D'IVOIRE

Total population:	21,075,000
Population <18 years:	9,953,000

Number of service providers

- Residential care (long term)
- Transit centre
- Health institution (long term)
- Foster family promotion
- National adoption
- Inter-country adoption
- Family support ($)
- Family strengthening (psychosocial)

0 1 2 3 4

- Government
- Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangements

20.8%   79.2%

- Living with parent(s)
- Not living with biological parents
- In formal care

Number of children by placement in formal care in 2010

- Extended family
- Foster family
- Transit centre
- Residential care (long term)
- Health institution (long term)
- Reunited to family
- De-institutionalized (foster family)
- National adoption
- Inter-country adoption
- Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — NA
- Adequate legal framework — NA
- Convergence between family support and alternative care policies — NA

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — NA
- Human resources, quality — NA
- Budgetary resources — NA

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — NA
- Gatekeeping mechanism quality — NA
- Use of individual plans — NA
- Placement review — NA
- Existence of a complaints mechanisms — NA

FORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

INFORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

HEADLINES   *Informal alternative care involves 20.8% of children. *No other information available.

COTE D'IVOIRE - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*MICS 2006, Table HA.1, p. 113;* *Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (0 responses)

The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

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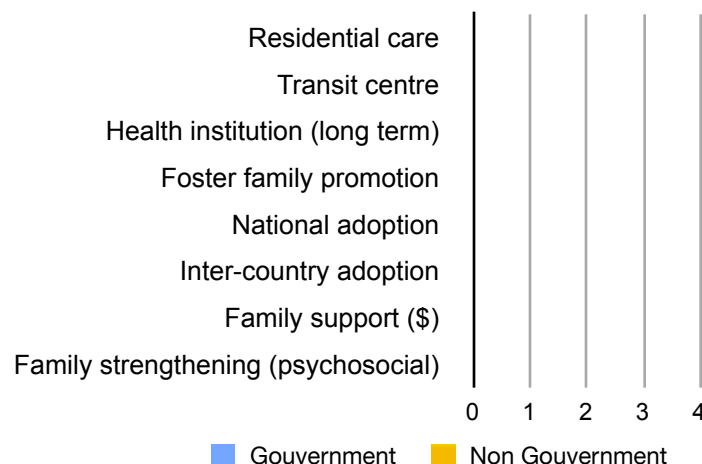
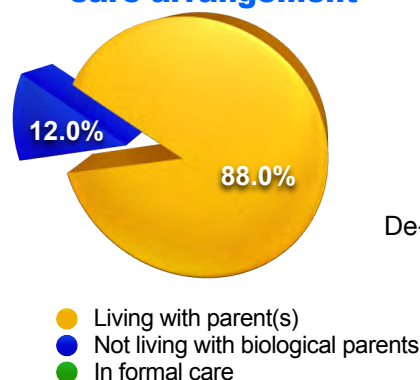NA *Not applicable (data not available).*

(DR) CONGO

Total population: 66,020,000
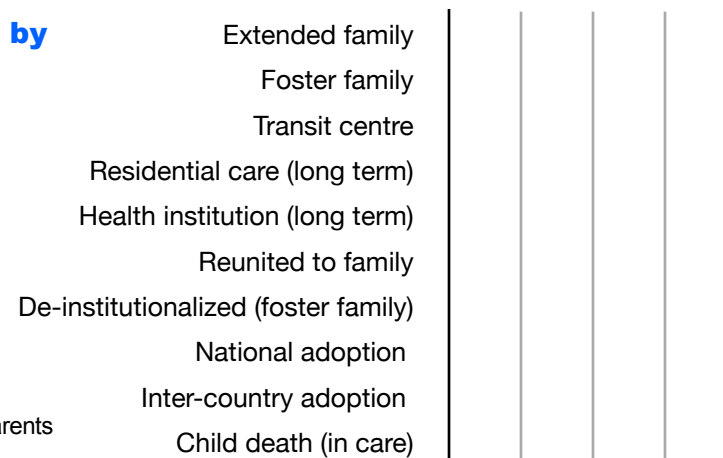Population <18 years: 35,353,000

Number of service providers

Residential care
Transit centre
Health institution (long term)
Foster family promotion
National adoption
Inter-country adoption
Family support ($)
Family strengthening (psychosocial)

0 1 2 3 4

■ Gouvernment   ■ Non Gouvernment

Total number of children in formal alternative care: NA

Proportion of children by care arrangement

12.0%
88.0%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care in 2010

Extended family
Foster family
Transit centre
Residential care (long term)
Health institution (long term)
Reunited to family
De-institutionalized (foster family)
National adoption
Inter-country adoption
Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — NA
- Adequate legal framework — NA
- Convergence between family support and alternative care policies — NA

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — NA
- Human resources, quality — NA
- Budgetary resources — NA

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — NA
- Gatekeeping mechanism quality — NA
- Use of individual plans — NA
- Placement review — NA
- Existence of a complaints mechanisms — NA

FORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

INFORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

HEADLINES *Informal alternative care involves 14.9% of children.   *No other information available.

DR CONGO - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*MICS 2010, Table CP.9, Final Report, p. 181; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

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Qualitative data: Child Frontiers – online survey, 2011 (0 responses)

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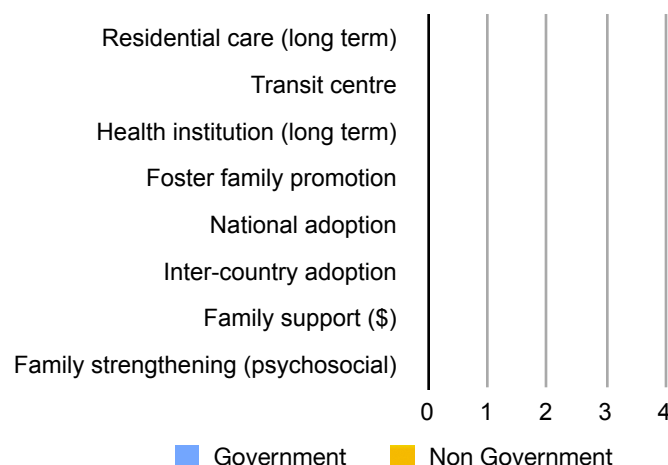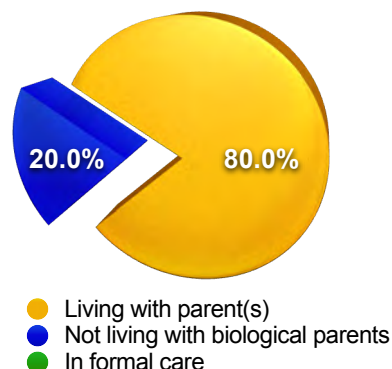
NA *Not applicable (data not available).*

GABON

Total population: 1,475,000
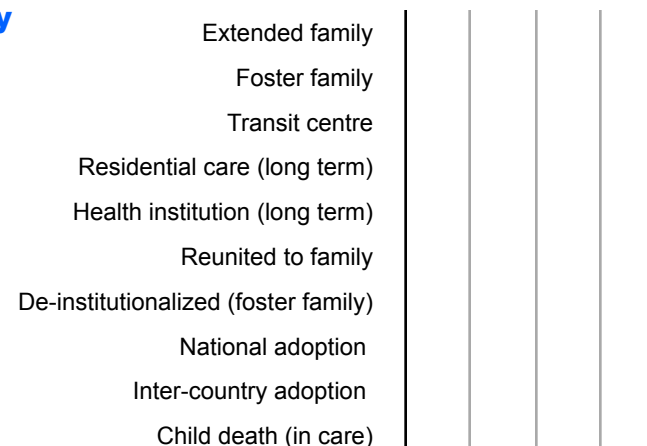Population <18 years: 636,000

Number of service providers

- Residential care (long term)
- Transit centre
- Health institution (long term)
- Foster family promotion
- National adoption
- Inter-country adoption
- Family support ($)
- Family strengthening (psychosocial)

0 1 2 3 4

■ Government   ■ Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangement

20.0%   80.0%

- ● Living with parent(s)
- ● Not living with biological parents
- ● In formal care

Number of children by placement in formal care in 2010

- Extended family
- Foster family
- Transit centre
- Residential care (long term)
- Health institution (long term)
- Reunited to family
- De-institutionalized (foster family)
- National adoption
- Inter-country adoption
- Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — ±
- Adequate legal framework — −
- Convergence between family support and alternative care policies — −

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — −
- Human resources, quality — −
- Budgetary resources — −

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — ±
- Gatekeeping mechanism quality — −
- Use of individual plans — ±
- Placement review — −
- Existence of a complaints mechanisms — ±

FORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — +
- Child participation in decision-making — ±

INFORMAL ALTERNATIVE CARE

- Family contact — ±
- Access to education and health services — ±
- Child participation in decision-making — −

HEADLINES   *Limited data available. *Informal alternative care (20% of children) perceived relatively positively, but little else is known. *Legal framework apparently inadequate. *Family support and alternative care policies do not reinforce each other. *Gatekeeping and placement review need immediate attention.

GABON - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS 2000, Table 2.3, p. 16; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

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Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (4 responses)

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+ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
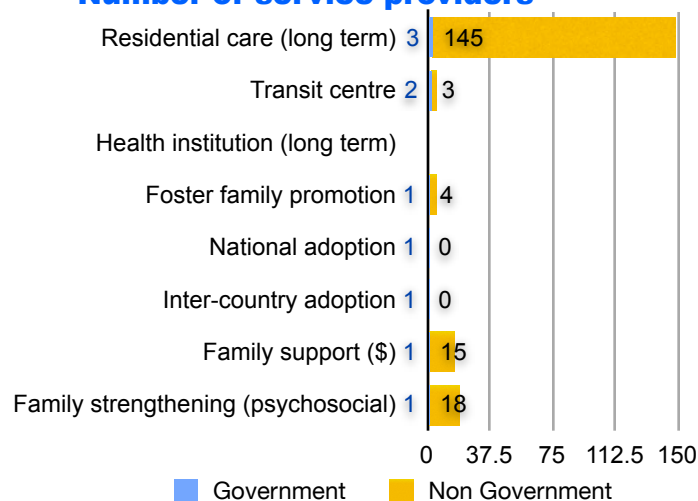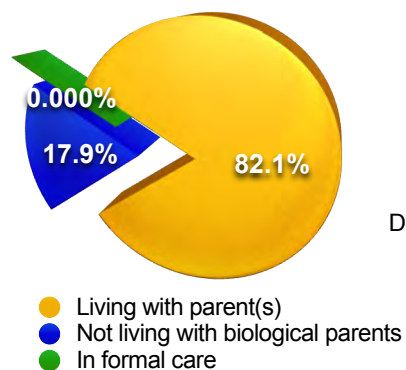
NA *Not applicable (data not available).*

GHANA

Total population: 23,837,000
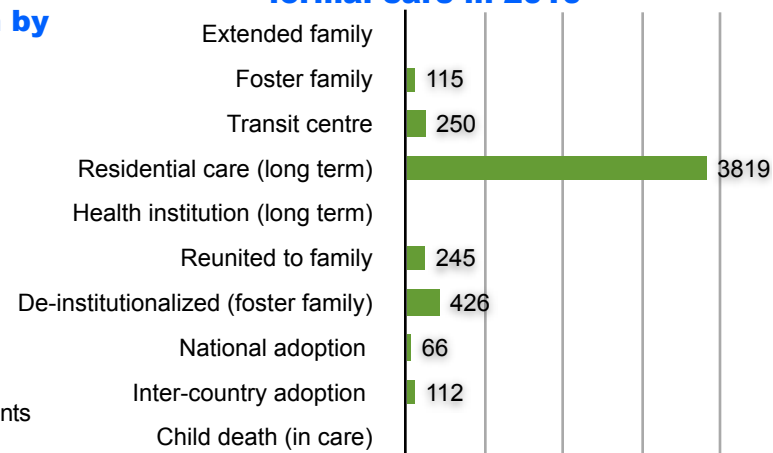Population <18 years: 10,726,000

Number of service providers

Service	Gov	Value
Residential care (long term)	3	145
Transit centre	2	3
Health institution (long term)		
Foster family promotion	1	4
National adoption	1	0
Inter-country adoption	1	0
Family support ($)	1	15
Family strengthening (psychosocial)	1	18

0 37.5 75 112.5 150

■ Government ■ Non Government

Total number of children in formal alternative care: 4,000

Proportion of children by care arrangement

- 0.000%
- 17.9%
- 82.1%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care in 2010

Placement	Value
Extended family	
Foster family	115
Transit centre	250
Residential care (long term)	3819
Health institution (long term)	
Reunited to family	245
De-institutionalized (foster family)	426
National adoption	66
Inter-country adoption	112
Child death (in care)	

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — NA
- Adequate legal framework — NA
- Convergence between family support and alternative care policies — (−)

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — NA
- Human resources, quality — NA
- Budgetary resources — NA

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — (−)
- Gatekeeping mechanism quality — (+)
- Use of individual plans — NA
- Placement review — NA
- Existence of a complaints mechanisms — NA

FORMAL ALTERNATIVE CARE

- Family contact — (+)
- Access to education and health services — NA
- Child participation in decision-making — (−)

INFORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

HEADLINES *Limited data available. *Informal alternative care involves 17.9% of children, little else is known. *Limited convergence between family support and alternative care policies. *Most services are on alternative care, with over-reliance on residential care. *Gatekeeping mechanism perceived as effective but not always applied.

GHANA - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition.*	*DHS 2008, Table 2.3, p. 14; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

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Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (1 response, incomplete)
The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

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± *In the totality or majority of responses, the indicator is perceived as partially inadequate, somehow sufficient, somehow problematic or limited in terms of use and implementation.*

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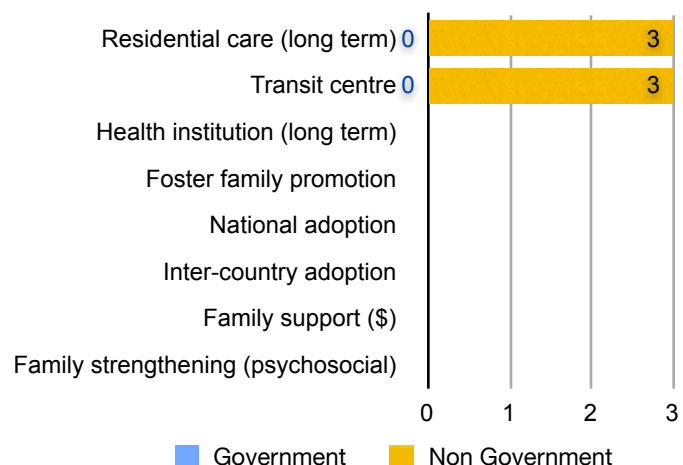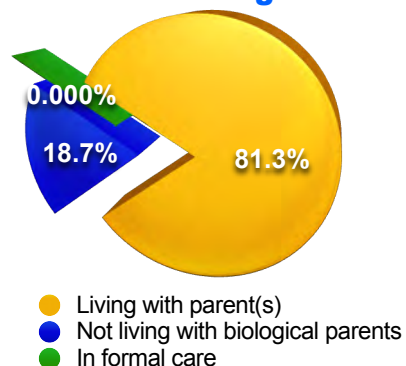
NA *Not applicable (data not available).*

GUINEA BISSAU

Total population: 1,611,000
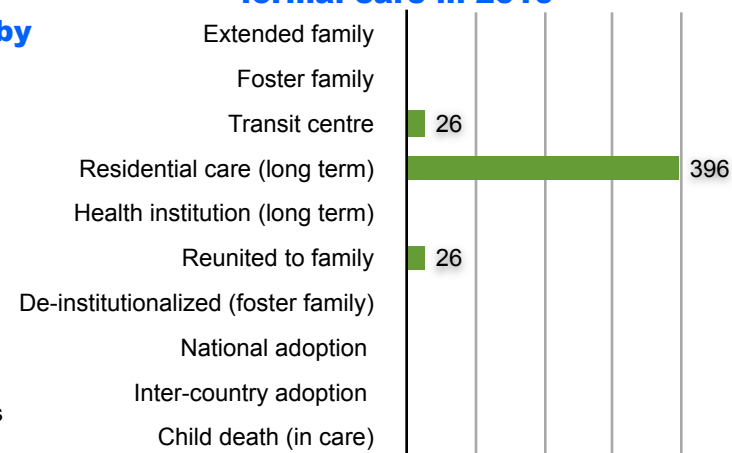Population <18 years: 787,000

Number of service providers

Service provider	Value
Residential care (long term)	0 — 3
Transit centre	0 — 3
Health institution (long term)	
Foster family promotion	
National adoption	
Inter-country adoption	
Family support ($)	
Family strengthening (psychosocial)	

0 1 2 3

■ Government ■ Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangement

0.000%
18.7%
81.3%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care in 2010

Placement	Value
Extended family	
Foster family	
Transit centre	26
Residential care (long term)	396
Health institution (long term)	
Reunited to family	26
De-institutionalized (foster family)	
National adoption	
Inter-country adoption	
Child death (in care)	

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — NA
- Adequate legal framework — NA
- Convergence between family support and alternative care policies — NA

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — NA
- Human resources, quality — NA
- Budgetary resources — NA

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — NA
- Gatekeeping mechanism quality — NA
- Use of individual plans — NA
- Placement review — NA
- Existence of a complaints mechanisms — NA

FORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

INFORMAL ALTERNATIVE CARE

- Family contact — NA
- Access to education and health services — NA
- Child participation in decision-making — NA

HEADLINES *Informal alternative care involving 18.7% of children, little else known. *Limited data available. *No information on family support services. *Formal alternative care relying on residential care exclusively.

GUINEA BISSAU - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*MICS 2006, Table HA.10, p. 181;* *Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (4 responses)
The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

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+ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
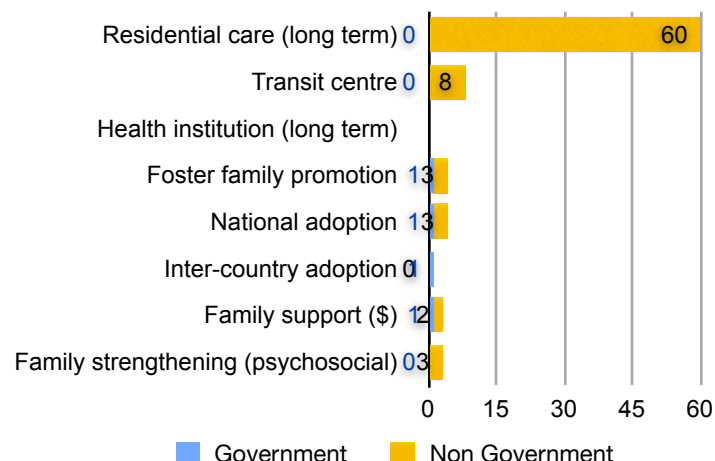
NA *Not applicable (data not available).*
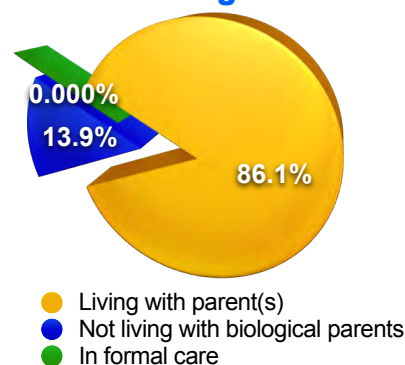
GUINEA CONAKRY

Total population: 10,069,000
Population <18 years: 4,972,000
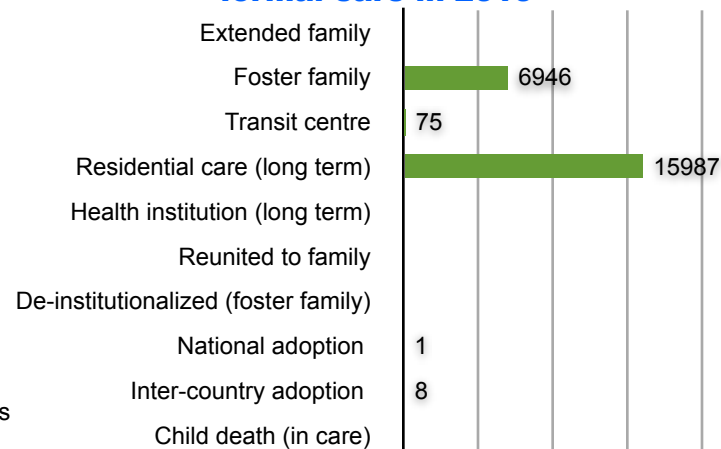
Number of service providers

Residential care (long term)	0 — 60
Transit centre	0 — 8
Health institution (long term)	
Foster family promotion	13
National adoption	13
Inter-country adoption	0
Family support ($)	12
Family strengthening (psychosocial)	03

0 15 30 45 60

■ Government ■ Non Government

Total number of children in formal alternative care: 15,987

Proportion of children by care arrangement

0.000%
13.9%
86.1%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care in 2010

Extended family	
Foster family	6946
Transit centre	75
Residential care (long term)	15987
Health institution (long term)	
Reunited to family	
De-institutionalized (foster family)	
National adoption	1
Inter-country adoption	8
Child death (in care)	

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines **+**
- Adequate legal framework **±**
- Convergence between family support and alternative care policies **+**

RESOURCES OF FORMAL SERVICES

- Human resources, quantity **±**
- Human resources, quality **±**
- Budgetary resources **−**

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism **−**
- Gatekeeping mechanism quality **±**
- Use of individual plans **−**
- Placement review **±**
- Existence of a complaints mechanisms **±**

FORMAL ALTERNATIVE CARE

- Family contact **±**
- Access to education and health services **+**
- Child participation in decision-making **−**

INFORMAL ALTERNATIVE CARE

- Family contact **+**
- Access to education and health services **+**
- Child participation in decision-making **−**

HEADLINES *Informal alternative care (13.9% of children) is positively perceived. *The perception of indicators on alternative care contradicts the perception of the legal framework, which is perceived as positive. *Gatekeeping and placement review need immediate attention. *Family support services appear to be almost non-existent.

2012

GUINEA CONAKRY - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition	DHS 2005, Table 2.8, p. 31; Data aggregation sheet 2011
Number of children by placement in formal care in 2010	Number of placement of children in different forms of formal alternative care in 2010.	Data aggregation sheet 2011
Number of service providers	Number of organizations (government and non-government) according to services offered.	Data aggregation sheet 2011

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (2 responses)
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+ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
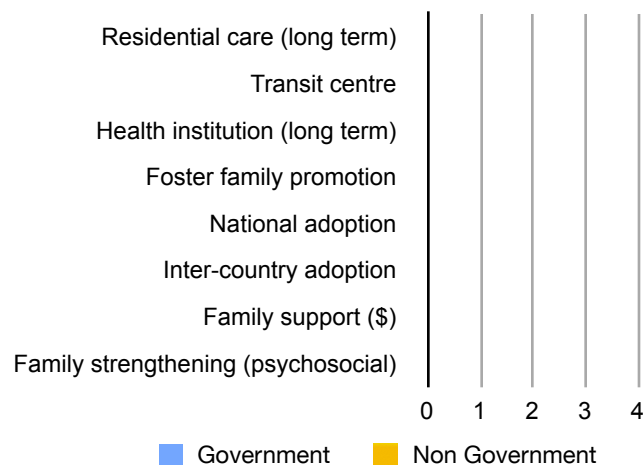
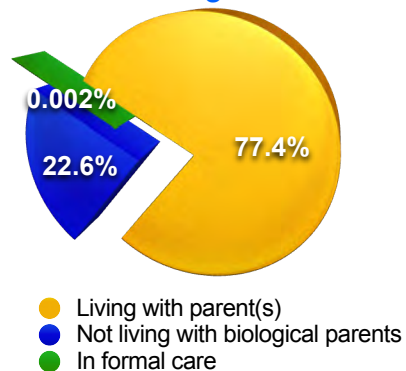NA *Not applicable (data not available).*

LIBERIA

Total population: 3,955,000
Population <18 years: 1,950,000
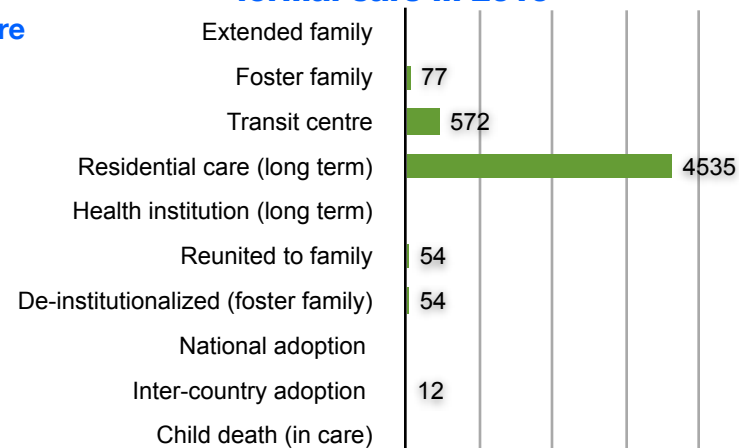
Number of service providers

Residential care (long term)
Transit centre
Health institution (long term)
Foster family promotion
National adoption
Inter-country adoption
Family support ($)
Family strengthening (psychosocial)

0 1 2 3 4

■ Government   ■ Non Government

Total number of children in formal alternative care: 4,535

Proportion of children by care arrangement

0.002%
22.6%
77.4%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care in 2010

Extended family
Foster family   77
Transit centre   572
Residential care (long term)   4535
Health institution (long term)
Reunited to family   54
De-institutionalized (foster family)   54
National adoption
Inter-country adoption 12
Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines   ±
- Adequate legal framework   ±
- Convergence between family support and alternative care policies   ±

RESOURCES OF FORMAL SERVICES

- Human resources, quantity   −
- Human resources, quality   −
- Budgetary resources   −

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism   ±
- Gatekeeping mechanism quality   ±
- Use of individual plans   +
- Placement review   −
- Existence of a complaints mechanisms   ±

FORMAL ALTERNATIVE CARE

- Family contact   ±
- Access to education and health services   +
- Child participation in decision-making   ±

INFORMAL ALTERNATIVE CARE

- Family contact   +
- Access to education and health services   +
- Child participation in decision-making   −

HEADLINES   *Large proportion of children (22.6%) in informal alternative care, a phenomenon largely unknown. *Generally weak legal framework. *Human and financial resources perceived as inadequate. *Formal alternative care almost exclusively residential care. *Gatekeeping seems to be practised only by some non-government organizations. *Placement reviews seem virtually non-existent. *Informal alternative care perceived as better than formal alternative care.

LIBERIA - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS 2007, Table 2.3, p. 10; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

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Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (4 responses)
The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

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± *In the totality or majority of responses, the indicator is perceived as partially inadequate, somehow sufficient, somehow problematic or limited in terms of use and implementation.*

+ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
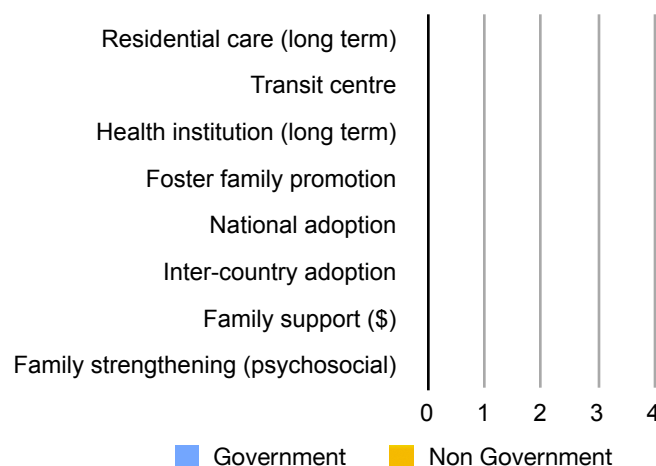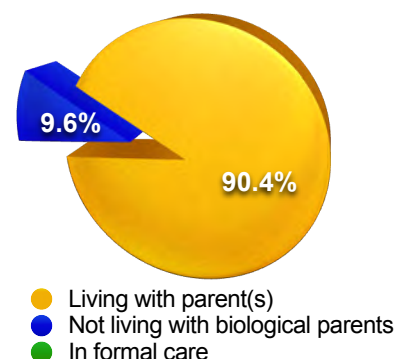
NA *Not applicable (data not available).*

MALI

Total population: 13,010,000
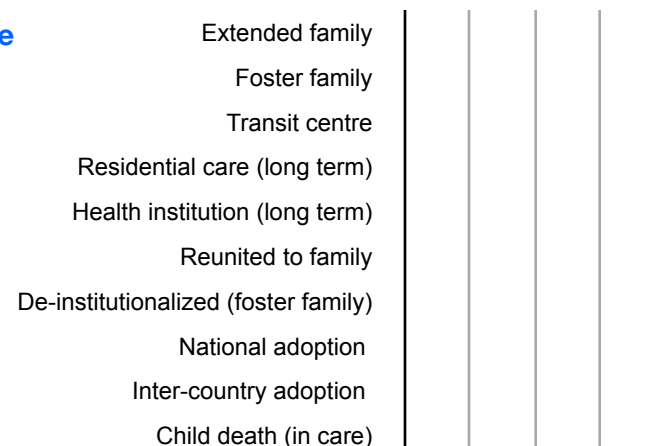Population <18 years: 6,649,000

Number of service providers

- Residential care (long term)
- Transit centre
- Health institution (long term)
- Foster family promotion
- National adoption
- Inter-country adoption
- Family support ($)
- Family strengthening (psychosocial)

0 1 2 3 4

Government   Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangement

9.6%
90.4%

- Living with parent(s)
- Not living with biological parents
- In formal care

Number of children by placement in formal care in 2010

- Extended family
- Foster family
- Transit centre
- Residential care (long term)
- Health institution (long term)
- Reunited to family
- De-institutionalized (foster family)
- National adoption
- Inter-country adoption
- Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines ±
- Adequate legal framework ±
- Convergence between family support and alternative care policies ±

RESOURCES OF FORMAL SERVICES

- Human resources, quantity ±
- Human resources, quality ±
- Budgetary resources −

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism ±
- Gatekeeping mechanism quality ±
- Use of individual plans ±
- Placement review ±
- Existence of a complaints mechanisms ±

FORMAL ALTERNATIVE CARE

- Family contact +
- Access to education and health services +
- Child participation in decision-making −

INFORMAL ALTERNATIVE CARE

- Family contact +
- Access to education and health services ±
- Child participation in decision-making −

HEADLINES   *Informal alternative care practice (20% of children) is unknown. *Legal framework to improve. *Weak links between family support and alternative care policies. *When used, the gatekeeping mechanism seems effective. *No individual care plan for children. *No placement review

MALI - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS 2006, Table 16.4, p. 268 (child <14 yrs); Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (5 responses)
The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

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+ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
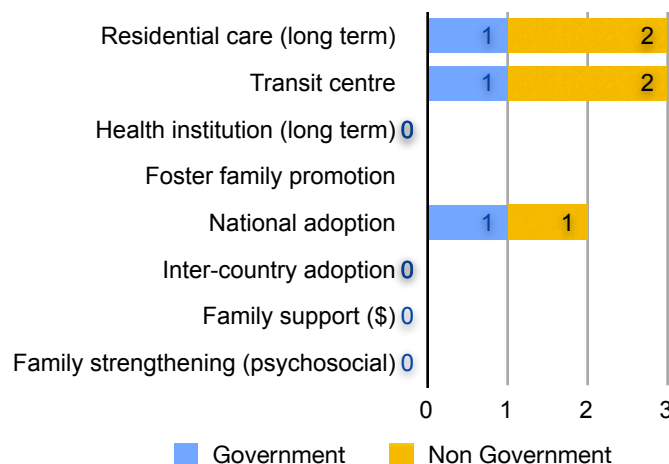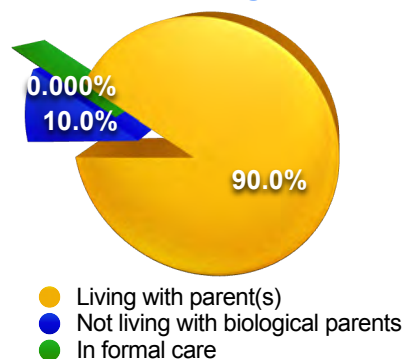
NA *Not applicable (data not available).*

MAURITANIA
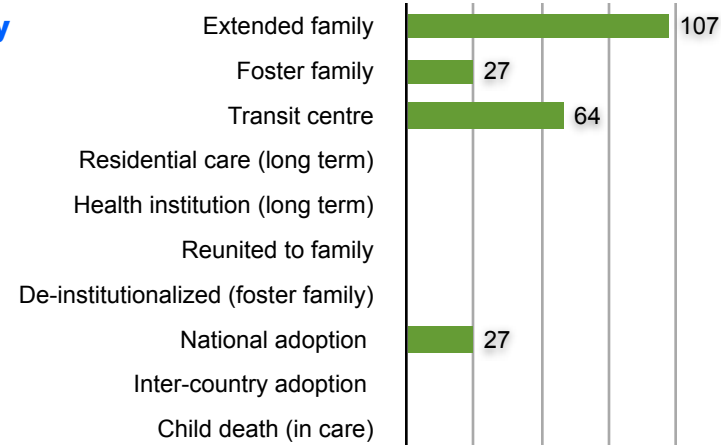
Total population: 3,291,000
Population <18 years: 1,514,000

Number of service providers

Residential care (long term)	1 (Government), 2 (Non Government)
Transit centre	1 (Government), 2 (Non Government)
Health institution (long term)	0
Foster family promotion	
National adoption	1 (Government), 1 (Non Government)
Inter-country adoption	0
Family support ($)	0
Family strengthening (psychosocial)	0

Scale: 0 1 2 3

■ Government   ■ Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangement

- 0.000%
- 10.0%
- 90.0%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care in 2010

Extended family	107
Foster family	27
Transit centre	64
Residential care (long term)	
Health institution (long term)	
Reunited to family	
De-institutionalized (foster family)	
National adoption	27
Inter-country adoption	
Child death (in care)	

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — ±
- Adequate legal framework — ±
- Convergence between family support and alternative care policies — ±

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — −
- Human resources, quality — −
- Budgetary resources — −

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — ±
- Gatekeeping mechanism quality — ±
- Use of individual plans — ±
- Placement review — ±
- Existence of a complaints mechanisms — ±

FORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — +
- Child participation in decision-making — +

INFORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — +
- Child participation in decision-making — ±

HEADLINES *Family support policies linked with alternative care policies. *Limited services available. *Placements seem to be preferred in the family environment. *Anonymous complaints mechanism exists, but unclear whether it functions. *Inadequate resources (financial and human) in terms of quality and quantity.

MAURITANIA - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*MICS 2007, Table HA.10, p. 130;* *Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

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Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (4 responses)
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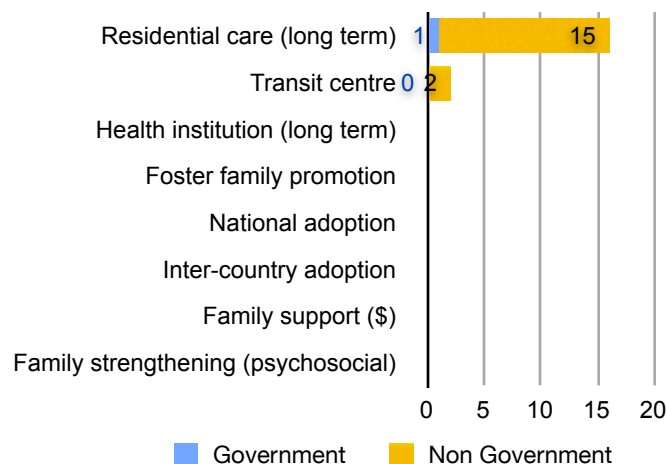
+ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*

NIGER

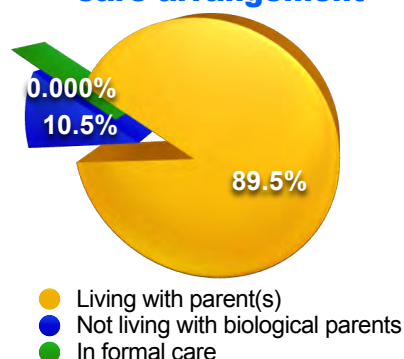Total population: 15,290,000
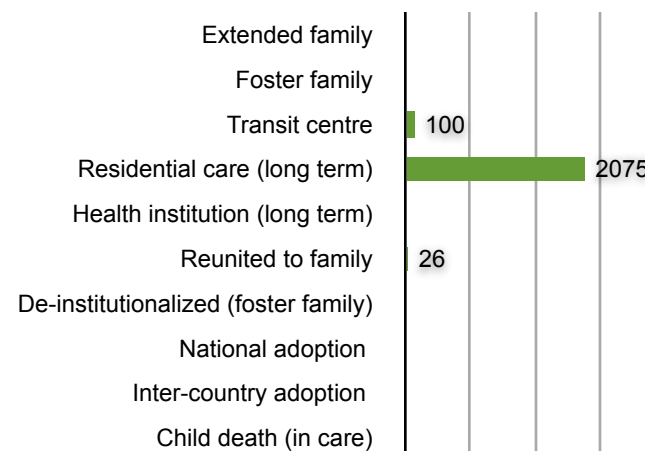Population <18 years: 8,611,000

Number of service providers

- Residential care (long term): 1 | 15
- Transit centre: 0 | 2
- Health institution (long term)
- Foster family promotion
- National adoption
- Inter-country adoption
- Family support ($)
- Family strengthening (psychosocial)

0 5 10 15 20

■ Government   ■ Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangement

0.000%
10.5%
89.5%

- ● Living with parent(s)
- ● Not living with biological parents
- ● In formal care

Number of children by placement in formal care in 2010

- Extended family
- Foster family
- Transit centre: 100
- Residential care (long term): 2075
- Health institution (long term)
- Reunited to family: 26
- De-institutionalized (foster family)
- National adoption
- Inter-country adoption
- Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — NA
- Adequate legal framework — ±
- Convergence between family support and alternative care policies — −

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — −
- Human resources, quality — −
- Budgetary resources — ±

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — −
- Gatekeeping mechanism quality — NA
- Use of individual plans — NA
- Placement review — −
- Existence of a complaints mechanisms — −

FORMAL ALTERNATIVE CARE

- Family contact — ±
- Access to education and health services — +
- Child participation in decision-making — −

INFORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — +
- Child participation in decision-making — −

HEADLINES   *Informal alternative care (10.5% of children) perceived relatively positively. *Family support policies linked with alternative care policies. *Gatekeeping and placement review need immediate attention. *Family support services appear almost non-existent. *Over-reliance on residential care in placements.

NIGER - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS 2006, Table 16.2, p. 274; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (1 response)
The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

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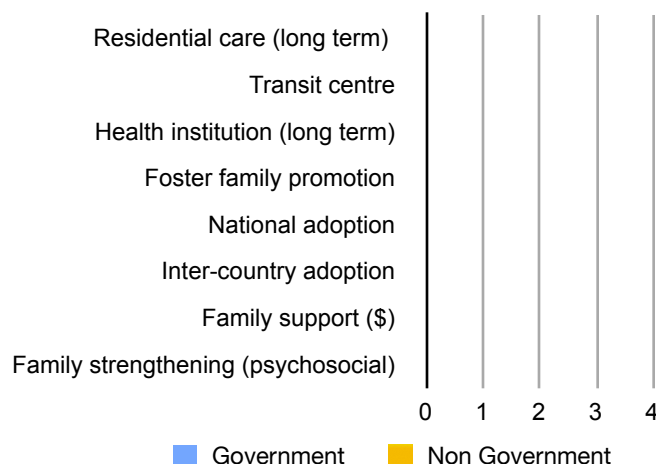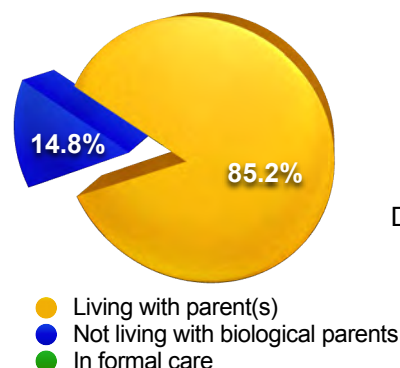
NA *Not applicable (data not available).*

RWANDA

Total population: 9,998,000
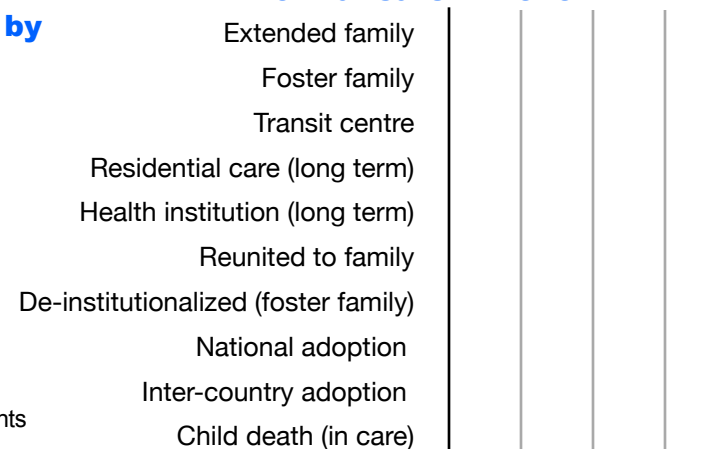Population <18 years: 4,865,000

Number of service providers

- Residential care (long term)
- Transit centre
- Health institution (long term)
- Foster family promotion
- National adoption
- Inter-country adoption
- Family support ($)
- Family strengthening (psychosocial)

0 1 2 3 4

■ Government   ■ Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangement

14.8%   85.2%

- ● Living with parent(s)
- ● Not living with biological parents
- ● In formal care

Number of children by placement in formal care in 2010

- Extended family
- Foster family
- Transit centre
- Residential care (long term)
- Health institution (long term)
- Reunited to family
- De-institutionalized (foster family)
- National adoption
- Inter-country adoption
- Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — ±
- Adequate legal framework — ±
- Convergence between family support and alternative care policies — ±

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — ±
- Human resources, quality — ±
- Budgetary resources — −

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — NA
- Gatekeeping mechanism quality — NA
- Use of individual plans — NA
- Placement review — NA
- Existence of a complaints mechanisms — −

FORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — +
- Child participation in decision-making — NA

INFORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — +
- Child participation in decision-making — −

HEADLINES *Very limited data available. *Informal alternative care (14.8% of children) appears to be somehow taken into account. *Legal framework emphasizes family care, but links with alternative care policy could improve. *Financial resources perceived as inadequate. *Mixed perception on the quality of human resources while limited in quantity.

RWANDA - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS 2005, Table 16.1, p. 244;* *Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

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Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (2 responses)

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⊕ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
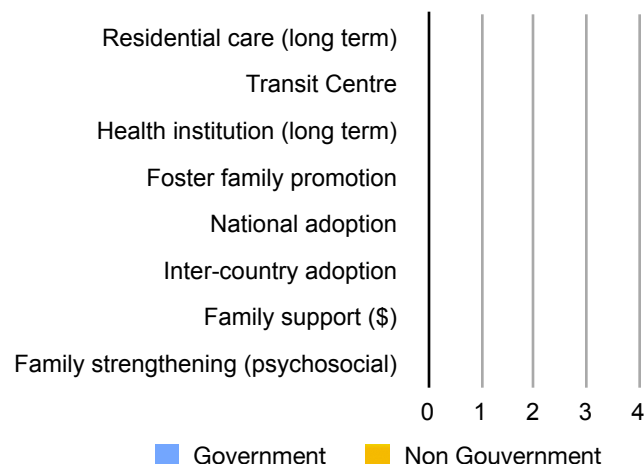
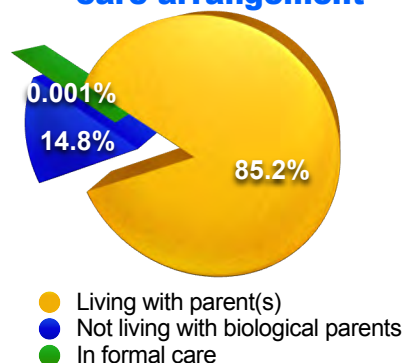NA *Not applicable (data not available).*

SENEGAL

Total population: 12,534,000
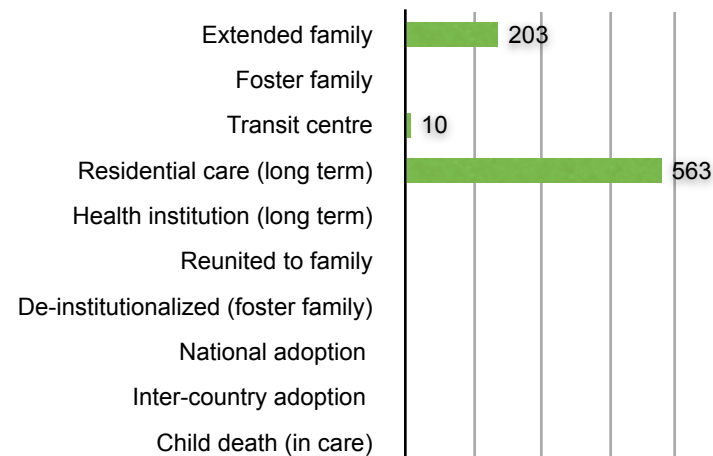Population <18 years: 6,333,000

Number of service providers

Residential care (long term)
Transit Centre
Health institution (long term)
Foster family promotion
National adoption
Inter-country adoption
Family support ($)
Family strengthening (psychosocial)

0 1 2 3 4

Government   Non Gouvernment

Total number of children in formal alternative care*: 3,888

Proportion of children by care arrangement

0.001%
14.8%
85.2%

Living with parent(s)
Not living with biological parents
In formal care

Number of children by placement in formal care in 2010

Extended family — 203
Foster family
Transit centre — 10
Residential care (long term) — 563
Health institution (long term)
Reunited to family
De-institutionalized (foster family)
National adoption
Inter-country adoption
Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — ±
- Adequate legal framework — ±
- Convergence between family support and alternative care policies — ±

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — +
- Human resources, quality — +
- Budgetary resources — ±

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — −
- Gatekeeping mechanism quality — +
- Use of individual plans — +
- Placement review — −
- Existence of a complaints mechanisms — ±

FORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — +
- Child participation in decision-making — +

FORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — +
- Child participation in decision-making — −

HEADLINES   *Informal alternative care practice (14.8% of children) is little known or taken into account.   *Legal framework could improve in alignment with the Guidelines. *Family support and alternative care policies could be better linked. *Human resources perceived as adequate in terms of quantity and quality. *When used, the gatekeeping mechanism is perceived as effective. *Limited use of individual care plans. *Formal alternative care indicators perceived as positive.

SENEGAL - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS 2005, Table 2.3, p. 16; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (4 responses)

The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

    ⊖ *In the totality or majority of responses, the indicator is perceived as particularly inadequate, insufficient, very problematic or not used or applied.*

    ± *In the totality or majority of responses, the indicator is perceived as partially inadequate, somehow sufficient, somehow problematic or limited in terms of use and implementation.*

    ⊕ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
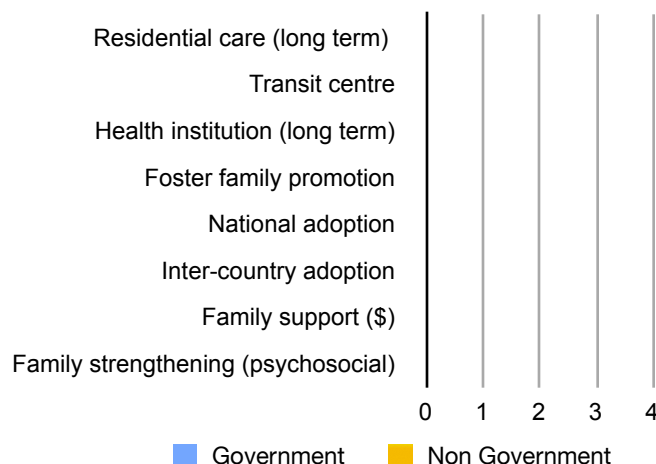
NA *Not applicable (data not available).*
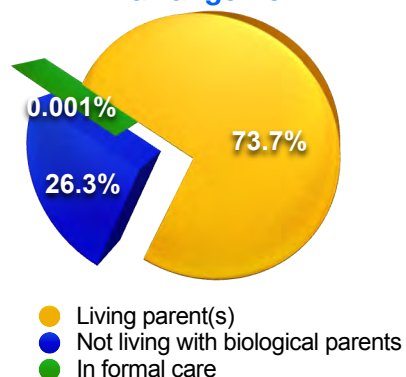
SIERRA LEONE

Total population: 5,696,000
Population <18 years: 2,827,000
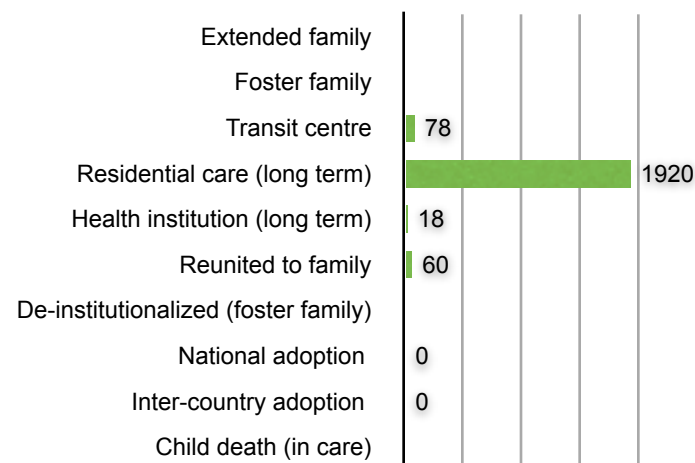
Number of service providers

- Residential care (long term)
- Transit centre
- Health institution (long term)
- Foster family promotion
- National adoption
- Inter-country adoption
- Family support ($)
- Family strengthening (psychosocial)

0 1 2 3 4

Government   Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangement

0.001%
26.3%
73.7%

- Living parent(s)
- Not living with biological parents
- In formal care

Number of children by placement in formal care 2010

- Extended family
- Foster family
- Transit centre — 78
- Residential care (long term) — 1920
- Health institution (long term) — 18
- Reunited to family — 60
- De-institutionalized (foster family)
- National adoption — 0
- Inter-country adoption — 0
- Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK
- Alignment with International Guidelines — ±
- Adequate legal framework — ±
- Convergence between family support and alternative care policies — ±

RESOURCES OF FORMAL SERVICES
- Human resources, quantity — −
- Human resources, quality — −
- Budgetary resources — −

GATEKEEPING AND FORMAL CARE PROCESSES
- Existence of a gatekeeping mechanism — ±
- Gatekeeping mechanism quality — −
- Use of individual plans — −
- Placement review — ±
- Existence of a complaints mechanisms — −

FORMAL ALTERNATIVE CARE
- Family contact — ±
- Access to education and health services — ±
- Child participation in decision-making — −

INFORMAL ALTERNATIVE CARE
- Family contact — ±
- Access to education and health services — ±
- Child participation in decision-making — −

HEADLINES   *The largest proportion of children (26.3%) in informal alternative care in the region, phenomenon largely unknown. *Legal framework perceived as weak. *Resources appear very limited. *Formal alternative care makes exclusive use of residential care. *Problematic gatekeeping and processes of care. *Both informal and formal alternative care perceived negatively.

SIERRA LEONE - **Sources:**

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS 2008, Table 2.3, p. 16; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (1 response)
The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

⊖ *In the totality or majority of responses, the indicator is perceived as particularly inadequate, insufficient, very problematic or not used or applied.*

± *In the totality or majority of responses, the indicator is perceived as partially inadequate, somehow sufficient, somehow problematic or limited in terms of use and implementation.*

⊕ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*
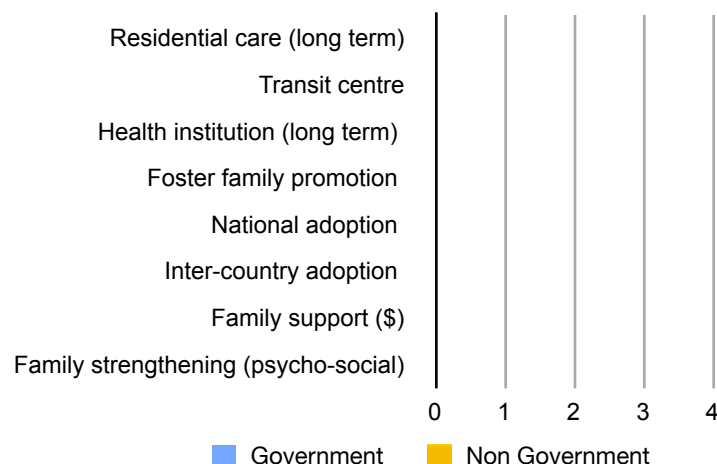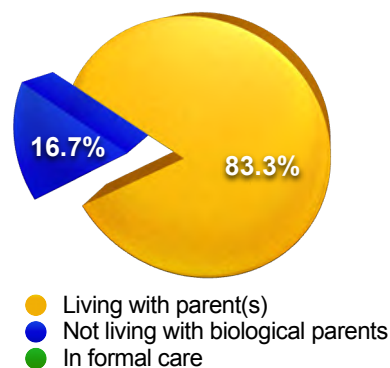
NA *Not applicable (data not available).*

TOGO

Total population: 6,619,000
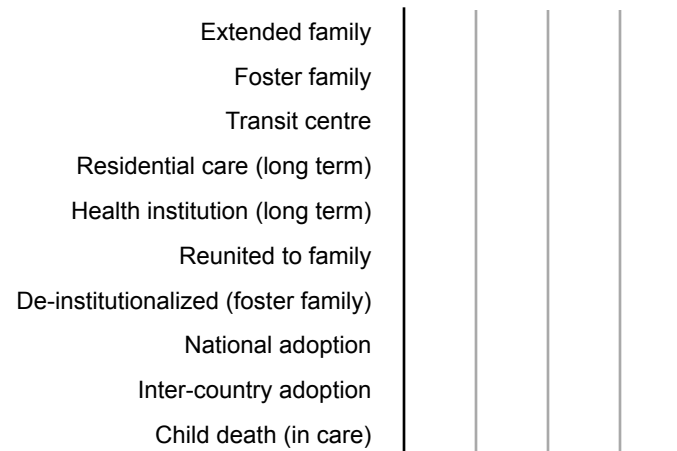Population <18 years: 3,082,000

Number of service providers

- Residential care (long term)
- Transit centre
- Health institution (long term)
- Foster family promotion
- National adoption
- Inter-country adoption
- Family support ($)
- Family strengthening (psycho-social)

0   1   2   3   4

■ Government   ■ Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangement

16.7%   83.3%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care in 2010

- Extended family
- Foster family
- Transit centre
- Residential care (long term)
- Health institution (long term)
- Reunited to family
- De-institutionalized (foster family)
- National adoption
- Inter-country adoption
- Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — ±
- Adequate legal framework — ±
- Convergence between family support and alternative care policies — ±

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — −
- Human resources, quality — −
- Budgetary resources — −

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — +
- Gatekeeping mechanism quality — ±
- Use of individual plans — +
- Placement review — ±
- Existence of a complaints mechanisms — ±

FORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — +
- Child participation in decision-making — +

INFORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — −
- Child participation in decision-making — −

HEADLINES   *Very limited data available. *Informal alternative care (16.7% of children) is negatively perceived. *Gatekeeping and individual care plans seem to be in use. *Placement review not systematic. *Complaints mechanism in place but not used. *Human and financial resources are perceived as very inadequate.

TOGO - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*MICS 2006, Table HA.10, p. 166;* *Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (2 responses)
The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

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± *In the totality or majority of responses, the indicator is perceived as partially inadequate, somehow sufficient, somehow problematic or limited in terms of use and implementation.*

+ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*

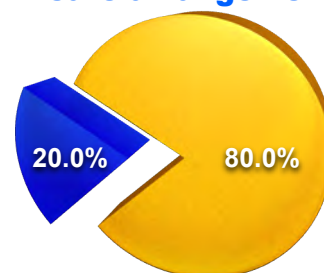NA *Not applicable (data not available).*

UGANDA

Total population: 32,710,000
Population <18 years: 18,276,000

Number of service providers

Residential care (long term)

Transit centre

Health institution (long term)

Foster family promotion

National adoption

Inter-country adoption

Family support ($)

Family strengthening (psychosocial)

■ Government   ■ Non Government

Total number of children in formal alternative care: NA

Proportion of children by care arrangement

20.0%   80.0%

● Living with parent(s)
● Not living with biological parents
● In formal care

Number of children by placement in formal care in 2010

Extended family

Foster family

Transit centre

Residential care (long term)

Health institution (long term)

Reunited to family

De-institutionalized (foster family)

National adoption

Inter-country adoption

Child death (in care)

INDICATORS OF FAMILY SUPPORT AND ALTERNATIVE CARE (based on perceptions)

LEGAL AND POLICY FRAMEWORK

- Alignment with International Guidelines — ±
- Adequate legal framework — −
- Convergence between family support and alternative care policies — ±

RESOURCES OF FORMAL SERVICES

- Human resources, quantity — −
- Human resources, quality — +
- Budgetary resources — −

GATEKEEPING AND FORMAL CARE PROCESSES

- Existence of a gatekeeping mechanism — −
- Gatekeeping mechanism quality — −
- Use of individual plans — −
- Placement review — −
- Existence of a complaints mechanisms — −

FORMAL ALTERNATIVE CARE

- Family contact — ±
- Access to education and health services — ±
- Child participation in decision-making — −

INFORMAL ALTERNATIVE CARE

- Family contact — +
- Access to education and health services — −
- Child participation in decision-making — −

HEADLINES   *Informal alternative care involving 20% of children, little else known. *Limited data available. *Despite reforms, the legal system perceived as weak. *Gatekeeping and care processes considered very limited in use (SOME NGOS) and very problematic.

UGANDA - Sources:

Quantitative data: combination of **DHS** and **MICS** (with relevant indicators), plus the data shared by the country focal point on population in formal alternative care.

TITLE	NOTES	SOURCES
Proportion of children by care arrangement	*Data from countries on the child population in formal care, coupled with data from DHS and MICS on family composition*	*DHS 2006, Table 16.1, p.264; Data aggregation sheet 2011*
Number of children by placement in formal care in 2010	*Number of placement of children in different forms of formal alternative care in 2010.*	*Data aggregation sheet 2011*
Number of service providers	*Number of organizations (government and non-government) according to services offered.*	*Data aggregation sheet 2011*

* The data have no national representation. The data are partial and represent only a portion of the reality (based on shared information from countries).
Charts without figures, including the 0 value, represent lack of available data.

Qualitative data: Child Frontiers – online survey, 2011 (1 response)

The information collected through the online survey is purely indicative and represents the perception of respondents. Additionally, the rate of response is very limited and does not constitute a statistical reference. One respondent could either represent one individual opinion or the combination of more than one respondent from the country. Thus, these perceptions are used as proxy to measure some indicators where no other data is currently available.

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+ *In the totality or majority of responses, the indicator is perceived as adequate, sufficient, positive, largely used and implemented.*

NA *Not applicable (data not available).*

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ANNEX I – SPECIFIC CHARTS FOR ENGLISH-SPEAKING COUNTRIES

Figure I: Topics addressed in the national legal and policy frameworks in English-speaking countries, by how clearly they come across
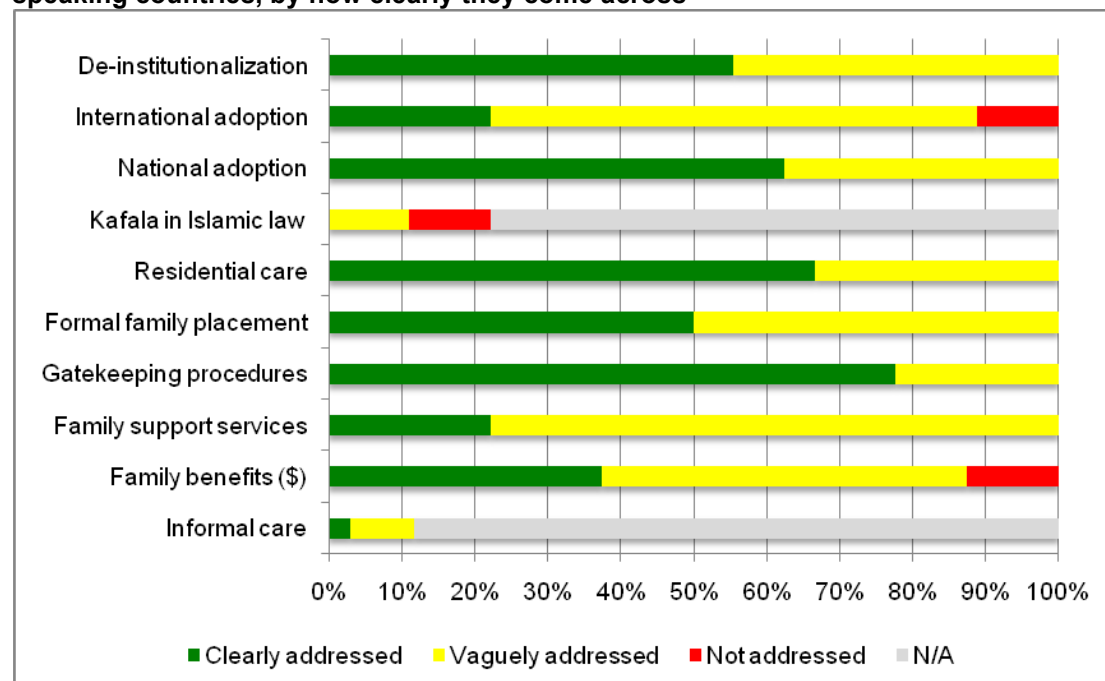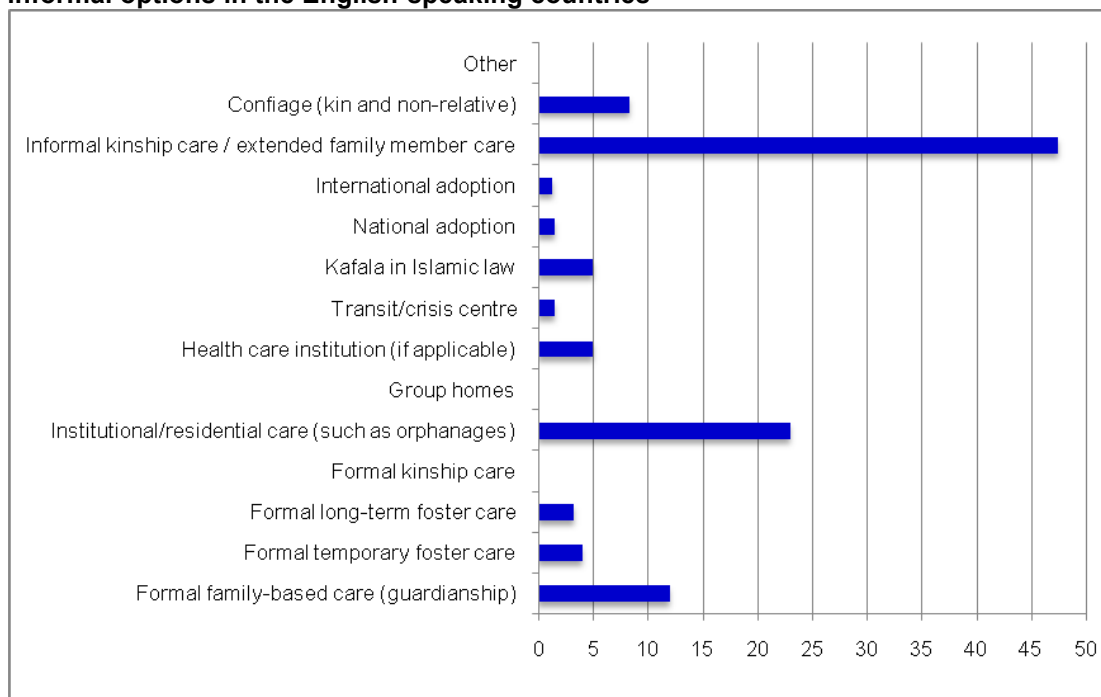

Source: Child Frontiers online survey, 2011

Figure II: Perceived application of the laws and policies related to each family support services topic in English-speaking countries
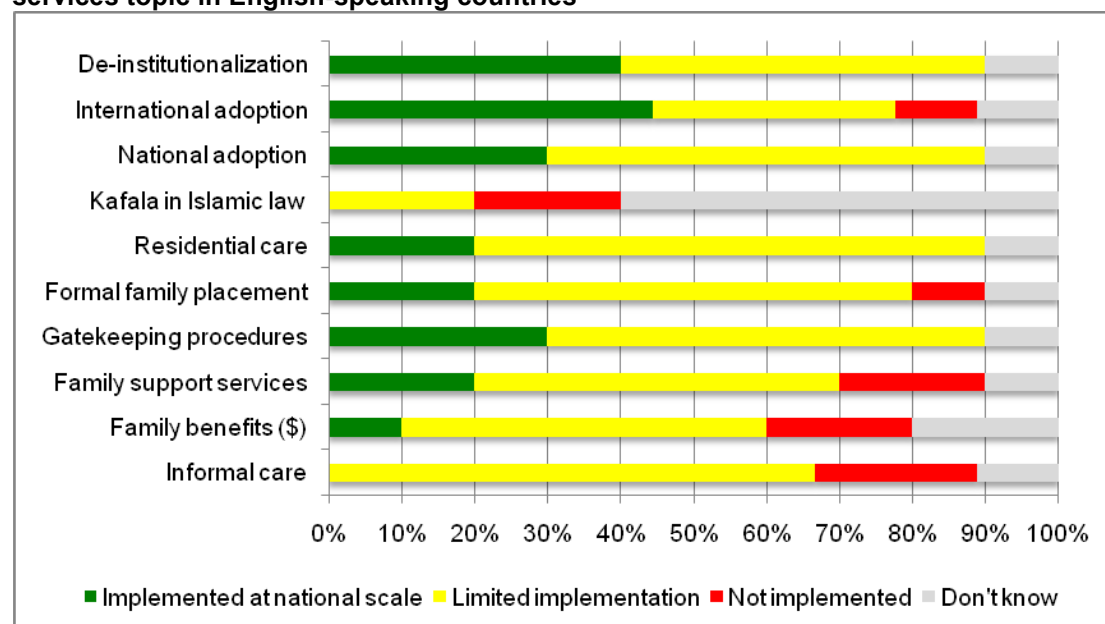
Source: Child Frontiers online survey, 2011

Figure III: Perception of most widely used alternative care among the formal and informal options in the English-speaking countries

Source: Child Frontiers online survey, 2011

ANNEX II – COUNTRY-SPECIFIC INFORMATION ON COORDINATING MECHANISMS

- In **Côte d'Ivoire**, the Direction de la Protection Sociale was created in 2006 and is composed of three divisions, one of which is responsible for the protection of early childhood and related specialized social institutions, such as crèches, pouponnières publiques (nurseries), orphanages and other institutions for vulnerable children. The core employees are social workers, but their numbers remain insufficient in relation to their tasks.

- In **Senegal**, the Ministère de la Famille, des Groupements Féminins et de la Protection de l'Enfance is responsible for protecting children's rights and developing policies relevant to abandoned children and ensuring adequate care for them. It is also responsible for putting in place measures for strengthening families. Set up in 2003, the Centre Ginddi is the only government-run institution in Senegal that shelters vulnerable children, such as street children and young children who have been victims of mistreatment and exploitation. Under the Ministry of Justice, several external services are in place to respond to children in danger. There are four Centres Polyvalents that provide counselling, mediation and education to children in danger.[77]

- In **Niger**, the Direction de la Protection de l'Enfant, under the Ministère de la Promotion de la Femme et de la Protection de l'Enfant, is responsible for providing care to children placed in residential care.

- The Ministry of Social Welfare, Gender and Children's Affairs in **Sierra Leone** has six divisions, including probation (responsible for fostering and adoption, family tracing and abandoned children), family casework (responsible for custody of children whose parents have problems, mediation, counselling, maintenance support, home visits) and child welfare/child protection (responsible for tracing and reunification of lost children, transit homes and child protection). These three divisions appear to be the most effective.[78]

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[77] Child Frontiers, *Cartographie et Analyse du Système de Protection de l'Enfance au Sénégal*, Ministère de la Famille, des Groupements Féminins et de la Protection de l'Enfance Ministère de la Justice Cellule d'Appui à la Protection de l'Enfance, unpublished, Janvier 2011.

[78] Department for International Development, *Management and Functional Review of the Ministry of Social Welfare, Gender and Children's Affairs in Sierra Leone*, Government of Sierra Leone, Freetown, November 2006.

ANNEX III – SOCIAL WORK SCHOOLS AND COUNTRY-SPECIFIC INFORMATION

A global network, OVCsupport.net, supported by USAID, is gathering momentum to strengthen the social care workforce in sub-Saharan Africa. Actions plans are being developed in a number of countries, although primarily in Anglophone sub-Saharan Africa but also in Côte d'Ivoire and Rwanda, to strengthen the social care workforce by addressing specific challenges, including insufficient training, insufficient staff, lack of resources, instability of community actors and weak monitoring and evaluation.

There appear to be few opportunities to link social work schools internationally. The recently revived Association of Schools of Social Work in Africa, which is part of the International Association of Schools of Social Work (IASSW), suggests opportunities for linking social work education and training with child welfare system-strengthening efforts through a number of mechanisms. The IASSW promotes the development of social work education throughout the world, develops standards to improve the quality of social work education, encourages international exchange, provides forums for sharing social work research and scholarship and promotes human rights and social development through policy and advocacy activities.

Ghana has a fairly strong history of such academic training; the Ghana University Department of Social Work offers three levels of social work education, and there is a two-year associate degree in social administration for practitioners in the Department of Social Welfare. A four year bachelor's programme in social work began in 1990 and a new Master of Philosophy in Social Work curriculum is being developed. The School of Social Work at the University of Ghana in Osu was established in 1946, offering a nine-month certificate course. Community development was initiated in 1948 using the skills of social workers and continued to grow in the 1950s. In 2003, the Master of Social Work programme was started. Changes continued with a revised Bachelor of Social Work curriculum in 2004 that reflects a social and community-development approach, modifying the Western model, which was demonstrated to have little application to current Ghanaian reality.

In **Liberia**, the minimum qualification is a basic children's rights and protection training certificate, which is stipulated in the guidelines for running child care institutions. The University of Liberia in Monrovia does not offer a social work degree, although a community development course is offered as part of the sociology curriculum, and there is a human growth and development course in the psychology curriculum. The Ministry of Social Welfare, Gender and Children's Affairs in Sierra Leone is rehabilitating a social work school to provide training for its staff. The minimum qualification is a high school certificate.

Social work education was established in **Rwanda** in 2001 at the National University of Rwanda, offering a bachelor's degree programme. The social work, counselling and psychosocial programmes were started in response to the genocide. Since 2001, there have been four to five graduating classes. There are no master's or PhD programmes, and most social workers in Rwanda have been trained in Europe or South Africa.

In **Senegal**,[79] the Ecole Nationale des Travailleurs Sociaux Spécialisés trains both civil servant and non-civil servant social workers. Its primary objectives include mastering models of intervention for individual social work, group social work and community social work. Social workers in the government-run institutions require a diploma in social work, but this requirement is often not respected in non-government-run institutions.

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[79] Child Frontiers, *Cartographie et Analyse du Système de Protection de l'Enfance au Sénégal*, Ministère de la Famille, des Groupements Féminins et de la Protection de l'Enfance Ministère de la Justice Cellule d'Appui à la Protection de l'Enfance, Janvier 2011.