

This technical briefing paper examines the work of UNICEF Sudan and its partners in addressing the issue of abandonment of babies, institutional care, and the process undertaken since 2003 to develop alternative family care programmes

Situation analysis

High number of babies abandoned: based on research undertaken in 2003¹, evidence indicated that an average of 110 new born babies were being abandoned in Khartoum every month. Half were estimated to die before receiving any assistance while those who survived abandonment were admitted to a state orphanage, Maygoma, where mortality rates stood at over 80 per cent. Research suggested that the majority of abandoned babies were born outside marriage. Stigma associated with bearing a child out of wedlock, and concerns about possible action by the authorities led many mothers to abandon babies on the streets, without seeking professional care for their child.

Social stigma attached to children born out of wedlock: while Islam positively values the care of orphaned and abandoned children by others, the legal recognition of the relationship between the orphaned child and their caregivers is based on the system of *Kafala*—the Islamic duty to save any abandoned child, and provide appropriate care and financial support for such children—which does not allow for inheritance or carrying the same family name of the caregiver. There is a notable stigma attached to children abandoned as a result of being born out of wedlock. The same research undertaken in 2003 found that many Sudanese families believed that an abandoned child will inevitably follow the “immoral behaviour” of the birth parents, that unmarried mothers should be severely punished, that illegitimate birth was a sin, and that children born out of wedlock would be found to have “shameful” origins that would affect their childhood and future marriage prospects. These factors influenced the decision by unmarried mothers to abandon babies quickly, and placed constraints upon the willingness of other families who may otherwise be ready to adopt an abandoned child.

Institutional care versus growth and development: Data from the Maygoma orphanage in Khartoum clearly showed that institutional care was not in the best interests of the child. Lack of professional health staff, equipment and supplies led to high levels of mortality. Limited access to the outside world, and inadequate social interaction for children resulted in reduced development of children—in 2003, 86 per cent of children in Maygoma suffered from speech problems, 73 per cent from fine motor development problems, and all demonstrated gross motor development problems. Institutional care was also expensive—ten times higher than the average cost of alternative family care systems.

Potential for some form of adoption or fostering system existed: the researchers for the 2003 study spent time with families who had taken over the care of abandoned and orphaned children, through the principle of *Kafala*. This provided a precedent for family-based care systems, that would reduce dependence upon the institutional care offered by orphanages such as Maygoma.

UNICEF response

Against this background, UNICEF set out with its partners to examine the potential for an alternative to institutional care. This addressed two key issues:

- a) how to provide an effective family-based alternative to child care
- b) how to manage the stigma surrounding unmarried mothers and their offspring, which seemed to underline the huge level of abandonment.

The driving force behind the approach was the Alternative Family Care Task Force, established in 2002, and involving UNICEF, The Khartoum State Ministry of Social Affairs, the Khartoum Council for Child Welfare, MSF France and the NGO Hopes and Homes for Children.

The Task Force established a number of stages to the development of an alternative family care policy.

- ◆ Stabilization of the conditions in Maygoma orphanage
- ◆ The design of acceptable alternative family care programmes
- ◆ Changes in attitudes, procedures and laws relating to abandonment of babies and children

Stabilization of the conditions in Maygoma orphanage

In May 2003, MSF France took over the management of health services in Maygoma orphanage, rapidly increasing the number of professional staff available, and supporting a marked improvement in the quality of care. Prior to MSF's arrival at Maygoma, nursing staff ratios were approximately one nurse for every 20 children; after 2003, this ratio improved to one nurse for every 3-5 infants. Mortality rates amongst children in Maygoma fell from 75 per cent in 2004 to around 35 per cent by 2005 and to 18 per cent in 2007.

Despite the success in improving standards, and increasing the physical space available for children at Maygoma, a continued increase in admissions placed the institution under considerable strain. By the end of 2003, annual admissions were standing at more than 650 children, compared to just over 560 the year before. During 2003 it became apparent that a concerted effort to find alternative family care for children resident in Maygoma was critical.

¹ *Sudanese Attitudes and the Institutional Set-up for Alternative Family Care*. Prepared for the State Ministry of Social and Cultural Welfare, Khartoum Council for Child Welfare, UNICEF and the Alternative Family Care Task Force by Africa Management Systems/Massara Non-Governmental Organization. July 2003.

The design of acceptable alternative family care programmes

The first steps towards an alternative family care programme were taken in 2002, when the Khartoum State Ministry of Social Affairs and UNICEF organized a series of workshops which included opening Maygoma to public scrutiny through the media. During 2003, Hopes and Homes for Children and UNICEF led a visit by the Alternative Family Care Task Force to Romania, to see how deinstitutionalisation had been developed there. In June 2003, following that visit, the Task Force agreed to establish a deinstitutionalisation programme for Maygoma orphanage, which would see the eventual closure of the institution by the end of 2005, with children placed in family care programmes in the community,

The programme focused on three alternative options for children placed in Maygoma. Firstly, efforts would be made to undertake reunification of children with their birth parents, even at the time of abandonment. The second option was Emergency Alternative Families, who could provide short-term care for children while a longer-term solution was found. Thirdly, the programme established Permanent Alternative Families (PAFs) - essentially adoptive families for children who could not be reunited with their birth parents—and Specialist Alternative Families (SAFs) for children with special needs. From mid-2004, UNICEF and its partners began to develop the necessary systems and structures to support each of the three options. Over the next two and a half years, a comprehensive programme was established, tested and adapted.

Family reunification: Three social workers were trained to interact with mothers abandoning their babies, and to discuss with the mothers' families the importance of proper family care. These interactions often took place prior to the actual abandonment, as vulnerable mothers were identified by the community, other family members, or statutory bodies such as the police or health facilities. Social workers would discuss options such as marriage (often reminding fathers of their parental responsibilities), advocated with reluctant relatives to support the single mother, or suggested temporary alternative family care to allow mothers time to review their options, while ensuring mothers maintained daily contact with their infant. Social workers also explored opportunities for mothers to find employment, in cases where financial hardship led to abandonment.

Emergency Alternative Families: From June 2004, UNICEF and its partners established criteria (see below) and systems to identify and support short-term Emergency Alternative Families. These families would provide care for a few weeks, either while efforts were made to reunite the child with its birth mother, or while more permanent foster family care could be established. The EAFs were viewed as an important alternative to institutional care; while in the past the only option for a mother thinking of abandoning her child would be the Maygoma orphanage, this new programme allowed her to place her child in a family environment and created better opportunities to maintain links with the birth parent.

Permanent Alternative Families: The Permanent Alternative Families, and Specialist Alternative Families, were considered to be the final option, when reunification of child and birth parent was considered to be impossible. These specially selected families (see below) would effectively become adoptive parents to the child. Importantly, selection criteria was especially strict—a break from the traditional practice of prospective adopters visiting Maygoma orphanage and simply choosing a child.

Identification and selection of Emergency and Permanent Alternative Families

EAFs would be selected after close assessment by social workers of the home environment, and interviews with the family concerned. Many were identified by previous contacts with statutory authorities as being well-placed to provide short-term care for children.

PAFs and SAFs were identified after a much more comprehensive process. An age limit of 20-55 years was placed upon prospective families. Families would have to provide certificates showing no criminal record and no history of serious illness. In addition, a recommendation from the *lelagna elshabia*, or community committee, would be required, indicating that the prospective family was suitable for adopting children. Once this basic criteria was met, social workers would undertake family assessments, and begin a possible matching process with children in Maygoma orphanage. The social work team would identify children that they felt would be appropriate for the family—again breaking a tradition of foster families selecting children that they wished to care for. A three week introduction period would commence, with potential PAFs meeting regularly with identified children in Maygoma orphanage, under the assessment of the social work team. If it was felt that a bond was developing between child and foster family, social workers would recommend a placement.

By early 2007, 200 social workers were providing support to PAFs and SAFs, including the regular monitoring of the child's health and social development. Ongoing training has been provided for social workers every three months, with the support of UNICEF and the Hopes and Homes NGO. Training has covered issues such as recognizing signs of potential abuse, undertaking assessments of potential alternative families and family hygiene. In addition social workers continue to meet every week, to share experiences and learn from one another. New and existing social workers train together, establishing a system of coaching and mentoring within the team. Importantly, much of the training has also been opened up to adopting families as well, including issues such as hygiene and nutrition education, legal issues related to adopted children, and the respective roles of alternate families and social services in relation to the child.

One further development has been the establishment of regular funds for each alternative family, totalling approximately US\$100 per month, in addition to provision of health insurance for all children in the family. In addition, all school fees for adopted children are met by the state. This addressed one concern often raised by prospective adoptive families during the 2003 research, which underlined that the financial costs of adoption were a potential obstacle.

Changes in attitudes, procedures and laws relating to abandonment of babies and children

Since 2004, UNICEF has worked with a Sudanese NGO Al-Massara and the Khartoum Council for Child Welfare to develop public awareness programmes on the issue of abandonment and adoption, in an effort to promote the concept of alternative family care. One important vehicle for the campaign has been the word of religious lead-



ers; the State Minister of Social Affairs met with some 300 prominent Imams to engage their support for the alternative care programme. Al-Massara undertook similar outreach through women's groups, public meetings and through the high school networks. The underlying message for these various approaches has been the strong religious value placed upon fostering and adoption, which was underlined in the 2003 research undertaken in Khartoum.

Parallel to the promotion of alternative family care, the programme also encouraged access to institutions—viz. Maygoma orphanage—to show the public how the needs of children were not being met through the centre. The Alternative Family Care Task Force advocated for an open door policy at Maygoma, to allow the media and other interested groups to witness first hand how services were inadequate, and to underline the need for alternatives.

Vital advocacy has also been undertaken with law enforcement authorities. The perceived link between birth out of wedlock and criminality has been an underlying factor in the number of abandonments and the stigma attached to the child. Working with the Khartoum police academy, Ribat University and the Centre for Social and Criminal Research, the Alternative Family Care Task Force was able to ensure improvements in police handling of abandonment cases; babies found on the street should now be referred immediately to professional care services, such as hospitals, rather than being taken to the local police station (a system which often contributed to deaths of infants because of delays in accessing emergency health care). Similarly, health workers who treat unmarried mothers are no longer obliged to report them to the authorities. This latter requirement had been another factor in abandonment of babies by mothers terrified of being handed over to the police. However, work still needs to be undertaken to systematise the link between referral points and the legal system (see “Moving the programme forward”).

UNICEF and its partners have also worked with the Government to address legislative issues affecting vulnerable mothers and children. The 2004 Child Act passed in Sudan places a new emphasis on the primary source of care for abandoned children to be within a family unit. Previous legislation from 1971 had promoted institutional care as the primary alternative to birth parents' care. The 2004 Act therefore marked an important sea change in the way that authorities viewed institutional care. In addition the Act guarantees access to education and health care for abandoned children.

Perhaps most significantly, in February 2006, a religious decree of *fatwa* was issued in Sudan by the Fatwa Council—the highest religious body in Sudan—which fundamentally changed the way in which society viewed abandoned babies. Previously, the Islamic definition of ‘orphan’ has included only children whose parents had died, but established that orphans were entitled to full support and compassion from the community, and that the state had a legal obligation to provide financial and material support for these children. The 2006 *fatwa* set out that children who had been abandoned by their birth parents should also be considered as orphans in the Islamic context—and therefore could also look to the state and the community for support and assistance. This marked a significant change in the social status of abandoned children. Furthermore, the *fatwa* stated that pregnancy alone was not proof of adultery, and that children born out of wedlock should not be punished for any apparent failings of their parents. This edict also effectively decriminalized unmarried mothers, and removed the ‘criminal’ stigma attached to children born out of wedlock. Finally, the *fatwa* prevented the forced separation of mother and child—a common practice when an unmarried mother was presented to the courts or police for judgement. Mothers and children must now be allowed to remain together, unless it is against the best interests of the child.

Initial results

During the three year period following the establishment of the Alternative Family Care Task Force in 2003, there has been steady progress in reducing institutionalisation of vulnerable children in Khartoum. The process has been a lengthy one, as new systems and procedures have been developed, new legislative tools created, and general understanding and awareness of the issue have all been built up. During the period 2003-2007, there have been clear indications that the alternative family programme has established itself as the best response to the needs of abandoned children.

Year	Number of admissions to Maygoma	Number of children adopted from Maygoma	Number of children in Maygoma reunified with birth family	Number of child deaths in Maygoma	Number of child deaths in family based care
2001	539	38	18	479	n/a
2002	567	48	22	463	n/a
2003	653	127	36	425	n/a
2004	695	245	37	171	2
2005	652	296	123	145	4
2006	609	367	138	186	6
		Number of children placed with alternate families from all sources (hospitals, police, Maygoma etc)	Number of children reunited with birth families from all sources		
2007 (July)	259	430	52	83	n/a

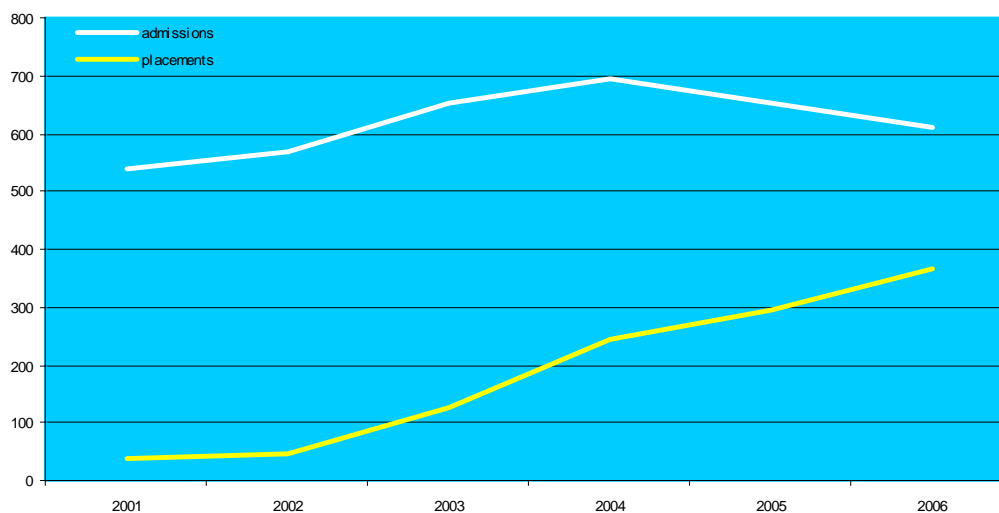
Table 1: admissions, placements, reunifications and mortality amongst children in Maygoma and other referral points, 2001-2007

While admissions of abandoned or orphaned children have continued, the number of children placed in alternative family care has rapidly increased (from just 38 in 2001 to over 360 in 2006). The mortality rates amongst children placed in Maygoma have fallen considerably—nearly 480 children died in Maygoma in 2001, compared to just 186 in 2006.

Since 2003, a total of 500 Emergency Alternative Families and 2,000 Permanent Alternative Families have been identified by the programme. The impact of their care upon children has been notable. Psychologists have reported dramatic changes in various aspects of motor, language and social development of children placed with alternative families. For example, children placed with alternative families began walking within nine months of being born, compared to three years amongst children living in Maygoma. Infants placed in alternate family care gained and sustained weight. Since 2003, some 200 social workers have received training and begun providing support to alternative families, birth mothers and children remaining in Maygoma. In addition, a further 100 midwives and other health workers have received training to improve their capacity to support children and families. The impact of this improved capacity is underlined by the quadrupling of the number of children reunited with their birth families every year since 2003.

150 police officers have also received training on child rights issues and the role of the alternative family care system along with 200 religious leaders, essential advocates for the programme.

Admissions to Maygoma and placements with family care 2001-2006



Outstanding issues

The programme has identified a number of ongoing challenges that continue to require attention.

Combating prejudice against children born after rape or out of wedlock, and their mothers: increased public awareness and understanding on this issue is required, and the role of the media needs to be explored to find effective ways of changing public attitudes towards this issue.

Strengthening of families and parents: while the social worker support provided to birth mothers through the programme has helped increase the number of children reunited with their original mothers, more needs to be done to strengthen the ability of birth families to care for their children—especially in the case of single mothers. Provision of free basic education for children in such families, and the development of income-generation programmes for single mothers are examples of how economic pressures on families could be eased.

Improvements to statutory support for birth families and abandoned children: adequate resources from Government are required to protect children born out of wedlock, backed up by legislation and agreed policy—for example on the issue of *kafala*. Such legislation should include provisions for such children to safeguard their rights to a name, identity and nationality. Single mothers need to be legally protected, especially victims of rape—at present victims of rape can be criminalized under adultery laws. The Government needs to take a lead on prevention of child abandonment, for example through improved protection of girls against sexual violence and exploitation, and improved life skills and reproductive health education for young people. Mandatory psycho social support for victims of sexual abuse and rape needs to be provided.

Tackling infanticide: the social stigma and fear of legal repercussions amongst single mothers has led to cases of infanticide. Even where mothers or their families do not deliberately kill the newborn child, abandonment of infants on the street, or delayed referral to health services, often results in newborn child dying due to lack of care. Renewed emphasis needs to be placed on encouraging mothers to seek assistance for their child, backed up by clear assurances that presenting a child out of wedlock to the authorities will not lead to criminal action against the mother.

Moving the programme forwards: 2007 and beyond

UNICEF will continue to work with its government and non-governmental partners to address these outstanding issues—specific activities planned for 2007 and beyond will include:

Roll-out of a major **public awareness and information campaign** about the programme, which will aim to increase the number of alternative families available, and raise awareness amongst vulnerable families of the potential support available to them by way of preventing risk of abandonment of babies. In addition, low—profile information and awareness activities will highlight the benefits of planned pregnancies.

Strengthening of **statutory regulations**, including enshrining the criteria for alternative family selection and minimum standards for adoption of abandoned babies and children into formal regulations. In addition, work will be undertaken to ensure that critical child rights for abandoned babies and children—including the right to a name and nationality and the right to education and health care—are included in legislation.

Strengthening and scaling up **support to single parents**, including enhancements to existing income generation and employment creation programmes run by the government and Hope and Homes for Children to assist single mothers. This will include providing additional resources for start-up capital for small enterprises, provision of university fees, and development of a related programme of alternative family care for young single mothers which enables them to live with an alternative family prior to, during and after the birth of their child. In 2007, ten such families were providing this care, which alleviates pressure upon single mothers and is seen as another way to prevent abandonment of babies.

Strengthened **inspection and monitoring mechanisms**, including a database on alternative families and placements, an independent inspection body, legal and public accountability systems, agreed standards and codes of conducts for care-givers, systematic psychological and personal background checks on proposed alternative families, and integrated training built into inspection mechanisms.

Improved **linkages between different referral agencies**, including hospitals, health professionals and the newly established women and child units within the police force. A system will be developed to standardise interaction between these agencies, with single mothers being referred specifically to the trained police working within the women and child units, rather than to the general law enforcement officers. This will ensure that women are able to access legal aid, will be better protected from criminal action, and will also ensure that allegations of rape can be properly investigated without causing additional stigma to the mother.

Decentralisation of the programme within Khartoum State, with referrals being handled at district level rather than back to central level authorities. This will reduce the tendency for abandoned babies to be immediately referred to the Maygoma Orphanage, and will allow immediate support to be provided by social workers and alternative families at the community level, close to where the birth mother has family connections. This will increase the speed of referral to alternative families, and increase the potential for reunification with the birth mother, with concerned agencies being able to respond more quickly at the local level.

Ensuring sustainability

A key factor of the successful development of the alternative family care programme in Sudan has been the commitment of government to its funding and management. When the pilot scheme was first established in 2003, a clear agreement was established between the Khartoum State Ministry of Social Affairs, UNICEF and the NGO partners that the government would increase its financial contribution to the programme by 20 per cent per annum, until funding allocations reached 80 per cent from government, and 10 per cent each from UNICEF and the NGO partners.

Government contributions have been on track during the last four year period, with the government committing to a US\$100 monthly stipend for each alternative family, and providing health insurance for each abandoned child placed with a family, as well as for all other children in each alternative family. In addition the government has made available free airtime for public awareness and information campaigns on local media.

In 2003, the total cost of the pilot programme was US\$ 41,000, with all funding coming from UNICEF and NGO partners. In 2007, the project was costing US\$1.275 million per year—of which the government contribution was more than US\$754,000.

Funding source	2003	% of total cost	2004	% of total cost	2005	% of total cost	2006	% of total cost	2007 (planned)	% of total cost
UNICEF	41,000	100	70,000	43	115,000	30	327,000	31	240,000	19
NGO	-		27,300	17	100,000	26	210,600	20	280,800	22
Government	-		64,400	40	172,400	44	507,400	49	754,400	59
Total	41,000		161,700		387,400		1,045,000		1,275,200	

Table 2: funding contributions in US\$ by sector to alternative family care scheme 2003-2007 (not including funding to Maygoma orphanage)