Save the Children

"BANA BONSU MBETU"
All are our Children

Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

August 2013

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ACRONYMS AND ABBREVIATIONS

ABA ROLI	American Bar Association Rule of Law Initiative
AIDS	Acquired Immune Deficiency Syndrome
BCN	Better Care Network
CCPN	Community-based Child Protection Network
CPL	Child Protection Law
CODESA	*Comité de Santé* (Health Committee)
CPI	Child Protection Initiative
CPWG	Child Protection Working Group
CTO	*Centre de Transit et d'Orientation*
CRC	United Nations Convention on the Rights of the Child
CSO	Civil Society Organisation
DIVAS	Division of Social Affairs
DIVIGEN	Division for Gender
DRC	Democratic Republic of Congo
DUAS	Urban Division of Social Affairs
GDP	Gross Domestic Product
GDRC	Government of the Democratic Republic of Congo
GBV	Gender Based Violence
HIV	Human Immuno-deficiency Virus
IDTR	Identification, Documentation, Tracing and Reunification
MINAS	Ministry of Social Affairs, Humanitarian Action and National Solidarity
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
RECOPE	*Réseau Communautaires de Protection de l'enfance*
RESPECT	*Réduction de la Separation familial et Prise en Charge Communautaire*
SAFE	*Soins Appropriés pour les Familles et les Enfants*
SGBV	Sexual and Gender Based Violence
SCI	Save the Children International
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WCA	West Central Africa

EXECUTIVE SUMMARY

From early to mid-2013, the DRC Save the Children International (SCI) country programme participated in a regional research initiative on children living in kinship care. The research undertaken was primarily qualitative, participatory and exploratory to enhance understanding and knowledge on kinship care practices in order to provide valid and reliable information on the prevalence, trends and characteristics of kinship care arrangements in the Democratic Republic of Congo (DRC); and to recommend pertinent and appropriate programmes or practices to better support children in kinship care or to prevent separation from parents.

The study's target group was children living in informal kinship care arrangements, including orphans and separated children, and also included children who have been left in the care of kinship caregivers if their parents have migrated in search of work, or children who have been expelled from their homes due to accusations of witchcraft.

Prevalence of kinship care: The research initiative was limited in scope to one province, Kasai Orientale, in central DRC. This limit in scope was attributed to the presence of an SCI base in the province and availability of SCI Child Protection staff. It was not deemed possible to conduct the research in eastern DRC where SCI has its other bases due to the ongoing insecurity in the region. Overall, the prevalence of kinship care appears to be widespread in Kasai Orientale.

Trends and characteristics of kinship care: The study found that the following negatively contribute to kinship care:

- ➢ Poverty;
- ➢ Polygamy;
- ➢ Accusations of witchcraft;
- ➢ Illness or death of parents;
- ➢ Alcoholism of a parent.

It also found positive contributing factors:

- ➢ Greater opportunities for child to access education;
- ➢ Belief that relatives would be better able to support the overall well-being of the child through greater financial means than the parents could provide.

The study found that all of the children living with their grandparents were orphans, and that most of the grandparents did not have the economic means to adequately care for the children. Children living with an aunt or uncle, on the other hand, were found to have at least one living parent. Overall, respondents stated that children were not a part of the decision-making process regarding their care placement.

Parents believed that by placing a child with relatives who were better able to provide for the children would increase the child's access to education and would therefore increase the likelihood of the child to obtain employment following his or her schooling, thereby providing a financial means

to support the parent(s). Subsequently, the research showed that despite being placed into kinship care, the child still has responsibilities to his or her parents.

Overall, it found that all children, kinship care children and biological children have equal responsibilities at the household level. However, this finding was surprising to SCI staff members who claimed that children in kinship care are often provided with more work and delegated with additional tasks in the home.

The research highlighted the need for social protection mechanisms to be in place to prevent unnecessary family separation of children from their parents, as well as the need to develop programmes for livelihoods support or cash transfers to support vulnerable families in being able to care for their children. The protection of children in informal care settings, and the preservation of the family unit in general cannot be achieved via the efforts of one individual, organisation or sector, but requires the pooling of knowledge, skills and resources, and joint problem solving between the local community, Government, and support agencies. Cross-sectoral cooperation and coordination involving the health, education and social sectors, law enforcement authorities, and the justice system is needed as concerns facing vulnerable families must be mainstreamed into other sectors.

Finally, it is important to acknowledge the essential role the feeling of being loved and the sense of belonging play in the healthy development of a child. While respondents, both adult and children, did not specifically discuss the need or desire to feel loved, they did express this desire through their drawings. For instance, through drawings of happy families or playing with their caregivers and siblings, they stipulated their desire to be loved and accepted as family members.

It is hoped that this research has added to SCI's knowledge of current informal care practices in DRC as well as to the wider child protection network and Government of DRC as a whole.

1. Introduction

1.1 Background to Research Initiative

> **Save the Children's goal:** By 2015, 4.6 million children without appropriate care, and their families, (including children on the move and children affected by HIV and AIDS) will benefit from good-quality interventions within an improved child protection system.

Children Without Appropriate Care (CWAC)[1] is a priority area for Save the Children's child protection work for the period 2010-2015. In addition, the goal of Save the Children's global child protection Breakthrough 2020 is that "All c*hildren thrive in a safe family environment and no child is placed in harmful institutions.*"

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

During a regional Save the Children workshop on CWAC held in December 2011, the need to better understand kinship care, especially from the perspectives of children and caregivers, in order to better support and protect children living in kinship care, was identified as key to follow up.

Research into the issue was deemed important given the prevalence of informal, particularly kinship care[2] in West Central Africa, as opposed to institutional care.[3]

Fifteen point eight percent (15.8 percent) of children in West Central Africa do not live with their birth parents.[4] However, only a small percentage (0.002 percent) lives in formal alternative care (residential, institutional); while the majority live in informal care alternatives, including kinship care. However, there are limited family support services available to reduce family breakdown and family separation; there is limited state support for or investment in children needing alternative care; and the connection between family support, and strengthening and alternative care is weak.[5]

Research to date underscores the significant gap in knowledge about kinship care. For example, a recent discussion paper by UNICEF[6], aimed at improving understanding of informal alternative care, drew two key conclusions: 1) that targeted research regarding children in informal care and national policies for children in informal alternative care are needed, 2) that the international Guidelines for the Alternative Care of Children[7] provide the basis for the establishment of such national policies and are a key advocacy tool for Save the Children's work on children without appropriate care.

These international Guidelines were the focus of a conference of Francophone-Lusophone countries in Sub-Saharan Africa, held from 10-11 May 2012 in Dakar, Senegal.[8] This conference also recognised the need for better understanding of informal care as an entry point to better understand community-based child protection mechanisms within an overall child protection systems strengthening framework. The Background Paper produced for the Francophone Conference[9] similarly highlighted: the prevalence of informal, especially kinship care, in the region[10]; the lack of information and data on the issue; limited support and services to families; and, weak connections between family strengthening and alternative care.

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[2] Informal care is defined as "...any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body". This can include: kinship care, community-based care or other family-based care arrangements. From International Guidelines for the Alternative Care of Children – A/RES/64/142 United Nations General Assembly, 24 February 2010

[3] See 'Family Support Services and Alternative Care in Sub-Saharan Africa, 2012'. Background Paper produced by Child Frontiers for the Francophone Sub-Saharan Africa Conference on Family Strengthening and Alternative Care, Dakar, 10th-11th May 2012

[4] Family Support Services and Alternative Care in Sub-Saharan Africa, 2012'. Background Paper produced by Child Frontiers for the Francophone Sub-Saharan Africa Conference on Family Strengthening and Alternative Care, Dakar, 10th-11th May 2012

[5] Ibid

[6] Children in Informal Alternative Care, UNICEF, June 2011

[7] A/RES/64/142 United Nations General Assembly, 24 February 2010

[8] http://www.conf-famillepriseencharge-dakar.org/

[9] Family Support Services and Alternative Care in Sub-Saharan Africa, 2012. Background Paper produced by Child Frontiers for the Francophone Sub-Saharan Africa Conference on Family Strengthening and Alternative Care, Dakar, 10th-11th May 2012

[10] Kinship care is not only used as a form of care for orphans or vulnerable children, but also for children in other circumstances to improve their opportunities, especially their access to education.

As a result of the evident need to collect greater information on informal kinship care, this research study aims to contribute to the acquisition of knowledge on endogenous care practices within families and communities, specifically informal kinship care. It has therefore been identified as instrumental for the delivery of Save the Children's global child protection Breakthrough.

The research was undertaken in four countries in West Central Africa namely: the Democratic Republic of Congo, Niger, Nigeria, and Sierra Leone. This report shares the process and findings from the research process in the DRC. This research will add to Save the Children International's knowledge of current informal care practices in DRC as well as to the wider child protection network and Government of DRC. They will ensure that Save the Children's strategic policy and practice developments at community, sub-national, national and regional levels contribute to increased positive impact towards the care and protection of children in families, including those living in kinship care. More specifically, the findings will ensure that Save the Children designs programmes aimed at better responding to the needs of children and their caregivers.

1.2 Context of DRC

The Democratic Republic of Congo (DRC) is the second largest country in Africa, covered by the second largest rainforest in the world and with some of the world's richest mineral deposits including diamonds, gold, copper, and cobalt. The population is estimated at around 65 million people, with children representing more than 50 percent.[11] DRC is one of the most populous African countries and its population is growing at 2.8 to 3 percent per year. It is also, however, one of the world's poorest countries, with a GDP of approximately $270 in 2006. In addition, DRC ranked 168 out of 169 countries in the 2010 Human Development Index.[12] The low income, challenging geography and history of conflict has meant that the Congolese people have enormous needs that the Government is currently unable to meet. These issues have ultimately combined to present a challenge to the development and overall protection and well-being of children.

In addition to the socio-economic situation inherent in the country, eastern Congo has also been in a state of chronic instability and conflict since the 1990s, a reality that has not only perpetuated poverty, but has also prevented the country from developing both socially and economically. The consecutive years of conflict have devastated the country's social fabric as well as its social, economic, and political infrastructure, resulting in the inadequate provision of social services for children, and even more so, supportive services to families as a whole.

The displacement of communities and families has resulted in the separation of children from their families, leaving children vulnerable to recruitment into the armed groups, and diminishing their access to basic provisions and services, such as clean water, food, and education. The collapse of the formal employment sector after years of conflict has resulted in the further deterioration of the employment sector, thereby leaving few parents with a regular or adequate source of income.

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[11] State of the World's Children, Special Edition, 2009, UNICEF
[12] UNDP, Human Development report, 2010

As a result, children are at risk of abandonment, family separation, and being drawn into hazardous and exploitative forms of employment to aid in contributing to the overall family income.[13]

The Government of the DRC (GoDRC) and the international community are currently working together to address the socio-economic grievances prevalent throughout the country. However, despite these efforts the majority of Congolese continue to live in poverty and struggle to meet the basic needs of their families.

In 1990, the Government of the DRC ratified the United Nations Convention on the Rights of the Child (UN CRC). Despite the signing of the agreement, however, the Government and organisations alike have found it increasingly difficult to implement the UN CRC in many parts of the country as well as other national documents, such as the National Plan for Orphans and Vulnerable Children (OVC), and the Child Protection Law (2009).

1.2.1 The State of Children in DRC

Life for many children in DRC is an ongoing battle for survival. One in every five children dies before their fifth birthday. A quarter of these children die in their first month of life. Leading killers of newborns are simple to prevent and treat, including asphyxia (24 percent), pre-term birth (23 percent), severe infections (22 percent), while between the ages of one month to five years, children die from pneumonia (23 percent), diarrhoea (18 percent) and malaria (17 percent). Only 23 percent of children in DRC have a birth certificate. Seventy-four (74) percent of children in urban areas and 51 percent of children in rural areas attend primary schools.[14] Specific to Kasai Orientale where this research study took place, the MICS indicates that 52 percent of women in the province married before the age of 18.[15]

1.2.2 Overview of Family Separation in the DRC

The target group for this research study was children who are living in informal kinship care arrangements, including orphans and separated children. For example, it included children who had been left in the care of kinship caregivers if their parents had migrated in search of work, or children who had been expelled from their homes due to accusations of witchcraft. More positively, in other cases, children were sent to live with kinship caregivers for other reasons, such as greater access to education and work.

Various studies and guidance documents have identified factors contributing to family breakdown and the separation of children in the DRC.[16] These causes fall into two broad categories. The first being dynamics within the family, such as:

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[13] The 2011 "Document de la stratégie de croissance et de réduction de la pauvreté (Seconde génération) " reminds that the situation of the most vulnerable has not really changed and that is should remain the priority of the Congolese government

[14] State of the World's Children, Special Edition, 2009 UNICEF p. 40

[15] MICS (2010), UNICEF

[16] For example, *Recensement des enfants de la rue de la ville province de Kinshasa*, UNICEF, 2006 and "Principles directeurs sur les enfants en situation de rupture familial"

> ➢ Divorce or separation of parents;
> ➢ Death of one or both parent due to HIV/AIDS, conflict or other causes;
> ➢ Prolonged illness of one or both parent due to HIV/AIDS or other diseases;
> ➢ Domestic violence and abuse;
> ➢ Inadequate economic capacity, and;
> ➢ Expulsion of children based on accusations of witchcraft.

The second concerns external factors, such as:
> ➢ Impunity for child abuse and neglect;
> ➢ Impunity for the sexual exploitation of children;
> ➢ Lack of access to education and other basic services;
> ➢ Lack of economic opportunities;
> ➢ Stigma associated with HIV/AIDS;
> ➢ Failure to implement social policies;
> ➢ Lack of awareness of children's rights;
> ➢ Conflict and displacement;
> ➢ Cultural acceptance of children's expulsion from families as witches;
> ➢ Recruitment of children by armed groups or the military;
> ➢ Detention of children by the police;
> ➢ Urbanisation and erosion of support for traditional family and social solidarity, and;
> ➢ Instability due to conflict and displacement.

However, this study showed that there are also positive contributing factors to the placement of children in kinship care, such as opportunities for greater access to education, and the perception of parents that relatives who are more financially capable of caring for the children have a greater capacity to support their overall well-being in general.

1.2.3 Governmental Roles and Structures

Several Government ministries have responsibilities relevant to the protection of children separated from their families, the principal one being the Ministry of Social Affairs, Humanitarian Action and National Solidarity (MINAS). MINAS is responsible for initiating, coordinating, and implementing policies for the social protection of vulnerable groups, including orphans and vulnerable children (OVC). At the provincial level, MINAS provides services through the Division of Social Affairs (DIVAS) or the Urban Division of Social Affairs (DUAS).

The country's legal framework for the protection of children was substantially strengthened with the adoption of the Child Protection Law in 2009. To better apply this law, MINAS has issued a decree on social care (*Arrêté sur le placement social*), and (in conjunction with the Ministry of Gender) another on support to vulnerable families. These documents specifically define the policies and procedures in place for local authorities in their role to ensure the well-being of children placed in formal kinship care settings.

1.3 The SAFE and RESPECT Projects

In October 2012, SCI decided to carry out the research initiative on kinship care due to the recognised need to gain greater information on the characteristics and prevalence of kinship care in DRC, but also due to the research goal's links with the SAFE project, which focuses on the provision of appropriate care for children and the prevention of unnecessary separation. At the time in which the DRC programme decided to take on the research initiative, it was also hoped that funding would be secured for the RESPECT project, which also focuses on appropriate alternative care for children. It was subsequently deemed important to gain more in-depth knowledge of kinship care overall in order to support existing gaps in knowledge that could improve the quality of the implementation of the two projects in addition to increased awareness to aid in developing advocacy as well as future project's and activities within the DRC child protection programme as a whole. The two projects contribute to achieving the goal of the Breakthrough by directly reunifying separated children from their families, preventing unnecessary family separation, and building the capacity of local organisations as well as the Government to better support families at risk of separation.

- ***SAFE***

SAFE—*Soins Appropriés pour les Familles et les Enfants* or Appropriate Care for Families and Children is a 5-year (April 2012 to April 2017) USAID-funded project in the DRC. Implemented by Save the Children International and its partners, CARE International and the American Bar Association Rule of Law Initiative (ABA ROLI), SAFE delivers support to vulnerable children and families in three target areas in the DRC. The target locations include Mbuji Mayi and Mwene Ditu in Kasai Orientale, and Bukavu in South Kivu.[17]

With a goal of reducing family separation and risks to children outside of family care, SAFE focuses on building capacity and coordination within the current response system by identifying and improving key weaknesses. Seven thousand (7,000) children and 6,000 adults will benefit directly from the project, and an additional 40,000 community members, parents, and children benefiting from community projects and increased awareness of child protection issues. Ultimately, a multi-sectoral approach[18], including the health, education, and juvenile justice sectors has been employed in order to identify and respond to the protection concerns facing separated children and children at risk of separation.

The Consortium developed a theory of change for the project, proposing *that contributing to the strengthening of family and community support networks will foster the reduction and prevention of family separation.* The current research initiative contributes to and complements this theory of change and the overall goal of SAFE by enabling the DRC Child Protection team to gain a greater understanding of endogenous care practices within families and communities, specifically in relation to informal kinship care. Through the findings of this research initiative, the DRC Child Protection team as a

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[17] Note: the SCI office in Bukavu will open in the spring of 2013. As such, it is not possible to facilitate the research in that location.

[18] A multi-sectoral approach is defined as an approach in which all stakeholders are required to live up to their roles to better protect vulnerable children, including Government, members of civil society, local authorities, local and international NGOs, health-care workers, social workers, teachers, and families and children themselves. All actors should engage in open dialogue regarding vulnerable children and should seek to build partnerships across all sectors to determine avenues to more comprehensively support and protect vulnerable children and their families.

whole will be better equipped to structure activities targeting separated children and their families in order to more adequately respond to and prevent family separation in general, and to better support kinship caregivers and children living in kinship care as well as potential advocacy efforts on the topic. More specifically, in relation to child sensitive family policies, advocacy efforts will target the domestication of the Guidelines on Alternative Care.

In October 2012, Save the Children International conducted a baseline study in Kasai Orientale (Mbuji Mayi and Mwene Ditu) for purposes of the SAFE project. The primary objective of this study was to determine more accurate numbers of separated children as well as children at risk of separation – as well as the knowledge, attitudes and behaviours surrounding child protection issues amongst all age groups in the province. The baseline, however, did not aim to determine figures or gain information on informal kinship care specifically. Nevertheless, by estimating the number of children at risk of separation, the baseline can provide some insight on the current prevalence of children at risk of separation – whether separation results in taking to street life or placement into kinship care. Overall, estimated numbers for children at risk of separation were as follows: 1,486 in Mbuji Mayi and 722 in Mwene Ditu.[19] The objectives of the baseline were:

- To determine the number of children in Mbuji Mayi and Mwene Ditu at risk of separation;
- To determine the number of children in Mbuji Mayi and Mwene Ditu found to be outside of family care;
- To determine the current capacity of key government and NGO actors to prevent and respond to family separation in Mbuji Mayi and Mwene Ditu;
- To determine the current level of economic vulnerability of households in the target areas;
- To gather information on existing knowledge, attitudes, and behaviours (KABs) regarding child protection in the target locations.

As mentioned in previous studies on street children, poverty is often a leading factor in the separation of families. There is, however, no mono-causal explanation for the prevalence of family separation in DRC, but rather a myriad of various complex and interrelated causes. The baseline found that family separation is the result of a combination of social and economic factors. Children often do not have the capacity to cope with a multitude of family stressors. Subsequently, the baseline showed that poverty coupled with other factors, such as inadequate housing conditions, conflict and displacement or an ill family member combine to push a child to separate. In addition, poverty can exacerbate stress on an already vulnerable family, causing a shift in family priorities that no longer place the child's well-being at the centre of attention. It is with a combination of family stressors and a lack of support provided to children by their caregivers that causes the separation of children from their primary caregivers. The baseline focused primarily on street living or working children, however, its findings can be related to the current findings of this research study as well. For instance, many of the children were reported to be living in kinship care due to the belief of parents that they would be better cared for and have greater access to education than parents were economically able to provide themselves.

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[19] Criteria for children at risk of separation were as follows: street working children, children living with elders, street children (but not street living), children from families where siblings had separated, handicapped children, and children living with HIV. Researchers worked with members of the Child Protection Networks to determine which families were at-risk of separation in their communities.

- ***RESPECT***

RESPECT: *Réduction de la Separation familial et Prise en Charge Communautaire* (Reduction of Family Separation and Community Approach) is two year project funded by the World Bank through the

MINAS (October 2012 to October 2014). Implemented by SCI and its national partners, RESPECT aims to anticipate, reduce and respond to family separation in Kinshasa, DRC's capital city.

Employing a holistic approach, RESPECT has two components: firstly, RESPECT strengthens family and community networks in order to anticipate the phenomenon of family separation in vulnerable families. In each community, RESPECT works with community leaders, volunteers, Government social workers, teachers, and local drama groups in order to organise child protection awareness through street drama, focus group discussions, and radio debate. Child protection and child right trainings are also delivered in order to strengthen community members in their role to better protect vulnerable children in their communities. Using a participatory approach, RESPECT reinforces knowledge of the children themselves in order to become actors in their own protection. Children's clubs meet frequently in order to assess the situation and deliver child protection message to their communities.

With a goal of family reunification of street children, RESPECT strives to build the capacity and coordination within the current response system by identifying and improving key weaknesses. A specific focus is given to family reunification of the child and case management following reunification, which is followed by members of local NGOs as well as MINAS social workers. RESPECT aims to reinforce existing protection networks in order to ensure the utmost safety and well-being of children, specifically those at risk of family separation, therefore contributing the to the research on kinship care as well as to the Breakthrough overall.

2. Kinship Care: What other Research Says

Kinship care is one of the most prevalent forms of alternative care for children in West Central Africa. In DRC, there is no research existing at the national level on informal kinship care; however, there are various other sources of information that discuss both formal and informal kinship care on a more general level. Kinship care is defined as 'a form of alternative care that is family based, within the child's extended family or with close friends of the family known to the child.'[20] As such, kinship carers may include relatives, members of their tribes or clans, godparents, step-parents, or any adult who has a kinship bond with a child.[21] It may be formal or informal in nature. More specifically in accordance to the international Guidelines for the Alternative Care of Children:

➢ <u>Informal kinship</u> is defined as any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his or her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.[22]

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[20] Government of Brazil (2007)
[21] Ibid.
[22] A/HRC/11/L.13, pg. 9

> ➤ <u>Formal kinship</u> is defined as all care provided in a family environment which has been ordered 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.[23]

According to a study conducted by UNICEF, informal kinship care is the most significant out-of-home care option in the world.[24] More specifically, research on informal kinship care suggests that in many African countries, more than 90 percent of orphaned children are living with extended families, mostly cared for by their grandparents.[25] However, despite it being the most common form of out-of-home care, it is the least systematically recorded. Globally, reasons for the placement of children in kinship care are attributed to one or both parents migrating in search of better employment, the presence of an ill parent, poverty, or children being sent away to avoid recruitment into armed forces or groups.[26] Overall, it appears that a combination of family stressors, such as poverty coupled with the presence of an ill parent, can act as a pushing factor for children and their placement in kinship care.

In addition, there is a possibility of exploitation, abuse and neglect of children placed in kinship, specifically in informal care placements where families are not monitored by local authorities or Government social workers. Children in kinship care placements may also be treated differently to biological children in the same household, and as a result may be denied access to services such as education. However, more positively, placement into the care of relatives could also be viewed by parents as offering greater educational opportunities for children as well as better care in regards to supporting the overall well-being of children.

Overall, informal care in developing countries often exists without a system to track, monitor and evaluate such care arrangements.[27] However, further research is required at a global and regional level in order to better ascertain how kinship care can be scaled up, improved, and better regulated through the provision of social services for children and the assessment and monitoring of relatives, which the research study carried out on this subject matter in West Central Africa attempts to accomplish and will contribute to. For instance, one possible outcome of the research in WCA and other regions may be the development of an inter-agency indicators list for informal care.[28]

3. Research Methodology

The research undertaken was primarily qualitative, participatory and exploratory to enhance understanding and knowledge on kinship care practices. More specifically, it aimed to provide valid and reliable information on the prevalence, trends and characteristics of kinship care arrangements in DRC; and to recommend pertinent and appropriate programmes or practices to better support children in kinship care or to prevent separation from parents.

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[23] Ibid.
[24] UNICEF / International Social Service (2004) pg. 2; Tolfree (2006), p. 29
[25] Ibid.
[26] Ibid.
[27] Williamson, J. and Greenberg A., pg. 16
[28] An indicators list for formal care already exists; developed by the Better Care Network and UNICEF.

The research was carried out in two urban locations in the province of Kasai Orientale in central DRC – the cities of Mbuji Mayi and Mwene Ditu. The locations are limited to one province and to urban as opposed to both urban and rural locations due to the presence of the SCI office in Kasai Orientale and the availability of Child Protection staff, and in the province specifically. It was not deemed possible to conduct the research in the east, where SCI has its other offices, due to the current security situation. Furthermore, it was only possible to conduct the research where SCI had an office due to logistical reasons and the presence of personnel. As such, the research is limited in the scope of the country as a whole; however, it nonetheless sheds light on the circumstances and perspectives surrounding kinship care in DRC.

Overall the research is a part of a regional study in West Central Africa. It adapted a regional research protocol, outlining the objectives and key elements for the design and implementation of the research initiative, aiming to build knowledge on endogenous care practices within families and communities, especially informal kinship care, in order to increase the care and protection of children. Ethical guidelines and participatory tools developed at the regional level were used in the research carried out in DRC (see Annex for tools).

The Ethical Guidelines that were followed build upon the Ethical Guidelines that were developed by Save the Children Norway.[29] They were developed to ensure ethical, meaningful and inclusive children's participation practice during this research study. The guidance draws upon existing Save the Children policies, practice standards and good practice guidelines for involving children in research, consultations and advocacy.[30] In particular, these guidelines are underpinned by and should always be used in conjunction with Save the Children's Child Safeguarding Protocol,[31] Code of Conduct with Children[32]; and with internationally agreed basic requirements for children's

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[29] Save the Children Norway (2008) Save the Children Norway (2008) Ethical Guidelines for ethical, meaningful and inclusive children's participation in participation practice. Feinstein, C. and O'Kane, C.

[30] see 'Some Key Resources' at the end of this document

[31] Save the Children International (2010) Child Safeguarding Protocol; Adopted by the SCI Board on March 9th 2010. "https://savethechildren1.sharepoint.com/sci_centre/HR/Pages/childsafeguarding.aspx"https://savethechildren1.sharepoint.com/sci_centre/HR/Pages/childsafeguarding.aspx

[32] Ibid, Annex A: Code of Conduct with Children. HYPERLINK "\"https://savethechildren1.sharepoint.com/sci_centre/HR/Pages/childsafeguarding.aspx\"" https://savethechildren1.sharepoint.com/sci_centre/HR/Pages/childsafeguarding.aspx (see end of document)

[32] CRC/C/GC/12 (July 2009) Committee on the Rights of the Child General Comment No.12, The Right of the Child to be Heard.

[32] Save the Children International |Gender Equality Policy DRAFT 9, 2012

[32] OVC plan, pg. 44

[32] Orphan being defined as a child who has lost both parents.

[32] Ibid, pg. 13, pg. 48

[32] Ibid, pg. 27

[32] Ibid, pg. 8

[32] Child Protection Law 2009, pg. 15

[32] UN Guidelines for Alternative Care (2009)

[32] Child Protection Law 2009, pg. 17

[32] Ibid., Article 34, pg. 16

[32] Ibid., pg. 18

[32] Ibid.

[32] Ibid., pg. 28

[32] Ibid., Article 69, pg. 29

[32] Ministerial Arreté No: RDC/0248/GC/CABMIN/AFF.SAH.SN/09 NOV 2009 with Regulation on the Social Placement of Children in Difficult Situations, pg. 2

[32] Note: This question was interpreted as physically visiting parents as opposed to visiting or keeping in contact by telephone. As such, it is not clear how often children call parents to talk on the phone.

participation.[33] The guidelines also draw upon a draft of Save the Children Internationals Gender Equality Policy.[34]

More specifically, the guidelines focus on:

➢ Ensuring that Basic Requirements on Children's Participation are fully incorporated in the process;
➢ Developing some general principles for good children's participation practice;
➢ Exploring possible risks faced when supporting children and caregivers as researchers and ways of dealing with them;
➢ Ensuring that Child Protection issues are dealt with appropriately and sensitively;
➢ Ensuring that the diversity of children's experiences is captured;
➢ Ensuring that issues which reflect or reinforce child-adult power relations are dealt with; and
➢ Exploring discrimination and ensuring non-discrimination is practiced;
➢ Ensuring effective communication and co-ordination.

3.1 Key Objectives

The research was designed to:

- Enhance understanding and knowledge on the situation of families and communities, including: why children are placed in alternative care, specifically kinship care, and the perspectives of children, caregivers, and community members on the care options available to children without appropriate care; and which children find themselves in kinship care – for example, is it only children without appropriate care.
- Analyse kinship care from the perspective of children, family members, SCI staff and partners, government officials and other relevant actors with knowledge and experience in informal kinship care.
- Use a gender and diversity lens to analyse and disaggregate the information collected (from male and female caregivers, from boys and girls, older and younger children, children with disabilities and so on);
- Directly involve children as researchers and active participants in the research process to better understand their perspectives on both the positive and negative aspects of kinship care and how it affects them, looking at the factors that build or undermine the fulfilment of their rights, resilience, protection, well-being, participation, development and their best interests;

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[32] All names in the case studies were changed to protect anonymity.

[32] MIBA (La Societe Miniere de Bakwanga), a parastatal mining company in Kasai Orientale that closed down in 2007, resulting in thousands of people losing their jobs (approximately 6,000).

[32] Ibid., Article 78, pg. 19-20

[32] UN Guidelines on Alternative Care, Article 77, pg. 19

[32] Ibid., Article 78, pg. 19-20

" "https://savethechildren1.sharepoint.com/sci_centre/HR/Pages/childsafeguarding.aspx" https://savethechildren1.sharepoint.com/sci_centre/HR/Pages/childsafeguarding.aspx (see end of document)

[32] C RC/C/GC/12 (July 2009) Committee on the Rights of the Child General Comment No.12, The Right of the Child to be Heard.

[33] Save the Children International |Gender Equality Policy DRAFT 9, 2012

[34] OVC plan, pg. 44

- Involve caregivers to explore their views and experiences on existing mechanisms, supports and practices that support kinship care; and factors that make it difficult to care for and protect children in families;
- Result in communications materials produced in various languages and aimed at various target groups – children, families, decision makers; and which will further strengthen delivery of Save the Children's global child protection Breakthrough 2020;
- Lead to strengthened programmes that promote prevention and family strengthening within a comprehensive care and protection system;
- Support advocacy for the development of family policies which integrate child sensitive responses and the specific needs of children and kinship carers.

3.2 Sample Procedure

The research was undertaken in the province of Kasai Orientale in central DRC. The total estimated population of the cities (Mbuji Mayi and Mwene Ditu), and their respective communes is cited in Figure 2 as well as the estimated population under the age of 18.

City	Commune where research was undertaken	Rural or urban?	Total population	<18 population
Mbuji Mayi	Kanshi	Urban	135047	75896
	Diulu	Urban	185022	103982
	Bipemba	Urban	237136	133270
	Dibindi	Urban	338552	190266
	Muya	Urban	293554	164977
Mwene Ditu	Bondoyi	Urban	204824	344602
	Mweneditu	Urban	216481	
	Musadi	Urban	227454	

Figure 2: Population estimates

The research was participatory in nature, but also included the collection and analysis of other information, such as national legal and policy frameworks, and the wider quantitative collection of data. As such, both children and caregivers were actively involved in the facilitation of the research process. Research teams were created in both Mbuji Mayi and Mwene Ditu with 10 researchers in each team. Following a participatory approach, the teams were composed as follows:

1) Mbuji Mayi:

- 1 girl living in kinship care;
- 1 boy living in kinship care;
- 1 female caregiver;
- 1 female RECOPE member;
- 2 male caregivers;
- 1 male parent;
- 1 female INS member;

- 1 girls not living in kinship care;
- 1 boy not living in kinship care.

2) Mwene Ditu:

- 1 girl living in kinship care;
- 1 boy living in kinship care;
- 1 female caregiver;
- 1 female RECOPE member
- 2 male caregivers;
- 1 male parent;
- 1 female service provider;
- 1 girls not living in kinship care;
- 1 boy not living in kinship care.

Both research teams were coordinated by the Save the Children's SAFE project's M&E Specialist and M&E Officer, and were overseen and supported by an inter-agency committee, comprised of Save the Children, UNICEF, DIVAS, and representatives from the Community-based Child Protection Committees (RECOPEs).

The research was carried out in all of the communes in each of the cities (5 communes of Mbuji Mayi and 3 of Mwene Ditu). While considered urban areas, Mbuji Mayi and Mwene Ditu are comparatively more rural than other major cities in DRC. To identify these locations, DIVAS and the Community-based Child Protection Committees (RECOPEs) were consulted. Local authorities and the RECOPE members with the support of SCI staff were responsible for identifying children, kinship caregivers, and parents of children in kinship care.

During their school break, children aged 6 to 17 years actively participated in the research, using participatory research tools that were developed for the purpose of the research (see annex 5). In Mbuji Mayi, 45 children participated in the research (21 girls and 24 boys), whereas in Mwene Ditu 33 children participated in the study (19 girls and 14 boys), giving a total of 78 child participants.

In addition, approximately 52 kinship caregivers also participated in interviews and Focus Group Discussions (FGDs). Overall, two FGDs, one with ten children and another with 10 adults were conducted in each of the two cities, and were led by two government staff from DIVAS and the Division of Gender (DIVIGENRE). Finally, secondary research was also conducted in the form of a desk analysis of existing research on kinship care in DRC and available legislative documents.

Location	Grandparents	Aunt/Uncle	Other female	Other male
Mbuji Mayi	13	15	5	0
Mwene Ditu	7	7	3	2

Figure 1: Breakdown of Caregivers

Following the collection of data through interviews and FGDs and the initial analysis of information, a reflection workshop was held for two days in each of the two research locations in order to discuss findings with community members, Government officials, and members of community-based organisations, children, kinship carers, and parents. The reflection workshop was also an opportunity to gain more insight and probe further into some of the information that came out of the interviewing process and FGDs. The workshops were held from 3 to 8 September 2013.

Overall, there were no factors that hindered the participatory research involving children and caregivers. While some children were initially uncomfortable with answering questions and participating due to fear that they might get in trouble from their families, the research team assured them, as well as adult participants, that all of the information collected was confidential. An important factor that aided in the facilitation of the research was basic planning and organisation, which allowed children to meet at certain times and in certain locations to participate in the research. Importantly, the research was conducted once school had finished for the year, which allowed children more time to fully participate in the research.

3.4 Limitations of the Study

Sampling methods – convenience sampling and snowball sampling introduced a degree of non-random selection bias or systematic error to the study. However, these methods were seen as appropriate for the study which was primarily qualitative and exploratory.

Measurement error – for both children and adults alike, answering a set of standardised questions is unusual. Moreover, the respondents may not have accurately understood the wording of some questions. In addition, it is possible the respondents answered questions based on what they thought the interviewers wanted to hear as opposed to answering truthfully.

A provincial as opposed to national approach – due to the location of existing projects in DRC and the availability of Child Protection staff, the scope of the research was limited to one province of DRC as opposed to being carried out at a national level, which would have given greater perspective to the overall subject.

An urban approach – the research was aligned with SCI's current programme in DRC and Kasai Orientale specifically which, at the time the research was conducted, had an urban rather than rural approach. Consequently, it was not logistically feasible to conduct the research in rural areas where SCI was not already operating.

4. Research Findings

4.1 Legal, policy, plans and data on kinship care

In order to gain a greater comprehension of kinship care in DRC and the policies, data, legislation, and plans surrounding it, secondary research was conducted. More specifically, national legislation on child protection, national plans, and the Constitution of DRC were reviewed and were found to be in support of international guidelines on child protection and child rights, specifically the UN Convention on the Rights of the Children (UN CRC) and the international Guidelines for the Alternative Care of Children. In summary, it was found that while substantial information exists concerning child protection and child rights in general in DRC, and formalised kinship care specifically, there is no available information or data on children placed in informal kinship care. In addition, national documents and legislation governing the care of children refer dominantly to family care, and do not differentiate between the 'family' as the child's birth parents, or the family being members of the wider family unit, such as grandparents or aunts and uncles. In DRC, a primary caregiver of a child can therefore be considered any person from that child's family, whether a parent, sibling or other relation.

For the purpose of this research study, the following existing national documents were reviewed:
- ➢ Constitution of DRC;
- ➢ National Plan for Orphaned and other Vulnerable Children (OVC);
- ➢ National Guidelines on Children at risk of Family Separation;
- ➢ Law No: 09/001 of January 2009 on Child Protection; and

> Ministerial Arreté No: RDC/0248/GC/CABMIN/AFF.SAH.SN/09 NOV 2009 with Regulation on the Social Placement of Children in Difficult Situations

4.1.1 Constitution of DRC

Pursuant to the Constitution of DRC, Article 40 defines the family unit as:

'The basic unit of the human community organised in a way which ensures its unity, stability and protection. It is placed under the protection of the public authorities. For the parents, the care and education to be given to children constitute a natural right and duty which they exercise under the control and with the assistance of the public authorities.'

Article 41 goes on to state that: 'Every person who has not yet completed 18 years of age is a minor, without distinction on grounds of sex. All minors have the right to know the names of their father and their mother. They also have the right to enjoy the protection of their family, of society and of the public authorities. The abandonment and maltreatment of children, in particular paedophilia, sexual abuse and the charge of engaging in witchcraft, are prohibited and punishable by law.

The parents have the duty to take care of their children and to ensure their protection against any act of violence inside as well as outside their parental home. The public authorities have the obligation to ensure the protection of children in a difficult situation and to bring the authors of acts of violence against children and their accomplices to justice.'

4.1.2 The National Plan for OVC

The National Plan for OVC is a national strategy with the general objective of contributing to the improvement and quality of response given to the needs of 15 percent of OVC in DRC by 2014.[35] It does not specifically refer to informal kinship care; however, one of its five objectives (objective 2) reinforces Article 40 of the Constitution by highlighting the need to mobilise and reinforce families, as well as communities, in the care of orphaned[36] and vulnerable children.[37] In a community-based society, such as DRC, this objective is important because it highlights the preventive and supportive role that community members play in protecting not only the child, but the wider family unit. This point is essential to the overall well-being of the child as well as the family, and in creating a protective environment for vulnerable children and their families as a whole.

The National Plan also recognises that orphans and vulnerable children placed in foster care families may be treated differently than birth children, particularly in regards to their level of access to food or other basic social services, by both foster carers and community members.[38] However, despite this recognition the National Plan does not suggest concrete recommendations aimed at safeguarding the rights of children placed in foster care, other than to reinforce the need to strengthen services for children.

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[35] Orphan being defined as a child who has lost both parents.
[36] Ibid, pg. 13, pg. 48
[37] Ibid, pg. 27
[38] Ibid, pg. 8

4.1.3 National Guidelines on Children at risk of Family Separation

In addition to the National Plan for OVC, in 2009 the Government of DRC also developed National Guidelines for children in risk of family separation. Reinforcing the Constitution and the National Plan for OVC, the Guidelines discuss the strengthening of communities to take care of children to create a protective environment for children (objective 1).[39] The guidelines refer specifically to separated children and highlight the importance of reunifying children with their families. However, similar to the other documents, there is no distinction between parents or other family members, or informal kinship care arrangements. It suggests greater support to parents in the form of social services. Social services, however, are predominantly inexistent in DRC.

4.1.4 The Child Protection Law

In 2009, the Government of DRC with the support of the international community developed the Child Protection Law. The law lays out the national legislation supporting and protecting children. Unfortunately; however, while it exists it is not always put into practice.

Section 1 of the Child Protection Law highlights the laws concerning the Child in the Family. It includes the child's right to know his or her parents; if he or she does not live with his or her family, it is forbidden for a child to live with an adult as an apprentice if he or she is below the age of 18.

The first article of Title 2, Chapter 2 entitled Special Protection highlights what constitutes a difficult situation for a child and thus accords special protection. In relation to this article, children without family support due to the loss of a parent and orphaned children are included.

Article 23 of Title 1, Chapter 2 on the Rights of the Child[40] stipulates that the child has the right to a life sufficient to permit his or her integral development. As such, these articles are in line with the international Guidelines for Alternative Care, which stipulates that children have the right to be cared for by their parents and, for the majority of children, parental care will offer them the best form of protection. Specifically, 'the family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his or her parents, or when appropriate, other close family members. Ensuring that families have access to necessary forms of support in their care-giving role is the responsibility of the State.'[41]

Article 31 further stipulates that the child has the right to live with his or her parents or with the persons who exercise parental authority over him or her.[42] If the child has one or both parents absent, in detention, in exile, imprisoned, deported or not living he or she is entitled to basic information about where to find his or her other family members.[43] Article 35 goes on to state that a child who has been separated from one or both of his or her parents has the right to remain with his or her relatives or other family members except for when a judge has decided otherwise, as in

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[39] Child Protection Law 2009, pg. 15
[40] UN Guidelines for Alternative Care (2009)
[41] Child Protection Law 2009, pg. 17
[42] Ibid., Article 34, pg. 16
[43] I bid., pg. 18

accordance to the best interests of the child.[44] Importantly, Article 36 states that a separated child has the right to family reunification, and that the reunification must be carried out with the assistance of a social worker.[45]

Article 64 specifically refers to the social placement of a child, stating that it can be in the wider family, a foster family, a public institution or in an autonomous arrangement for the child in which the child must be at least 15 years of age. Additionally, in regards to institutionalised care the law states that placement in an institution should be a last resort and should be a maximum period of 6 months.[46]

Finally, it states that parents who are assuring the survival of their child will benefit from material or financial assistance from the State.[47] If practiced, such support would aid in preventing the separation of families as parents would have the financial or material means to care for their children.

Overall, the laws governing the rights and protection of the child are in line with the UN Convention on the Rights of the Child. More specifically, Article 7-1, which stipulates the right to know and be cared for by parents; Article 8-1, a right to preservation of identity, including family relations; Article 9-1, a right not to be separated from parents against his or her will except in case of abuse and neglect; and Article 9-3, if separated, a right to maintain in contact with parents on a regular basis unless it is contrary to the child's best interest. While the laws are clear and adequate, they need to be more widely enforced in DRC by the Government and local authorities in order to ensure adequate and appropriate care and support to children and their families.

4.1.5 Inter-ministerial Decree on the Regulation of the Social Placement of Children in Difficult Situations

The Inter-ministerial Decree clearly lays out the procedure for placing separated children or children in other difficult situations with their families in various articles. However, it specifically refers to children being placed in foster families, children who live autonomously, or children who are placed in institutions. While it lays out a clear guideline for children being placed in the aforementioned alternative care arrangements and recognises the wider family as an alternative care arrangement, it does not offer a guideline for placement of children with kinship carers or subsequent case management support from relevant authorities. It does however recognise the wider family unit or 'famille elargie' and defines the role of the wider family as one which takes into account the emotional needs of the child in his or her development while also acting as an ideal and moral framework.[48]

Ultimately, it lays out the formal process, highlighting the places and conditions of placement as well as the role of government social workers and other relevant authorities.

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[44] Ibid.
[45] Ibid., pg. 28
[46] I bid., Article 69, pg. 29
[47] Ministerial Arreté No: RDC/0248/GC/CABMIN/AFF.SAH.SN/09 NOV 2009 with Regulation on the Social Placement of Children in Difficult Situations, pg. 2
[48] NIBA (La Societe Miniere de Bakwanga), a parastatal mining company in Kasai Orientale that closed down in 2007, resulting in thousands of people losing their jobs (approximately 6,000).

4.2 Traditional practices, trends, and influencing factors

In order to determine traditional practices, trends in informal kinship care, and influencing factors, various questions were posed in the form of individual interviews and focus group discussions. Participants included pastors, civil society members, teachers, school directors, and informal carers. The interviews and focus groups were led by members of the research team, including members of the RECOPEs, Child Clubs, and the Chiefs of the quartiers (districts).

Commune	Girls	Boys	Total
Bondoyi	6	4	10
Mwene Ditu	6	4	10
Musadi	5	4	9
Total	**17**	**12**	**29**

Figure 3: Child participants in Mwene Ditu

Commune	Women	Men	Total
Bondoyi	8	2	10
Musadi	8	2	10
Mwene Ditu	3	5	8
Total	**19**	**09**	**28**

Figure 4: Adult participants in Mwene Ditu

Commune	Girls	Boys	Total	Women	Men	Total
Diulu	4	4	8	2	3	5
Dibindi	5	6	11	3	8	11
Muya	4	4	8	5	4	9
Kanshi	4	4	8	2	6	8
Bipemba	4	6	10	8	6	14
TOTAL	**21**	**24**	**45**	**20**	**27**	**47**

Figure 5: Child and Adult participants in Mbuji Mayi

Various questions were posed in order to determine such issues as to which children are living in kinship care, for what lengths of time (temporary or permanent), and why; who the carers are; if siblings live together in the same care arrangement; whether kinship care practices have changed over time, and if so, the main factors that have influenced that change. Equally important, the perspectives of community members, caregivers, children, SCI staff, and government officials were also taken into account in order to better ascertain how local traditions and practices encourage or discourage kinship care; what other forms of informal or formal care are available; and who is included or excluded in determining the care arrangements of children.

In general, alternative care arrangements most often include: living with other family members; living with friends of the parents; in orphanages; or in convents. A total of 47 percent of respondents answered that children living in alternative care arrangements live with other family members; while 6 percent live in group homes, and only 1 percent were cited as living in orphanages. The remaining respondents claimed the children live with distant relations of the family, family friends, or in convents.

Altenative Care Arrangement

- Family members
- Distant relations
- Group homes
- Orphanages

47% 46% 6% 1%

Kasai Orientale
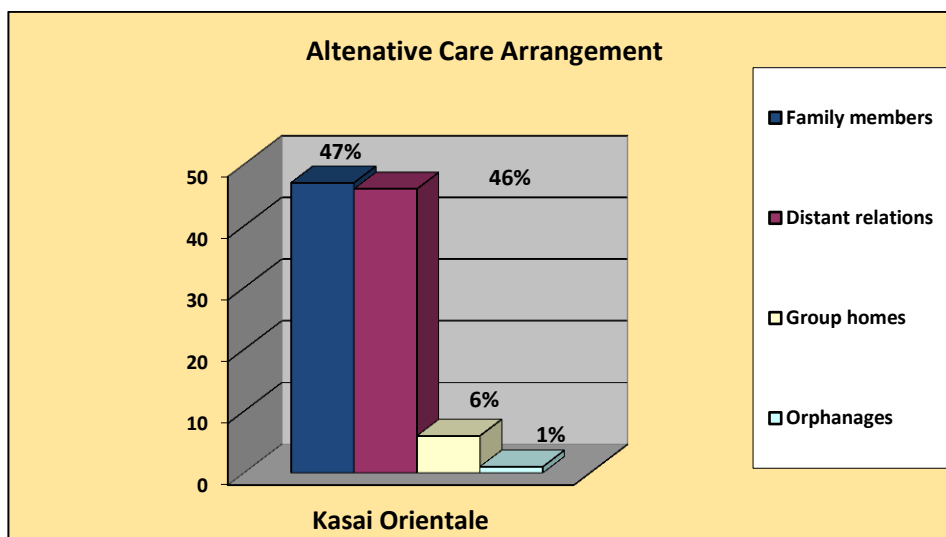
Table 1: Alternative Care Arrangements

The utmost majority of child respondents in kinship care arrangements stated that they were orphans (74 percent). The remaining 26 percent stated that they had been abandoned by their parents and are living with grandparents, aunts, elder sisters, and at times, paternal uncles.

Fifty-five (55) percent of respondents claimed that the kinship care is of a permanent nature, while the remaining 45 percent stated that it was temporary. Since the majority of respondents answered that children who are orphans or who have been abandoned are living in kinship care arrangements, it is possible that this question regarding permanency or the word *permanent* was not well understood by respondents. It is possible that more respondents answered temporary since children leave the home once they become a certain age.
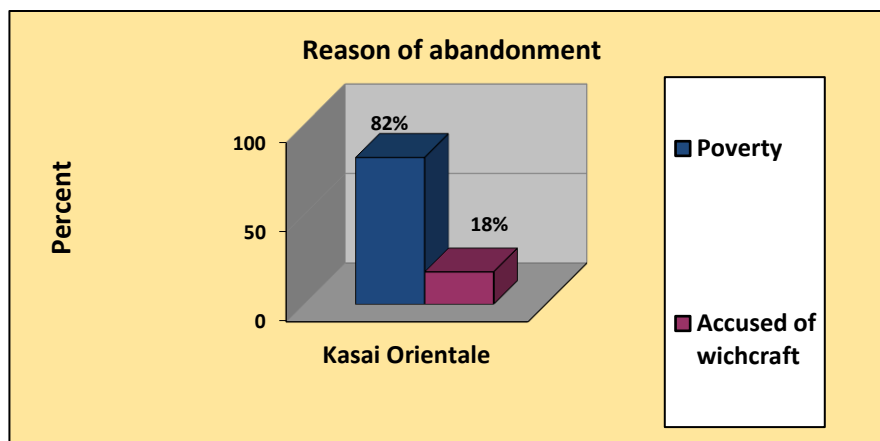

Nature of Kinship Care

Percent

55% 45%

- Temporary
- Permanent

Kasai Orientale
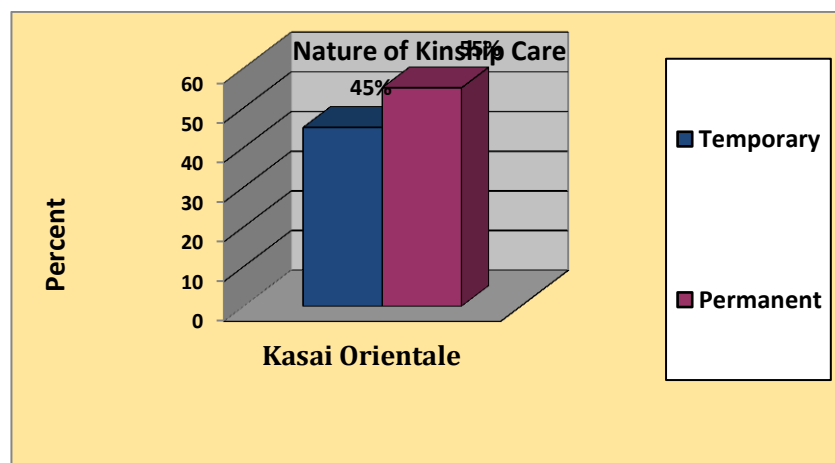
Table 2: Nature of Kinship Care

While this study determined that the majority of children living in kinship care arrangements in the targeted locations were orphans, it was equally important to determine why children who have at least one living parent are placed in kinship care. All of the respondents claimed that children living in kinship care who have at least one living parent do so either because of poverty and the inability of birth parents to care for the child, or due to accusations of witchcraft.

Reason of abandonment

Percent

82%	
100	
50	18%
0	

Kasai Orientale

- ■ Poverty
- ■ Accused of wichcraft

Table 3: Reasons of Abandonment

Child abandonment caused by accusations of witchcraft is a relatively recent phenomenon in DRC, accruing mainly since the mid-1990s and making itself ever presence particularly in Kinshasa and Kasai Orientale. While it is an area of study that requires more in depth research, reasons for the rise of witchcraft accusations against children has been largely attributed to the deteriorating socio-economic situation in DRC. While currently more prevalent in some parts of DRC than in others, it is nonetheless becoming a country-wide problem. Overall, 82 percent of respondents stated the children living in kinship care settings do so as a result of poverty (relating to the presence of only one birth parent, an ill parent, and the unemployment of parents), with the remaining 18 percent claimed the children have been abandoned as a result of being accused of witchcraft. While this percentage is significantly lower in comparison to the issue of poverty, it nevertheless represents nearly a fifth of children living away from their birth families due to accusations of witchcraft – an issue which affects the development of children both psychologically and emotionally and deserves specific programmes aimed at awareness-raising, campaigns and sensitisation at the national, provincial, and local levels.

In addition to the negative reasons surrounding the placement of children into kinship care, respondents also highlighted positive reasons for kinship care. Specifically, one of the main reasons cited for the placement of children into kinship care was due to the perception of parents that relatives would be better able to adequately care for the children in terms of supporting their overall well-being with the provision of food and clothing, as well as greater opportunities for education.

Respondents were asked whether age and gender were attributing factors in influencing kinship care arrangements. The majority of respondents answered yes (88 percent). Unfortunately, however, researchers did not probe respondents further in order to determine specifically why age and

gender are influencing factors during the interviewing process. However, during the reflection workshop participants were asked to explore the subject of gender as well as other diversity aspects, specifically in relation to disability and whether it influences family separation or care arrangements. Participants in the workshop stated that it was more likely for girls with at least one living parent to be placed in kinship care and accepted by kinship carers. Participants explained that girls were more docile and easier to manage than boys. It was explained that girls also aid in household chores and the care of younger children. Finally, participants mentioned that it is the kinship care family and not the biological parents of the girl child who receive the dowry when the girl is married. Subsequently, participants believed that accepting girls into kinship care was a motivation for future financial gains. Save the Children staff believed that the possibility of receiving future financial gains is also a push factor for early child marriage as kinship care families will push girls in their care to marry younger so that they can reap the financial benefit from the dowry without having to care for the girl for too long of a period of time.

During the reflection workshop, three quarters of participants stated that disability was a determining factor in the decision to place a child in kinship care. Adults mentioned that caring for a disabled child requires additional time and resources which many families struggling financially are not able to provide. It was believed that relatives who were better off financially were also better able to care for a child with disabilities.

In regards to age, it could be assumed that younger children (5 and above) are taken into care because they are not able to care for themselves on their own, while it may be believed that older children are able to do so. In addition, according to SCI staff, adoption or caring for very young children and babies is not widely accepted in Kasai Orientale, and most probably in DRC as a whole, due to the time and resources it takes to care for babies. This fact means that it is probable that there are a high number of babies and young children between less than one years of age to 5 years of age living in institutionalised care in Kasai Orientale.

It was asserted that once in kinship care, children were treated the same, irrespective of their age or gender and no advantages were given to children of a certain age group or gender. However, despite the influencing factors of age and gender, respondents overwhelming stated that placing children in kinship care as opposed to other alternative care arrangements was more appropriate due to family relations. Overall, respondents viewed and accepted kinship care as a familial obligation.

In regards to the overall tendencies of kinship care, respondents believed that the frequency of kinship care is increasing (74 percent). This perceived increase could be attributed to the continued socio-economic instability present throughout the country, contributing to cycles of poverty, as well as the increased belief in child witchcraft. The next question that was posed regarding when kinship care first started increasing (before 1980, 1981-1990, and 1990s) reaffirms this assumption, as the socio-economic situation of DRC, although never entirely stable, significantly declined in the 1990s due to conflict. Respondents claimed that the community has indirectly encouraged this increase in kinship care through traditional customs, such as polygamy, early marriage, and the lack of practice of family planning.

Finally, both child and adult respondents claimed that children are not included in the decision-making process involving their care arrangement, nor are they consulted. Overall, respondents felt

that the placement of children into kinship care was necessary, whether due to the child being an orphan or due to the beliefs of parents that other members of the family would be better able to care for the child. Subsequently, it is likely that children are left out of the decision-making process due to the belief of parents, or carers in the incident that the child is an orphan that kinship care is the best option and therefore it could be that this option is not up for discussion.

4.3 Positive and negative experiences of girls and boys living in kinship care
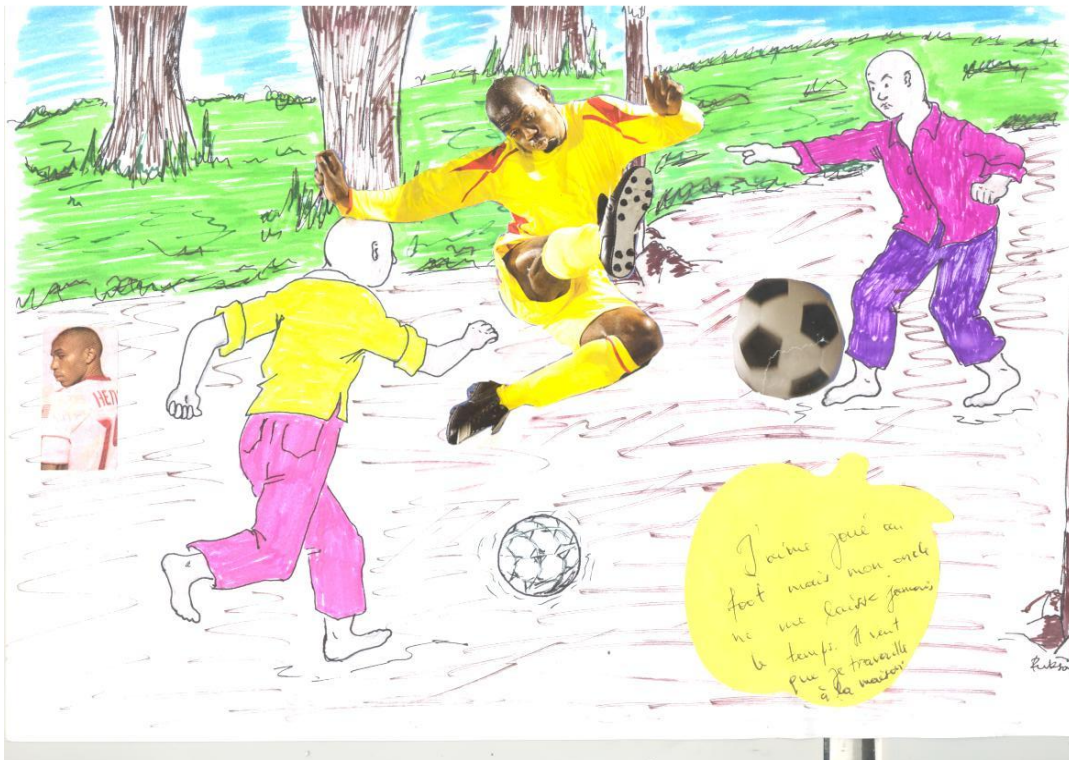
4.3.1 Perspectives of different stakeholders (children, caregivers, parents and others)

> "My aunt has taken care of me since I was 2 years old when my parents passed away. Today, I am 14 years old. I study at the institute of Les élites. She supports me and does everything for me. I love her with all my heart. The whole world knows I am her son and I hope that this stays the same for always." – Boy, 14 years old

As part of the research, it was essential to determine the overall experiences of children living in kinship care. As such, various participatory activities were facilitated with children as active participants in order to determine such issues as their level of contact with their birth parents or

other family members; their views on what their roles and responsibilities are as children living in kinship care in comparison to other family members; and their experiences versus the experience of birth children living in the same household, for instance, if their responsibilities differ or if they are treated differently overall.

Equally important was the necessity of ascertaining the perspectives of caregivers, parents, and community members in general. The overall experience of caregivers, and the challenges, if any, they face, their views on related children in comparison to their own children, and the extent to which their own children have different opportunities, roles or responsibilities. With regards to parents, it was important to determine what the main factors were in influencing the decision to send their children to live in kinship care; whether their children were involved in making such decisions; their expectations of their children going to live with relatives; and the perceived advantages and disadvantages of their children living with relatives. Finally, community members, including neighbours, teacher, pastors, SCI national staff, and government staff were asked what they perceive to be the positives and negatives of children living in kinship care.

In order to determine the various perspectives of the respondents, interviews were conducted as well as focus group discussions. In total, two focus groups were held in each of the two cities with both adults and children engaging in the discussions. In addition, children engaged in participatory activities, including drawings and artwork, family albums, and through the activities 'a day in the life of' timeline, body mapping, and the visioning tree.

Children's perspectives:

The study sought to determine the experiences of children living in kinship care, specifically through exploring what exactly impacts their well-being, development, and the realisation of their rights to protection against violence, abuse, and exploitation, as well as their rights to education, health and nutrition, participation in decision-making, identity, and inheritance.

Through artwork, children expressed their desires. Through pictures of family members, their homes, and animals, they illustrated their desire for protection and security. The pictures showed that children believe that a child who has a healthy life lives in conditions where they have access to clothing and food. While children and adult respondents did not raise the issue of love, family unity, or a sense of belonging verbally, it is important to acknowledge that the provision of unconditional love to a child and their sense of belonging within a family are essential to their healthy development. Even though these issues were not raised specifically, it is clear from the pictures that signify happiness, safety and protection that the need to feel loved is an essential aspect of a child's life.

Negative experiences: Children signified that negative experiences included not getting along with or having poor relationships with other members of the family. They also indicated that one child in the family having a poor relationship with an adult in the family also affects other children in the family as the overall family environment becomes negative. Children also expressed that there are some families with a lot of children, so there are not enough places for the children to sleep. Interestingly, children did not specifically mention abuse or violence in these experiences.

> **"I've lived with my uncle since I was little. My parents are still alive and I know where they live but I cannot find any interest to visit them because I'm happy where I am with my uncle and cousins. All of us are going to the same school and eating together. We do everything together." Boy, 11 years old**

Children's contact with parents and desire to live with their parents: The vast majority of children who were not orphans claimed that they remain in contact with their parents regularly. Some plan visits with their parents whereas others said that their visits with their parents are spontaneous, for example, if they are in the same neighbourhood they will often visit their parents.

> **"It is difficult...very difficult to live with others. I live with my sister because my mom and dad divorced and my dad took a second wife who abused us. It is because of the abuse that my sister on her own. She told me to live with her. My brother-in-law does everything for me, but when I think of my mom and dad I'm sad" – Girl, 12 years old[48]**

Roles and responsibilities in the household: It was important to determine the various opinions of children living in kinship care in regards to their roles and responsibilities in comparison to other children or members of the family, and whether or not gender affects their roles. Questions were asked in order to explore whether or not children living in kinship care are treated differently in the sense that they are given more duties around the house, or whether birth children have more access to education. In general, children stated that they were not treated differently than other children in the family. Some children did however explain how they felt they were given more duties around the house than birth children; however, the majority stated that all children shared responsibilities around the house. All children living in the household have duties and responsibilities. Save the

Children International staff members, however, were surprised by this finding as they believed that children in kinship care are treated differently, for instance, given greater workloads and chores around the house. The staff mentioned that it is possible children answered positively because they felt it was the response the researchers wanted to hear as opposed to discussing the reality of their current living situations.

Children in kinship care who had at least one parent still living, continually reiterated that they did not truly feel at home with kinship carers. They claimed that they were treated well and most of them had access to more food, clothing and recreational activities than they did with their birth parents, as well as greater opportunities specifically in regards to access to education but that they did not feel they had ownership of their new homes. The majority of them stated that they would prefer to live with their parents and wished that their parents were more capable of caring for them.

> **"I live with my aunt, and I study hard. Every day after school I take care of the goats. I feed them and the other animals. If I don't then I'm beaten and sometimes deprived of food to eat. It's really hard." – Boy, 12 years old.**

Differential treatment of children: In the focus group discussions with the adults, adults also claimed that they did not believe children were treated differently depending on whether they were birth children or children in kinship care. They stated that all children, once in their care, were considered a part of the family. Some children; however, during the small group discussions, stated that they felt discriminated against and were treated differently by members of the community, specifically mentioning neighbours. It was unclear; however, how the children were treated differently once in the new communities. Due to the fact that some children end up in kinship care as a result of being abandoned by their parents due to accusations of witchcraft, it is possible that this lack of acceptance by certain community members could also be due to the stigma attached to witchcraft.

However, SCI staff members claimed that many children who are accused of witchcraft are accused by their kinship carers and not by their biological parents. As such, it is equally possible that children in kinship care are accused of witchcraft once in their care arrangements and then further stigmatised by the community.

> **"I live with my grandparents. I work hard and I do everything that they ask me to do. I don't see any injustice in this even though they sometimes ask me to do all of the housework. I never ask for help. I love my grandparents because without them I would not be as I am...I lost my father when I was 8 and my mother when I was 11. I study like any other child." – Girl, 13 years old.**

Key influence of the female kinship carer: In terms of the negative experiences of children in kinship care, the responses of children revolved around the position of the female kinship carer.

The children said that if the female kinship carer likes the child and views the child as her own, the child is treated better than if the female carer does not like the child or does not view the child as her own. More specifically, the children explained that if it is the female in the household who has accepted the child into the home, which is most often the case when the child is the offspring of a member of her side of the family, then the child is treated like any other child in the family. Some children had had negative experiences in their homes of kinship care, even despite behaving well and doing well in their studies at school. They explained that it was because the female in the household had not agreed to take them into her care. These were children whose parents were related to the paternal side of the family.

> **"I am 15 years old. I have not lived with my parents since I was 12 years old but instead with my aunt and uncle. I am now a part of this family. I enjoy all of the same benefits as the true son of the house. I study with my cousins, eat together and have the same chores. There is never any suspicion that I don't below to this family. My aunt and uncle are like parents to me. I love them like parents. I don't even know where my biological parents are. My real parents are the ones that feed me and take care of me." – Boy, 15 years old.**

Some children also described how often the male caregivers re-marry, and they are not accepted by the new wife. Since the female caregivers spend more time at home during the day, engaging in domestic work, as is the norm in the DRC, it is not surprising that the children placed in care are given an unfair share of the household responsibilities if they have not been accepted by the female carer.

I am 17 years old, the second oldest in a family of four children. My father worked at MIBA[49] where he made a lot of money. As a result of his good salary, he decided to take on a second wife. My mother did not react well to my father's decision and she developed some health issues due to stress, specifically, hypertension. My father in turn was upset with my mother as a result of her inability to cope with his new wife, and he divorced her. My mother wanted me and my siblings to stay with her. She could see that we also were not happy with my new stepmother, and she did not want us to suffer. I was nine years old when all of this happened. My mother left the house but she came back shortly after and took me and my brothers. She did not have any money though, so we ended up living with her on the streets and begging for money in the market or carrying luggage for market vendors. I had no choice but to drop out of school. It was a very difficult situation for the entire family. My mother's health continued to deteriorate, one of my paternal uncles saw us and took us back to our father, even though we did not want to go back and live with him. My mother left to live in her hometown. We had such a nightmare with my father's new wife! We had to do all of the household chores like collecting firewood and fetching water. I was not happy. My little brothers left and went to Katanga, and I never hear any news of them. My older sister got married though. Her husband, my brother in law, is very nice. I went to live with them when I was 14 years old. My brother in law takes care of me, and he even pays for my studies as I was able to return to school when I moved in with them. He considers me his own sister now. I will never go home to live with my father.

Rights to inheritance: Adults were asked whether or not the rights of children in kinship care to their inheritance were upheld. Participants stated that if the child was a girl then it was likely that her rights were not upheld. That the inheritance was kept by the kinship carer as the girl was viewed as a 'passenger' in the home before she married. They explained that most often the boys did receive the inheritance because they are the ones who uphold the family name and customs. It was therefore believed that they had more of a right to keep their family inheritance whereas a girl would be married and then would become a part of another family. Important to note is that all children have the right to their inheritance under the Congolese Child Protection law.

4.3.2 Perspectives of Caregivers

Fifty-two (52) caregivers participated in the research study. It was deemed equally important to determine their experiences in caring for the children of their family members. As such, grandmothers, grandfathers, aunts, and uncles were interviewed and participated in focus group discussions. Overall, all of the child respondents living with grandparents were orphans, while the children with at least one living parent lived with either an aunt or uncle and their respective families or another relative. This finding does not, however, suggest that all children in general who are orphans live with their grandparents. It is equally likely that orphans live with aunts or uncles also. Additionally, grandparents taking care of children only took care of grandchildren who were orphaned by their own children and did not care for children who were not siblings. Generally, these children felt happier than those living with other kinship carers. They stated that they felt at home with their grandparents and supported their grandparents around the house. Due to the lack of other birth children in the household, discrimination between the children was also not an issue.

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[49] Ibid., Article 78, pg. 19-20

Generally, however, they claimed that they had fewer opportunities to education due to the socio-economic situation of their grandparents.

Some of the caregivers of children who still had at least one living parent said that the children in their care often acted out or did not behave well, for example, stealing and disrespecting them. Overall, they felt this behaviour was a reaction caused by the separation of the children from their parents. Respondents mentioned that children were living with them as opposed to their biological parents due to the socio-economic situation of the parents, and the belief of parents that the child or children would be better cared for living with relatives.

It was important to determine what factors positively or negatively influenced the adequate care of children in kinship care arrangements. The issues that were raised were:

1. Socio-economic factors;
2. Behaviour of the child;
3. Certain traditional practices and customs within the communities.

Socio-economic factors: Given the high unemployment in Kasai Orientale and the socio-economic conditions in the province, the utmost majority of caregivers highlighted throughout the research exercises that they needed more financial assistance to be able to adequately provide for the basic needs of all of the children in their care. While the majority of children stated that they felt their basic needs were provided for, this perspective could be a reflection of the fact they have access to more of what they need in terms of clothing and food than they did previously while living with their birth parents. However, despite the point of view held by the children, it was apparent during the discussions and interviews with caregivers that they struggle financially to provide for all of the children in their care. This finding subsequently pulls into question what happens when kinship carers are unable to provide for all of the children in their care. For instance, are the children sent back to live with their birth parents, or are they then less likely to attend school if other biological children are favoured?

Caregivers viewed caring for children of relatives who have passed away or who are not able to care for their children as a family responsibility. However, they said that when a family is very poor and cannot afford to provide financially for the basic needs of the children in their care, there is no choice but for the children to work in order to aid in supporting the overall family income. The majority of respondents mentioned that if they did not have the finances to care for all of the children then they had to reduce access to social services, such as education, meaning that not all children in the household would be able to go to school. A few respondents said that if the socio-economic circumstances were particularly dire then they would have to send the children back to live with their biological parents, if the parents were still living.

The caregivers did not differentiate between their own birth children and the children in kinship care, but merely discussed this point generally. Most often, poverty alone does not push children to work, but rather it is poverty combined with other stressors, such as an ill or disabled parent, the death of a parent, or the unemployment of one or both parents. For families who already struggle financially, taking additional children into their care whether due to a sense of family duty or otherwise, can act as an additional stressor on the overall family unit. Caregivers did not suggest that

the kinship care children should take on some means of employment, but rather indicated that this was necessary in order to support the family financially.

In line with what was said by the children, the topic of household duties and work was seen not as a form or means of discrimination of children in kinship care in comparison to birth children in the family, but rather as a responsibility to aid in supporting the family and contributing to its overall well-being.

> **"Living with children who are not yours is not an easy thing to do. I have had this experience with the children of my sisters. Since the child knows he's not with his own parents he immediately changes his attitude. If you mistreat him then he thinks it's because he is not in his own home. I love all of the children the same, and I would do anything for them. I think that I'm a good mother to all of them. But the financial situation is difficult sometimes. At times when there is no money then we all go to bed hungry." – Woman, 43 years old**

Behaviour of the child: Caregivers discussed the behaviour of children in their care. They mentioned that some of the kinship care children behaved poorly and acted out or disrespected them, in terms of not listening to them or following rules set by the adults in the family. Children that acted out were predominantly boys; however, girls were mentioned as acting out when they were in the company of other girls who alleged bad influences on them.

> **"I am a father of seven children. Four of the children are my biological children and the three others are those of other family members. I educate them all the same. It is easier when they eat and play together. Their chores are distributed evenly. But it is difficult when you cannot take care of them the way you wished you could due to financial constraints. Then you have to choose who will benefit. I have been in this situation before and fortunately for me, other people came to my aid and supported me and the children."– Father, 39 years old**

They believed the poor behaviour was often a result of children leaving their parents and being placed in kinship care, and as a result, they acted out. However, they also explained that sometimes children, like children in other countries worldwide, become involved with other children in their communities who are negative influences, and subsequently, bad behaviour results.

Traditional practices and customs: The third issue caregivers raised was in regards to practices and customs in their communities. They mentioned that certain customs negatively impact children in kinship care. More specifically, polygamy, the position of women in the family, and alcohol abuse were discussed. In regards to polygamy, which is widely practiced in Kasai Orientale, caregivers stated that children are more likely to be mistreated or abused if the male caregiver takes on a new wife or wives as the children are sometimes not accepted by the new family member. This mistreatment; however, could apply to both children in kinship care as well as equally so to the birth children of a man as none of the children are the birth children of the new wife.

Caregivers reiterated that the position of the female caregiver and whether or not she was involved in the decision-making process of whether to accept the child or children of a relative influenced how children were treated in the family. Thirdly, caregivers also discussed alcohol abuse. They said if alcohol abuse was present in the family than it was more likely that the children would experience abuse and violence. Similar to the issue of polygamy; however, it is likely that all children would experience the same level of abuse irrespective of whether or not they were in kinship care or the birth children of the alcoholic.

Finally, caregivers briefly mentioned the issue of witchcraft. Since some of the children in kinship care were abandoned due to being accused of being witches, caregivers said that this stigma was also a reason why children may be mistreated or abused in their homes of kinship care.

> I am a father of six, and I live in Mwene Ditu. Two of my sister's children also live with me. Sadly, my brother in law passed away, and my sister could not bear taking carrying of the children following his death. The children had a very difficult time after their father's death because my sister did not have the material means to support them. In total, my sister had 5 children – 3 girls and 2 boys. The situation was very difficult because my sister was not emotionally stable following her husband's death. As a result, she let the children roam the streets where they looked for food to eat, and clothes to wear. It was really every man for himself! After long discussions with the family, I decided to take two of the children into my care as I was not financially able to care for them all. Two of the other children went to live with my younger brother, and one of them stayed with my sister. I fight to be able to provide for all of my children, and so that they have enough food to eat, even though my ability is limited. I do not perceive the children differently from one another. I treat them all as if they were my own children. They are my children.

4.3.3 Perspective of Parents

During the study, 13 parents (8 mothers and 5 fathers) of children in kinship care participated in the interviews. In order to determine the perspectives of parents, a series of questions were asked using a standardised questionnaire (Annex 1). Parents were asked what the influencing factors were in their decisions to place children in informal kinship care arrangements, and whether children's opinions were taken into consideration during the decision-making process.

Exactly 50 percent of parents answered that they send their children to live with kinship caregivers due to poverty. An additional 15 percent claimed that it was due to divorce; 17 percent said it was caused by polygamy within the family; and 11 percent claimed it was due to the death of a spouse.
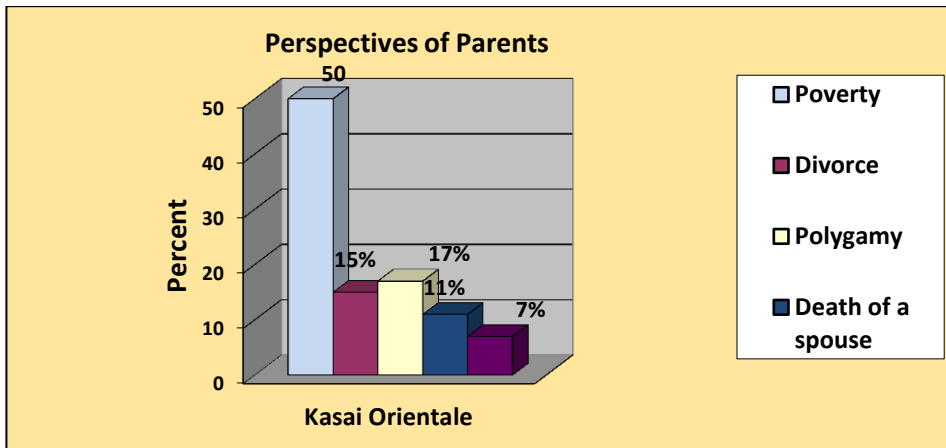
Table 4: Perspectives of parents

In regards to children being part of the decision-making process in reference to their placement, 78 percent of parents said that their children were not included in the decision-making. This response was also line with that given by the children themselves. For the remaining 22 percent of parents who said their children were consulted, they clarified that children were consulted, but added that discussions did not entirely revolve around a discussion on where to place children as they indicated that there were often not many options for care placements. The discussions rather merely involved the children. As such, it is questionable to what extent children actually participate in the decision-making process.

The study sought to determine what the expectations are of parents once they have placed children in kinship care, and whether their expectations and hopes for their children were met once placed with next of kin. Overall, 100 percent of the respondents believed that their children are well supported and benefit from greater access to education and living in better living conditions than what they felt they could provide. Some respondents spoke specifically about wanting a brighter future for their children and believed that by living with next of kin, their children lived in a healthier living environment overall. Interestingly, all of the respondents agreed that by sending their children to live with relatives would reduce their overall parental care.
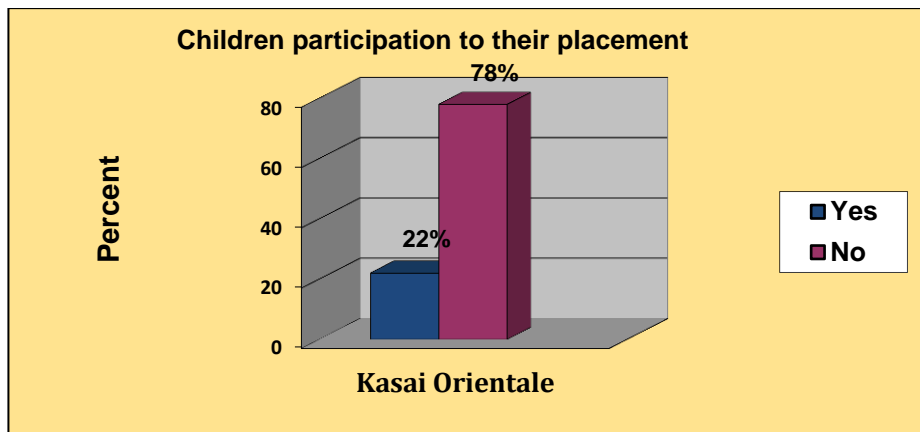
Table 5: Children participation to their placement

More specifically, parents were asked what the advantages and disadvantages were of placing their children in kinship care. Overall, parents believed that their children would have greater access to education, and therefore greater career opportunities which would allow them to support the family financially in the future.

Some parents also claimed that they wanted to have less responsibility for their children. Since families tend to be quite large in DRC, it is possible that this last statement was due to the fact that parents who have a large number of children do not feel that they can care for all of them adequately. Also, interestingly, while parents clearly stated that they wanted their children to have greater opportunities, specifically in regards to school access, it became clear during this last set of questioning that they wanted their children to support them financially. As such, it is possible to conclude that sending their children to live with relatives is seen as a future investment in which there is a hope for future financial benefit when children become adults and enter the workforce. This assumption was confirmed during the reflection workshop when the utmost majority of parents stated that they believed there would be financial gains through the education and future employment of their children.

On the other hand, parents stated that disadvantages of having their children live with relatives included not being able to supervise their children directly and their children developing poor behavioural skills as a result, for instance, not respecting their elders. In addition, some parents mentioned their children being given work and responsibilities around the house, and perhaps not having time to focus on school and their studies as a result.

> I have 5 children in total; however, only 2 of the 5 are my birth children. The other three belong to my two brothers. I look after the daughter of my brother who died as well as the two daughters of my elder brother who went to live in Katanga in search of employment. The wife of my brother who passed away was left to beg in the streets following his death. She took my niece with her, even though my niece was only 6 years old then. I went to the market in Bakwadianga one day and I saw them there, begging. I was so angry I thundered at the mother and brought my niece home to live with me. Now she goes to school. I asked the whereabouts of my sister in law, but I was told that she left and I did not receive any other information. The daughters of my elder brother were abandoned by him. He claimed that life was too difficult in Mbuji Mayi and he left. A month after he left, his wife also left, without even saying a word! I guess she followed her husband to Katanga. So, I took the children to save them from turning to the street life. One of the girls is in school but the other one is still too young. It is true that I have limited means, and often it is difficult to take care of all of the children, but I am obliged to do it because these children have nowhere else to go. If I give up, I would be no different than a criminal.

4.3.4 Perspective of Community members

The opinions of community members, including neighbours of kinship caregivers, teachers, pastors, RECOPE members, and government staff were also explored in the research study. Community members participated in interviews as well as focus group discussions. They were asked how they believed children in kinship care were treated, and similar to those questions asked to the parents, what they believed were the advantages and disadvantages of children living in kinship care. Overall,

community members answered similarly to parents. They believed the advantages and disadvantages to be the same. More specifically that:

- ➢ The children had greater education opportunities;
- ➢ Better access to basic needs, such as food and clothing;
- ➢ Children would be better disposed to attaining employment following their schooling and supporting children;
- ➢ Children in kinship care are susceptible to following in with the wrong crowd or group of friends and being negatively influenced, causing poor behaviour.

Evidently, whether children live with relatives or not, there still exists a perceived obligation for children to contribute to the care of their birth parents financially once they are old enough to secure employment. In addition, the utmost majority of community members believed that children were well treated in the homes of kinship caregivers and that they were not treated differently than birth children living in the same households.

4.4 Availability of support and the support needs of children and caregivers

The research study sought to determine the availability of support provided to carers, as well as the availability of support to children in kinship care settings. More specifically, it was important to determine the specific needs of elderly caregivers, such as grandparents; the kind of support provided, if any; and support provided by communities, churches, and the government. In addition, respondents (children, caregivers, community members, and government staff) were given the opportunity to express what they felt they needed in order to better support children living in their care.

All respondents were asked to explain what they believe were the specific needs of children. Forty-three (43) percent of respondents said that school was the most important need of a child. Almost as many respondents claimed that other basic needs, such as food and clothing, were a child's most important needs (29 percent); while others claimed recreational activities and general development, specifically learning life skills and good behaviour.

> I am 12 years old. My father died and my mother quickly remarried. Her new husband forbade her to allow us into his home, so we had nowhere to go and went to live on the streets. My aunt found out and she took care of us for a little while. She convinced my mother to take us back, but her new husband would not permit it. We stayed for a little while but he would curse at us and beat us, especially when he had been drinking. His sister also lived with us. One day she got sick. We were locked up in a room for three days because she said she became sick because we had put a curse on her because we were witches. She told everyone that if I was not cured I would kill everyone in the family. When my aunt found out about this accusation, she came and took us back to live with her. My aunt's husband pays for our schooling just like he does for his own children. I want to continue staying here. I have nowhere else to go.

Overall, all respondents claimed that there is no support given to informal kinship carers in the form of monetary allowances or non-food items. Caregivers expressed the need for subsidies to support the cost of school fees as well as school supplies and uniforms; while elderly caregivers said they

required more financial resources in order to be able to provide for the children's most basic needs in regards to opportunities for education as well as food and clothing.

> **"I am devoted to the cause of children. I live with several children who are cared for at our centre. What I have learned from children who do not live with their biological parents is that care must be adequate and appropriate. If you become angry with a child who is not your own biological child then the child thinks that it is because you are favouring your own biological children. It makes them feel marginalised. It is important to acknowledge this when caring for the children of your kin." - Transit centre worker, 32 years old**

Caregivers also expressed that they wanted more help from other adults to care for the children in their care. Despite DRC being a community-based society, respondents claimed that there are no structures in place at the community level to aid kinship carers – or families in general – to care for their children. Several respondents raised the issue of support through local NGOs, Save the

Children, and UNICEF by stating that these organisations support children through referral mechanisms and provide activities for some children, such as Children's Clubs. Respondents seemed to agree that these activities supported kinship care families. However, it is also possible that respondents made these claims as they felt it was what the researchers wanted to hear as opposed to these activities in actuality supporting kinship care families. Due to the low presence of international funding attributed to the province of Kasai Orientale, the few organisations that due support programmes in the province implement activities that are limited in reach as well as funds for the most part. Unfortunately; however, external support by the UN and NGOs is limited in reach, especially in Kasai Orientale which has the smallest country-wide presence of international organisations and UN bodies. Respondents claimed that some religious organisations, specifically churches help, but overall they felt that churches could help more in providing support to families in need at the community level.

Children overwhelmingly cited needing more support in areas related to education and clothing, specifically, financing school fees, school supplies and school uniforms, as well as having access to better shoes and clothes. In general, parents said that they need more socio-economic and livelihoods support in order to increase the family income and better provide for their children overall. Kasai Orientale, as other cities in DRC, has a high unemployment rate with most of the economy relaying on artisanal diamond mining. In order to aid in the ability of parents to care for their children, it is essential to develop programmes alongside the government pertinent to alleviating unemployment.

5. Conclusion

This research aimed to build knowledge on endogenous care practices within families and communities, specifically in relation to informal kinship care with the purpose of increasing the care and protection of children living in informal kinship care settings. Finally, the study aimed to provide evidence-based recommendations on appropriate interventions to respond to and support families supporting next of kin informally.

Although the research was limited in the sense that it was carried out at a provincial as opposed to national level, and therefore findings may differ from those in other provinces, the study was nonetheless able to ascertain important contributing factors and information surrounding practices of kinship care. The study found that the following are negative contributing factors to kinship care:

- ➢ Poverty;
- ➢ Polygamy;
- ➢ Accusations of witchcraft;
- ➢ Illness or death of parents;
- ➢ Alcoholism.

It also found positive contributing factors:

- ➢ Greater opportunities for child to access education;
- ➢ Belief that relatives would be able to better support the overall well-being of the child through greater financial means than the parents can provide.

The study found that all of the children living with their grandparents were orphans, and that most of the grandparents did not have the economic means to adequately care for the children. Children living with an aunt or uncle, on the other hand, were found to have at least one living parent. Overall, respondents stated that children were not a part of the decision-making process regarding their care placement.

Parents believed that by placing a child with relatives who were better able to provide for the children would increase the child's access to education and would therefore increase the likelihood of the child to obtain employment following his or her schooling, thereby providing a financial means to support the parent(s). Subsequently, the research showed that despite being placed into kinship care, the child still has responsibilities to his or her parents.

Overall, it found that all children, kinship care children and biological children have equal responsibilities at the household level. However, this finding was surprising to SCI staff members

who claimed that children in kinship care are often provided with more work and delegated with additional tasks in the home. An explanation could be that children answered positively as they felt positive responses were what the researchers wanted to hear, or another possibility is that they did not want to give any negative information for fear that the information would get back to their kinship carers, despite confidentiality procedures being explained to all the child respondents.

The research highlighted the need for social protection mechanisms to be in place to prevent unnecessary family separation of children from their parents, as well as the need to develop programmes for livelihoods support or cash transfers to support vulnerable families in being able to

care for their children. The protection of children in informal care settings, and the preservation of the family unit in general cannot be achieved via the efforts of one individual, organisation or sector, but requires the pooling of knowledge, skills and resources, and joint problem solving between the local community, Government, and support agencies. Cross-sectoral cooperation and coordination involving the health, education and social sectors, law enforcement authorities, and the justice system is needed as concerns facing vulnerable families must be mainstreamed into other sectors.

Overall, while this research study does not seek to encourage the formalisation of informal kinship care, it does encourage communities and local authorities to work together to support kinship care families. Doing so, will aid in placing informal care within the overall context of national, provincial, and community-based child protection systems, and thereby will contextualise both the benefits and the risks of such care.

Strengthening families should be the first priority. Supporting families who are struggling to provide care through socio-economic or livelihoods support, the provision of support through social work, or the removal of additional hidden costs, such as uniforms and school supplies, will greatly impact the ability of families to care for their children.

Finally, it is hoped that this research has added to SCI's knowledge of current informal care practices in DRC as well as to the wider child protection network and Government of DRC as a whole.

6. Recommendations

Save the Children and Programming on Care

- Develop programming that recognises the complex role of families and the community, specifically at the provincial level where community plays a major role in the life of the family and education of children. Save the Children staff should work together with community-based organisations to identify families at risk or separation and should develop strategies to prevent separation, such as case management, home visits of families at risk or separation, or positive discipline training to parents or caregivers.
- Save the Children should partner with organisations having expertise in livelihoods activities, and should include livelihoods activities or activities focused on socio-economic support, such as Village Savings Loans Associations (VSLAs), in child protection programming in order to support not only the child, but the wider family unit in caring for children as well as increasing the likelihood that children will have access to services, such as education, due to increased household income.

- Carry out a campaign to disseminate and promote the Civil Code in order to better apply custody rules and kinship responsibilities and to improve policy and practice on informal kinship care.
- Save the Children should engage influential members of communities, such as religious leaders or community elders, in order to raise awareness of and prevent accusations of witchcraft.
- Save the Children should engage local authorities through advocacy and training to ensure that children accused of witchcraft or survivors of sexual and physical abuse are provided with sufficient or appropriate legal support.
- Carry out sensitisation activities and training to promote positive discipline both with and within communities.
- Carry out advocacy campaigns to promote and improve legislation and policy on informal kinship care.
- Through on-the-job coaching, support and improve the capacity of Government social assistants in the area of case management, and encourage social assistants to acknowledge children in informal care settings in the communities of their work in order to ensure that those children are as equally protected and provided for as children in formal kinship care settings.
- Carry out awareness raising activities at the community level to promote the importance of education so as to ensure that all children are enrolled in school.

Government of DRC

- The Government of DRC should cooperate and collaborate with appropriate agencies involved directly or indirectly in child protection, including the police, schools, and medical facilities, to guarantee information sharing regarding the well-being of children in informal kinship care. While informal kinship care is not regulated by the Government, it should be formally recognised in national legal frameworks governing the rights of children, and should be included in strategies for monitoring and evaluating State interventions focused on kinship care.
- The Government of DRC should recognise the role played by informal kinship care, taking adequate measures to support its optimal provision on the basis of a country-wide assessment focused on the subject. Such an assessment should link to this research and is necessary in order to create an effective policy. Any research conducted should seek to determine such issues as the prevalence of children living in informal care settings; the causes behind placements; and the psychosocial and socio-economic needs of informal kinship carers and children in their care.
- The Government of DRC has defined formal care and processes of care therein. The Government should also develop appropriate measures to protect children in informal kinship care from abuse, neglect, child labour, and all other forms of exploitation.[50]
- The Government of DRC should ensure that appropriate conditions are met in informal kinship care, and that appropriate structures are in place at the community level to support informal kinship carers and children living in kinship care, such as referral mechanisms to services that provide access to health care and education.
- In accordance to the guidelines that have been developed by the Government of DRC on children without appropriate care, competent authorities should, where appropriate, encourage carers to notify the authorities regarding their care arrangement in order to ensure access to appropriate services. Greater awareness-raising should be carried out by local authorities at the community level to ensure that families are aware of services and available supports.

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[50] UN Guidelines on Alternative Care, Article 77, pg. 19

- In accordance to the international Guidelines for the Alternative Care of Children, and in order to domesticate and implement them to a greater degree, the Government of DRC and local authorities should:
  - o Recognise the responsibility of informal carers of the child.[51]
  - o Pay particular attention to informal care provided by non-relatives or by relatives previously unknown to the child.[52]
- An overall social welfare system with services for children should be developed and adhered to in order to ensure the protection of children. Whenever services, such as schools, can offer additional assistance to children, such options should be taken advantage of and used to their full capacity. Services targeting older children should include, but should not be limited to, attaining vocational training skills that will prepare them for adulthood.
- Family support systems need to be developed and tailored in such a way that they are able to support children in informal care settings as well as informal carers. Support in terms of home visits and identification and documentation of children in informal care is essential if children are to grow up in stable family environments.
- Support to strengthening capacity in the strategic planning and costing of required services as well as advocacy for appropriate budget allocation through the provision of technical support needs to be undertaken.
- Effective solutions regarding support to children in informal kinship care and to families as a whole need to be poverty-reduction focused, and must address the numerous family and social stressors that lead to family separation. Child sensitive social protection mechanisms should be strengthened.

NGOs, UNICEF, and RECOPEs
- Organisations should work with families in order to encourage child participation, specifically in relation to the involvement of children in decisions regarding their care.
- Organisations should work with community members and families to encourage the participation of female caregivers in the decision-making process regarding whether or not to care for a child.
- Awareness-raising activities and radio campaigns should be developed that discourage the consumption of alcohol, early marriage, polygamy, and accusations of witchcraft.
- The presence of an ill family member places additional strain on a family, especially one which faces socio-economic difficulties. Many children work not only to support their family's basic needs, but also to aid in the provision of medical costs. Free or reduced costs for medical care would help to alleviate the financial burden experienced by a family due to the presence of an ill family member.
- Since teachers spend long periods of time with children they are likely to recognise behavioural changes in children or signs of abuse. Subsequently, teachers should be trained on the following: the causes and consequences of sexual abuse, how to respond to victims of abuse, how to provide basic emotional support, as well as on the availability of services which can lend support to the survivor so that they are better able to detect early signs of abuse. In addition, teachers should be made aware of child protection bodies where they can make referrals when abuse has been detected – for instance, the RECOPEs. The members of the RECOPEs should develop a

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[51] Ibid., Article 78, pg. 19-20

relationship with schools in their communities so that teachers can directly and immediately refer cases of child abuse or sexual abuse to RECOPE members.

- Public awareness campaigns should be established to inform and sensitise parents and community members on the importance of family preservation and reunification; and the importance of involving children in decision making processes concerning their care and protection.
- Local authorities should work alongside social support networks in the community, such as schools, health facilities, NGOs, the police and others to increase the capacity of communities and families therein to support one another. As a component of such networks, local authorities should develop comprehensive local social support information packages on the availability of services that can help families in need of additional support – whether they are provided by the government, NGOs or the UN. These information packages could then be dispersed throughout communities so that all families, including informal carers, are aware of available service and assistance schemes.
- RECOPEs and other local civil society should work together to discourage practices of polygamy, alcoholism and early marriage, and encourage family planning.

All Actors

- Should raise awareness and increase support for children's expression and participation in decision making in their families, communities and wider settings so that they can more effectively assert their rights and influence practices and policies affecting them.
- A baseline study conducted by Save the Children in October 2012 in the same locations as the research study showed that very few of the police officers interviewed during the study had knowledge of child rights and child protection issues. Training on child rights and protection should be included as a component in the broader training of police officers. It is likely that educating police officers on child protection issues will aid in reducing the abuse of vulnerable children by police. It will also allow police to gain a wider understanding of how to handle alleged offenses involving children abused while in informal care settings, and children in general.
- Authorities at all levels should work together to strengthen the legal protection of children in informal care settings so that prosecution of perpetrators of child abuse and sexual abuse will occur within a reasonable timeframe, and so that the justice system is effective in protecting survivors of violence. At present, impunity of child rights violations, especially child sexual abuse is prevailing and the Congolese justice system lacks a system of survivor or witness protection.

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