Save the Children

“Watoto Ndio Taifa la Kesho”
Children are the nation of the future

Save the Children’s Research Initiative:
Understanding and Improving Informal Alternative Care Mechanism to increase the care and protection of children.

A Case study from Zanzibar.

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Preface

Save the Children place great significance on evidence-based programming and in 2012 the organisation initiated a research initiative on Kinship Care in West Central Africa as part of a broader Global Strategic Focus on Children Without Appropriate Care. The findings have greatly improved our understanding of underlying causes and rationales for kinship care placements, the nature of factors impacting on the quality of a care placement, and the diverse positive and negative outcomes for children. This understanding is fundamental to frame and design programmes and interventions aimed at mitigating the root causes contributing to parental separation, and protecting children in their family-based environment. With this knowledge, Save the Children has been able to support national stakeholders to implement and contextualise child protection interventions and advocacy programmes aimed at enhancing the quality of care provided to kin children.

Building on this success, Save the Children extended the research across East Africa in 2014, and this paper presents the Kinship Care findings for Zanzibar. The investigation was primarily qualitative and participatory focused, and promoted the active involvement of children and caregivers as field researchers. A total of 51 caregivers, 67 children and 19 stakeholders took part in the research over a period of seven months in collaboration with the Revolutionary Government of Zanzibar and SOS Villages Tanzania. The paper begins with an introduction to the rationale for the research before describing the methodology employed before moving to outline the key findings which have been divided into 5 main themes; 1) Existing legal and policy frameworks, available data and national government programmes concerning kinship care; 2) Traditional practices, trends in kinship care and influencing factors; 3) Positive and negative experiences of kinship care; 4) Children and caregivers support needs, and the availability of support; 5) Policy and practice recommendations. The paper concludes with a summary and recommendations for moving forward.

It is our hope that in better understanding the complex systems of kinship care, we can develop suitable and effective programs to support children without appropriate care in Zanzibar in much the same way that is being undertaken in West Central Africa.

Finally, it is opportune to extend thanks to all those who have contributed to producing this research and while regrettably there are far more than is possible to mention here, special mention must go to the research teams, the Department of Social Welfare, the Department of Women and Children, SOS Villages Tanzania and ZAPHA+, Save the Children Sweden, Save the Children Regional Office in Nairobi, Aida Diop and Claire O'Kane, International Child Rights Consultants and, of course the children, young people and caregivers whose direct experience of kinship care are the narrative we have set out to comprehend.

Mali Nilsson

Zanzibar Representative

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Stone Town. Zanzibar
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Aida Diop, Research Consultant, Save the Children

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CRC	Convention on the Rights of the Child
CwAC	Children without Appropriate Care
DSW	Department of Social Welfare
FGD	Focus Group Discussions
HIV	Human Immunodeficiency Virus
SCI	Save the Children International
UNICEF	United Nations Children's Fund
ZAPHA +	Zanzibar Association for People Living with HIV and/or AIDS

Executive Summary and Key Recommendations

Informal kinship care is defined by the UN Guidelines for the Alternative Care of Children 2010 as a private family-based childcare arrangement provided by relatives or friends of the family without the involvement of an administrative or judicial authority[1]. Such alternative child care arrangements are well-established and practised in societies affected by chronic poverty, emergencies, community violence, HIV, AIDS, discrimination, and are particularly evident in developing countries where the functioning of the national child protection, welfare and education systems may be constrained. These underlying factors tend to place multiple stresses on families around the world in terms of their ability to care for and protect their children[2].
According to UNICEF's State of the World's Children 2014 report, there were 56 million orphans in Sub-Saharan Africa as of 2012. Almost half of these orphans, 48 %, lived in the Eastern and Southern African Region[3]. In response, communities have progressively adopted informal kinship care as a customary child protection response mechanism. In addition to this, kinship care is strongly rooted in cultural and religious frameworks and is often characterised by a flexible and inclusive understanding of family structures and the key role attributed to extended family members or clans. This tends to contribute to different scenarios where different relatives care for girls and boys, regardless of the survival status of one or both parents.

In many Sub-Saharan African countries, the combination of various risk factors and the absence of strong national social protection systems have generated significant family disintegration. In view of this, there has been an increasing interest amongst government and development partners to better grasp the nature and scope of endogenous kinship care practices, and to also capture their function as alternative care arrangements. Contextualising and consolidating knowledge on kinship care as it is practised in these different countries is essential for government, NGO and development partners to fully support national efforts to keep children in the care of their families.

Save the Children have undertaken multi-country research support at a regional level to enhance knowledge on the scope and workings of kinship care practices with a view to maximising the care and protection of children deprived of parental care. This regional research initiative is part of Save the Children's global strategic focus on Children without Appropriate Care and was rolled out in 4 countries in the West Central African Region throughout 2012 and 2013, and in three countries of the Eastern African region, most recently in Tanzania (Zanzibar), Kenya and Ethiopia in 2014.

The Zanzibar programme of Save the Children Tanzania led the national research initiative on kinship care in Zanzibar between March and September 2014. The research was undertaken with the collaboration of the Ministry of Empowerment, Social Welfare, Youth, Women and Children and SOS Villages Tanzania. The research was primarily qualitative and participatory focused and promoted the active involvement of children and caregivers as active field researchers. A total of 19 stakeholders, 51 caregivers, and 67 children took part in the research, with the latter collecting over 220 stories from their peers) and.

Key findings of the research indicate that:

Kinship care is perceived as an inherent component of Zanzibar's culture that is rooted in Islamic and local traditions. While **it is overwhelmingly viewed and experienced as a positive practice** that fulfils a dual social function, i.e. a mechanism to strengthen family structures but also to cope with hardship, kinship care can have negative outcomes for children and their caregivers. (Theme 2)

Elderly caregivers and in particular grandparents are the most prominent group involved in the provision of kinship care arrangements in Zanzibar.

[1] A/RES/64/142 United Nations General Assembly, 24 February 2010
[2] Family support and Alternative Care, Child Frontier, 2012
[3] The State of the World's Children 2014, UNICEF

Kinship care placements can be voluntary or forced, both upon children and caregivers, which highly depends on **a range of influencing factors**. These factors are multi-dimensional, i.e. institutional (chronic poverty, weak national child protection system), social and cultural (stigma and discrimination linked to specific populations) or linked to specific life events (e.g. death of a family member). Factors that influence kinship care arrangements are also often strongly interconnected and inter-dependent, which means that it is often the combination of several influencing factors, rather than just one, that leads to the decision to opt for a kinship care arrangement. For instance, this research examines chronic poverty as a specific influencing factor for alternative care. Key findings indicated that families facing the same economic constraints were inclined to make different care choices for their children that depended on the existence and degree of influence of other key factors (Theme 2 and 3).

Children's experiences of kinship care vary greatly, and while they are generally positive for many children, some can be characterised by discrimination and mistreatment for some children. Similarly, the majority of caregivers view their experience of kinship care as constructive and fulfilling, while some caregivers face significant challenges. Positive and negative experiences depend on a range of individual, social and institutional risk and protection factors. These include, for example, the individual circumstances that motivated a placement, the degree of child or female participation in the decision-making process or the availability of community services to support the care arrangement. Policies and programmes should focus on enhancing protection factors and mitigate the risk factors associated with kinship care arrangements. Protection and mitigation factors were consistently identified by children, caregivers, parents and community members alike and are presented throughout this paper (Theme 3 and Theme 4).

The needs of kin children and their caregivers are outstanding and remain unmet whether as part of specific policies on Children without Appropriate Care or wider protection systems. This means that government agencies primarily depend on parents, children and their caregivers to find pathways to cope with adversity, banking on their resilience capital, which inevitably leads to further risk exposure (Theme 4).

With a view to supporting national efforts to maintain children within a protective family environment, the research has informed the elaboration of 9 key recommendations. The recommendations place a strong emphasis on community-based approaches (Theme 5).

1. Support further operationalisation and implementation of the Children's Act 2011 and consolidate the national policy framework relative to Children without Appropriate Care.
2. Support and extend existing family strengthening programmes and initiatives.
3. Enhance access to basic services at the community level for kin children and their carers.
4. Improve the meaningful participation of children and female caregivers in decision-making processes.
5. Raise community awareness on critical issues affecting Children without Appropriate Care.
6. Build the capacity of the national workforce involved in the protection and safeguarding of children.
7. Ensure the allocation of an adequate budget to resource the operationalisation of the national child protection system.
8. Ensure that systematic data on kinship care is collected as part of the wider child protection data collection system.
9. Reinforce existing community-based platforms (e.g. Shehia Councils, MVC Committees) to monitor and support kin children and their caregivers in their communities.

1. Introduction

Save the Children is a leading independent organization working with children to increase fulfilment of their rights, and to help children fulfil their potential. The organisation works to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives.

Children without Appropriate Care (CWAC)[4] is a priority intervention area for Save the Children's for the period 2010-2015. Programmes and advocacy work are underway towards a goal that by 2015, 4.6 million children without appropriate care, and their families, (including children on the move and children affected by HIV and/or AIDS) will benefit from good-quality interventions within an improved child protection system.

In addition, the goal of Save the Children's global child protection Breakthrough 2020 is that **''All children thrive in a safe family environment and no child is placed in harmful institutions"**

The UN Guidelines for the Alternative Care of Children 2010 provide the basis for the establishment of national policies and data collection systems for Save the Children's key advocacy tool on children without appropriate care. Despite its prevalence, informal care is not generally dealt with in legal and regulatory frameworks and there is a lack of research or documentation relating to such informal care practices.[5] There is also insufficient data collection on children without appropriate care, especially in terms of children living in informal care arrangements. Research to date underscores the major gap in knowledge about kinship care, particularly from the perspectives of children and caregivers.

1.1 The West Central Africa regional research on kinship care

In line with Save the Children's global strategy and 2020 breakthrough, and in order to inform its programming with robust and up-to-date data, Save the Children undertook a research in West and Central Africa to build knowledge on endogenous care practices within families and communities, especially informal kinship care. Four countries were involved in the participatory research, between 2012 and 2013, and included Sierra Leone, Nigeria, The Democratic Republic of Congo and Niger[6].

The research key findings were critical to understanding underlying causes and rationales for kinship care placements, the nature of factors impacting on the quality of a care placement, and the diverse positive and negative outcomes for children. This understanding is fundamental to frame and design programmes and interventions aimed at mitigating the root causes contributing to parental separation, and protecting children in their family-based environment.

In West and Central Africa, key factors influencing positive or negative experiences of children living with relative caregivers included:

- Social-cultural traditions concerning closer ties with maternal or paternal relatives.
- Female and male caregiver active participation in decision making to care for the child.
- Shared responsibilities by parents and caregivers for children's wellbeing and needs.

Based on the key findings of this research, a regional report was drafted and a series of 12 practical recommendations were made[7]. Based on these recommendations, the country offices that were involved

[4] '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.
[5] Family Support Services and Alternative Care in Sub-Saharan Africa, Child Frontiers, 2012.
[6] Yaro Na Kowa Ne, Children belong to everyone. Understanding and Improving Informal Alternative Care Mechanisms to Increase the Care and Protection of Children. A Focus on Kinship Care in West Central Africa, CPI, October 2013
[7] As Above, CPI, October 2013.

in the study have gone on to support national stakeholders to implement and contextualise child protection interventions and advocacy programmes aimed at enhancing the quality of care provided to kin children. In light of this progress, Save the Children's East Africa region expressed interest to support similar participatory research in the East Africa region, and this paper is a contribution to that objective.

1.2 The Kinship Care research in Zanzibar

Since 2010, Save the Children has been working with government and NGO partners in Zanzibar to build a strong and sustainable national child protection system. This includes strengthening local mechanisms to prevent, respond and monitor violence and exploitation against children, as well as raising awareness amongst the civil society on critical issues affecting children, strengthening the legal framework and building the capacity of technical agents working in the area of child protection.

In the context of the global Breakthrough 2020 vision, Save the Children programme in Zanzibar included the thematic area of Children without Appropriate Care as part of the strategic design of its programmes. In November 2013, a workshop on CwAC was held in Dar es Salam, in collaboration with the Ministry of Empowerment, Social Welfare, Youth, Women and Children, SOS International, and Save the Children's East Africa regional office. The overall objective of the CwAC training was to enable participants to articulate the importance of family-based care through a strong understanding of child development, prevention activities and family strengthening programming. The workshop generated significant debates and discussions, and identified gaps in the service provision. It also identified available information and knowledge. As a result, Save the Children Zanzibar and the Ministry of Social Welfare drafted a national plan of action, and jointly opted-in to Save the Children's East Africa regional research initiative on kinship care. The process kicked off in March 2014 with the identification of child researchers and the constitution of a research working group, and by August 2014, the research on kinship care had been finalised in Zanzibar.

In Zanzibar, the research process precisely took place between March and July 2014. Its main objectives were defined as follow:

Overall Objective

- Increasing understanding of the magnitude, profile, trends, strengths and challenges of children and caregivers involved in kinship care within different socio-cultural context.

Specific Objectives

- Increase understanding of the magnitude and characteristics of kinship care, and factors contributing to kinship care practices[1].
- Increase understanding of the experiences (positive and negative) of children living in kinship care, and factors that build or undermine the fulfilment of their rights (including access to basic services, nutrition, protection, non-discrimination and participation) – disaggregate findings by gender, age, caregiver relation, and other factors.
- Increase understanding of male and female caregivers and mothers and fathers' perspectives on the caregiver experiences (positive and negative) and existing mechanisms, support and practices that support or inhibit prevention of parental separation, family strengthening, and informal kinship care;
- Identify and analyse the extent to which existing laws, policies, child protection systems and community based mechanisms (formal and informal) contribute to identification, monitoring, protection and support of children living in kinship care and/or prevention of family separation.
- Develop policy and practice recommendations to prevent family separation and support family strengthening efforts within a comprehensive care and protection system for children and their caregivers.

The report specifically provides key findings on four main research themes:

1) Legal, policy, plans and data concerning kinship care

2) Traditional practices, trends in kinship care and influencing factors
3) Positive and negative experiences of girls and boys living in kinship care
4) Children and caregivers support needs, and the availability of such support.

1.3 Key contextual information


Caregivers in Makunduchi exploring kinship care options for children

The United Republic of Tanzania is formed by Mainland Tanzania and the archipelago of Zanzibar.

Mainland Tanzania is the largest country in East Africa, covering 940,000 square kilometres, 60,000 of which are inland water. Tanzania lies south of the equator and shares borders with eight neighbouring countries: Kenya and Uganda to the north; Rwanda, Burundi, the Democratic Republic of Congo, and Zambia to the west; and Malawi and Mozambique to the south. Tanzania's Eastern border is entirely coastal and Zanzibar lies on the north-eastern part of Tanzania's coast. It is a small archipelago of islands, and the two most populated isles, Unguja (commonly known as Zanzibar) and Pemba, are respectively situated at 35 and 56km from Tanzania Mainland.

The total population of Mainland Tanzania is estimated at 43,625,354, while Zanzibar total population currently stands at 1,303,569 with an annual population growth rate of about 2.8 %. The population of Zanzibar's demographic is young, with 38.1% under the age of 15 and 42.2% being between the age of 15 and 35 years. With a respective population of 896,721 and 406,848 Unguja and Pemba are the most populated isles of the archipelago, and the primary geographic focus for this research[8].

Zanzibar is a homogenous society in respect to religion and language, with the vast majority of the population practicing Islam (over 97%) and speaking Kiswahili. The population can be characterised as very diverse, with Bantu, Arabic, Persian, Indian, and Comorian influences.

As a semi-autonomous state, Zanzibar has its own executive body headed by the President of Zanzibar, a well-established legislature embodied by the House of Representatives and an independent judicial system that includes a High Court, primary courts and Islamic courts, the so-called Khadi's Courts. Zanzibar administers its five regions independently, and each region is subdivided into several districts. Several Shehias, the lowest administrative units in Zanzibar, form one district.

Violence Against Children in Zanzibar

In 2009 the Revolutionary Government of Zanzibar carried out the first national survey on Violence Against Children in Zanzibar. The findings of this survey (launched in 2011) report that violence against children, sexual exploitation and abuse is a significant problem and occurs at home, in communities and at school[9].

The 2009 VAC Survey specifically indicated that the issue of sexual violence is a serious problem in Zanzibar. According to the Survey, over 1 in 20 of females and almost 1 in 10 males reported experiencing at least one incident of sexual violence before the age of 18. About 1 in 10 children in Zanzibar who have sex before turning 18 say that their first intercourse is unwilling, and that they are either tricked, pressured, threatened, physically forced or coerced some other way to have sex. Children reported that the most common perpetrators of sexual violence were strangers, closely followed by neighbours, and that most of the incidents occurred at home or at school (or on the way to school)[10]

[8] Tanzania Demographic and Health Survey, 2010; National Census, 2002.
[9] Violence Against Children in Tanzania, Findings from a National Survey, 2009.
[10] Violence Against Children in Tanzania, Findings from a National Survey, 2009

In the past, the child protection response in Zanzibar has been fragmented and uncoordinated with no clearly identified primary reference point, and services are stretched across different ministries, departments and national agencies (including police, hospitals, schools and community organizations). This uncoordinated approach has had significant implications in relation to service delivery for victims of abuse.

Zanzibar's national survey on Violence Against Children further draws out the impact that violence against girls and boys has upon a society's health and wellbeing as a whole. The single most important outcome of the VAC Study is the evidence it produces to stimulate the action required to address violence against children.

The VAC Survey findings for Tanzania mainland indicate that there is a link between orphanhood and sexual violence. The prevalence of childhood emotional and sexual violence was higher for male and female who were orphaned compared to the children who still have one or both parents.

This is corroborated by research that suggests that the loss of traditional community and familial safety net highly increase the risk of violence for children.

2. Country research process and methodology

2.1 An overview of the geographic scope and stakeholders involved

The participatory research was effectively conducted in five (5) districts across the isles of Unguja (Urban and South) and Pemba (3 districts, Chake-Chake, Wete and Micheweni). Overall, the research was carried out throughout 12 Shehias or villages.

The development, adaptation and use of a regional research protocol supported participatory research involving children and caregivers as researchers, respondents and documenters.[11] Children and caregivers were actively involved as researchers in their respective local research teams, working in collaboration with Save the Children, the Department of Social Welfare and SOS Village International.

Child researchers in Pemba conducting field visits

A total of 67 children participated in the research workshops, and 41 of them were dedicated researchers who actively collected data from their peers in their respective communities during the months of April and May 2014. There were initially 12 lead researchers (6 males and 6 females), who participated in the initial capacity building and reflection workshops, who were joined by an additional six (6) lead researchers during the in-depth research phase, including four (4) children identified through the Zanzibar Association for People living with HIV and/or AIDS, know as ZAPHA+. The child researchers collected a total of 220 stories from children living in kinship care, but also from children living with their biological parents in Pemba and Unguja.

Child researchers who lived with their biological parents took part in the research as respondents and researchers although they did not represent a large sample. Female participants (34) were slightly more represented than male participants (23).

A total of 51 caregivers participated in the research and were mostly female caregivers. The vast majority of caregivers were grandparents, closely followed by aunts and uncles, and finally siblings.

More than 19 other relevant stakeholders took part in the research and included representatives from ZAPHA+, UNICEF, SOS Village Tanzania, the Department of Social Welfare, Shehas, religious leaders, community members, WAQF Commission, and Most Vulnerable Children Committees. Children who were members of local Children's Councils were also part of the research initiative, both as researchers and respondents.

2.2. Research process

Stage 1 – Preparations for participatory research - November 2013 – March 2014

A workshop on Children without Appropriate Care was conducted in Dar-es-Salam in partnership with the Department of Social Welfare. Save the Children Zanzibar opts-in the Kinship Care research as part of the East Africa region.

Adaptation and use of the **research protocol developed for the West Africa Kinship Care research**[1] to support **participatory research involving children and caregivers as researchers,**

11 See Save the Children (2013) Research Protocol: Understanding and Improving informal alternative care mechanisms to increase the care and protection of children, with a focus on kinship care in East Africa. Prepared by Claire O'Kane.

respondents and documenters. Translation of key annexes into Kiswahili.

Identification, recruitment and **capacity building of three local research teams in Unguja and Pemba** including **girls, boys, female and male caregivers, Save the Children staff, the Department of Social Welfare and SOS** to increase their confidence, skills and knowledge to undertake research.

Translation into Kiswahili and application of **ethical guidelines.**

Adaptation and translation into Kiswahili and use of **participatory research tools** including: interviews, focus group discussions, body mapping, time lines, visual care option mapping, transect walk, resource mapping, visioning trees, photography, drawing, stories of most significant change/ case stories, drama, observation, and the development of child led "Family Albums".

Establishment of local research working groups in Unguja and Pemba with weekly coordination meetings.

Stage 2 – Implementation of participatory research- April-June 2014

Country research teams (adults and children) implemented the participatory research reaching out to other girls and boys living in kinship care, biological children, caregivers, parents, community members, and a range of other stakeholders . This included a series of workshops, and 3-4 weeks in-depth field research. The country teams used mixed methods including: interviews, focus group discussions, case stories, observation and the child friendly participatory tools especially body mapping, time line, family album photos, drawings, and stories. A set of disposal cameras was handed to each local research teams to visually document proceedings.

Regular reflection among children and adults was also encouraged to discuss, document and analyse the emerging findings; they also provided an opportunity to identify and overcome any challenges faced during the research process. In Makunduchi and Pemba, for instance, these reflections took place on a weekly basis, which gave the children the opportunity to share their research findings as well as the challenges encountered.

In-country local **reflection workshops** near the end of stage 2 involving country research members (children and adults) and other reference group members were organised in each local research area. These reflection workshops encouraged: identification of lessons learned concerning the research process; further analysis of key findings; identification of any information gaps; and developing recommendations.

Example of stories collected from the local research group in Pemba

Preparation of visual documentation (children's family albums encompassing photos, drawings, visuals of participatory results) and country reports were also drafted to inform action and advocacy initiatives.

Stage 3 – Country reflection workshop, documentation and advocacy plan - July to September 2014

A **country reflection workshop** involving children and adult representatives was organised in June 2014. This 3-day workshop built upon the in-country reflection workshops and enabled children and adults to reflect on key findings and to collectively develop recommendations for practice and policy developments. The regional reflection workshop also supported opportunities to collaboratively develop creative child friendly visual documentation including a regional family album, and brief advocacy videos.

August – September – finalisation of **country report.**

Strategic planning – country teams and regional CPI use findings to inform country annual planning and advocacy 2014 onwards.

2.3 Country research teams reflection on the research process

Following the initial capacity building workshop in April, child researchers agreed to undertake a series of tasks that involved weekly field activities and meetings. For instance, child researchers carried out an identification exercise in their respective communities to select boys and girls living in kinship care who showed interest in participating in the research. Child researchers facilitated the introductory workshops, applying knowledge and skills gained during the capacity building workshop.

Throughout the study, child researchers were able to share their feedback and thoughts on the process of the research, and seek support from adult members of their local research teams on key challenges they faced. The feedback was systematically used to inform and improve the practical experience of other teams, and identify solutions to problems encountered.

Strengths of the research process included:

- Enables a better understanding of practice of kinship care in Zanzibar.
- Positive engagement and response from the community, children were genuinely interested in the research and in the methods used.
- Researchers enjoyed interacting with other children, meeting on a weekly basis and looked forward to their local reflection workshops. Good communication within local research teams and clear expectations of deadlines and weekly tasks.
- Sense of ownership. Researchers felt they were empowered, and given responsibilities.
- Sense of having gained practical and theoretical skills from the research that they will be able to re-apply in other contexts.
- Research was truly participatory – following the introductory workshop, a high number of child participants decided to take part in the field in-depth research phase.
- Good synergy between different partners, which reinforced great collaboration.
- Involvement of local partners such as ZAPHA + during the research.
- Participatory tools truly enabled children to express themselves with means they were confortable with sharing personal and intimate testimonies through story telling, poems, drawing, singing, taking photos, etc.
- Adult support to child researchers from Department of Social Welfare staff, SOS staff and national consultant.

Challenges of the research process and *some of the solutions* include:

- Generally very limited secondary data available on kinship care in Zanzibar.
- Research model was geographically too broad, which made the research implementation more challenging as the child researchers lived in different villages. For instance it was problematic to support all research teams on a weekly basis.
- Male child researchers felt they faced more reluctance from parents, caregivers and children than female child researchers in Unguja Urban district.
- Adults in the community did not take child researchers seriously.
- Some adults refused to take part in the research. *A factsheet was drafted and used by child researchers to gain adult support and engagement. The factsheet was found to be very useful.*
- Use of disposal cameras – many cameras were not used properly, children frustrated at not being able to see their pictures (until after photo processing). Fear within community of what will be done with photos. *Sensitization through factsheet and involvement of community Women and Children Shehia coordinators. Save the Children plans an exhibition and family album to be disseminated into Kiswahili.*
- Children could not express themselves freely in the presence of adults – *child researchers were able to voice that problem in weekly meetings and were helped to find alternatives, i.e. interview children during school breaks, and encourage children to express their views through drawing, poems*
- Some guardians didn't trust children and saw them as spies. *Ongoing sensitisation was required.*

2.5 Limitations of the research methodology

The research in Zanzibar was primarily qualitative and exploratory. Resources were not sufficient to undertake widespread household surveys, which would have provided systematic quantitative data regarding the number and characteristics of each specific kinship care arrangements in the research communities.

The key findings presented in this paper may not be entirely representative, in view of the small research sample.

Some key stakeholders were not fully represented, including parents, children living with a disability, and guardians infected or affected by HIV and/or AIDS.

3. Key findings

3.1 Theme 1: Existing legal and policy frameworks, available data and national government programmes relative to kinship care in Zanzibar.

In this chapter:

- Key findings on review of the legal and policy framework relative to the protection of CwAC, orphans, and alternative formal and informal care in Zanzibar.
- Key findings on secondary data analysis relative to kinship care, including national surveys detailing household composition and family arrangement in Zanzibar.
- Trend analysis of kinship care as it is practised in Zanzibar.

The United Republic of Tanzania ratified the UN Convention on the Rights of the Child (CRC) on 10 June 1991, and the African Charter on the Rights and Welfare of the Child (ACRWC) on 23 October 1998. As a result the Revolutionary Government of Zanzibar is obliged to take all necessary steps including legislative, administrative and other measures to implement the rights contained in both Conventions.

3.1.1 The Children's Act 2011

Up until 2011, national laws in Zanzibar pertaining to children and their protection were scattered in different codes. The main legislation concerning children was the Children and Young Person's Decree, which dated from colonial period. The Children's Act was passed by the House of Representatives in March 2011 and signed into legislation by the President of Zanzibar on 6 July 2011[12].

Article 19 of the Children's Act 2011 defines includes a child who is abandoned or orphaned and has insufficient care and support in its definition of a vulnerable child.

The Children's Act is the single most important and comprehensive piece of legislation promoting the rights and duties of children. The Children's Act is a single piece of legislation that establishes a comprehensive legal framework for the protection of children and brings Zanzibar's domestic legislation in line with the provisions and standards of international treaties.

The primary focus of the Children's Act is to develop a coordinated child protection system to effectively prevent and respond to cases of violence and abuse and children in conflict with the law in Zanzibar. It is divided into 12 different chapters and contains provisions relating to custody, guardianship, access and maintenance, foster care and adoption, children and health services, children in contact with the law, and children in residential establishments.

This section provides detail on how the Children's Act constitutes the baseline of a protective environment for children who may be deprived of parental or appropriate care in Zanzibar.

- **An inclusive definition of family**

Through key provisions, the Children's Act's reinforces the idea that biological relatedness is not the sole criteria to be taken into account when defining family structures, and that emotional attachment plays a critical role in a child's development. Specific article clearly reflect the mutable and inclusive character of family structures in Zanzibar. As a result family in relation to a child includes any of the following persons (Part 1, Preliminary Provisions):

(a) A parent of the child
(b) Any other person who has parental responsibilities and rights in respect of the child

[12] The Children's Act, 6, 2011, Zanzibar

(c) A grandparent, brother, sister, uncle, aunt or cousin of the child or
(d) Any other person with whom the child has developed a significant relationship, based on emotional attachment, which resembles a family relationship.

While the Children's Act does not make specific reference to informal or formal kinship care arrangements as such, the broader inclusion of extended family and non-biological carers are in line with the definition of
kinship care as provided by Article 29 b(i) and 29 c(i) of the Guidelines for the Alternative Care of Children adopted in 2010.

- **Provisions for Alternative care.**

Further, the Children's Act clearly defines key notions relative to childcare, such as "Care-giver", "Foster-care", "Guardian", "Kafalah", "Orphan", "Parent in relation to a child", "Parentage", "Parental responsibilities". Specific provisions address the options of alternative care and are presented below:

- Part VI Parentage, Custody, Guardianship, Access and Maintenance
- Part VII Foster parent care;
- Part VIII Kafalah and Adoption (see Snapshot below);
- Part XI Approved schools;
- Part XII Residential establishments and Day Care centres;

- **The principle of Best Interests of the Child**

The principle of the Child's Best Interests is one of the key principles that underpin the Children's Act. For instance, the Act underlines that the nature of the relationship between a child and their parents or caregivers are key factors in determining what lies in the child's best interests; it also stipulates that decisions relative to alternative care placements are to be arranged through judicial, administrative or other adequate recognized procedures, with legal and professional safeguards including social welfare assessments.

Examples of how the best interests of the child is promoted in the Children's Act include:

- The Children's Act promotes family-based environments as the best environment for a child to grow up in. Article 9 (1) promotes the right to live with a parent, guardians or family and to grow up in a caring and peaceful environment.

- Article 12 defines parental responsibilities as the legal duty of a parent to secure the child's right to life, dignity, respect, leisure, liberty, health, education, protection, shelter and anything else necessary for the child's physical, mental, spiritual, moral and social development.

The Act also places duties on the child to work for the cohesion of the family, to respect the rights of his family members and to assist his family members in times of need. Throughout the research consultations, children expressed how they felt that it was their duties to behave in such manner that the family cohesion was not be disrupted.

SNAPSHOT - Kafalah

Kafalah is an Islamic type of guardianship and is defined by the Children's Act as "*the commitment to voluntarily take care of the maintenance, protection and education of the child in the same way as the biological parents of the child would do'*. The provisions on Kafalah apply to persons subscribing to Islamic faith, while provisions on adoption strictly apply to persons who do not subscribe to the Islamic faith.

The blood-ties between the child and their biological parents are deemed unbreakable in Islamic traditions and a change in parental status, name and inheritance rights are typically prohibited in Islamic societies. Part VII of the Children's Act provides the conditions under which Kafalah may be granted via section 75 (1) which state that an application for Kafalah is to be made to the Khadi's Court.

Kafalah is as a family alternative used when all efforts to place a child with their extended family have been exhausted. It is a system of guardianship that is mediated by the state, in contrast to informal or customary adoption[13]. In Zanzibar, it seems that kinship care is more widely practised than Kafalah, precisely because of its informal nature.

3.1.2 National guidelines and national plans of actions

There are a number of guidelines and policies relative to the protection of children in Zanzibar, including the following:

a. The National Guidelines for the Protection and Welfare of Children, 2011

The National Guidelines for the Protection and Welfare of Children places a duty on the Department of Social Welfare to protect and safeguard the rights and entitlement of all children in Zanzibar.

b. The Guidelines for the Establishment and Management of residential care for Most Vulnerable Children in Zanzibar, July 2011[14]

The 2011 Residential Care Guidelines recognise that family-based environments with adequate care are the preferred options for children and adolescents and that residential care is only to be considered as a last resort alternative.

Children placed in institutions " to a large extent suffer from emotional and psychological effects. (…) Limited contact with the outside world makes them (children) more vulnerable when left to their own. Performance in schools is generally poor compared to non-residential children because of (…) the insufficient and inappropriate toys and other facilities/tools that stimulate their cognitive and psychosocial development." (The 2011 Residential Care Guidelines).

In Zanzibar, there are 16 residential care institutions across Unguja and Pemba. Individual Interviews conducted with key government stakeholders[15] indicated that the Ministry of Social Welfare should focus its strategy on the des-institutionalisation of children and the promotion of family-based care, such as kinship and foster care.

c. The National Costed Plan of Action for Most Vulnerable Children, 2010-2015.

The National Costed Plan of Action for Most Vulnerable Children (MVC) in Zanzibar provides a framework to address the critical issues affecting MVCs in Zanzibar. It sets out five thematic areas of strategic focus for targeted intervention, including chronic poverty reduction, child protection system strengthening, service coordination, addressing cultural and social norms and monitoring and evaluation. The definition of MVC encompasses the following categories:

[13] Adoption and the care of orphan children. Islam and the Best Interests of the Child, Muslim's Women Shura Council, August 2011.
[14] The 2011 Residential Care Guidelines thereafter).
[15] In particular interviews conducted with a Senior Social Worker (Unguja), Institutional Care Officer (Unguja) and the Head of the Department of Social Welfare in Pemba.

- Children who are orphans
- Children who have been abandoned
- Children from families who suffer from acute poverty
- Children who are victims of sexual violence, abuse and exploitation
- Children infected or affected by HIV and/or AIDS.
- Children who were born-out-of wedlock, or under-aged girls who have children born-out-of wedlock
- Children who live in female or elderly-headed households
- Children who live with a physical disability or intellectual impairment

The National Costed Plan of Action underscores the link between orphanhood and vulnerability, and the extent to which children living with elderly relatives are more likely to be exposed to risk. It is noted that most grandparents are unable to adequately invest and address the health and educational needs of their kin children. However, children living with aunts or uncles are not identified as a group of most vulnerable children for targeted interventions.

d. The national Strategy for Growth and Reduction Poverty

In 2000, the Revolutionary Government of Zanzibar committed to reduce income and non-income poverty and attain sustainable growth by 2020, in line with the United Nations Millennium Goals. This commitment is laid out in the national Strategy for Growth and Reduction of Poverty, more commonly known as MKUZA in its Kiswahili acronym. MKUZA I (2007 2010) and MKUZA II (2010-2015) is a tool that the Revolutionary Government of Zanzibar will deploy to realize the Millennium Development Goals, improve living standards and strengthen good governance.

A comprehensive Plan for Growth and Poverty Reduction was launched in Zanzibar in May 2002. The plan sets out key measures to mobilise and utilise domestic financial resources, both public and private, and a framework for attracting external resources to support prioritised expenditure plans. The Revolutionary Government of Zanzibar has highlighted the need to invest in ending violence against children as it poses a major threat to national development and more specifically to achieving its MKUZA vision.

3.1.3 National data on kinship care

Generally speaking, there is limited information available and collected on a regular basis in Zanzibar, on issues concerning children. The statistics presented in this section are based on figures collected at national level (Tanzania Mainland and Zanzibar), and is extracted from the Tanzania Demographic and Health Survey (TDHS) conducted in 2010, 2004 and 1999 and the Population Census carried out in 2012. Both surveys provide useful information on the prevalence of orphanhood, the nature of living arrangements as well as the composition of household.

a. Household Characteristics

The 2010 TDHS reveals that 16.5% of children in Unguja and Pemba are not living with a biological parent, and that 29.5% of children live in foster placement[16]. 10.1% are single orphans, and 0,8% are double orphans. [17]

Most households are male-headed (76% compared to 23 % of female-headed households) and urban households tend to be generally smaller in size than those in rural areas. Most of the elderly-headed households are found in Unguja (Urban and West districts), which can be explained by the greater access to services found in these areas.

A typical Zanzibari household consists of an average of 5.6 people, and almost half of the household members are children under the age of 15. Generally speaking, households tend to be larger in size in Zanzibar than in Mainland Tanzania. For instance, at least 16.6% of households count at least 9 members

[16] Foster placement is defined as an arrangement whereby a child under the age of 18 lives in a household where neither his biological mother and his biological father are present.
[17] Tanzania DHS, 2010

compared to only 9.3% in Mainland Tanzania. According to caregivers who were consulted in this research, there is a sense of prestige and pride attached to the size of a family, which is that is particularly true in rural settings but a declining trend in urban areas.

Anecdotal evidence collected throughout this research also suggests that the large size of a household is a key influencing factor on the placement of a child in kinship care. Parents and caregivers repeatedly expressed the extent to which the number of children living in a household directly influences their capacity to provide adequate childcare and impacts on their decision to place or receive a child into kinship care. It would be meaningful to capture similar evidence from Mainland Tanzania, where households tend to be comparatively smaller in size.

b. Living arrangements and Parental Survival Status

The wellbeing of children primarily depends on the care provided by their families and communities. The nature and quality of a living arrangement can greatly vary in Zanzibar. This is linked to a series of external factors such as a rapid transition from a subsistence rural economy to an increasingly urbanised economy, urbanization, which has placed tremendous pressure on traditional extended family structures and norms [18].

According to the 2010 TDHS, 68% of children in Zanzibar live with both their parents. The trend for children not living with their parents is on a stable increase since 1999, as they were reported to represent 11.2% of the 1999 DHS sample, against 13.9% and 13.7% in 2004 and 2010.

Below a more detail account of living arrangements in Zanzibar:

Table 1. Children's living arrangements and orphanhood in Zanzibar (data extracted from Tanzania DHS, 2010)

Living arrangement	Total in %	Unguja (%)	Pemba (%)
Children living in both parents	68.1	64.1	74.0
Children not living with a biological parent	16.5	19.0	12.9
Children with one or both parents dead	5.6	6.4	4.6
Children not living with either parents			
While both parents are alive	13.7	15.5	11.0
While only father is alive	1.0	1.2	0.7
While only mother is alive	1.6	1.9	1.1
While both parents are dead			

As seen on the table above, a higher number of children live with their parents in Pemba (74% against 68.1% in Unguja). During the pre-research identification exercise carried out by Save the Children and the Department of Social Welfare in Pemba in March 2014[19], it was sometimes difficult to locate children living in kinship care in some villages. For example, local officials and community leaders from the village of Pujini in Pemba confirmed that no children were living in kinship care at the time of the identification exercise.

3.1.4 Trends analysis of kinship care practice in Zanzibar

[18] Children and Women in Tanzania, Volume 2 Zanzibar, UNICEF, 2010.
[19] During which participants were identified and selected to take part in the research.

DEBATE

A child researcher from Urban Unguja recounts a dialogue he overheard between two elders on the perception of having many children:

- **Man A**: " A person's best resources are his children. If you don't have any children, who will look after you? Way back, people were being respected because of the number of children they had. Having many children symbolises the wealth status of a man".
- **Man B**: "I agree that people believe that. But it was the same people who said that too many hands make the food inadequate".

In the opinions of some stakeholders who took part in the research, there is a shift in the positive perception traditionally attached to having larger families. In their views, having a large family is increasingly associated with a rural lifestyle, and is perceived as a barrier to economic success. For instance, parents are not in a position to send all their children to school, which lessen their chances to be financially independent.

It was particularly problematic to draw a trend analysis of kinship care based on the group discussions and exercises carried out with caregivers. Views varied considerably within a local research team, and the connections established between the increase or decrease of kinship care in relation to a specific event (famine, political unrest) sometimes lacked of coherence and consistency.

Again, there is limited national data analysing social trends and patterns in Zanzibar, but past research in social sciences has highlighted the causal effects between population growth, modernization and urbanisation, disease outbreak, political unrest, boat disasters, lack of community-based services, for instance, and the increase of alternative forms of care, including informal kinship care. This is in line with the data available from the Tanzania DHS data, which indicates that there has been a stable increase of foster care (which includes kinship care) in Zanzibar between 1999 and 2004 as the population of Zanzibar also increased, and a non-significant decrease between 2004 and 2010 (see Section above on Living Arrangements).

Such data denotes the importance to understand the factors that influence changes in family composition and living arrangements. Capturing the determining factors that have an impact on family breakdown, separation, and alternative care arrangements will be further explored throughout Chapter 2.

3. Key Findings

3.2 Theme 2: Traditional practices, trends in kinship care and influencing factors

In this chapter:

- Analysing the key rationales for placing a child with extended family, friends or neighbours.
- Understanding the specific social function of informal kinship care in Zanzibar.
- Mapping the different kinship care placement options available, and exploring the extent to which the patriarchal kinship system influences these care options.
- Reviewing the key findings on the key advantages and disadvantages of the different care options.

3.2.1 Influencing factors:

This study was primarily designed to build knowledge on endogenous care practice in Zanzibar, and capture the root causes and key factors that inform individual, family or collective choices to resort to informal kinship care.

a. Kinship care is rooted in cultural and religious traditions.

Research conducted in West Central and East Africa shows that child fosterage is described as an acceptable means of raising children[20]. In many of these societies informal kinship care has become a social norm, sanctioned by religious beliefs and local traditions, and collectively endorsed as an appropriate and meaningful care alternative.

This is particularly true in Zanzibar, a predominantly Muslim society, where kinship care is rooted in Islamic teachings relative to the care and protection of orphans. The provision of protection and care for an orphan is associated with pious and exemplary religious behaviour, and with heavenly rewards. Placing a child within an extended network of family and friends is a widely accepted and well-established practice. It is commonly referred to as "malezi ya ukoo" in Kiswahili, and means "the raising of a child by the clan or extended family".

In the collective memory of elderly caregivers who participated in the consultations, kinship care is a practice that has always existed, and is inherent to Zanzibari culture. For instance, some caregivers evoked how kinship care was used in their childhood as an informal protection response mechanism at a time when there was no welfare system in place, or during political turmoil, such as the aftermath of the 1964 Revolution, a period marked by political unrest, mass migration and family separation.

In this regard, child researchers pointed out that this almost organic nature of kinship care in Zanzibar entailed both positive and negative elements. While the spontaneous and informal character of kinship care means that care issues can be resolved locally, privately and in a timely manner, it also places tremendous

Orphans in the Quran:

Taking care of orphans is an act of piety in Islamic thought. The Quran, the primary source of guidance for Muslims worldwide, repeatedly emphasizes the importance of taking care of orphans and those in need (2:67; 2:147; 4:36).

The Quran tells believers that it is a duty to treat orphans with equity (4:127) and a sin to wrong them (93:9).

In fact, God is depicted as the ultimate caretaker of orphans in the Quran: "Found He you not an orphan and He gave you refuge?" (93:5- 6).

The Prophet Muhammad himself was reported to have been orphaned at a young age and always paid special attention to the needs of children and orphans. The Prophet asked believers to provide for orphans, regardless of the circumstances, lineage, and heritage.

[20] Family support and Alternative Care in Sub-Saharan Africa, Child Frontier, 2012

pressure on families who do not always have the capacity to absorb and care for kin children adequately. This sense of family obligation tends to generate feelings of resentment and hate towards the looked-after child, which defeats the aim of kinship care.

Throughout the consultations with caregivers, more details were highlighted regarding the cultural specificities that underpin the practice of informal care in Zanzibar:

- Solitude and growing old alone are considered as abnormal and atypical social behaviour in Zanzibari culture. Traditionally, the wealth of an individual and the power of a clan were indicated by the number of children and the size of a family/clan. In Zanzibar, it is common for a grandparent, for instance, to request for a grandchild to come and live with him/her, for companionship purposes.

- Children are generally considered to be blessings, and inspiring beings: *"People like to have children around, there is not always a particular reason for kinship care."* (A caregiver in Makunduchi).

- The perception of children as duty bearers, rather than right-holders, is the dominant view in Zanzibar. Children are given domestic duties and other responsibilities from a young age. Kinship care is often used as a means to reinforce family cohesion, and in that sense children are seen as fulfilling their duty to preserve family unity.

- The idea of reciprocity as part of an informal kinship care arrangement. Caregivers revealed how a child who grew up in kinship care would be expected to "return the favour" to his kinship care family by raising a child from his/her kin family. It is about maintaining the established kinship bond.

According to caregivers

"There is no particular reason for kinship care, it is part of our culture, our tradition. It has always been here".

" People like to have children around, this is normal."

" In Islam, it is good to care for orphans. It opens the doors of Paradise"

Caregivers and stakeholders see the religious foundation of kinship care as one of its main characteristics, and it often served as a baseline for discussions relating to the core influencing factors underlying the practice of kinship care in Zanzibar. In addition to this cultural and religious reading of kinship care, the research showed that there are additional components that typically trigger a placement in kinship care in Zanzibar. They were identified by children, caregivers and stakeholders and are detailed below[21]:

b. **Kinship care is triggered by specific life-events** or non-normative life-events.

These events are unforeseeable and undesired and generally have severe effects on an individual and his familial environment. The specific life-events that were identified throughout the research are:

- Death of one/both parents (e.g. events relating to the ferries that sunk between Unguja and Pemba in 2011 and just off the shores of Stonetown in 2012, or political turmoil following the presidential elections in 2001.
- Death of a child within a family (As a solidarity gesture, family members may place one of their biological children to alleviate the grief of parents).
- Long term illness of one/both parents.

[21] It is important to note that the presented categories do not aim to be an exhaustive listing of all events and circumstances that may lead to kinship care. It reflects the opinions of caregivers, children and stakeholders who participated in the research.

TESTIMONY

Example of how a family shares the care of children following the death of the mother:

My mother died, so our relatives took us in.
My grandfather took me with him; my uncle also took one of us.
My grandmother also came, and took my brother with her.
I'm being looked after very well, and I would like to thank you all, the religious people to look after us orphans.
You will be rewarded by God.

Child living in kinship care from Makunduchi (no age or gender provided**)**

c. Kinship care is triggered by social pressure.

This category refers to circumstances that are dictated by a social or cultural reading or interpretation of what is deemed to be accepted or non-accepted social behaviours. In this case, kinship care is then often used as a remedy for what is considered a socially deviant behaviour. This includes:

- Birth-out-of wedlock.

The case of birth-of-out-wedlock illustrates how kinship care is used as a social remedy to what is considered to be a deviant social behaviour in Zanzibari culture. Testimonies collected from caregivers evidenced that children who are born-out-of-wedlock are usually placed with maternal relatives, even when there is paternal recognition. For more detail on birth out-of-wedlock and care options in Section 3.3.2 of this report (Caregivers' experience of kinship care).

- Divorce and family breakdown – including early or forced marriage, or family breakdown caused by polygamy.

Many children who took part in the research indicated that they had been placed in kinship care following the divorce of their parents, or knew other children who were in similar situations. According to a Senior Social Worker at the Department of Social Welfare, there is a high divorce rate in Zanzibar, although there are no public figures to confirm it. This is mainly attributed to the Islamic rules regarding a divorce, which do not involve prolonged and tedious bureaucratic or administrative procedures. See Section 3.3.2 on care options for more details.

- Discrimination based on the HIV and/or AIDS status of a child or parent.

This is generally linked to sexual behaviours that are locally perceived as deviant (i.e. multiple sexual partners outside of wedlock, homosexual relationships).

- Parents lacking of sufficient parenting skills to child-rearing. Particularly for religious guidance.
- The stigma attached to the inability to conceive a child, or to being unmarried which is particularly strong for a woman.
- Person is associated with evil spirits. (See case study below)

Case study

Mona's story about how her children were taken away from her[22].

My name is Mona and I am a community leader in a small village in Zanzibar. My role is to make sure everything goes well in the Shehia, that people are kept informed with important news, and that they keep me informed with issues that affect them. I was one of the first female community leaders in Zanzibar. I can tell you about kinship care in my Shehia, but maybe my personal story will be of more interest to you. Myself, I gave birth to 13 children, only 6 survived, and I looked after none of them.

They were all taken away from me. In our culture, when a child is still born or dies prematurely, the rest of the children a woman gives birth to, are taken away from her. 6 of my children died before the age of 2. The problem was with my milk, and the evil spirits that hunt me. People are scared of me, and they don't want children to stay with me for too long.

When a child survived, he/she was taken away from me before I knew whether they had survived or not. It is only a couple of months later that people informed me. They were usually placed with my family or my husband's family, far from our village. This makes me so sad, children run away from me. My children come to visit me, but they get sick if they stay too long with me. People don't like me to talk about this.

It was not possible to explore this topic in-depth as part of the research, partly because of time constraints and the reluctance of community members to discuss issues associated with the existence of evils spirits. According to a former Senior Child Protection Officer from Save the Children in Zanzibar, this practise was quite common in remote rural areas in Pemba, Makunduchi and Northern Unguja. Because of the stronghold of traditional beliefs in specific rural areas of Zanzibar, it was felt appropriate to relate Mona's experience in this report.

d. **Kinship care is triggered by lack of access to services or institutional weaknesses**.

Children and caregivers identified:

- A child is sent with extended relative, in urban settings for instance, to increase his/her chances to access school, healthcare and employment opportunities.
- Parents migrate to urban settings to increase their chances to access employment and healthcare and some leave their children behind in rural communities with relatives.
- A family is unable to meet the daily needs of a child because of chronic poverty. Inequalities and discrimination tend to be exacerbated by the lack social protection framework.
- A child is placed with extended family follow a custody judgment made at a Khadi's Court. Custody rulings favour paternal care placements from the age of 7. This means that a father would generally gain custody of his children once they are 7, irrespectively of his ability or willingness to care for them. This was highlighted by social welfare officers who raise protection concerns for this group of children.

It was insightful to capture children and caregivers' views on what may influence a carer's decision to place a child in kinship care. Cultural and social dynamics, the level of which a family is affected by institutional constraints or shortcomings, and the occurrence of specific life-events are all key triggering elements that weigh on a decision to opt or not for a kinship care alternative. The analysis of these different case scenarios allows us to categories the influencing factors into 10 points (below). Programmes and interventions should focus on addressing these factors in order to have a significant impact on the decision to place a child with a relative.

In summary, influencing factors to place a child in kinship care include:

1. The significance of religion, in particular Islam, and local cultural traditions.

[22] All the names of researchers and respondents that feature in case studies and testimonies have been changed throughout this report to protect their right to privacy.

2. A weak welfare system and protective environment for children and their families.
3. The principle of the Child's Best Interests is not systematically at the heart of decision-making procedures (e.g. kinship care placement, custody rulings).
4. Poverty, lack of social security safety nets and adequate social protection policies.
5. Transition from an informal and subsistence economy, emergence of new economies and industries, urbanisation and migration.
6. Family breakdown and divorce rate.
7. Political turmoil and social unrest.
8. Lack of risk reduction plans (examples were given in relation to the famine crisis that hit particularly hit Pemba in the 1980s, the lack of management in disease outbreak, and the recent ferry accidents).
9. Poor access to key local services, including schools and health facilities.
10. Large family size, limited impact of family planning policies and plans (Tanzanian DHS 2010).

An additional key finding of the research relate to combinational aspect of these factors. For instance, while poverty is often singled out as a core determining factor, it is in reality the combination of poverty with multiple factors, coupled with the occurrence of a specific life-event that increases the probability of a kinship care arrangement. Similarly, while the religious factor to care and protect orphans is often cited by caregivers as an important influencing factor, it is often combined with social pressure and expectations placed on extended relatives, and other specific life-events.

3.2.2 Understanding the social function of kinship care in Zanzibar

Kinship constructions and care options in Zanzibar are the result of a pragmatic and adaptable understanding of family structures and are based on practical usefulness rather than simply biological relatedness[23] . Based on the consultations with children, caregivers and various stakeholders, it can be said that kinship care fulfils a dual social function in Zanzibar. In a way, it maintains a given social order through the preservation of family's unity and its entity (1), but it also is a mechanism to compensate existing gaps (e.g. financial or parenting) within a family, and respond to adversity faced by a family or community (2).

[23] Akanle O., Olutayo A.O, ***Ethnography of Kinship Constructions Among International Returnees In Nigeria: Proverbs as the Horses of Words,*** Journal of Anthropological Research , vol.68 , n° 2, 2012 , p.249-271

Examples of how kinship care acts as a family strengthening mechanism, thereby maintaining a social and familial order and cohesion:

- Maintain or create ties within family or clan, especially when they live in a different geographic location.
- Establish and maintain ties with non-blood related individuals, such as neighbours or family friends (in that sense, kinship care has the same social function as a marriage).
- Children born out-of-wedlock are kept within the family, specifically when there is no paternal recognition.
- A family is able to maintain or exercise its power within a community, through the child who represents the patriarchal lineage.
- Strengthen a family and clan's existing power resources (e.g. farm work).
- Achieve family equilibrium, for instance a child is sent to a caregiver who is unable to have children.

Examples of how kinship care acts as a coping mechanism, enabling to adapt to hardship, breakdown of social or familial structures or to respond to a weak protective environment:

- Respond to family hardship (e.g. children from large size families are split up in order to alleviate daily household costs)
- Compensate for a weak protective environment at community level for children and elderly. For instance, a child is sent to live with elderly caregivers who cannot look after themselves.
- Further education opportunities and improve access to health services (e.g. a child from a rural community is sent to urban settings to finalise schooling).
- Act as an informal resolution mechanism in case of family breakdown. For instance, grandparents think that it is in the best interests of the child to be taken away from a negative familial environment, in case of on-going matrimonial conflict, divorce procedures, or issues arising from a polygamous union.

For me who is cared for
It's not that they (my family) don't love me
To be taken (away) from my mother
And for my other (siblings) to remain there
It is just to strengthen the bond
And for the family to expand"

Female child researcher, Pemba

It was particularly interesting and insightful to explore the social function of kinship care through discussions and activities with caregivers and children. While it is clear that the implementation of kinship care may be seen as beneficial to the wider family or community, there are critical issues that arise for children. Family separation, geographic displacement, and emotional distress are examples of some negative elements that are generated, by forced, kinship arrangements, and will be further explored in *Theme 3, Positive and Negative experiences of children living in kinship care*.

3.2.3 The influence of the patriarchal kinship system on kinship care.

A key characteristic of the kinship system in Zanzibar is its patriarchal and patrilineal features. This means that Zanzibar is a predominantly male dominated and ruled society and that the rights of inheritance (name, property, or titles) are passed through the lineage of the father.

According to testimonies and data collected throughout this research, this patriarchal feature appears to have fundamental implications on the implementation of kinship care, and more specifically on the kinship care options. In fact, it influences the distribution of roles and division of labour as they relate to childcare. Based on a typical patriarchal model, there are specific roles attributed to a father and his relatives, and to a mother and her relatives, which were highlighted throughout the research and are presented in the tables below.

Table 2 – Roles attributed to paternal and maternal family members.

	Father / Baba	Grandmother/ Bibi Grandfather/ Babu	Paternal aunt / Shangazi	Uncle / Baba Mkubwa or Baba Mdogo

	Seen as main provider for basic needs of a child including food, shelter, education, religious awakening. Disciplinary role from the age of 7 onwards, specifically in relation to religious and awakening and spiritual guidance. In case of divorce, custody automatically given to father when the child turns 7.	Grandparents are perceived as affectionate family members, who "pamper" children. Great story tellers, keepers of local traditions. They will often take on children under their care for temporary or long-term arrangements.	Paternal aunt came up a lot in discussions. Seems to have a key role in kinship care arrangements. Often described as a family figure that is feared. Strong disciplinary and authoritative role: 'Shangazi ni kali", which means "The paternal aunt is strict". In case of death of father, she keeps the child anchored within the paternal family.	*Baba Mkubwa* and *Baba Mdogo* respectively means bigger and smaller father. In case of father's death, he is expected to fully take on the role of the father, even if children are not staying in his household.
	Mother/Mama	Grandmother/ Bibi Grandfather/ Babu	Maternal aunt/ Mama Mkubwa or Mama Mdogo	Uncle / *Mjomba*
	Primary caregiver of the child until the age of 7, in accordance with Islamic teaching. Maternal role linked to emotional development of a child, as well as supervision of general physical health and wellbeing. Expectation to breastfeed the infant until the age of 2, according to Islamic tradition.	Grandparents are perceived as affectionate family members, who "pamper" children. Great story tellers, keepers of local traditions. They will often take on children under their care for temporary or long-term arrangements. Maternal grandparents are expected to look after children who are born out-of-wedlock. This is a very common practice in Zanzibar.	Mama Mkubwa and Mama Mdogo respectively mean bigger and smaller mother. Associated with affectionate role, emotional bonding with child. In case of death of mother, she is expected to fully take on the maternal role of mother, even if children are not staying in her household. Her role is seen as less disciplinary as the one of the paternal aunt (Shangazi).	*Seen as a more lenient and tolerant family figure. Less involved in kinship care according to discussions.* *Rarely mentioned throughout consultations and individual interviews, or if mentioned through the relationship of the looked after child and his wife.*

SNAPSHOT – Paternal aunt

"Shangazi ni mkali" - "The paternal aunt is strict" ·

The role of the paternal aunt, *shangazi*, was particularly highlighted during the various workshops and consultations and revealed how complex kinship relations and placement can be.

During the first consultations and workshops with the child researchers, it became clear that the shangazi had a special place within the kinship system in Zanzibar. Children often mentioned her when relating their positive and negative experiences of kinship care through the body map, and visual mapping of care options activities. The initial findings clearly indicated that she was often a feared figure, seen as being particularly strict and severe and often unfair in the treatment of looked-after children (e.g. biological discriminated against compared to children).

Male group of children presenting their case study findings Pemba, second workshop.

Following the in-depth field research, child researchers progressively became aware that the societal perception attached to the *shangazi* was not always accurate, and that relationships between children and their *shangazi* are in actual fact more complex and intricate than initially anticipated, and depends on individual circumstances.

During a group exercise in Makunduchi, South District Unguja, child participants were asked to reflect on a case study featuring a girl named Amina, 9, and a boy named Omar, aged 9, who were respectively placed with their shangazi. The aim of the exercise was to engage children to think about their fears and expectations when newly placed in kinship care.

Surprisingly, the male participants elaborated a very positive case study, featuring a thoughtful and caring aunt. They communicated that Omar's first thoughts were rather negative, believing that he would be discriminated against and badly treated. But on the contrary, his aunt provided for all his basic needs and didn't require any unreasonable household chores. During the feedback session, the male child researchers reported that the data collected during their field research did not fit with their initial perception of a shangazi, and that their opinions evolved throughout the data collection process. On the other hand, the group of female researchers strongly disagreed. In their story, Amina was forced by her aunt to discontinue her education, and was heavily discriminated against in favour of the aunt's biological children. According to the female researchers, this reflected experiences of children encountered in the field.

3.2.4 Alternative care options available in Zanzibar

In Zanzibar alternative care include both formal and informal care options:

- **Formal care:**

- Foster care
- Government-run Institutional or residential care
- NGO run residential care (e.g. SOS Children's Villages Zanzibar)
- Emergency shelter for women and children (run by Action Aid)
- Faith based-run residential care

- **Informal care:**

- Living with close family members that are not biological parents, i.e. siblings
- Living with extended family members, grandparents, aunts, uncles and cousins.
- Living with family friends.
- Living with neighbours.

Role of maternal aunt

"Before I was two years old
Two (other children) were born (to my mother)
I was still a baby
Still needing to be breastfed
And this is why my maternal aunt
Came to take me to her home"
Saluumu, child

There are currently 16 children's homes in Zanzibar (11 in Unguja and 5 in Pemba). Only one is government-owned and run, and is based in Urban Unguja (Mazizini Orphanage). Two are established and managed by SOS Children's Villages Zanzibar, one is run by Action Aid (although, strictly speaking it is an emergency shelter and not a long-term care option), while private religious institutions oversee all of the other residential houses. The Department of Social Welfare has a duty of inspection and supervision for all these institutions. At the time of writing, there were 28 children placed at Mazizini Orphanage.

Case study

Foster care

My name is Halima, I am 41 and I have been married to my husband for many years. I do not have any biological children. In 2010, I decided to apply to become a registered foster carer with the Department of Social Welfare. Following a four-year process, which entailed detailed assessment, home visits, and medical examinations arranged by the Department of Social Welfare, I was finally granted the care of my son Ali in March 2014. Ali was abandoned and nothing is known about his family. When Ali turns 7, my husband and I plan to explain to him that we are not his biological parents.

I decided to opt for foster care because I wanted to have a child that is mine, a child that I did not have to share with any other mother. I did consider asking my sisters, but they both respectively have 1 and 2 children. For me, the difference between kinship care and foster care is simple. They are both different. I will give my son unconditional love. I am ready to look after him whereas a lot of caregivers involved in kinship care had the decision imposed upon them. Caregiving is like any other job. You will do a good job if you like it, and a bad if you don't want it".

3.2.5 Informal kinship care placement options

Section 3.2.2 of this chapter highlighted the different circumstances that may lead to place a child into kinship care. Throughout group discussions and reflections with caregivers, it became clear that the choice

to place a child with a specific caregiver occasionally follows a specific pattern, which is explored in this section.

In brief, it is safe to state that the placement of a child with a specific caregiver will depend on (i) the reason that motivates the kinship care arrangement in the first place, (ii) the kin relation between the child and the caregiver and (iii) the age and gender of the child. The tables below offer a snapshot of the scenarios that were the most discussed throughout the consultations.

a. The connection between reason for kinship care placement and kin relation

- There is not really a defining pattern for the placement of child with specific caregivers following a **specific life event** (table below). According to data collected, children can be placed with any caregivers, whether paternal or maternal, grandparents, uncles and aunts. The maternal uncle was the kin caregiver who was the least mentioned by children and caregivers in the case of care options.

- ↑ Very likely
- → Likely
- ↓ Very unlikely

Table 3 – Kinship care placement options in the case of specific life events

Non-normative life-events	Maternal grandparents	Paternal grandparents	Paternal Aunt	Maternal Aunt	Paternal Uncle	Maternal Uncle
Death of one/both parents	•	•	• •	• •	•	•
Family breakdown	• •	• •	•	•	•	•
Ferry disaster	•	• •	•	•	•	•
Long-term illness of one/both parents	• •	•	•	•	•	•

- In the case of **socially motivated kinship care** (table below), the defining pattern is that the preference for placing a child goes with maternal relatives. For instance, a child born-out-of wedlock is traditionally placed with maternal relatives, and more specifically with his/her maternal grandparents, even in case of paternal recognition. This practice was particularly highlighted in Makunduchi and Urban, but appears to be less common in Pemba.

Table 4 – Socially-induced kinship and placement options.

Socially induced kinship care	Maternal grandparents	Paternal grandparents	Paternal Aunt	Maternal Aunt	Paternal Uncle	Maternal Uncle
Birth out-of-wedlock	•	•	•	• •	•	•
Discrimination based on HIV status of child or parent	• •	• •	•	•	•	•
Parents lacking parenting skills	• •	• •	•	•	•	•
Inability to conceive a child	N/A	N/A	•	•	•	•

- When a kinship care is caused by a **weak institutional framework** (table below), children are likely to be placed with any caregivers, paternal or maternal. In the case of a Khadi's court judgment, a child is automatically placed with the father or paternal relatives from the age of 7.

Table 5. Institutional constraints leading to a kinship care placement and care options

Institutional induced kinship care	Maternal grandparents	Paternal grandparents	Paternal Aunt	Maternal Aunt	Paternal Uncle	Maternal Uncle
Better education opportunities	•	•	•	• •	•	•
Poverty	• •	• •	•	•	•	•
Custody issue/Khadi's Court [24]judgment before the age of 7	• •	•	•	•	•	•
Custody issue/Khadi's Court judgment after the age of 7	•	•	•	•	•	•

b. The extent to which age and gender influence kinship care placements options

Table 6. Age and gender considerations and kinship care placement options

Gender	0-2	3-7	7-11	11-15	15-18
Boys	Low	Fairly low	Medium	Fairly low to Medium	Low
Girls	Low	Fairly low	Medium to fairly high	High	High

Children between the ages of 0-7 are considered to be best cared for by their mother according to Islamic traditions. A child's emotional attachment to his/her mother and the local custom to breastfeed a child until the age of 2 are key considerations in the decision to place an infant or a child under the age of 7 with another caregiver. In case of an emergency placement, the preference would be given to maternal relatives, and to the maternal aunt more specifically. From the age of 7 onwards, religious and spiritual awakening of the child is considered to be a male's role, preferably from the paternal side.

Another pattern here is the preference given to female children, aged from 7 onwards. Girls are seen as more docile, in a stronger position to support the family, more malleable and adaptable to changes. Their roles are more generally confined to the inner parts of the house, which makes it easier to control their movements.

Temporary arrangements tend to be rare. Once a child is placed with a family member, even if it is temporary at first, it tends to be a long-term arrangement. Although this was not investigated further in the research.

In summary, there are a few patterns that outline kinship care placement options in Zanzibar:

- The best interests of a child is not always the prime consideration for kinship care placement. For instance, siblings are often separated, children may not agree with being displaced from their familiar environment. Also, children are often placed depending on their abilities to support a household with domestic or childcare assistance.
- Female children are traditionally the preferred gender for kinship care placements, and adolescent girls are seen as more suitable for kinship care placement where domestic or childcare support is needed.
- Male adolescents are seen as more challenging and more difficult to control.
- Children who are born-out-of wedlock are traditionally placed with their maternal relatives, typically with their maternal grandparents. This is the case in spite of paternal recognition of the child. This was highlighted by this specific research, it is however important to stress it may not be the case for the majority of children who are born-out-of-wedlock.

3.2.6 Decision making process

Kinship care arrangements are often organised and finalised without the participation of children. Children are typically informed when a decision has been reached. They are often seen as lacking the maturity or

[24] The Custody element was not discussed as part of the consultations with children or caregivers, but came up in individual interviews with DSW representatives.

understanding to make a decision, and their opinions are therefore not deemed relevant. However, if a child categorically refuses to be placed with a particular relative, then the decision may be overturned.

In a male dominated and ruled society, women are rarely consulted about arranging a kinship care placement, but rather are told once the decision has been taken. In some cases, female caregivers discover the decision once the child arrives at their doorsteps.

"Looking after a child is a woman's business but men make most decisions"

(Focus Group Discuss with caregivers in Makunduchi).

Some caregivers recount that in some communities there may a family consultation process in the case of death of one or both parents, where adult siblings would sit together and decide on the splitting up of the children. In these circumstances, women may voice their opinions, but the final decision remains with male relatives.

In the case study featuring Amina and Omar (see *Snapshot on Paternal Aunt*, p 30), children were asked to make recommendations for future kinship care placements. One of the key recommendations expressed was to consult and explain the decision to children. Children feel that they are able to understand what motivates a decision from a very young age and understand their duties in participating in the social function of kinship care.

3.2.7 Advantages and disadvantages of living with different kin caregivers

Through group activities and individual written and oral testimonies, girls and boys related their views on the advantages and disadvantages of living with different kin caregivers (see summarizing table below).

Overall, children's positive experiences of kinship care are generally associated with living with their grandparents. The fact that grandparents generally participate in the decision to -or request to- look after a child is certainly a key influencing factor in the positive experiences of children. Children feel wanted and loved, and grandparents or elderly caregivers are seen as less disciplinary and authoritative figures. Children see this aspect as both as a positive and negative element by children.

PROVERB

There is a saying in Zanzibar that reads: " Kalelewa na bibi huyu", which means: "This one was brought up by his/her grandmother". This is used to describe a child who is not conforming to the social expectations associated with a good behaviour for a child, i.e. politeness, respect towards adults, fulfilment of his/her duties, etc.

Children highlighted that children who are too sheltered or spoilt by their grandparents are less able to deal appropriately with challenging situations, and are less inclined to adapt well at school or in social settings.

Table 7. Advantages and disadvantages of living with specific caregivers.

Care Options	Advantages	Disadvantages
Grandparents	Education opportunities, good food, proper dressing, being taught traditions, life-skills (learning how to farm, cook) Getting enough time to play.	Pamper the child too much so that he/she becomes soft, won't fit in the society/family and will thus be discriminated. If grandparents are physically unfit, then the children have too much workload. Inability to provide for basic needs because of finances
Paternal Aunt	Being involved in family issues, growing up close with cousins	Heavy workload, treated differently than bio children, a lot of conflict, bio children go to school as opposed to KC children
Maternal Aunt	Well dressed, love, well listened to, good guidance	No education, heavy workload

Paternal Uncle	Guidance, good care	Takes the side of his wife in case of conflict between kin child and paternal uncle's wife.
Maternal Uncle	Being love, excessive love, learn traditions and old stories	No access to high education, children tend to misbehave because too pampered, given too much freedom
Sibling	Education, good food, proper guidance, feeling like we are with our parents, same blood, our opinions matter, listened to	Heavy workload. Cannot study properly. Being beaten, being constantly hungry, reprimanded, siblings jealousy
Neighbour	Good guidance, counsel, education, good health	No education, no clothes, heavy household chores
Step-mother	None reported	Being treated differently

3. Key Findings

3. 3 Theme 3: Positive and negative experiences of girls and boys living in kinship care, and protection and risk factors influencing outcomes

In this chapter:

- Review of what constitutes a positive and a challenging experience of kinship according to (i) children and (ii) caregivers
- Analysis of protection and risk factors that enhance the positive and negative experiences of children and caregivers.

Body mapping presenting the positive and negative elements of Kinship care. Done by female group (9-17) in Unguja Urban

3.3.1 Children's positive and negative experience of kinship care.

The research explored how kinship care impacts on the wellbeing, development of children and on the realisation of their rights, including their rights to protection from neglect, abuse, violence and exploitation; access to education; health and nutrition; play; participation in decision making, identity, land and inheritance etc.

Understanding, from a child's perspective, what constitutes a positive care arrangement is key to inform future programmes and interventions aimed at improving care placements. Similarly, the research explored the more challenging elements of care arrangements, with a view to identify variables that can be tackled as part of a wider social policy framework.

A series of recurring topics and themes relating to the positive and challenging experiences of kinship care emerged throughout the various focus group discussions, activities, and the individual interviews with children and their caregivers. Overall, many of the experiences and testimonies of children living in kinship care are largely positive and reflect how kinship care is a meaningful institution for children, parents and caregivers alike. However, for some children their experiences of living with relatives are characterised by discrimination and some forms of mistreatment.

Table 8.Positive and negative elements of living in kinship care

Developmental need	Positive experience	Negative experience
Emotional and psychological development	Being loved, cherished, and spoilt by caregivers. Getting good care, being rewarded and praised. Sense of belonging to a family. Being allowed to be a child. Being able to participate in decisions that affect them. Develop a better sense of identity and self-esteem.	Being beaten up and neglected. Feeling of rejection and not being loved. Not enough things to make children look beautiful, to build their self-confidence Discrimination in comparison to other children; "The only children who work a lot are the kin children" (ZAPHA+). Hatred in the family, being the source of conflict, of not belonging to anywhere. Being given too many responsibilities at a young age
Physical development	Primary needs relating to shelter, nutritious food and better clothes are better addressed. Access to better healthcare (specially when child moves to urban settings).	Being beaten up severely. Primary needs not sufficiently addressed, in particular regards to food and adequate clothing according to Islamic precepts. Bad smells , lack of adequate private space, dirty houses. Not enough time to sleep.
Social development	Better upbringing – rules, Islamic codes, Islamic education, being trained on how to cook, lifeskills, being given household chores to their limits, good guidance Good support for children affected/infected by HIV and AIDS Maintaining links with parents and other family members More playtime	Being reprimanded, beaten, neglected, being starred at, which leads to a lack of confidence. Not being allowed to visit parents, play with peers. Strong sense of discrimination because of HIV status, feeling like second-class children.
Educational development	Sense that better education opportunities are available. Being sent to secondary school	Not going to school, shortage of material to go to school Inability of caregivers to support with homework.

a. The bond between children and their caregivers

For a vast majority of children living in kinship care, the experience of living with their grandparents, uncles or aunts is filled with a range of positive emotions, such as love, happiness, empathy, understanding, a sense of belonging, the development of individual identities and a sense of self, the development of feeling of attachment and bonding towards others. Out of the 220 stories and testimonies collected by the child researchers, over 49% evidenced a positive and love-surrounded environment while 17% exposed more challenging and negative experiences characterised by feelings of humiliation, discrimination, hatred, the deprivation and violations of basic rights, and abuse and exploitation[25].

Receiving love from their caregivers is one of the most important elements for children. In their drawings and written stories, children regularly emphasized how much they felt loved by their carers and how this was crucial to them. This was particularly expressed by children living with their grandparents. A sense of security and stability is channelled through the provision of love, affectionate gestures and words, and healthy relationships between the child and their caregivers.

Love, part of children's vision for safe kinship care Reflection workshop

Key positive elements that contributed to the bonding experience between a child and their caregivers included:

- Being told by the caregiver that the child is wanted and loved.
- Feeling protected and safe, and that the caregiver is concerned for the child's wellbeing.
- The regular expression of positive emotions by the grandmother.
- Receiving guidance and proper advice provided by caregiver.
- Sense of gratefulness of children for being cared for.
- Caregiver is grateful to have a kin child.
- Being rewarded and praised.
- Grandparents give us special treats.

" I am really grateful for my parents to send me to live with my grandparents for they really love and take good care of me. (…) They love me so much."

Boy from Unguja Urban

Key negative elements that impact on the bonding experience between a child and their caregivers included:

- Lack of expression of love and emotional affection.
- Being told that they are not wanted, that they are source of matrimonial conflict.
- Family harmony disrupted when child has no contact with parents
- A child feels that she/he has to work harder to be loved.
- Child is never praised.

[25] 220 stories and testimonies were collected throughout the months of April and May in Pemba, Makunduchi and Unguja Urban. Out of the 220, 147 described either positive or negative testimonies, 108 showed positive experience of children living in kinship care, while 39 testimonies exposed abuse, discrimination and forms of exploitation.

CASE STUDY

Kawtar, a 17-year old girl infected with the HIV virus recounts she did not feel that her maternal aunt took her health condition seriously enough, which put her at risk but also made it difficult for to bond with her aunt.

"*My aunt sometimes does good things to me, but there are times when she does things that are not fair. When I am sick, she doesn't want me to go to hospital. One it happened that I was sick, I was vomiting and had diarrhoea. She gave me cardamom and cumin. I called ZAPHA+ and they came to collect me, and took me to hospital. I am very grateful to ZAPHA+ as I am now well, physically and mentally*".

Key **specific factors** that have a positive or negative impact on the harmony between a child and their caregiver and fosters a sense of family belonging and love.

- Healthy relationships between the caregiver and the parents.
- The kinship relation between caregiver and child. Grandmothers are seen as good providers of love and affection.
- The absence of other birth children in the household. This needs to be framed in relation to the ability of the caregiver to provide equal treatment to all children present in the household.
- The size of the household.
- The health status of the child, and the extent to which it can put pressure on a caregiver when not fully equipped with necessary skills to care for the child.
- The circumstances of the kinship care placement. Was the child forced upon a caregiver, sense of social pressure?
- The child is not consulted about a placement, or not informed of the duration of placement. Some children are told it is a temporary placement, and feel that they never really settle, and don't invest in the relation with the caregiver

b. Equality and discrimination between kin and biological children

- **Equal treatment**

Most kin children reported that their caregivers treated them fairly, and that they received the same treatment as the birth children living in the household. This is a critical issue for kin children as receiving equal treatments greatly impacts on their ability to develop a sense of family belonging and establish themselves as independent and confident beings both within their new family environment, and in the outside world.

" During the Eid festivals, I am given new clothes, similar to the ones he gives his daughters. If it is one dress, it is one for all, and if it is two dresses it is two for everyone. "

13 year old girl from Pemba living with her uncle

Interestingly, some children emphasised the need they felt to put additional efforts to prompt equal treatment from their caregivers, as this did not always come naturally. For instance, children as young as 7 recount how they ensured to perform better at school, manage their household chores in a timely manner in order to avoid any forms of discrimination, while the birth children would not feel the need to do this.

On the other hand, some children related that blood ties are not necessarily relevant for good relationships between them and their caregivers and felt that they were better treated than the biological children because they behaved well. This came up during a conversation between biological children and kin children at a workshop in Unguja Urban.

Children associated the following characteristics with **equal treatment**:

Get enough time to go to school
Child participant in Makunduchi

- Receiving gifts and clothes, especially for religious festivals such as Eid El Fitr, or Eid el Hadj.
- Receiving adequate educational opportunities, being sent to the same schools as the biological children.
- Being sent to religious schools, the so-called madrassa.
- Being given balanced house chores. Children have a clear understanding of societal expectations based on gender and age considerations. For instance, girls systematically agreed that they would be expected to work more than boys, and would therefore not see the allocation of additional duties (compared to those allocated to a male biological child) as a form of discrimination per se. However, the nature of tasks needs to remain within the physical and emotional capacity of the child.
- Being free time and being allowed to play with peers.

• Discriminatory treatment

On the other hand, some children felt that they were not always treated fairly by their caregivers. This was usually exacerbated when biological children lived in the same household, although this is not a defining pattern. Reasons for being discriminated vary and are generally attached to the choice, willingness and ability of a caregiver to take on a kin child, the survival status of the parents, and the health and social status of a child.

For instance, children who are affected or infected by HIV and/or AIDS feel that it is more difficult for them to be received in kinship care, because of the social stigma attached to the disease as well as the fear of contamination. Children living with a disability, although they were not part of the research, were seen as suffering a great deal of discrimination based on their physical and intellectual disability. This was raised by children who were members of local Children's Councils.

During the reflection workshop, some children expressed how they came across some children who were badly treated even though they endeavoured to behave well: *"Even if the child is hardworking doesn't mean he will be loved."* (Reflection workshop).

I live with my maternal aunt. She does not love me. She beats me. She accuses me of stealing her money although I don't. She does not provide me with schools books, pens or anything. She beats. She tells me I am a burden for her and makes me wash clothes. If I don't work, she beats me hard.

Child from Pemba

Children associated the following characteristics with **unfair treatments**:

- Disproportionate household chores such as travelling long distance to fetch clean and safe water, and looking after the cattle for long hours.
- Having to do work very early in the morning, or very late at night.
- Missing school in order to perform daily-allocated tasks.
- Being constantly reprimanded.
- Being deprived of food, or being given less quality food compared to other children.
- Biological children not being asked to do any household chores.

Testimony

A typical day in the life of two 15-year old girls:

' I help my maternal aunt with household chores before going to school. When I come back, I eat, I pray, wash clothes and then go to madrassa. When I come back, I go to play with other children. When I come back, I say my Maghrib prayer[26], do my homework, eat and then go to bed. I love my aunt, and she loves me."

A 15 year-old girl living with her maternal aunt in Pemba.

I live with my sister because both my mother and father are dead. I attend school but I don't have time for independent studying. My sister beats me with a cane. I fetch water and I am always working. What I learn in school is the only knowledge I get as when I come home it's housework all the time. I don't even have time to wash my own clothes. I would love living with my mother and father, but God has taken them.

A 15 year-old girl living with her sister in Unguja Urban.

Specific Factors identified by children that have an influence on the level of discrimination a kin child may be exposed to:

- Good relationship between parents and caregivers
- Good communication between parents and children and better level of monitoring of child's wellbeing by parents.
- Circumstances of kinship care arrangement.
- Decision-making process – caregivers may be under familial and social pressure to care for a child even if they are unable to provide adequately for the child.
- The health status of the child can be a burden for the care family if they are not psychologically and financially equipped to deal with the repercussions.
- Birth status, i.e. children who were born out of wedlock.
- Age and gender considerations. Female adolescents feel that they may be given more domestic work.
- The presence of biological children in the household.
- A child living with a disability - although this was not really investigated further, it was raised by child researchers and other stakeholders.

C. The quality of a kinship care placement according to children's views

Besides love and affection as key fundamentals to a healthy and positive care arrangement, children have a pragmatic understanding of what constitutes a quality care placement. The following elements are directly related to the immediate and primary needs of a child:

[26] The prayer of sunset

Key elements of quality care:

- Sufficient and nutritious food. Many children state having one or two meals a day, which they find insufficient (see poem below). This is not specific to kin children though.
- Adequate and private space to sleep in the new care placement.
- Going to school, and madrassa. Being able to get education as far as possible
- Getting sufficient time to study.
- Opportunities to learn about Islam, the Sunna and practice freely their religion.
- Getting sufficient time to play with their peers.
- Getting sufficient time to rest.
- Being able to contact their parents at any time, and visit them regularly. Researchers pointed out that some children were restricted from visiting their parents as they were thought to spread gossips, rumours and bad news back to their parents.

Specific factors that influence the quality of a care placement**:**

- Poverty is a factor that is often cited by children as being a considerable barrier to ensure quality care.
- The presence (not necessarily physical) of parents and the level of assistance they provide the caregiver with.
- Circumstances that prompted the placement – if a child was placed to support a female relative with household chores, it is more likely that the child will be restricted to have free time to play or study.
- The presence of birth children.
- Age and gender considerations.
- The kin relationship between the child and their caregivers: grandparents are typically seen as more flexible in the child-rearing approach. Children see this both as a positive and negative point (see .

•

Poem on hunger

For all the battles fought if you really think deeply
Even you can talk about this
Hunger is the worst battle
Let's all stand firm to fight it to be a priority.

Hunger is the worst battle if we do not start farming
When we are hungry our mind do not function
We are not even respected and become lowly people
Hunger is a disaster, you cannot even sleep
Hunger is the worst battle if we do not start farming.

All men should now stand up, and the respected women alike
Let's take our hoes and start farming like our forefathers started this
Let's all harry up and do this and be strong in our farming
Hunger is the worst battle if we do not start farming

Let's all go to our farms it's in the land that there are riches
Let's all stand up firmly and give land a first priority
Let's not turn back so as not to miss eating rice
Hunger is the worst battle if we do not start farming.

Child living in kinship care from Makunduchi

Children are the nation of the future. This is a common saying in Zanzibar. In reality this saying is not given a full priority. This is because children in Zanzibar are exposed to the worst forms of labour because of poverty (…) Worst forms of labour include all those jobs that take away children from attending school, that are dangerous to their health and life as well. On my side, I am being well cared for and I'm exposed to all good deeds. In my drawing, I showed how a guardian provides services to the child she cares for on a daily basis.

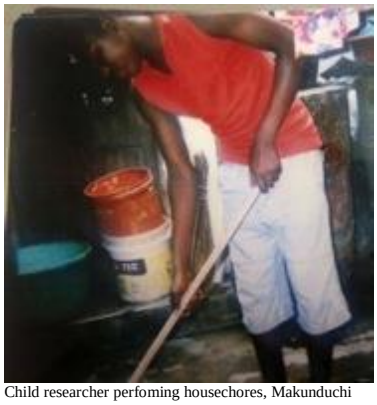
Female living with maternal grandmother, Urban district Unguja

d. Duties and rights of children living in kinship care

- **Duties of children and caregivers**

Generally speaking children in Zanzibar are given responsibilities from a young age, and are seen as a key resources and support to their families. Duties range from helping with the maintenance of the house, childcare, to running errands, fetching water, and herding cattle.

The allocation of duties and tasks is predominantly gender-based and gender-localised. While girls are expected to assist with chores that are confined to the sphere of the household, boys are given tasks that are to be conducted outside of the house, such as running errands, grazing the cattle, etc. A parallel can be drawn with a child's religious duties, whereby there is a societal expectation on boys to pray with his community at the local mosque, especially on Fridays or during the month of Ramadan, while girls are to pray privately at home.


Child researcher perfoming housechores, Makunduchi

Children's understanding of their duties when placed in kinship care includes:

- Duty to support caregivers with the daily maintenance of the house, and looking after younger children.
- Ensure that they respect their elders, and listen to their advice.
- Contribute towards maintaining the family cohesion and unity.

Children's understanding of the duties of caregivers includes:

- Duty to guide children and teach them Islamic precepts.
- Duty to provide a stable environment, with clear boundaries. Children often expressed how elderly caregivers were not always able to direct children in the right ways (See the Canoe analogy below).
- Duty to protect children from exploitation and violence, with a distinct focus on drug abuse and children who live on the street.

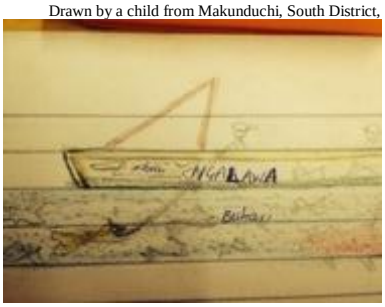
Testimony

The Canoe analogy

"*These children in the canoe do not get good care from their families. Their basic needs are not met and so they just wander around. These kinds of children are the ones who join bad gangs, smoke cigarettes and marijuana, and can be easily led astray. Nobody seems to follow up on their move, so the children use their time to steal other people's belongings including farm products such as oranges, bananas and coconuts.*"

A child participant from Makunduchi, South District, Unguja

Drawn by a child from Makunduchi, South District,



- **The rights of children according to children**

Children's views on the fundamental rights that should be better promoted and realised by their caregivers:

- The right to play
- The right to grow up in a safe environment
- The right to receive guidance and leadership.
- The right to visit their parents or other important family members, including maintaining contact with their siblings.
- The right to have free time
- The right to education
- The right to be protected from exploitation and abuse

Specific factors that can influence the level of realisation of children's rights:

- Understanding and level of awareness of parents and caregivers regarding to children's rights.
- General perception that shangazi may give more work to children, which will impact on their studies.
- Level of awareness of the negative effects induced by heavy labour on child development.
- Quality of relationship and level of communication between parents and caregivers
- Level of monitoring of child wellbeing by parents
- Placement with particularly old and less-abled caregivers, which may place children at greater risk of carrying out heavy duties.
- Cultural perception of children as duty-bearer.

A poem on kinship care

" My caregiver is teaching me a lot of things
Good things that are so important
She encourages me to study
And to go to the mosque
All this should be for all of those who are cared for by caregivers

I urge you all, the different caregivers
Don't expose children to violence
Don't abuse them
So that children could run away and get lost in the streets
That is my advice, to all the caregivers

And for all us children, we should be on the caution
We shouldn't use their love and turn nasty
When they give us work to do, we shouldn't be nasty
These are our elders
Let us all show them respect"

A boy (no age) from Pemba who is cared for by his grandmother.

e. Participation in decision-making

Decisions to place a child in kinship care are predominantly male-dominated in Zanzibar. In the absence of the father, decisions are to be taken by male members from the patrilineal side. Paternal aunts may be consulted in the absence of patrilineal male relatives.

Children report that they are very rarely consulted, and that decisions are typically forced upon them. Decisions are not explained to children, or only partially, and children often fail to understand why they are being moved to a new family. This can generate major misunderstanding, feeling of rejection and low self-esteem.

"My mother died so our relatives took us in. My uncle came strongly and my father as well to allow all those who wanted to take care of us. To take us with them whoever wanted to care for us."

Female child researcher Pemba

Testimony

A 7-year old boy living with his brother in Urban Unguja recounts his negative experience:

" I am living with my brother but I don't like being here. It was my mother who insisted that I should live with him because he will educate me. My brother loves me but my sister in law does not. She always says that I am a bad boy who is here to create misunderstanding between my brother and her. She goes on to say that if she gets divorced (from him), it will be my fault and I will have him for myself. This statement brings a pain to my heart."

Specific factors that can positively and negatively influence the child's participation in decision-making**:**

- A general lack of understanding of the benefits of child participation, and how the perspective of a child could improve decision-making and the quality of a placement.
- The position of a child within the culture, and how they are seen as being too immature to form sound opinions until pre to mid-adolescence.
- Necessity to act quickly in case of an emergency placement, i.e. the death of a parent.
- Women are not part of the decision-making process although they are the main caregivers.

3.3.2 Caregivers' positive and challenging experiences of kinship care

51 caregivers participated in a series of focus group discussions that took place throughout the months of April and May, and some participated in individual interviews guided by the lead research consultant.

The majority of participating caregivers were grandparents, closely followed by aunts. In Makunduchi and Urban, most caregivers were involved in some income-generating activities such as selling pastries, making hats, or took part in local community projects and agricultural activities.

Overall, caregivers see kinship care as a meaningful practice and regard their experiences of being caregivers as positive and inspiring. They recognise the social utility of informal kinship care and consider themselves as active agents in ensuring the wellbeing of children.

Positive experience of caregivers relating to kinship care include:

- Caring for children is seen as prestigious.
- Gaining a feeling of being useful, and fulfilling the societal expectation attributed to their kinship relation (see table)

- Reactivates a sense of belonging, connectivity to a family or community, particularly for elderly caregivers who live in remote or isolated areas.
- See kinship care as a form of social security investment for their older ages.
- Caregivers enjoy the company of children.
- Provides great support and resource in relation to domestic or farm work.

Challenging experiences from caregivers' perspectives include:

- Inability to cope with particularly challenging behaviours, especially during adolescence.
- Age gap is sometimes too wide, which can create misunderstanding between child and elderly caregivers.
- Feeling that they are left to their own device to raise the child, no support from family or community.
- Kinship care can be experienced as a social pressure, and generates a feeling of resentment.
- Exacerbates poverty of a family.

Specific factors that can positively influence a caregiver's experience include**:**

- Better communication with parents
- Understanding parents and children's respective expectations of caregivers.
- Decision for kinship care is prompted by the caregivers. This is often the case with grandparents, or women who can't have children.
- Financial stability.
- Available community support

How is kinship care is a way to assert my role as a maternal grandmother

Case Study

My name is Amina, and I have three children living in my house. Two are my own children and are aged 12 and 9, and one is my grandchild and is 2. My eldest daughter is 25 and lives in town. Two years ago, she gave birth to a child but she was not married to the father of the child. I waited until she finished breastfeeding him, and then I requested for the child to come and live with me. This is our tradition. When a child is born out of wedlock, the child is not linked to the father's kin, but to the mother's.

My daughter is now married with the father of the child and they live together. The father recognised the child, but I still felt it is my duty, as mother and maternal grandmother, to raise this child. It (the situation) may be a source a problem in the future. The paternal family does not make any particular effort to visit the child, and they may not treat him fairly in the future. With me, he will always be well treated. He is my blood. This is my story, and this is how it happens in Zanzibar." **Maternal grandmother to a 2 year- old child, Makunduchi**

Caregivers did not really express their views on existing differential treatment between biological and kin children. In their opinions, all children were given the same opportunities and treatment. When the kin children's concerns of feeling discriminated was brought to their attention, caregivers attributed children's perception to their inability to understand how different age warrant different care and attention. Overall, it was felt that this topic somehow compromised caregivers' integrity, and while attempts were made to tackle the subject further during individual interviews, the perspective of caregivers on this particular remains superficial and limited.

3.3.3 Other people's perspectives

There is a general recognition in Zanzibar that family-based environments are the best options for children. In this regard, informal kinship care is seen to be an important component of the formal and informal alternative care system. As part of the research, a series of government stakeholders and national partners were consulted and shared their views on the treatment of kinship care children, and the various advantages and disadvantages of living in kinship care.

Testimony

An MVC Committee volunteer from Pujini shared her experience of dealing with children living in kinship care: "Children who live in kinship care suffer a lot because they are not sent to school. Children who live with their parents tend to be better protected. (Kinship) Girls in particular are given heavier workload at home, while (kinship) boys go farming. It is critical to focus our work on the education of children, but also parents and caregivers".

The identification of such cases is usually done through external or self-referral, or through field visits carried out by MVC committee volunteers.

According to a senior social worker based at the Department of Social Welfare in Unguja, kinship care is a positive practice but the ad-hoc involvement of government agencies means that children are occasionally placed at risk: "Children living in kinship care are more at risk to be discriminated against by their caregivers, and to be exposed to acute violence. They generally have less access to good education opportunities". This view fits with the key findings of the Study on Violence Against Children carried by UNICEF in Tanzania and Zanzibar in 2009, which established a clear link between orphanhood and exposure to sexual violence (see Introduction Chapter for more details).

Overall, the positive elements of kinship care include:

- Informal and key mechanism to protect children facing adverse life events.
- Children learn better and become better adults if grow up within their families.
- Grandparents are a great source of knowledge for children who live with them.

On the other hand, negative and challenging areas that need further targeted interventions entail:

- Parents believe that they have no or very limited responsibility once child is in kinship care
- Kinship care may be motivated by personal interests related to the inheritance rights of a child.
- Children may be exposed to violence and exploitation.

3.3.4 Key Protection and risk factors influencing positive and negative experiences of children.

A child form Pemba draws what a safe community environment looks like: safe home, mosque, a playgournd and football pitch and a school.

One of the key findings of the research relates to the identification of key protection and risks factors and how they influence the outcomes of placement and the experiences of children and caregivers. A risk factor analysis is particularly useful for identifying and establishing the root cause of vulnerability.

The following tables summarise the contributing protection and risk factors that may influence a decision to look after a child and that will have an outcome on the **quality and nature of the placement.**

Individual protection and risk factors

	Protection factor		Risk factor	
	Age	Child remains with the mother during lactating period (until 2 years). Islamic tradition promotes maternal child rearing until the age of 7, and paternal child-rearing from 7 onwards. This can positively influence kinship care placement options	Age	Preferential age for companionship or domestic- motivated kinship care arrangements is 7-14. Child may be taken out-of-school or separated from parents at formative age. Males adolescents are seen more challenging, so less incline to be chosen for kinship care. As a result, they may remain in abusive family/care environments. Child is seen as not being mature enough to be involved in decision-making processes regarding kinship care placement.
	Gender	Female is the preferential gender for kinship care, as seen as more docile. This positive discrimination towards girls may increase their opportunity to access better education, and healthcare for instance	Gender	Kinship care may solely be motivated by domestic support a girl can provide, her wellbeing thus becoming neglected and secondary. Boys, may be discriminated based on gender considerations, which means that they could potentially stay in a negative environment solely based on assumptions that they are more challenging.
	Health status	Not applicable	Health Status	High cultural stigma related to perception of deviant sexual behaviour High medical needs and costs that may be involved. Fear of contamination due to lack of awareness. Similarly, children living with disability are less incline to be accepted by a caregiver for the same reasons and may suffer high levels of discrimination and abuse.
	Birth status	Not applicable	Birth status	**This variable refers to children born-out-of wedlock** Children are separated from their mother due to social and familial pressures. Even if father recognises the child, kinship care placement with paternal family are highly unlikely.

Table 9. Individual protection and risk factors

The child's direct social environment - Protection and risk factors

Table 10- Social protection and risk factors

	Protection factor		Risk factor	
Social	Family	This variable includes the following elements, which can both be risk and protection factors: • Family composition and survival and health status of parents. • Extent of family network, i.e. wide or restricted. • Family history and functioning. • Economic status of parents and caregivers		
	Peers	Peers and friends are a key component of a protective environment, especially for children who are new to a family and geographic environment	Peers	Separation from peers can be a source of distress particularly in a child's formative years.
	School & Madrassa	Better education opportunities. School is a key environment for children who are newly placed in kinship to build a new network of relationship.	School & Madrassa	School environment can accentuate existing inequalities and differences – kinship care placement is experienced as negative by children if it doesn't enable them to access better and longer education. Children reported that those living with elderly caregivers are at higher risks of dropping-out-school. No follow up made by teachers for children who are forced to abandon school. According to ZVAC 2009, high incidence of abuse occurs on the way to school. Increased risk for children without appropriate care.
	Neighbours	Neighbours are part of the direct social environment of a child. They are an important feature of a family's protective network and allocated responsibilities include day to more permanent informal childcare arrangements.	Neighbours	Children report that sometimes neighbours place tremendous pressure on a family as " social norms enforcers". They sometimes spread negative rumours and gossips about a child and his family, which can force a family to send a child away for kinship care. This was a key recommendation made by the caregivers. According to ZVAC 2009, neighbours are the second highest perpetrators of sexual violence against children. Increased risk for children without appropriate care.
	Inter-relationships	Healthy relationships between parents and caregivers, and regular visits from parents to child are seen as enhancing the child's protective environment.	Inter-relationships	Limited interaction between a child/ their biological parents/ and their caregivers can result in emotional distress, financial and parenting pressures

The child's wider environment - Protection and risk factors

Table 11 – Institutional protection and risk factors

	Protection factor	Risk factor

Legal/policy framework	Children's Act 2011 and national policy framework on the protection of children, and on the protection of Most Vulnerable Children. Existence of Khadi courts that deals with inheritance rights and family affairs, including care issues.	Legal/Policy framework	Children's Act 2011 and national policies are not fully operational and widely implemented. CA 2011 not well known by social welfare professionals and law enforcement officers. Lack of strong identification and monitoring mechanism for children living in kinship care. Lack of awareness of children's rights and entitlements. Principle of best interests of the child not fully observed and implemented.
Community services Institutions	Existence of Waqf, religious institution partly mandated to protect the inheritance rights of orphans and manage their assets upon adulthood.	Community services	WAQF's role to be consolidated, and better aligned with the work and interventions of DSW in regards to orphans and CwAC. DSW under-capacitated to deal with prevalence of kinship arrangements. No access to health and social community-based services.
Belief system	Religious duty to care for orphans. Social prestige associated with larger families	Belief system	Social taboos associated with HIV and AIDS, birth out-of-wedlock Prevalence of arranged marriage Practice of polygamy, and how it can add financial pressure and conflict to family. Unit.
Attitude towards children	Seen as inspiring beings and good companions.	Attitude towards children	Seen as duty bearers, which sometimes involves disproportionate allocation of tasks Seen as lack maturity to form their own judgement. Lack of understanding of circumstances that may put children at risk, i.e. travelling long distance to fetch water,
Patriarchal system	Strong safeguards to maintain family unity.	Patriarchal system	Practice to separate orphans at death of father Male dominated decision-making, women rarely engaged although primary providers of care to children. Care options strategies are male dominated and do not always follow the Best Interests of the child. Role of females, in particular of female girls children, tends to be undermined.

3. Key findings

3.4 Theme 4: Children and caregivers' outstanding needs and the availability of support.

In this chapter:

- Review of the specific needs of children and their caregivers, according to children, caregivers, parents and key stakeholders?
- Explore the extent to which community support is available to kin children and their caregivers.

This chapter describes the specific needs of children living in kinship care, and explores the needs of parents and caregivers involved in kinship care arrangements. It specifically focuses on the support available to meet these needs at community, district and national level. It also provides an overview of existing strengths of different stakeholders and agencies that can be built upon to increase support to families and prevent family separation.

3.4.1 Specific needs of children living in kinship care

At the onset of the research, children and caregivers found it difficult to express and grasp the extent to which children living in kinship care might have additional needs. "Children are children, they all have the same needs". This perception progressively changed during the research process, and following field trips and group discussions, there was a growing recognition that kin children and their caregivers have a range of needs that are distinct, unique and are often only partly met.

The table below offers a comparative needs analysis, putting in perspective what are considered to be standard or universal needs of children on one hand, and the specific needs of kinship care children on the other hand. This enables to have a clearer overview of the fundamental gaps in addressing the needs of kinship children.

Table 12. The specific needs of children living in kinship care.

Needs	Physical development	Emotional development	Educational/intellectual development	Social development
	Access to nutritious food		Being sent to school.	

Universal need of a child[27]	Access to quality healthcare Being care for by parents when sick or unwell. Taught self-protection mechanism.	Love, affection, appraisal, guidance, lifeskills. Receive religious and moral guidance from parents	Being provided with books and stationery, uniforms and shoes. Receiving extra-curriculum support Being aware of rights, remedy in case of child abuse	Time to play with friends and siblings Time to visit family members Being allowed to engage in other activities, such as local clubs, children's councils meetings, etc.
Specific or additional need of a kinship child	Kinship children stressed on the fact that food and clothes need to be the same as for other biological children. Often feel that they receive less portions or less quality food. Children living with a disability and deprived of parental care have additional medical needs. Children infected and affected by HIV and AIDS who are placed in kinship care need careful attention regarding their need for privacy and the protection of confidential and private information. Have adequate space, particularly when newly arrived in a new family environment.	Recognition from parents, teachers, peers and caregivers that living in kinship care have additional and emotional needs, especially in case of death of biological parents Presence of male figure for children born-out-of wedlock Time to adapt to new environment, support from family to make necessary adjustments. More tolerant behaviour. Guidance from parents, especially for children who live with elderly caregivers Right to privacy, protection of confidential information	Time to study instead of completing household chores, and equal share of household chores with other children present in the household. Some kin children may need additional support with homework following a new care placement. The child may indeed feel disorientated at first, and may fall behind with school achievements.	Making friends in new environment and maintaining links with previous environment Being in regular communication with family, including parents and siblings Participating in family decisions that affect them Being listened to when feeling of discrimination or unfair treatment Need to feel like other children, no stigmatisation because kinship care children – community may presume there is something wrong how the child or their family. Being part of associative structures such as Children's Councils.

3.4.2 Specific needs of caregivers

Children and caregivers identified a series of needs that are specific to caregivers. In general, the lack of adequate financial means, poverty and the assumption that family matters are to be dealt privately were listed as the main barriers to adequately support kinship children. This means, for instance, that some caregivers are reluctant to seek external support when facing difficulties with their kinship child. Interestingly, the overall responsibility to support caregivers was assigned to parents rather than to external agencies or service providers.

Specific needs of caregivers in order to maximise their support to kin children include:

[27] As identified and expressed by children and caregivers as part of this research.

- Financial commitment from parents to support caregivers.
- Clear expression of expectations from parents in relation to childrearing.
- Provision of guidance and parenting skills, especially for elderly caregivers.
- Moral support in case of dysfunctional relationship between the child and caregivers.
- Good communication channels between parents and children facilitates the work of caregivers.
- Other family members not involved in kinship care to provide continuous support and guidance.
- Training in positive forms of discipline.
- Parenting skills
- Support in the management of their daily activities from parents and children.

Identifying, assessing and monitoring the needs of children and their caregivers are critical to support kinship care placements and ensure that the best interest of the child is taken into account.

According to the Department of Social Welfare, child protection identification and monitoring mechanisms are fairly weak and often dysfunctional in Zanzibar. Local committees for Most Vulnerable Children (MVC) are structures established at community level that are staffed by a pool of locally based volunteers. Their role is to identify and upstream child protection concerns affecting the most vulnerable children, who are typically as children affected or infected by HIV and/or AIDS, children living with a disability, families affected by acute poverty, or children victim of violence and exploitation. However the limited capacity and funding of the Department of Social Welfare at community, district and national level often mean that children in kinship care are not seen as their priority for intervention.

In addition to this, representatives of the Department of Social Welfare recognised the importance to engage community leaders in regular registration exercise for children who have departed or newly arrived into their Shehia as part of a kinship care placement. This discussion was however still at embryonic stage (plans to pilot it in West District) at the time of the research, and has not been brought further forward.

3.4.3 The extent to which support is available to support kinship care families

There are no specific support services designed to sustain and support informal kinship care arrangements in Zanzibar. Child protection interventions are currently focusing and limited to case management of violence against children, and while there is increasing acknowledgment that informal kinship care is a essential part of the local response mechanism, specific service provision for CwAC remains non-existent.

As part of the research, a few service providers and community services delivering services to kinship families were identified and are presented below. The following table is not an exhaustive list of support services available, but rather reflect the views and perspectives of children and caregivers, and key stakeholders, of what is specifically available to them at community level.

Agency	Overall mandate	Specific role in relation to kinship care/alternative care
The Department of Social Welfare	Designs and implements preventive and response services to protect and safeguard children and their families. Needs assessments, referral, and provision of services to target population. The Child Protection Unit specifically deals with case of violence, and case referral/management.	Works with MVCs and their families at local level. Identifies suitable foster carers Manages institutional care options In regular contact with children living in kinship care, but no direct service provision. Organises punctual support to MVCs, especially during religious festivals and during the month of Ramadan. In charge of the MVC database, i.e. data collection, entry and production of protection reports.
MVC committees	Community mechanism to support most vulnerable individuals	Identification of MVCs at community level, including orphans and children without parental care. Referral to DSW or privately funded religious organisations for provision of food and non-food items.
SOS Children's Village	Established SOS Villages in Zanzibar and mainland Tanzania. Family-strengthening programme in Unguja and Pemba.	Rolled out Family strengthening programmes in Unguja and Pemba. SOS Children's Villages helps families look after themselves by providing material support, childcare, education, counselling -- whatever is needed so that families can become self-sufficient and stay together. This is to avoid child abandonment and separation.
ZAPHA+	ZAPHA+ seeks to improve the living conditions of People Living with HIV and/or AIDS through advocacy for the provision of quality services.	Works in close contact with CwAC, children living in informal kinship care. Advocacy, mediation in case of family breakdown. Supports children and families to find suitable kinship care placements for children. Provides non-food items and assistance with medicine procurement. Weekly counselling sessions, psychosocial support and leisure-related activities.
WAQF Commission	Created Decree no. 2 in 1905, and operates as a trust organization that manages and protects assets donated for public use (mosques, water wells, schools etc.).	Protection and management of inheritance rights of orphan children. Works in collaboration with the Department of Zakat and Charity and the DSW to distribute money to orphans, sober houses, elderly homes and boarding schools.
Private religious organisations	Diverse mandates, but generally linked to alleviation of poverty through punctual distribution of goods. Works in collaboration with WAQF and DSW.	Provides financial and food items to vulnerable families, particularly during the month of Ramadan and during Islamic religious festivals. Particularly targets orphan children.
Save the Children	Supports national partners to build a national child protection system.	Action Plan on Children without appropriate care drafted with the DSW in November 2013. Conducts national research on kinship care to inform future programmes and interventions.

Table 13. Availability of support for kin children and their caregivers.

Save the Children

Snapshot

Caregivers mapped the community facilities and services in the Shehia of Tassani and Nganani in Makunduchi.

Available

- Sim tanks and access to water
- 2 big mosques
- Shops
- Nursery and secondary schools
- Agricultural learning centre
- Banana tree farms
- Residential areas
- Football playground

Missing or inadequate

- Political party branch to be renovated
- Market
- Ward office
- Madrassa needs to be renovated

CASE STUDY- ZAPHA+

The Zanzibari Association of People Living with HIV and/or AIDS (ZAPHA+) took part in the research, and 4 children were identified as researchers. They collected significant testimonies from their peers, and two of them are presented below. These case studies illustrate how the specific needs of a child who is in need of care and assistance can be addressed by his local community, i.e. neighbours, NGO, local leaders through the form of advice-giving, counselling and guidance, provision of food and non-food items, school uniforms, medicine, etc.

"My name is Mawlid and I am 16 years. I was the fifth born in a family of sixth. We were a happy family. One day, my mother told us that my father had abandoned us although she didn't know why. Life at home started to become though. I started neglecting my studies, and joined gangs and started smoking cigarettes and marijuana. My mother did not want me to follow that path, so she went to her neighbour Bi Fatma for advice. Bi Fatma advised my mother to take me to ZAPHA+, where they deal with people who are HIV positive, like me. Since I joined their groups, I feel more positive, I have started again with my studies. I have gained more friends through ZAPHA+, they also help me with other things. In spite of all of this, I still think of my father and I feel miserable. "

In this second case study, Maria related how she failed to secure support from her community leader, which exposed her to protection risk.

"My name is Maria, I am 16 years old. I am an orphan, both my parents died of AIDS. (…) I now live with a family that is not related to me. They are like my parents now. My father died in 2005, so I was living with my mother. We were both very sick and poor. My mother did not have money to buy the medicine I needed. I remember that one day my mum managed to get 15 mangoes from a village. That day I had plenty to eat. When I joined Form 1, I was still wearing my school uniform from primary school. The teachers used to beat me because they wanted me to wear a secondary school uniform like the other children. The head teacher banned me from school. My mother and I went to our local Sheha to see if he could help me. He told me that they had had money to support 3 orphans, but that it was already spent. Shortly after that my mum died, and that was the end of me attending school. I started working in homes as a housemaid".

Throughout the research, children infected or affected by HIV and/or AIDS related how their individual experience of living in kinship care is difficult because of partly because of their health status, the medical attention it requires, and the social stigma attached to the disease, which caregivers are often unequipped or unwilling to deal with.

3. Key findings

3.5 Theme 5: Policy and practice recommendations to better support the care and protection of children in families and family based care.

In this chapter:

- Explore children's vision of a protective and happy environment
- Expose the 9 recommendations elaborated by children, caregivers and key stakeholders during the final reflection workshop (June 2014).

POEM

POSITIVE DEEDS

I'm coming with something to tell, please listen to me
I have lots of information I want to tell you
I have important issues that make me happy

Children, father and mother make up a family

I'm grateful to my parents for their good care

They've done great job in the way they value me
To provide me with good care their beloved children

Children, father and mother make up a family

To educate me to the level I am now

God gave them strength and lots of blessing
I pray to God to give them peace and to go on trusting me
Children, father and mother make up a family

I'm very happy to be well cared for

I have time to play and to rest as well
And the education I have received in the school I attended
Children, father and mother make up a family

God bless them both my two parents
Providing us with good care us their beloved children
God provide them with strength to educate us to PHD level
Children, father and mother make up a family

My mother is the real mother the mother who cares
That is why I love her so much this is one of our attributes
I will always love her God give us good things
Children, father and mother make up a family

I'm not the only one she is taking care of there are others as well
They are Zulfa and Rukia we are benefiting
We are polite children God be praised for this
Children, father and mother make up a family

The death of fathers and mothers does not warrant separation
God bless us all we, the orphans
Our two guardians God grant them wisdom
Children, father and mother make up a family

Our two guardians provides us with good care
We are always ready to do the chores without grumbling.
They are not biased when assigning us tasks
Children, father and mother make up a family.

Female Child researcher, Unguja Urban

3.5.1 Children's vision

Understanding that choices for kinship care are multi-facetted and reflect a wide range of individual and familial circumstances is fundamental to put in place programmes and interventions aimed at enhancing the positive experiences of kin children and their caregivers of kinship care.

Children have a clear vision of what constitutes a protective environment, and of how kinship care fits into this protective framework. This vision includes love and peace, trustworthiness, freedom, faith in adult will be restored, child abuse will be reduced, protection will be available for all, everybody will be involved and concerned by the wellbeing of children, services within the community will be accessible to all, all children will enjoy their basic rights, children will participate in decision that affect them, all the needs of children will be fulfilled.

One of the key debates that emerged from the consultations articulated the idea that there is a risk attached to "systematising" or formalising kinship care. "How do we achieve children's vision, ensure that a safe and protective environment is created through the establishment of safeguards and regulations and keep the essence of kinship care at the same time?" A representative of the DSW expressed his thoughts as follow:

After 2 months of field research, children presented their visions of a safe and protection environment at the reflection workshop in June 2014.

" It is difficult to envisage how we could intervene to support kinship care without corrupting the practice at the same time and create incentives for families to place their children in kinship.

DSW representative, Pemba

In the same line, other stakeholders questioned how to ensure effective monitoring of the practice without discouraging it, and stigmatising caregivers and their kin children. As part of the final reflection workshop, child researchers, caregivers, NGOs and government partners reflected on how to best promote kinship care and developed key recommendations for areas of programming and advocacy.

The guiding principles of these recommendations are as follow:

i. Family-based environments are in a child's best interests.
ii. Kinship care, Foster care and Kafalah should be promoted by the government as the preferred care options.
iii. Institutional care should only be used as a last resort alternative.
iv. Children need to participate in the decisions that affect them. Kinship care should not be forced upon children or caregivers.
v. The State needs to recognise its role as a mediator and has a duty to oversee that safeguarding and regulatory measures for informal care arrangements are in place.
vi. Emphasis should be placed on strengthening existing local and community mechanisms, rather than building new ones

3.5.2 Key recommendations

1. **Support further operationalisation and implementation of the Children's Act 2011 and consolidate the national policy framework relative to CwAC.**

Following the enactment of the Children's Act in 2011, the Revolutionary Government of Zanzibar has a duty to promote further operationalisation and implementation of its provisions and rules relative to the protection of children deprived of parental care. It is particularly important to ensure that this is done at community and district level, through existing community-based structures.

Examples of ways to support further operationalisation of the Children's Act include:

- The domestication of the Guidelines for the Alternative Care of Children with a view to complement national legislation and policies.
- The rollout of the national Plan of Action for CwAC drafted by the Ministry of Social Welfare, Save the Children and SOS in November 2013.
- Establishing mechanisms to ensuring that the principle of the Best Interests of the Child is promoted throughout custody procedures through the active involvement of social welfare officers and the production of core welfare assessments.
- Promoting a better understanding of the Kafalah as per the Children's Act 2011, as a State mediated guardianship system promoting family-based alternative care.

2. Support and boost existing family strengthening programmes and initiatives.

Family strengthening programmes should be at the heart of any interventions that promote safe and protective family-based environment for children. They include a wide range of services aimed at supporting parents and caregivers, promoting positive parent-child relationships, facilitating counselling interventions, equipping families with conflict resolution skills and promoting opportunities for employment and income generation (UN Alternative Care Guidelines). They are generally key interventions to promote healthy relationship within the family, and bridging healthy relationship between the family and the wider community. This is at the heart of SOS's strategic focus, and should be further supported and developed.

As part of an EU funding secured by the Zanzibar programme, Save the Children is rolling-out a series of interventions throughout Unguja and Pemba that focus on addressing critical issues affecting children at risk or victim of sexual violence, as highlighted by the VAC Study in 2009. One of the core activities highlights the need to enhance alternative care arrangements as a safe family-based care environment for a specific targeted child population (i.e. children at-risk or victim of sexual abuse). In view of the well-established nature and the scale of informal kinship care practises in Zanzibar, it is highly recommended to further explore how maintaining children within an extended family network can complement the establishment of a formal and state mediated family-based care, such as foster care placements.

Examples of ways to support family strengthening programmes in Zanzibar:

- Map existing family strengthening services/ ad hoc interventions available in Zanzibar with a view to gain a better understanding of key agents and targeted populations, existing gaps and opportunities for developing services.
- Create a working Group on CwAC, led by the Department of Social Welfare, in order to establish or reinforce existing linkages and coordination mechanisms. Draft a common family strengthening strategy with clear targets, indicators and monitoring and evaluation safeguards.
- Explore ways to formalise linkage with the WAQF Commission with a view to systematise and formalise the support provided to orphans as part of an integrated child protection system.
- Continue and enhance the role of parenting groups with a view to work specifically on family separation preventions.
- Create leaving care opportunities and pathways for young adults children leaving foster/kinship care.

3. Enhance the access to community-based services.

The absence or shortage of quality community services was identified and a key influencing factor to arrange a kinship placement outside of the child's habitual residence (e.g. another village, district or region). It is also a risk factor that can potentially have substantial negative impacts on the healthy

development of a child. In order to prevent family separation, government efforts should focus on enhancing the accessibility to primary care services. These include:

- Free primary and secondary education, particularly in rural areas.
- Free quality primary healthcare services, particularly in rural areas.
- General community-based facilities, such as food markets, water wells, convenience shops, safe local/public transportation, leisure facilities and playgrounds, communal access to information, children's councils, etc. These elements are critical components of a child's wider protective environment, and their shortage generates further risk factors and exposure to abuse, violence and exploitation.
- Increase access to community-based training centres. In Makunduchi, caregivers identified the Agricultural training centre as a positive facility of their community.
- Livelihoods activities/ income generating activities as part of family strengthening programmes.

4. Improve the participation of children, female caregivers in decision-making processes.

A child researcher from Unguja presented children's recommendations at the reflection workshop in June 2014.

Female caregivers and children saw their lack of involvement in making-decision processes as a fundamental negative element of kinship care. Meaningful participation means that children and caregivers are informed, consulted, and that their views are taken seriously. Their opinions should be actively sought by parents, caregivers, and involved care agencies. This was one of the key recommendations made by children.

- Raise awareness on the necessity and ways to promote child participation within families and communities. Raise awareness of the necessity to involve female caregivers in decision-making processes.
- Ensuring that children without appropriate care and children living in kinship care are represented in their local Children's Councils.
- Member of Children Councils should be part of the Working Group on Children without Appropriate Care (refer to Recommendation 2).
- Promote the existence of a consultation mechanism at community level to ensure that children have been consulted when a kinship care placement has been arranged. This could be facilitated through the involvement of Shehia Women and Children coordinators, or through traditional elders and existing community protection platforms.

5. Raise community awareness on critical issues affecting children without appropriate care

It is imperative to reconcile Islamic and international standards relative to the safeguarding of children with traditional cultural practices that may be damaging to the development of children. The principle of the Best Interests of the Child promoted by international legal treaties, the Children's Act 2011 and Islamic teachings tends to be neglected or overlooked when it comes to childcare arrangements. There is a high need to raise awareness on critical issues affecting CwAC including stigma attached to HIV and/or AIDS, birth out-of-wedlock, the impact of family breakdown and separation, forced/early marriage, polygamy, and discrimination.

- Identify or reinforce the role of key social agents who act as mediators or counsellors in case of family breakdown, or are involved during pre-nuptial counselling. This was specifically highlighted by children during the reflection workshop. These mediators could be religious leaders, community leaders, social welfare officers, etc. This would mainly be done through family strengthening programmes.

- Explore ways to involve national and local media, such as the radio, national T.V or written press, with a view to communicate to wider audience issues affecting CwAC through the publication of poems, stories and songs written by children developed as part of this research.
- Save the Children to translate key findings of the report in Kiswahili and in a child-friendly manner. Publish and disseminate family album and exhibits the material produced during the research (e.g. the Body mapping). Create media events, and place the issues affecting CwAC on the forefront of the child protection government's agenda.

6. Build the capacity of workforce involved in the protection of children.

The social welfare workforce is the strategic actor to promote the rights of children and safeguard their protective environment.

- Rollout sessions to share the key findings of this report to social welfare officers so to increase their understanding of the practice of kinship care in Zanzibar.
- Enhance their case management skills – Social Welfare Officers should be able to conduct initial and core assessment involving vulnerable children, as defined by Article 19 of the Children's Act 2011, and as per the National Guidelines for the Protection and Welfare of Children.
- Appoint a dedicated person dealing with kinship care arrangements as part of the Department of Social Welfare to deal placement options, cases of abuse and/or discrimination, etc. This person will have a good understanding of cultural and social issues affecting CwAC and make necessary follow-up to other services. He/she l be the lead agency for the CwAC Working Group.
- Professionalize existing community committees and coordination mechanisms, such as MVC Committee volunteers and Women and Children Shehia Coordinator.

7. Ensure the allocation of adequate resources

In Tanzania and Zanzibar, the political commitment to protect children is a relatively new paradigm for the State, and as a result services have often been inadequately financed, poorly costed and feature amongst the least resourced public services. The Revolutionary Government of Zanzibar needs to allocate sufficient budget to ensure necessary human and financial resource allocation. Ad-hoc financing has negative effective on the long term on system strengthening. Financing and budgeting for child protection should be done in accordance with broader financial planning, such as mid-term expenditure frameworks.

- Promote the key findings of this report in order to inform advocacy for funding allocation.
- Special funds should be allocated to the protection area of CwAC, but within the framework of broader financial planning.
- Increase the social welfare workforce at community and district level, as they are the key agents to upstream child protection concerns and issues to national social services.

8. Ensure that systematic data on kinship care is collected as part of the wider child protection data collection system.

There is a need to respond to the gap of information and data regarding critical issues affecting children in Zanzibar. Data requires to be collected as part of a wider coordinated national child protection system, and in a systematic manner. Research and studies are ways to complement national data on a specific area (kinship care, sexual violence, disability), but they should not serve as a substitute for governments' overall responsibilities to design robust data collection systems. The Child Protection Unit in Zanzibar has a mandate to collect data and generate protection reports.

- At Shehia level, promote systematic registration of kinship care children through the local register. This could be done by the Shehas.
- The national child protection database at the Child Protection Unit to include status of kinship care.

- Use the key findings of this research to stimulate the production of more quantitative data on issues affecting CwAC. This could include profiling children who are victims of sexual violence, physical violence, or who are in conflict with the law and explore whether there are any pattern that can be identified with orphanhood.

9. Reinforce existing community-based monitoring and evaluation platforms.

Existing community based child protection or welfare committees can be strengthened to better identify, monitor and support children living in kinship care and caregivers; and to prevent family separation. Such committees should seek active involvement of local officials, traditional elders, head teachers/ teachers, and community health workers. The committees can support response, mobilization of local resources, and referrals to address the concerns of children at risk and the most vulnerable families.

- Professionalize and train MVC Committees volunteers and Shehia Women and Children Coordinators, two key roles in the identification, and reporting of child protection concerns relative to CwAC at community level.
- Improve coordination between relevant services and create a special task force or committee kinship care.
- Consult children, caregivers and parents on the best ways to monitor the wellbeing of a child place in kinship care.

Conclusion and moving forward

This is my family. My grandparents look after me. I am an orphan
Child from Makunduchi

"One of my fondest childhood memories relates to the loving environment I grew up in. I grew up with my grandmother, as we were a large family. There were always good smells in the house. To me, this was the essence of happiness and goodness"

An adult researcher sharing his positive childhood memories at the capacity building workshop in April 2014.

The national research on informal kinship care has provided a unique opportunity to capture the experiences and views of children and caregivers involved in informal kinship care in Zanzibar. Children in Unguja and Pemba shared meaningful testimonies depicting their positive and negative experiences of being cared for by extended relatives, family friends or neighbours. Stories, drawings, poems and photos collected from children, and particularly from children living with HIV and/or AIDS, offered a powerful insight into their world and daily lives, and revealed children's immense ability for recovery, and resilience in the face of adversity, particularly when experiencing forced parental separation.

In that sense, the research was particularly rich and offered contextualised knowledge on critical issues affecting children in kinship care, such as the nature and scope of discrimination endured by kin children, the impact of family separation, and the specific needs of children and their caregivers from their perspective.

In addition to this, the study was pivotal in identifying different root causes for family separation and alternative care placements. Throughout field research, a series of core influencing factors were highlighted through group discussions and activities and individual interviews, and were regularly shared with the research working-group based in Stonetown for further discussions and investigations. Local key findings were compared to another, and fed back onto the other local research teams. The issue of birth out-of-wedlock, for instance, was initially identified through individual interviews with caregivers in Makunduchi, but was covered by all research teams later on in the research.

Another significant achievement of the research is the extent to which it provided a space to exchange and confront viewpoints on the scope for state interventions aimed at CwAC, and at children living in kinship care more specifically. Defining a preliminary outline for targeted interventions aimed at supporting safe and adequate kinship care arrangements, and most importantly at preventing forced care and family separation was a major stake for this research. In this regard, some stakeholders shared specific reservations regarding the formalisation of informal kinship care in the current welfare context of Zanzibar. Hesitations were articulated around the idea that standardizing informal care arrangements may create

incentives to place children with caregivers, and thus expose children to further family separation, and other forms of harm and risk. On the other hand however, children and caregivers clearly communicated how their basic needs remain deeply unmet.

In conclusion, the research exposed how the quality of experiences of children living in kinship care varies according to the impact of risk factors and the existence of protection factors. Interventions, aimed at supporting informal care arrangements, will only have a meaningful impact if they are anchored in existing community structures and part of a wider child protection system. Programmes that are designed for CwAC but which are not linked to a wider social protection framework, will only partly address the need of a handful of kin children and caregivers, and potentially increases the risk for further discrimination, abuse and exploitation of this population.

Interventions should therefore focus on (i) enhancing the strengths of kinship care, (ii) addressing its structural weaknesses, (iii) exploring existing opportunities to strengthen its positive aspects and (iv) mitigating risks that may be attached to the regulation and oversight of kinship care.

Overview of research key findings and ways forward

STRENGHTS

(i) What are the strengths of informal kinship care in Zanzibar?

- Informal kinship care in Zanzibar is rooted in positive religious thoughts and cultural values about caring for children.
- Its flexibility and spontaneity are two key features that enable emergency placements of children in need of care and assistance.
- In that sense, kinship care fulfils a core social function within Zanzibari society as an informal child protection mechanism.

WEAKNESSES

(ii) What are the weaknesses of informal kinship care in Zanzibar?

- There is a fundamental lack of participation of children and female caregivers. The placement into kinship care can be forced upon children and/or caregivers, which had major negative impacts on the relationship between the caregiver and the child (i.e. emotional abuse, exploitation, etc.).
- Kinship care is collectively internalised and endorsed as a norm, which means that it is rarely questioned nor challenged. As a result, a culture of silence exists regarding the abuse and exploitation some kin children are exposed to.

OPPORTUNITIES

(iii) The opportunities to further develop kinship care

Informal kinship is prevalent in Zanzibar, and is imprinted in the society's cultural and religious identity. In that sense, relevant stakeholders should seize the opportunity to build on the strengths of kinship care and recognise that its primary objective is the promotion and protection of the wellbeing of children. This can be integrated into wider initiatives that support the development of alternative formal care arrangements, as envisaged in as part of a EU- funded VAC programme in specific districts of Zanzibar.

THREAT/RISK

(iv) The risks of formalising kinship care

It was communicated throughout the research by different stakeholders that there is a risk that the strong sense of community ownership over kinship care may erode with standardisation and formalisation. Any move towards the regulation of existing informal care arrangements and practices is often perceived as a way of divesting communities and families from their abilities to draw on and generate their own resources to overcome adversity and hardship. It is a recommendation of this report that communication and engagement with communities on kinship care should be focused on recognising the resourcefulness of families and communities in providing alternative care arrangements. However any community communication should also address the risks children are exposed to as a result of existing practices. The key here is to increase the wellbeing of children and their communities, rather than enhancing their ability for resilience. Children and families should be empowered to live fully rather than to survive.