

CARING SYSTEMS

Maximising synergies between care reform and child protection system strengthening in Eastern and Southern Africa

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Table of contents

Summary	7
Introduction	8
What is care reform and the care system?	8
What is meant by ‘child protection’ and ‘child protection system strengthening’ and how does this relate to children’s care?	12
Why is a system strengthening approach important for care reform?	13
What are the components of a systems approach to care reform?	15
Overview of the components	15
Develop an over-arching strategy and plan on care reform guided by evidence and data	16
Engage a range of actors and establish effective coordination mechanisms	19
Engage communities in care reform, raise awareness and change norms	20
Promote the participation of children, care leavers and caregivers	23
Develop policies, legislation, and guidance on care	24
Strengthen the social service workforce	26
Ensure that there are gatekeeping mechanisms and prevention and response services in place	28
Finance care reform	30
Establish accountability mechanisms, monitor reform, reflect, and adjust	31
Use care reform to leverage wider change in the child protection system	32
Conclusion	35
Endnotes	36



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Summary

What is care reform and the care system?

Care reform can be defined as:

“Changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based alternative care options are available.”¹

Care reform is designed to lead to improvements in the care system which can be defined as the legal and policy framework, structures and resources that determine and deliver alternative care, prevent family separation and support families to care for children well.²

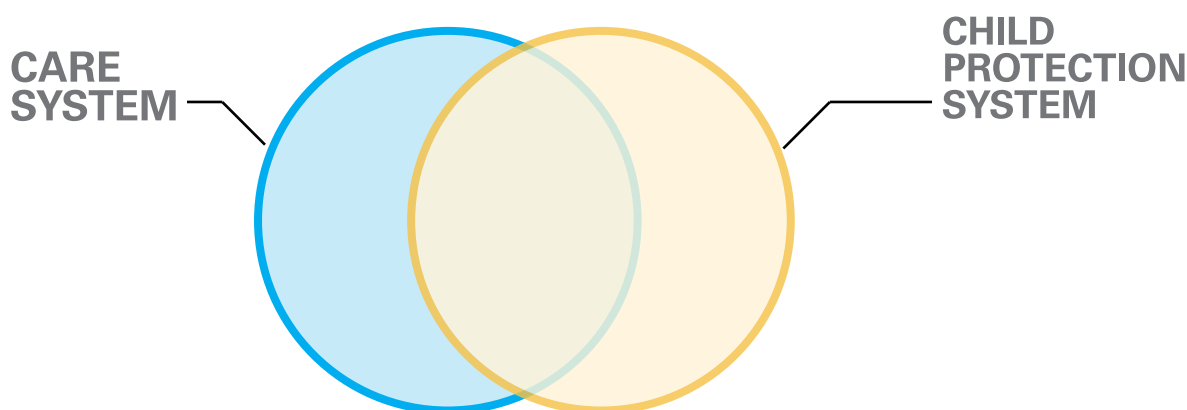
What is child protection system strengthening and how does it relate to care reform?

Child protection is commonly defined as preventing and responding to the violence, abuse, neglect, and exploitation of children.³ It refers to strategies and policies to enforce the protective rights covered by the UN Convention on the Rights of the Child (UNCRC).⁴

A child protection system is defined as:

“Formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children.”⁵

A child protection system comprises the same key components as the care system, but with a remit that extends to preventing, mitigating, addressing and responding to all forms of abuse, exploitation and neglect.⁶ Care systems may also go beyond ensuring that children are free from exploitation, abuse or neglect to enabling children to flourish and reach their full potential.

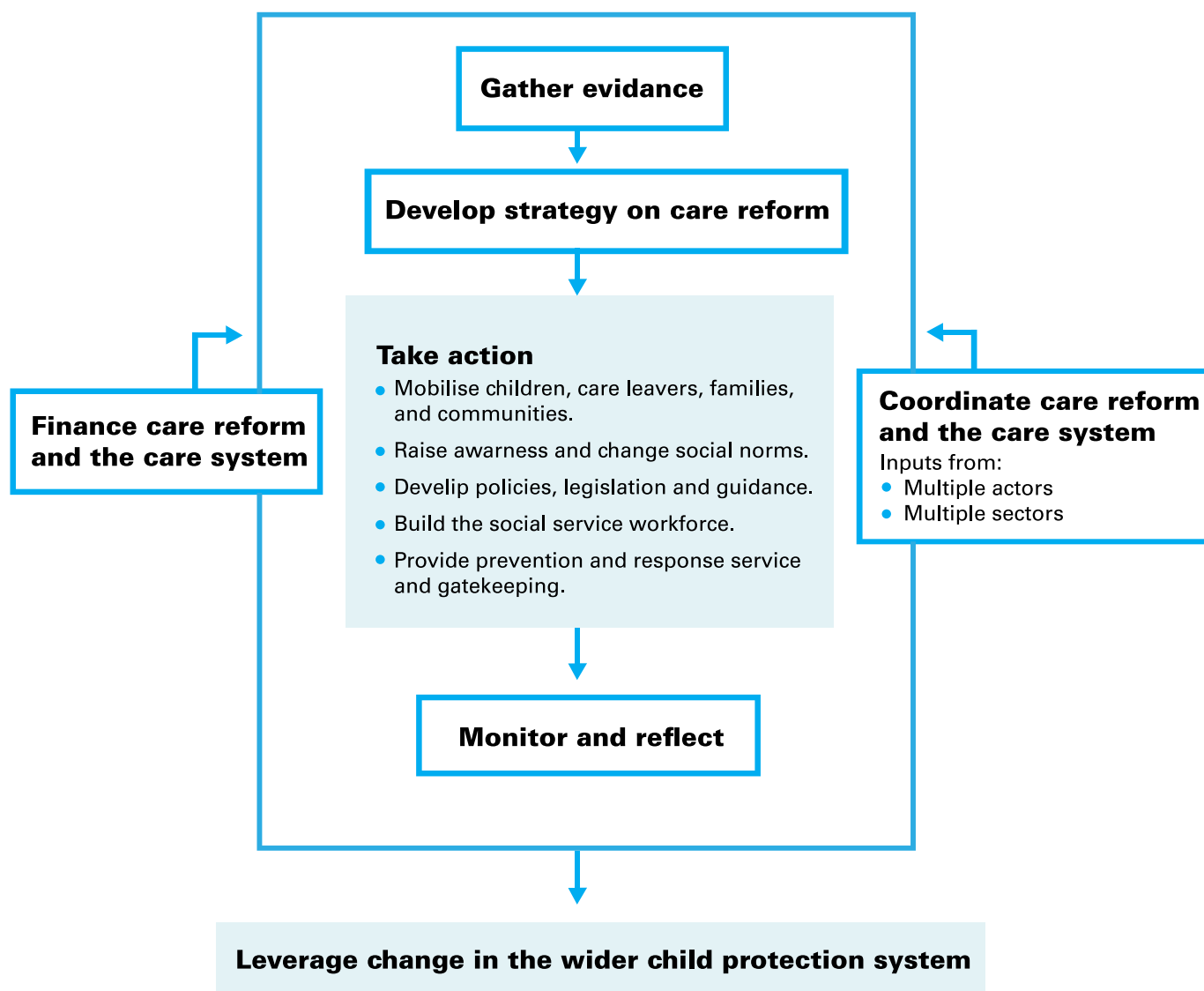


Why is a system strengthening approach important for care reform?

Addressing care in a systemic way with linkages to the wider child protection system is essential as there are large numbers of children at risk of separation, unnecessarily separated or who are unsafe in their families or alternative care. Systemic and scaled change is needed to address the magnitude of this problem.⁷ Care reform is under-resourced and there is often resistance to change⁸. A systems approach can unite stakeholders together to advocate for enhanced provision and ensure that limited resources are used effectively. Care and child protection are inextricably linked and care reform requires the broader child protection system to be operating effectively.

What are the components of systematic care reform?

Care reform should always begin with evidence and be guided by an over-arching strategy which can be developed with the support of coordination mechanisms. These bodies should also provide oversight and guidance throughout the process of reform. The engagement of communities, caregivers, children and young people is essential in all stages of the process. Reform requires policies, legislation and guidance, a strong social service workforce and prevention and response services, all of which must be adequately financed and regulated. The system should be regularly monitored against agreed indicators, and adjustments made following full reflections on what is and is not working well. Accountability mechanisms are needed to hold the government to account for reform. Finally, consideration should be given throughout to the linkages between care and the wider child protection system, and efforts made to use care reform to leverage wider change.



Introduction

Across Eastern and Southern Africa, governments are increasingly recognising the importance of ensuring that children can grow up safe and well cared for in nurturing families. In many countries, investments are being made in policies and mechanisms to strengthen families, reduce reliance on residential care, and promote family-based alternative care.⁹ This care reform is occurring alongside wider efforts to build child protection systems to end the exploitation, abuse, and neglect of children. UNICEF and other child protection agencies have long promoted a system strengthening approach to both child protection and care reform.¹⁰ This involves working to enhance entire systems of support for all vulnerable children, rather than focusing on single issues or groups¹¹. For example, through developing evidence-based policies and services supported by a strong workforce, adequate resources, and supportive social norms.¹² A system strengthening approach has been adopted because it enables coordinated cross-sector interventions that promote large scale change.

Despite widespread acceptance of both the value of system strengthening and the importance of care reform, evidence suggests that more needs to be done in Eastern and Southern Africa.¹³ A recent evaluation found that key stakeholders don't always fully understand what system strengthening is and why it is important.¹⁴ There remains a tendency to focus on some aspects of children's care, such as removing children from residential care, without considering the wider systems of protection and support that need to be in place to ensure all children are well cared for.¹⁵ Coordination can be problematic, and linkages between care and the wider child protection system are not always made.¹⁶ Whilst care reform is well underway in some countries in the region, this is not universally the case.¹⁷

This paper aims to address these weaknesses by promoting a system strengthening approach to care reform. It begins with an explanation of child protection and care and the relationship between these two concepts. It goes on to explain why system strengthening is needed to improve children's care, and how care reform can be carried out systematically, using a range of examples from across the Eastern and Southern Africa region. The paper is aimed at UNICEF country office staff, government and others working on children's care and protection in the region.

What is care reform and the care system?

Care reform can be defined as:

“Changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based alternative care options are available.”¹⁸

Care reform is designed to lead to improvements in the care system which can be defined as the legal and policy framework, structures and resources that determine and deliver alternative care, prevent family separation and support families to care for children well.¹⁹

The goals of care reform and care systems are further outlined in three key international policies. The United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child include several articles that relate to the care of children.²⁰ In 2009, the UN welcomed the Guidelines for the Alternative Care of Children, which further

articulate the importance and means of improving children’s care (hereafter referred to as ‘the Guidelines’).²¹ Together, these documents suggest the following objectives of care systems and care reform.

- Children should grow up in families and should only be separated from their parents when necessary and in their best interests.
- Children who can’t be with parents need a range of care choices so that they can receive care that is suitable to their needs and in their best interests. They should have a say in decisions about their care.
- If children can’t remain with parents, the option of care with extended family members or friends of the family (kinship care) should be explored. Other suitable alternative care options may include, for example:
 - Foster care – where children are placed under the care of adults who have been selected, vetted and trained, and who are regularly monitored to ensure care is safe and of good quality.
 - Supervised independent living – where children live alone or in small groups but are regularly monitored and supported by adults.
- Institutional care should only be used as a last resort as this form of care is deeply harmful to child wellbeing and development. Although not clearly defined by the Guidelines or the UNCRC, institutional care is commonly described as involving the care of children in large groups, usually involving shift-systems, a common set of rules, children sleeping in dormitories, and isolation from wider communities.²²
- Other forms of residential care, such as small group homes, can offer an appropriate care option for some children, but should not be used for children under three years old.
- Alternative care is a temporary solution and children need permanent and stable homes. Maximum efforts to reunite separated children with parents are a priority. Where this is not possible, children can, for example, be cared for by extended family or wider kinship networks on a permanent or long-term basis or placed for adoption.
- Families must have support available to them to ensure that they can care for children well, including financial support, access to services and help with parenting.

As achieving these goals is complex, care reform is a long-term process, with constant effort needed to improve the care system so that children can grow up safe and well cared for in families and that alternative care can be as family-based as possible. The UNCRC and the Guidelines both clearly state that care reform needs to reach all groups of children.²³ This includes those that are particularly likely to be separated from families such as children with disabilities, refugees and those affected by conflict.²⁴ The rights of children with disabilities to live in families and communities is further articulated by the Convention on the Rights of Persons with Disabilities.²⁵

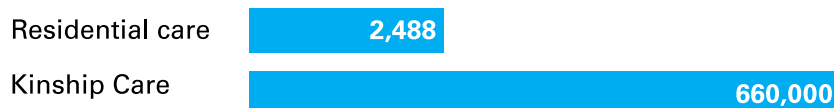
Knowledge of the importance of growing up within families and the harm caused by institutional care is based on decades of extensive evidence. This shows that children need to bond with a consistent caregiver to develop to their full potential, and that such attachments are not possible in institutions.²⁶ Separation from families is often highly stressful and children outside of parental or family care are also more vulnerable to abuse and exploitation.²⁷

Due to the extreme harm caused by institutional care, care reform in some countries focuses on reducing the numbers of children in institutions, or deinstitutionalisation.²⁸

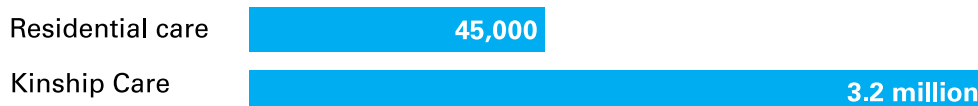
Whilst this goal is undoubtedly important, it is vital to expand the aims of reform to include preventing separation, supporting families to care for children well, and providing a range of alternative family-based care options. Care reform should also cover all groups of children and ensure that children are never left with no care at all, for example living on the streets or with employers. Having broader aims for reform is particularly significant in Eastern and Southern Africa, where far more children are at risk of inadequate or unsafe care than they are of institutionalisation. For example, whilst children in kinship care are often loved and well looked after, some experience high levels of poverty and vulnerability or abuse, neglect and discrimination (see Box 6).²⁹ In Rwanda, where extensive deinstitutionalisation has taken place, for every child in residential care, there are at least 265 in kinship care (see Diagram 1).³⁰ Alongside de-institutionalisation, these children and their caregivers also need support through care reform.

Diagram 1: The number of children in residential and kinship care³¹

RWANDA



KENYA



UGANDA



Successful care reform means that there is a lasting and functional care system in place that ensures that all children are well cared for. This system requires the following components.³²

- A robust legal and regulatory framework, as well as specific policies related to children's care.
- Coordination mechanisms such as committees at the national or sub-national level that develop and monitor care reform policies and programmes.
- Services to prevent separation, help families to care for children well, provide appropriate care for already separated children, and support reintegration. For example, financial or practical support for families or foster carers, or efforts to transform residential care into services for families and communities.
- Minimum standards and oversight that relate specifically to care, such as minimum standards for residential care facilities or for family-based alternative care providers.
- Human, financial and infrastructure resources. This includes a workforce that has the capacity to support the care system, and adequate budget allocations.
- Public awareness and other strategies to ensure social norms that support family-based care.
- Mechanisms for child participation and community engagement. For example, care leavers associations or community structures that monitor and support children at risk of separation.
- Data collection and monitoring systems to build evidence and inform decision making. This includes assessing the numbers of children in different forms of care and the quality of care that children receive.

Diagram 2: The components of a care system



What is meant by ‘child protection’ and ‘child protection system strengthening’ and how does this relate to children’s care?

Child protection is commonly defined as preventing and responding to the violence, abuse, neglect, and exploitation of children.³³ It refers to strategies and policies to enforce the protective rights covered by the UN Convention on the Rights of the Child.³⁴

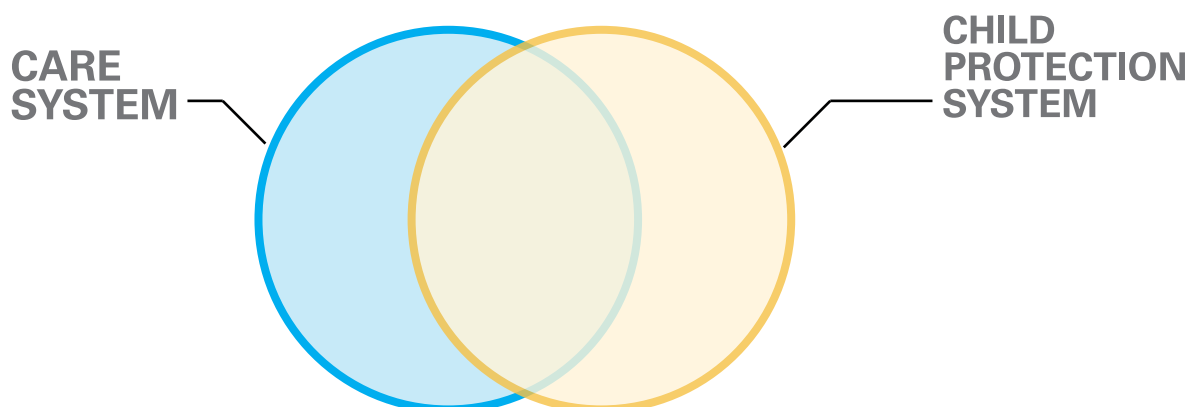
A child protection system is defined as:

“Formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children.”³⁵

A child protection system comprises the same key components as the care system (as outlined in diagram 2 above), but with a remit that extends beyond improving children’s care to preventing, mitigating, addressing and responding to all forms of abuse, exploitation and neglect.³⁶ There is much overlap between the goals and strategies of child protection system strengthening and those of care reform. Ensuring that all children are well cared for is a prerequisite for achieving children’s protective rights. Children who grow up outside of safe and loving families are more likely to be abused, neglected, or exploited. This is demonstrated by, for example, the harm caused by institutional care, the violence experienced by many children living on the streets, and the neglect millions of children in abusive families or alternative care face each year.³⁷ A strong, well-regulated care system is therefore needed to achieve children’s protective rights. Similarly, building the broader child protection system is vital for care reform. For example, care reform relies on social services to support families and children, and this forms the backbone of the child protection system.

However, child protection and care systems do not fully overlap. Child protection systems aim to do more than improve children’s care by seeking to address other factors that expose children to harm, such as exploitation by employers. Care systems may also go beyond ensuring that children are free from exploitation, abuse or neglect to enabling children to flourish and reach their full potential.³⁸ For example, across Eastern and Southern Africa, parenting programmes are widely promoted as part of the care system as they aim to strengthen care within families and prevent separation from parents. Whilst these interventions protect children by reducing violent discipline, they also promote child wellbeing and development by improving interactions and relationships.

Diagram 3: The overlap between care and child protection systems



Both child protection and care systems involve a range of actors. Governments have primary responsibility for ensuring the protection and care of children. Civil society organisations (CSOs), UN agencies, donors, and the private sector all provide services and resources.³⁹ The social service workforce is crucial. Children, parents, wider family members and communities are both beneficiaries of reform and contribute through child participation and community engagement. In many countries in the region, the limited reach of government and CSOs means that communities play a substantial role.⁴⁰ An ultimate goal of reform is to ensure that states can meet their responsibilities to children and families and link effectively with community members and structures. Both care reform and wider child protection system strengthening include inputs from allied sectors such as health, education, justice or social protection, with strong coordination across sectors.⁴¹

Why is a system strengthening approach important for care reform?

The definition of care reform outlined above implies a systemic approach, with reform enhancing a range of structures and mechanisms to ensure that change is wide-reaching, scaled, inclusive of all children and sustainable. Unfortunately, care reform does not always happen in this way. Reform can involve numerous stakeholders in disparate interventions, with limited attempts at coordinated efforts towards agreed strategic goals⁴². Reform can focus on solving one problem relating to children's care only to create new problems. For example, children leaving residential care only to enter foster care with no overall reduction in the number of separated children. Reform of the care system can also take place without consideration of wider child protection system strengthening.

This can be seen, for example, in the existence of multiple community committees working on care and protection, often with overlapping remits, or in case management guidance on care that does not link into national child protection guidance.⁴³

Addressing care in a systemic way with linkages to the wider child protection system is essential for the following reasons.

- There are large numbers of children at risk of separation, unnecessarily separated or inadequately cared for in families or alternative care across Eastern and Southern Africa. Systemic and scaled change is needed to address the magnitude of this problem.⁴⁴
- Care reform is both difficult and neglected by governments and other stakeholders.⁴⁵ There is often strong resistance to change due to vested interests and values that do not support family-based care. For example, the institutionalisation of children can be motivated by a desire to make money from tourist volunteers or by misguided religious or moral imperatives to help 'orphan' children (see Box 1).⁴⁶ There may be an unwillingness to intervene in the private sphere of the family.
- Like child protection, care is often massively under-resourced.⁴⁷ A systems approach enables actors to come together to agree common goals, develop costed strategies and advocate effectively for enhanced provision. A system strengthening approach also means that the limited resources that are available can be used more strategically and effectively.
- It is rare for one government agency to have sole responsibility for care, and there are often numerous donors, UN agencies and CSOs involved. All contributions need to be mapped and coordinated to avoid duplication of efforts and gaps in provision.⁴⁸
- Ensuring children are cared for well means intervention across multiple sectors. This is particularly true in family strengthening. Ensuring that families have the capacities to care for children requires social protection to alleviate poverty, access to services such as health or education, and parenting support. It is vital that work across sectors is coordinated and strategically planned.⁴⁹
- Care and child protection are inextricably linked. Care reform requires the broader child protection system to be operating effectively. For example, social services need to be available to support vulnerable families, and effective strategies need to be in place to end violence against children as this is a major cause of family separation. As discussed in more detail below, care reform can and should be used to leverage wider change.

Box 1: An example of the vested interests in care reform⁵⁰

'Orphanage voluntourism' involves foreigners volunteering in residential care facilities. Evidence has shown that vulnerable children in Kenya have been lured into institutions to attract these volunteers and the donations they bring. In some cases, families are tricked into placing their children in care with promises of schooling or other forms of support. In 2018, this exploitation of children was included in the US State Department's definition of trafficking. This practice is now being challenged in Kenya, though there has been resistance to change amongst those profiting from children's institutionalisation.

What are the components of a systems approach to care reform?

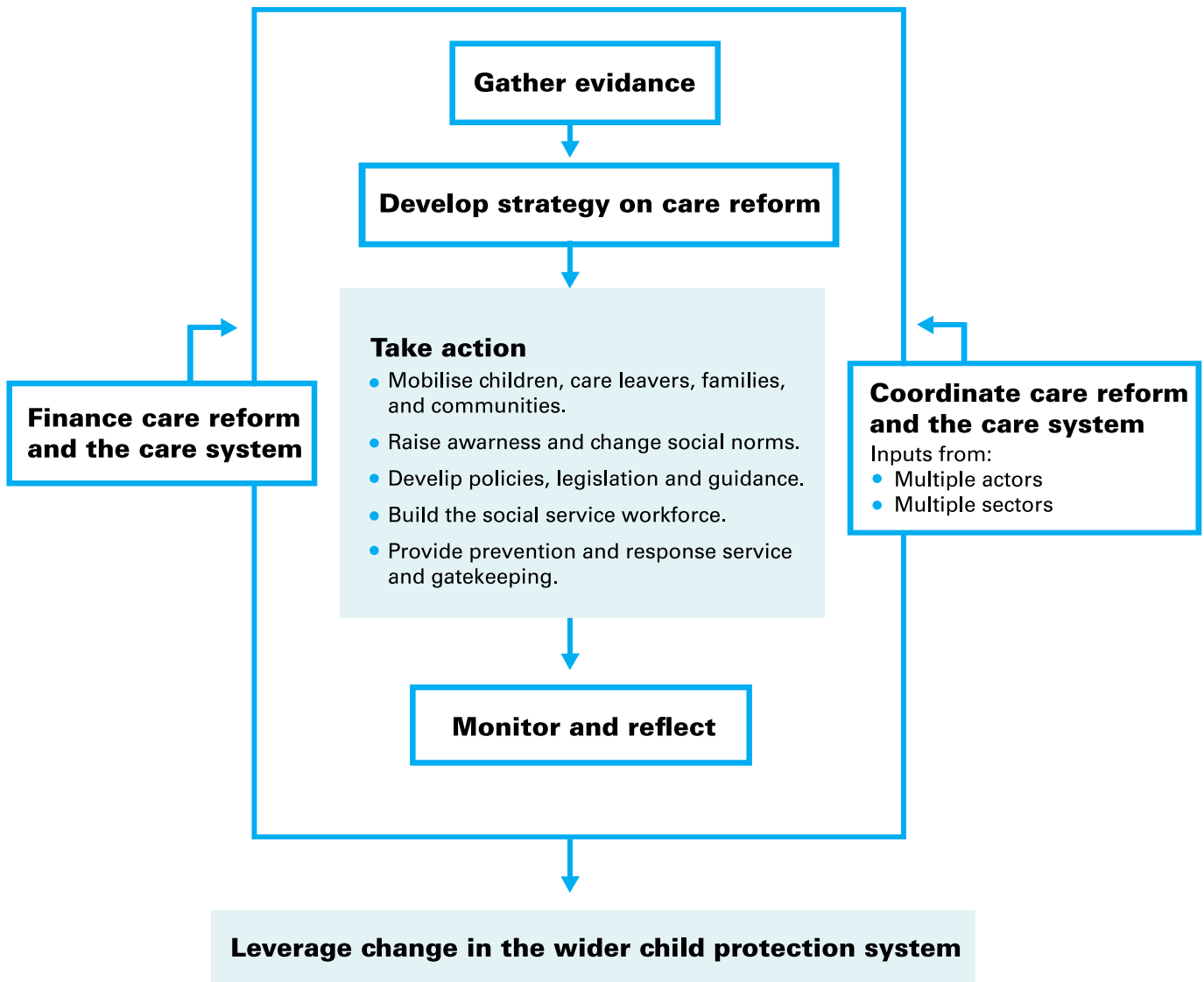
Overview of the components

There are ten components of a system strengthening approach to care reform.

- Develop an over-arching strategy and plan on care reform guided by evidence.
- Engage a range of actors and establish effective coordination mechanisms.
- Engage communities in care reform, raise awareness and change norms.
- Promote the participation of children, care leavers and caregivers.
- Develop policies, legislation and guidance on care.
- Strengthen the social service workforce.
- Ensure that there are gatekeeping mechanisms and prevention and response services in place (including family strengthening and alternative care provision).
- Finance reform.
- Establish accountability mechanisms, monitor the system, reflect and adjust.
- Use care reform to leverage wider change in the child protection system.

The components are listed in a logical, but not necessarily linear order and the sequencing will vary depending on context. Reform should always begin with evidence and be guided by an over-arching strategy which can be developed with the support of coordination mechanisms. These bodies should also provide oversight and guidance throughout the process of reform. The engagement of communities, caregivers, children and young people is essential in all stages of the process. Reform requires policies, legislation and guidance, a strong social service workforce and prevention and responses services, all of which must be adequately financed and regulated. The system should be regularly monitored against agreed indicators, and adjustments made following full reflections on what is and is not working well. Accountability mechanisms are needed to hold the government to account for reform. Finally, consideration should be given throughout to the linkages between care and the wider child protection system, and efforts made to use care reform to leverage wider change.

Diagram 4: The care system



Develop an over-arching strategy and plan on care reform guided by evidence and data

Care reform should be guided by an over-arching strategy which sets out a clear vision and set of priorities for reform and provides details of the steps in the reform process. Ideally this strategy is part of an over-arching/larger child protection strategy. This strategy must be informed by evidence, ideally including the following.

- Numbers and flow of children in different forms of care.
- The number and location of residential care facilities and other alternative care services.
- Community responses to children without adequate parental care – such as the use of kinship care or community child protection committees that support vulnerable families.

- Reasons for family separation and factors that may affect the capacity of families to care for children well (e.g. poverty, violence in the home, child disability, lack of access to education).
- Information on where decisions for children's separation and care are made and the gatekeeping mechanisms that exist.
- Social norms that relate to children's care.
- Analysis of levels of violence in families and the quality of different forms of alternative care.
- Legislation, policies and guidelines on care.
- The perspectives of children, care leavers and caregivers on care.
- The situation of particularly vulnerable groups, such as girls, children with disabilities or refugees.
- The capacity of the social service workforce to support children's care, including how many workers there are and where they are.
- Prevention and response services, considering their accessibility, availability and quality.
- The public and private financing of the system.

Evidence on care can come from a range of sources, including research reports and evaluations, administrative data (such as case management records), child protection and social service system mappings, budget analysis and household surveys. Box 2 below shows how household surveys have been analysed in Lesotho to provide insights into children's care. In recent years, several useful tools have been developed to collate evidence on children's care, identify priority areas for action and monitor progress (see Box 13).

Box 2: The use of household surveys to understand children's care in Lesotho⁵¹

Analysis of Lesotho's 2014 Demographic and Health Survey by the Better Care Network reveals much about children's care.

- Most children don't live with both of their parents. Around 20 per cent live with their mothers only, 4.3 per cent with their fathers only, 27 per cent with neither parent (usually with relatives in kinship care) and 42 per cent with both parents.
- This trend is similar for girls and boys. Children are more likely to live apart from their parents or just with their fathers as they get older.
- Wealth is not a clear predictor of living arrangements.
- Children are more likely to live with parents in urban than in rural areas.
- By the age of 18, 20 per cent of children in Lesotho have one parent that has died and 5.8 per cent have lost both their mother and father. Children in certain parts of the country, including particularly rural and mountainous areas, are most likely to have lost a parent.
- For children in kinship care, age is a key determinant of who the child will live with. For example, younger children are more likely to live with grandparents, as opposed to other relatives, than older children. Boys are also more likely than girls to be outside of family care, though this is still relatively rare.
- Rates of separation from parents and parental death are higher in Lesotho than in many other countries in the region.
- Wealthier households are more likely than poorer households to take children in.

These findings have several implications for policies and programmes, highlighting the importance of kinship care in Lesotho and the groups of children and kinship carers that may need to be targeted by programmes designed to support this care.

Once evidence has been gathered, a care reform strategy should set out a clear vision and set of priorities for reform and provide an overview of the steps in the reform process. Details of interventions can be further articulated in a care reform plan. The strategy and plan guide the actions of all of those involved in supporting the better care of children. Ideally the strategy will be part of a wider child protection strategy. If it is a separate document, it must explain how care reform reflects and supports broader child protection system strengthening. The strategy and plan should include the following.

- Background situation analysis on current care system.
- Principles and approaches, including a strong commitment to family-based care.
- Goals and outcomes of the strategy.
- A costed, detailed action plan.
- A clear description of the roles of different stakeholders.
- Details of the coordination body that will oversee the implementation of the strategy.
- A monitoring and evaluation framework, with indicators.

As illustrated by the development of the National Care Reform Strategy in Kenya, engaging a range of stakeholders in planning helps ensure ownership and relevance (see Box 3).

Box 3: Developing the National Care Reform Strategy in Kenya⁵²

The development of the National Care Reform Strategy by the Government of Kenya began in March 2020 with a review of the literature. This was followed by extensive consultations with 120 stakeholder groups, including a range of government agencies, CSOs, donors, traditional and religious leaders, care leavers, and children and families. Due to COVID-19 restrictions, consultations took place through a series of 64 online events. Although moving consultations online was originally viewed as a constraint, it ultimately provided an opportunity to reach a wider range of individuals from across the country. The consultations took around three months in total and had three key benefits for the strategy.

First, they provided new insights on care and improved the relevance of the strategy to the local context. For example, the consultations revealed traditional community approaches to care that were not widely recognised by the formal care system, such as the Gusii and Kikuyu community adoption practices.

Second, the consultations enabled a clearer common understanding of care. For example, it was found that Muslim communities use the term 'kafalah' to refer to support to any form of non-parental care, including providing financial support to residential care or temporary kinship care. In much legislation in Kenya and globally, kafalah is referred to as a form of family-based care similar to adoption. That the term was understood to mean something different in the Kenyan context was important to ensuring the appropriateness, accessibility, and 'fit' of the care reform process in different communities across the country.

Third, the consultations ensured greater commitment to the care reform process. Community and religious leaders were widely involved and expressed strong buy-in to the concept of family-based care, which they argue adheres to both traditional and religious values.

Following the consultations, five drafts of the strategy were developed, and stakeholders were given multiple opportunities to comment either in writing or during a series of meetings and workshops.

Engage a range of actors and establish effective coordination mechanisms

As outlined above, successful care reform requires inputs from government departments, CSOs, UN agencies, donors and universities, often working across multiple sectors.⁵³ For example, the perspectives of government, academics, CSOs, families, children and care leavers are all needed to inform care reform strategies. Services to prevent family separation may need to be provided by education, health, social protection and social welfare sectors. Box 4 shows how collaboration across multiple sectors is being used to improve care within families in South Africa.

Box 4: Improving the quality of children's care in South Africa through a cash plus care model⁵⁴

South Africa's Child Support Grant reaches over 12 million children living in poverty. Whilst the grant has led to material benefits, it has not addressed the multi-dimensional needs of children, including the quality of care that they receive. To overcome this shortcoming, the Government of South Africa, with the support of the University of Johannesburg through the Centre of Social Development for Africa, UNICEF and other partners, has established a programme of family and community strengthening for beneficiaries of the grant. The programme enables vulnerable children and their families to join mutual support groups of three to five families. The groups take part in two-hour long weekly sessions over 14 weeks to improve relationships and enhance knowledge for the better care of children. The programme has led to a reduction in harsh parenting and improvements in communication within families. Caregivers have reported feeling more confident and able to help their children with their schooling and their financial capabilities have also been enhanced. The programme represents a successful collaboration between child protection, social protection, nutrition, and education actors.

Given the complex range of actors involved in care reform, strong coordination mechanisms are essential.⁵⁵ Coordination is needed for pooling knowledge, developing relevant strategies and policies, mobilising resources, ensuring the implementation of plans, and avoiding the duplication of efforts. Coordination is also important in case management to meet the needs of individual children and their families, and integrated case management and referral mechanisms can be used to ensure better coordination across sectors and agencies.⁵⁶

Evidence from the region shows that successful care reform requires support from the highest levels of government.⁵⁷ Coordination mechanisms at the national level can help to garner this support and ensure a consistent response across the country. Box 5 provides an example from Mozambique where a high-level think tank has been established to initiate care reform. Coordination is also important at the district and community levels, and this can be particularly vital in decentralised systems.⁵⁸ During emergencies there is often a rapid roll-out of services, and multiple new actors involved in service provision, enhancing the need for coordination.⁵⁹ Ideally, coordination strategies used during emergencies will make use of and strengthen existing coordination bodies.⁶⁰

Box 5: Mozambique's Coordination and Consultation Group on Alternative Care⁶¹

Care reform in Mozambique is in its early stages. The importance of ensuring that children can grow up in families and of reducing the use of residential care has been recognised by the government. However, there are currently almost 100 registered residential care facilities with over 7,000 children. Although monitoring and supervision has been improved in recent years through the establishment of a National Registry on Alternative Care,⁶² there is still a lack of information about children who need alternative care, especially in privately run residential care facilities. There are no effective mechanisms in place for restricting entry into residential care, either at the community level or within statutory services. Legislation around the importance of family-based care exists, but the highly fragmented nature of the system is a major barrier to ensuring that laws are implemented. There is no strategy to facilitate the transition from providing institutional care into the provision of family-based support.

In 2019, the Coordination and Consultation Group on Alternative Care was established. The group offers a national level, multi-sectoral platform for consultation, research and reflection on care. It aims to ensure that Mozambique complies with both national laws and international standards on care. The group is managed by the Public Prosecutor's Office and members of the group include representatives from the following agencies.

- Attorney General's Office (Specialized Department for Civil, Labour, Family and Minors).
- Supreme Court.
- Ministry of Gender, Child and Social Action.
- Ministry of Justice, Constitutional and Religious Affairs.
- Ministry of the Interior.
- Ministry of State Administration.
- Ministry of Public Works and Water Resources.
- Ministry of Education and Human Development.
- Ministry of Health.
- Civil society organisations.
- Residential care facilities.
- The Children's Parliament.

So far, the group has developed an agenda for action for the next five years, and a detailed workplan for the next year. This process has been important for ensuring that all of the stakeholders share similar goals in relation to care reform.

Engage communities in care reform, raise awareness and change norms

Families and wider communities are the main sources of support for children who cannot be looked after by parents in Eastern and Southern Africa. As outlined above, most children outside of parental care are taken in by extended family or friends of the family. These caregivers often receive no or minimal help from the state despite usually being highly vulnerable (see Box 6). Families and communities generally make decisions about children's care without recourse to the courts or social workers. When a child cannot be looked after by parents, the extended family or community and religious leaders will often decide who is best placed to care for them. Supporting kinship carers and engaging with community decision makers should therefore be at the heart of care reform across the region.

Box 6: Supporting grandmothers and other kinship carers – a top priority for care reform⁶³

Across Eastern and Southern Africa, grandparents, particularly grandmothers, are the primary caregivers for children who cannot be looked after by their parents. There is a long history of grandmothers taking on this role, though it became even more significant because of HIV. At the height of the AIDS pandemic, an entire generation was decimated in many families, leaving only children and the elderly.

When asked, children across multiple contexts repeatedly say that they prefer grandparents to other kinship carers as they are more likely to be loved and treated without discrimination. This preference holds despite the extreme poverty in many grandparent-headed households. Whilst grandparents usually take children in willingly, they may struggle to care for them well. Grandparent caregivers simultaneously deal with the loss of their own children and the grief of the children in their care. They often have complex health problems, exacerbated by the stress of suddenly being responsible for the care of young children. It can also be hard for grandparents to bridge the inter-generational divide; it can be challenging to communicate effectively with teenagers or to provide academic support.

Grandparents desperately need assistance but there is ample evidence that across Africa they are left to care for children with no or very little formal help. This can have devastating consequences, with children pushed into residential care or left entirely alone when grandparents die prematurely. Support to grandparent caregivers is particularly important during the COVID-19 pandemic when such carers are at heightened risk of isolation, poor health and death.

Care reform can prioritise support to grandparents in a number of ways, including the following.

- Ensure that the social protection system is better utilised to support grandparent carers through alleviating poverty in these households and providing add-on supports.
- Give grandparent caregivers access to health care and counselling. Ensure that schools are aware that children are in grandparent care and provide extra help.
- Mobilise community child protection groups to monitor grandparent carers and the children in their care and provide help or referral to professional social workers or other forms of assistance when needed.
- Adjust 'parenting' programmes and support groups to meet the specific needs of grandparents.

Grandparents are not the only family members who look after children. Some are cared for by older siblings, aunts, uncles, and other relatives. Evidence shows that children in these households are less likely to be in extreme poverty than those in grandparent care, but more likely to face discrimination and abuse. Those in these circumstances also need to be supported, with adjustments made to reflect specific needs. This support may include case management by social workers, mental health provision, and mediation between children and caregivers.

Communities can also be mobilised to support care reform in other ways. Community child protection committees help identify and support children at risk of separation from parents or of inadequate care (see Box 7). Community members have also become volunteer para-professional social workers aiding vulnerable families (see Box 12). In both cases, it is crucial that links are made between communities and professional social workers, especially for more complex cases involving child abuse or neglect. Mobilising communities can require efforts to raise awareness about the need for support or to change norms that are not supportive of family-based care. Many care reform efforts across the region include an element of social norm change.

Box 7: The community surveillance of separated children in Ethiopia⁶⁴

In Northern Ethiopia, drought pushed many children apart from their families. Children left home in search of work or to live with wealthier extended family members. A community surveillance system was established by government with the help of the International Organisation for Migration, Save the Children, and Colombia University. Twenty-nine volunteers were recruited from across ten villages to identify children in these circumstances and report them to a project coordinator using basic mobile phones. If children were facing problems, the volunteers could text '9999' to the coordinator, who would liaise with the Ministry of Women and Children's Affairs to offer services and support. The only cost associated with the project related to initial training and phone credit/charging. Over a six-month period, the volunteers identified 48 separated children. The project also enabled government to monitor patterns of separation over time and respond more quickly to any alarming trends.

Throughout Eastern and Southern Africa, religion is a part of daily life and guides many decisions, including around children's care. Faith-based organisations also provide many services to communities, including those relating to children's care. Engaging faith communities and organisations is crucial for effective and meaningful care reform. In some cases, these stakeholders have facilitated the widespread use of residential care, through running or fundraising for institutions. Increasingly, faith-based organisations are at the forefront of reform, promoting family-based care (see Box 8). Amongst Muslim communities, traditions of kafalah are used to provide homes for children who cannot be cared for by parents, though kafalah is also sometimes used to sponsor children in residential care (see Box 3).

Box 8: The role of Catholic religious orders in promoting care reform⁶⁵

In October 2020, the Rome-based Catholic International Union of Superiors invited all women's and men's religious orders to end institutional care and promote safe and loving family or community-based care through the Catholic Care for Children International initiative. Given that currently the Catholic church oversees at least 9,000 residential care facilities with almost five million children worldwide, this represents a huge shift. Catholic sisters in Kenya, Uganda and Zambia are at the vanguard of this reform effort.

Catholic Care for Children Uganda has been piloting reform for over five years, supporting Catholic leaders and care home managers to embrace the shift to family-based care.⁶⁶ For example, the St Kizito Babies Home operated for over 50 years before staff were retrained through the initiative. The facility has now transitioned to a centre providing support for family reintegration and short-term foster care. Learning from Uganda was shared with the Zambian Association of Sisterhood, which plans to have reintegrated over 60 children from institutional care by the end of 2021. The sisters have developed packages of support for reintegrating families. In Kenya, the initiative has drawn on learning from the Kwetu Home of Peace. Religious sisters have developed a model for reintegrating street children which is now widely adopted by Catholic-run residential care facilities in the country.

Promote the participation of children, care leavers and caregivers

Those with direct experience of care must be involved in care reform processes, including the following groups.

- Children from vulnerable families.
- Care leavers – children and young people who spent time in care and are now living in the community.
- Parents, kinship carers, foster carers and staff from residential care facilities.

Those with lived experience of care can be involved in care reform in a variety of ways. For example, through consultations and research, representation on coordination committees, supporting the design of programmes and policies, and monitoring and evaluation. Special efforts are needed to involve children with disabilities and other often excluded groups, such as refugee children. In 2018, the Kenyan Society of Care Leavers developed an agenda for action for engaging care leavers in reform (see Box 9). The group argued that participation must go beyond documenting care leavers' stories to actively involving them in shaping the reform process. Many of the identified ways of engaging care leavers in reform also apply to other children and caregivers.

Box 9: How to engage care leavers in reform⁶⁷

The Kenyan Society of Care Leavers argue that care leavers should be involved in the design and delivery of care reform programmes and strategies in a variety of ways, including the following:

- Use care leavers' perspectives to inform proposal development or as part of a proposal review committee.
- Ask care leavers to contribute to monitoring and evaluating frameworks by helping to identify what success looks like.
- Engage care leavers in data collection, such as facilitating focus groups with children and young people for research or evaluations.
- Develop teams of care leavers to monitor service provision.
- Involve care leavers in describing the skills and attributes needed to be an effective social worker and review job descriptions. Care leavers can also take part in interview panels.
- Have care leavers contribute to training service providers and caregivers, presenting experiences from their time in care.
- Ensure care leavers have access to government policy makers, for example through participation in working groups.
- Support interested care leavers to work in care reform processes (such as through internships or sharing information about job vacancies).
- Include care leavers in gatekeeping panels.

Kenyan care leavers have already been involved in a number of care reform processes, including the development of the national guidelines on the alternative family care of children and standards for residential care.

Develop policies, legislation, and guidance on care

Policies signal government vision and expectations whilst laws provide a regulatory framework which is legally binding. Laws and policies need to be accompanied by regulations, standards and guidance which support implementation.⁶⁸ The strategy on care reform described above is a policy though other policies, legislation and regulations are also needed for care reform. Evaluations show that that whilst laws and policies are important, reform strategies frequently place excessive focus on legislative change.⁶⁹ The impact of policies, legislation and guidance is contingent on several factors, including the following.

- Cultural and contextual relevance (laws should not be imported from other countries without adaptation).⁷⁰
- Budget allocation to implement laws and policies, including investments in the social workforce.⁷¹
- Promotion to ensure awareness of laws and policies.
- Community support, which means that laws and policies should either reflect existing social norms, or that strategies are put in place to challenge those norms that are harmful.⁷²

There are many different types of laws, policies and guidance that can support care reform, as illustrated in Box 10. As well as national legislation, more detailed case management guidance is also required. Case management is a key means of ensuring that vulnerable children and families get the services they need. Case management uses standardised guidance to support social workers

and other social service workforce in identifying needs, making referrals to appropriate services, monitoring children and families, and keeping effective records.⁷³ Examples of case management procedures are included in the box below under 'Guidance.'

Box 10: Some examples of laws, policies and guidance relating to care reform in Eastern and Southern Africa	
TYPE	EXAMPLE
Constitutions with reference to care	The 2010 Constitution of Kenya outlines the rights of every child to parental care and protection. It also includes provision for social security for vulnerable families and oversight of residential care. ⁷⁶
Laws and policies on child rights or child protection that reference care	In Mozambique, laws on the family from 2004, and on child rights and child protection from 2008, ensure children's right to a family, social services support, and protection from neglect and abandonment. ⁷⁷
Laws and policies specifically on care	<p>In Zambia, the National Framework for the Care of Children in Need ⁷⁸ outlines the continuum of care for children. It suggests that priority should be given to preventing separation and keeping families together. If children cannot be cared for by parents, they should be placed in kinship care where possible, or in family-based care. Institutions should be used as a last resort. Laws related to children's care include the Adoption Act, which regulates adoption, and the Juveniles Act, which includes provision on parental and supervision orders and regulates the establishment of residential care facilities and foster care.⁷⁹</p> <p>In Rwanda, The Cabinet Brief: Strategy for National Child Care Reform provides a detailed action plan on care reform.⁸⁰ This includes building social work capacity, awareness raising on family-based care, the development of foster care, the transformation of residential care facilities and the mass reintegration of separated children.</p>
Guidance on care	The Government of Uganda has drafted guidelines and standard operating procedure for foster care in Uganda. ⁷⁴ These provide detailed guidance for identifying and assessing, training and approving foster carers, and for supporting children in foster care, and forms and procedures for the case management of children in foster care.

TYPE	EXAMPLE
	<p>In 2019, the Department for Children’s Services in Kenya published a toolkit and guidance for the case management of the reintegration of children.⁷⁵ The toolkit contains case work forms, including for family and child assessment and monitoring.</p>
<p>Laws, policies and guidance in related sectors that impact on care</p>	<p>In South Africa, policies and guidance are being developed to support the cash plus care model (see Box 4).</p>
<p>International laws</p>	<p>Many countries in the region reference the UN Convention on the Rights of the Child, the Guidelines for the Alternative Care of Children and The African Charter on the Rights and Welfare of the Child in their national policies and guidance on care.</p> <p>Countries such as Rwanda and Uganda suspended intercountry adoption following reports of corruption and abuse. They have worked towards the adoption of the Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption, commonly known as the Hague Convention, which aims to enhance standards in intercountry adoption.</p>

Strengthen the social service workforce

The social service workforce can be defined as:

“Paid and unpaid, governmental and non-government professionals and para-professionals, working to ensure the healthy development and wellbeing of children and families.”⁸¹

Social workers are needed to perform the following vital functions for care reform.⁸²

- Identifying and supporting vulnerable children and families, including families at risk of separation, and cases where children are returning to families after a period of separation.
- Identifying and assisting vulnerable kinship carers and the children in their care.
- Assessing the individual needs of children, developing care plans and forming the backbone of the case management system.
- Developing, overseeing, licensing, monitoring and providing alternative care services, for example through supporting children in residential care, or recruiting, training, monitoring, and supporting foster carers.
- Supporting decisions around care and engagement in gatekeeping processes, particularly for children who have been abused and neglected and are going through formal court proceedings.
- Ensuring that a practitioner’s perspective is incorporated into legislation and guidelines and the implementation of laws, policies and guidance.

Analysis across several countries, including Rwanda, suggests important lessons for strengthening the workforce to support care reform.⁸³

- Effective workforce strengthening begins with a mapping of the existing workforce and relevant legal and policy frameworks to identify strengths and gaps.
- The social workforce engaged in care reform includes paid professional social workers, community volunteers and staff working in residential care facilities. All have key roles to play in the reform process, and these roles should be clearly defined. It is important to value the contributions of both professionals and volunteers.
- There need to be enough workers to keep caseloads manageable as shortages can affect child wellbeing and lead to staff burnout.
- Social workers should have access to ongoing support and training throughout their careers. This can be delivered through regular supervision, peer to peer supports and professional associations. Unpaid volunteers are more effective if well supported, including the provision of mobile phones, mentoring and refresher training.
- Social workers need case management guidance to support their work and enable effective reporting and referral. Strong referral mechanisms enable better collaboration between sectors and between professionals and volunteers.
- It is vital to have measures in place to protect children from abuse by the workforce, including proper vetting of workers, whistle-blowing procedures, and well-advertised mechanisms to enable children to report abuse.
- The workforce must be trained specifically on children's care. Training will be more sustainable if it is built into standardised curricula and delivered by national universities. Training should build on an analysis of the core competencies needed to promote the better care of children. Training must be developed to ensure local relevance and delivered in a highly participatory manner using real-life scenarios.
- Workforce strengthening to support care reform must consider the wider role that social workers play in child protection and social welfare. Workforce strengthening related to care can act as a catalyst for increasing the number of social workers and building skills that benefit all vulnerable children. For sustainability, the workforce must be embedded in or linked to the civil service.

Boxes 11 and 12 provide examples of workforce strengthening and case management for care reform in Zambia and Rwanda.

Box 11: Workforce strengthening and case management for the better care of children in Zambia⁸⁴

Between 2016 and 2017 UNICEF supported the government to carry out a nationwide assessment of residential care facilities to inform care reforms in Zambia.⁸⁵ The assessment showed poor recordkeeping/case management practices at district level. District social welfare officers also lacked a proper understanding of the processes involved in placing children into care and supporting families and other caregivers. To remedy this problem, UNICEF worked with the government to develop a series of case management tools. They include, for example, tools for assessing families and children and identifying support needs, supporting foster care, and ensuring safe and appropriate reintegration or adoption.⁸⁶

UNICEF has also worked with the Department of Social Welfare and the University of Zambia to develop two training modules on alternative care and case management procedures for in-service training. These modules explore key principles of effective child care practices and introduce social workers to the newly developed alternative care and case management guidance. They include training on the following.

- National and international legal frameworks on care and case management processes.
- The primary importance of supporting families and preventing separation.
- Decision making around care, including the importance of considering kinship and foster care ahead of residential care placements.
- Foster care, adoption and reintegration processes, including supporting residential care providers to facilitate the reintegration of children.

Social workers spend two weeks in the classroom receiving this training. On returning to their districts, they are mentored through the management of selected cases to further enhance knowledge and skills. Ongoing support is then provided through a combination of face-to-face meetings and virtual platforms. A WhatsApp group has been established as part of this process, which has proven particularly popular. The group allows social workers across the country to share challenges and seek guidance. Supervisors and managers are also given an insight into the problems faced by social workers and are able to identify common support needs.

A social worker from Choma district stated that:

“The training has improved the networking and interaction amongst social welfare officers across the country. Through the WhatsApp platform that was created after the training, we have been able to share best practices, as well as consult each other on how to handle challenging cases. There is also enhanced interaction between the District Office and senior officers at the provincial and national offices.”

Since this training, the University of Zambia’s Department for Social Work has used the two modules they helped to develop as the basis for a new degree in Child, Youth and Family Studies. The modules have also been incorporated into other courses run by the university.

Box 12: Building the professional and volunteer workforce for care reform in Rwanda⁸⁷

In Rwanda, care reform has led to the recruitment and training of 68 professional social workers and psychologists, around half of whom have since been absorbed into the civil service. These staff have been heavily involved in child care reform, including in the following tasks.

- Instigating the transformation of institutions, persuading managers to transform facilities to provide support to families and communities rather than residential care.
- Supporting the reintegration of children from institutional care and providing post-reunification follow-up support.
- Recruiting, assessing and monitoring foster carers.
- Working to identify and address factors that lead to family separation, such as teenage pregnancy.

Professional social workers are supported by around 30,000 community volunteers, the 'Friends of the Family' – known locally as Inshuti z'Umuryango or IZU. These volunteers work in pairs to identify especially vulnerable families and carry out home visits, making referrals to professionals where necessary. They also carry out awareness raising on the importance of family-based care and support the recruitment of foster carers. The IZU are well organised with clear linkages to government personnel. They produce monthly reports which are compiled by coordinators at the cell and district levels and then shared with district-level social workers, who respond to any problems identified. Over a ten-month period, the IZU recorded 65,000 cases of violence, abuse or neglect.

Ensure that there are gatekeeping mechanisms and prevention and response services in place

Gatekeeping mechanisms are key for effective decision making about care, including around the necessity of separation from families, whether reintegration is viable, and which forms of alternative care are appropriate. Gatekeeping mechanisms also determine what assistance children and caregivers require.⁸⁸ Gatekeeping panels are used in several countries in the region to bring together professionals to jointly make decisions on placements and support⁸⁹. Case management procedures can be used as part of gatekeeping processes to assess families and children and help with referrals to the correct forms of support.

In developing services, priority should be given to preventing separation. Some families just need access to universal services, such as health care or education, to enable them to keep their children with them and care for them well. Others need more intensive support or specialised services. The Guidelines for the Alternative Care of Children lists several such interventions.⁹⁰

- Case management support for families that need intensive assistance.
- Social protection (see Box 4).
- Household economic strengthening.
- Caregiver support – which may include parenting programmes, caregiver support groups and work to prepare and support new parents. This support may be especially needed for young parents.
- Specialised adult services (e.g. disability or mental health services and substance abuse treatment).
- Day care for young children and afterschool clubs for older children.
- Day care for young children and afterschool clubs for older children.
- Counselling and mediation services.
- Legal services.
- Intensive engagement with parents who are considering relinquishing a child.
- Support to families where there is a parent in prison.
- Help for families caring for a child with a disability. For example, inclusive education, practical help such as providing a wheelchair or adjustment to home, temporary respite care and help accessing health care.
- Training for community members or teachers to identify and help or refer at risk families (see Box 7 and Box 12).

Once children are separated from families, efforts need to be made to reunify them when possible and in their best interests and support successful reintegration. Reunification and reintegration are best supported through a case management process and include the following forms of support.⁹¹

- Family tracing.
- Assessment of the child and family by case workers and decision making about reunification by gatekeeping panels.
- Preparation of the child and family, including addressing the causes of the original separation such as poverty, violence or lack of access to services.
- Managed contact between the child and family.
- Follow-up monitoring and ongoing support.
- Service provision and/or referral to services.
- Work with communities to reduce stigma and discrimination and ensure strong support networks for the family.

Children who are temporarily separated from their parents need a range of alternative care services, including foster care, support for shorter term kinship care or supervised independent living (see Box 16).⁹² As noted above, kinship care is by far the most common form of alternative care in the region and priority should be given to services that support it (see Box 6). Further examples of alternative care services can be found in the Virtual Study Tours developed as part of the ESARO regional learning platform.⁹³ In some cases, children can't go back home and need services to support more permanent alternatives such a long-term kinship care or foster care, adoption, or kafalah.⁹⁴

Finance care reform

As with the broader child protection system, governments in the region routinely under-invest in care reform and are heavily reliant on external donors. At best this results in inadequate, incoherent, and inconsistent services and support. At worst, governments lose control of care provision, with foreign donors contravening national policies by pouring money into harmful institutional care.⁹⁵ These outcomes have happened in many countries in the region, though increasingly governments are enhancing investments in care and managing to regulate the system more effectively.⁹⁶ Underfunding of care is likely to be particularly problematic during crisis periods, including the COVID-19 pandemic, which is causing a huge drain on state resources.⁹⁷

Properly financing care reform involves four steps. First, estimating how much is being spent on care in relation to both public and private investments. Second, considering the extent to which this expenditure supports national policies and international standards. Third, identifying gaps in expenditure or ways in which funds may need to be redirected to support global and national policies. Fourth, effectively advocating to ensure increased and more appropriate investments.

A consideration of the public financing of child protection and care is a formal requirement of UNICEF's system strengthening work in Eastern and Southern Africa.⁹⁸ The regional office has developed a simple to use guide to support country programmes in budget analysis.⁹⁹ Changing the Way We Care has also developed a useful resource on public expenditure analysis in relation to care¹⁰⁰. Lessons learnt from these two guides are summarised below.

- Start with a clear vision. It is impossible to calculate the cost of care reform without agreement about what this reform should entail. It is important to first map out the goals of reform using existing policies. The vision for care reform should dovetail with the wider vision for the child protection system, making it clear how care reform benefits from and contributes to broader system strengthening.
- Be ambitious. Work towards end goals that will see an end to institutional care and all children being well cared for across the entire country. Develop a phased plan for increasing resource allocations and try and influence annual budgets and medium and long-term plans.
- Think about the costs associated with all aspects of care, including the reform process. These include, for example, the costs of policy reform, supports to communities, service provision and workforce provision and strengthening.
- Examine both national and sub-national levels. In some countries, key budget allocations are made at the district level. Even if local authorities don't control budget allocations, they may have power over how resources are used.
- Consider the contributions from donors, but work towards a government funded system. Care can be funded by a range of donors from individuals or companies supporting one residential care facility to large grants from institutional donors and UN agencies. Contributions from some donors, particularly smaller private donations, can be counterproductive and result in increases in the use of harmful institutional care. It is important that these donors are educated to redirect their efforts towards family-based care. In the long run, relying on a myriad of donors is likely to lead to a disjointed and unsustainable system and the ultimate goal should be government funding.

- Consider the costs incurred by other sectors and the budget they contribute. As outlined above, good care is contingent on inputs from health, education, social protection, justice, and other sectors. Estimate and advocate for contributions from all these sectors.
- Use participatory processes. Using care reform budget task forces can enable all key line ministries and other stakeholders to be involved in the budgeting process. There are also methods for involving children, families, and care leavers in budget analysis. These efforts will enhance the relevance and accuracy of budgets and ensure wider buy-in to care reform.
- Agree the importance of care reform early in the budget cycle before budget ceilings are set. To advocate in a timely way, understand the budgeting process and when important decisions are made.
- Show the cost-benefit of family care. Evidence suggests that simply making a moral case for change is not effective. It is important to also demonstrate that moving from institutional to family-based care will save money, even if the reform process is more costly in the interim.

Establish accountability mechanisms, monitor reform, reflect, and adjust

Governments must be held accountable for their duty to ensure that all children are well cared for. A precursor for accountability is agreed standards on care to judge performance against. These can be found in global policies such as the Guidelines for the Alternative Care of Children, and in national legislation and plans. Accountability also requires information to assess performance, and sanctions if standards are not met. Accountability mechanisms are vital and can take on different forms. They often include formal mechanisms such as treaty bodies or a children's ombudsperson or using the legal or political system. Increasingly, social accountability mechanisms are being used to support children and families to monitor adherence to standards and advocate for change.¹⁰¹ Care leavers can play a particularly useful role here.¹⁰²

The regular monitoring of care reform is important for accountability and for adjusting the focus of reform. Monitoring should be guided by the framework and indicators included in national care reform strategies.¹⁰³ The monitoring and evaluation of individual interventions or streams of work is important. However, it is also crucial to examine if the components of reform are working together effectively, and that there are synergies between care reform and wider child protection system strengthening efforts¹⁰⁴. National coordination bodies can compile data from a range of sources and reflect on any necessary changes to the system.¹⁰⁵ As with the evidence used to develop policies and programmes, information to assess progress in care reform can come from several sources, including household surveys, administrative data, evaluations and others. Several useful tools have been developed in recent years to compile this data and assess progress in care reform (see Box 13).

Box 13: Assessing and mapping care systems in Eastern and Southern Africa

- The Tracking Progress Initiative is an inter-agency tool that was developed to assess progress against the Guidelines for the Alternative Care of Children. Details of the tool can be found [here](#).
- The tool is currently being used in several countries around the world, including in Malawi by the Ministry of Gender, Disability, Community Development and Social Welfare and SOS Children's Villages (see [here](#) for further details).
- The Alternative Care Assessment Framework was developed by the United States Agency for International Development (USAID) Displaced Children and Orphans' Fund (DCOF) with Measure Evaluation. The framework is used in workshops with a range of stakeholders who are facilitated to reach consensus and develop recommendations around key areas of children's care. An example of the use of the framework in Uganda can be found [here](#).
- The Care System Assessment was designed by Changing the Way We Care to assess all aspects of the care system, including policies and guidelines, the social service workforce, services, monitoring and evaluation, social norms and financing. It builds from both the Tracking Progress Initiative tools and the Alternative Care Assessment Framework mentioned above and uses participatory self-assessment whereby stakeholders come together to discuss care reform processes, reach consensus on necessary responses, and prioritise next steps. A report of the assessment in Kenya and further details of the process can be found [here](#).
- UNICEF's Child Protection System Mapping and Assessment Toolkit provides a framework for a wider analysis of the entire child protection system. This toolkit includes a section on the continuum of children's care. It can be found [here](#).

Use care reform to leverage wider change in the child protection system

As noted above, care reform and wider child protection system strengthening are intrinsically linked. Care reform should build on the existing child protection system and aim to be a catalyst for change. Ways in which care reform and wider child protection system strengthening can interact include the following.

- National plans and policies on care should reference and consider linkages to broader plans and policies on child protection.
- Coordination mechanisms for care and protection should be connected, perhaps with care reform committees reporting to child protection committees.
- Social workers and community volunteers should be trained to identify and support all children who are vulnerable to poor care, violence, abuse, or exploitation.
- Mechanisms at the community level working on different aspects of child protection and care should be consolidated.
- Any case management guidance that specifically relates to care should link into national guidance for managing child protection cases.

Box 14 below shows how care reform was successfully used as an entry point for wider system strengthening in Rwanda.

Box 14: Care as an entry point for child protection system strengthening in Rwanda¹⁰⁶

Strong government commitment to care reform in Rwanda, begun in 2010, has provided a crucial opportunity for reducing violence against children. This commitment came from a belief in the value of the family, a survey highlighting the large number of children in institutional care, and piloting of the closure of one facility which demonstrated that the reintegration of children was possible. Care reform has led to over 3,000 children returning to their families and the establishment of foster care. Perhaps more importantly, it has also enhanced the entire child protection system.

As part of care reform programmes, professional social work was established in Rwanda for the first time and a cadre of community volunteers was strengthened (see Box 12). Both professionals and volunteers now monitor and support vulnerable children in communities, regardless of whether they have been in institutional care. The care reform process was used to build the National Child Development Agency, again with wider ramifications for all children in Rwanda. Finally, former institutions have been transformed into centres for community outreach, providing early childhood development, counselling and income-generating support to vulnerable families. This new service provision protects a far broader group of boys and girls than those who lived in residential care.

Both care reform and child protection system strengthening take place during 'normal' times and emergencies and crisis periods. As shown in Box 15 below on care during the COVID-19 pandemic, the need for reform is often intensified by emergencies. It is vital that emergency responses reflect and build on existing mechanisms rather than creating parallel systems.¹⁰⁷

It is also important that the long-term ramifications for emergency interventions are considered. In many countries, a sudden increase in separated children during emergencies has led to the rapid construction of residential care facilities, leaving a legacy that lasts for decades.¹⁰⁸ As shown in Box 16 below and Box 7 above, emergency periods can also lead to innovations that could go on to benefit care and protection in the long term.

Box 15: Reforming care during the COVID-19 pandemic

COVID-19 has placed a severe strain on many families' capacity to care for children. Parents and kinship caregivers have had to juggle work with home-schooling.¹⁰⁹ Economic downturns have increased poverty and hunger, and these deprivations, combined with lockdown isolation, have greatly exacerbated stress and mental health problems.¹¹⁰ Reports of child abuse and exposure to domestic violence rose in these periods¹¹¹. Kinship carers are often elderly and therefore particularly vulnerable to infection, placing many children at risk of losing their primary caregiver.¹¹²

The risk of infection in institutional care is high. In many cases, children in these facilities have been placed in strict lockdowns, unable to access family or the outside world.¹¹³ Some governments have decided that mass reunification with family is a preferable option. Whilst it can be positive for children to return home, a lack of adequate preparation or follow-up support puts many at risk.¹¹⁴ In Kenya, government directives led to a 42 per cent reduction in the number of children in registered residential care facilities.¹¹⁵ Most children returned to families, often to be placed in kinship care, and many families were provided with emergency cash transfers and other supports.¹¹⁶ Recently, some of these children have returned to residential care.¹¹⁷ Children on the street are also highly vulnerable. In Uganda, lockdown measures caused alarm amongst street connected children, some of whom chose to walk over 200 kilometres home.¹¹⁸

In a recent policy paper, UNICEF and the Better Care Network argue that COVID-19 has highlighted both the central importance of care for child wellbeing, and the need for greater investments to ensure quality care for all children.¹¹⁹ The paper includes the following recommendations.

- Ensure that all children and families can access basic services as part of the COVID-19 response. Recognise the increased need for mental health services during the crisis.
- Establish family resource centres and services that strengthen families. Target families made increasingly vulnerable by the pandemic, such as those on low incomes or caring for children with disabilities.
- Recognise that economies rely on unpaid caregiving work, often carried out by women and girls. Do more to acknowledge and support this contribution.

- Categorise social workers and those providing child care services as key workers and ensure that they can safely continue to work during COVID-19.
- Invest further in the social services workforce and in community support groups that provide vital services during the pandemic.
- Make sure that social protection provided as part of the COVID-19 response is child-sensitive and gender responsive.
- Strengthen case management packages, including remote case management.
- Recognise that the pandemic means more children are at risk of separation from families.
- Invest in prevention and reintegration services and family-based alternative care.

In some countries, recommendations such as these have already been put into action. For example, in Zambia UNICEF supported the Department of Social Welfare to conceptualise and implement the Children in Families scheme as one of the components of the national COVID-19 Emergency Social Cash Transfer programme. Over 1,700 households with children at risk of separation received emergency cash support and have been linked to community volunteers for intensive support to prevent separation. This included support to the families of 600 children who had been reunified following a government directive at the onset of COVID-19

Box 16: Developing supervised independent living for Burundian refugees in Rwanda¹²⁰

In 2015, violence and civil unrest in Burundi led to 150,000 people fleeing to refugee camps in Rwanda, including over 2,000 children separated from their caregivers. Plan International established networks of community volunteers to identify and support these children. In line with Rwanda's policies on care, most children were placed in kinship or foster care. However, it was hard to find homes for some children aged over 15 years, who were often living in tents in groups with other children. Plan established a system of supervised independent living, whereby community volunteers regularly helped with cooking, hygiene and schoolwork. Volunteers could flag any worries they had about the children with professional social workers. Plan found that this system of supervised independent living worked well, though it involved more intensive support than short-term foster care.



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Conclusion

Millions of children in Eastern and Southern Africa experience inadequate care, with fundamental implications for rights, wellbeing, and development. There is huge underinvestment in care systems and care reform and a systematic approach is urgently needed for an effective, efficient, and wide-reaching response. If done correctly, the impacts of care reform can expand to help end the violence, abuse, exploitation, and neglect of all children. Systematic care reform necessitates the involvement of governments, UN agencies, CSOs, donors, and academics across sectors. Children, care leavers, families and communities play a vital role and strong coordination mechanisms are essential. Care reform should be guided by legislation that promotes family-based care and the strengthening of families. Detailed guidance which puts this legislation into practice is also needed. The social workforce must be strengthened with specific capacity building around care, particularly to enable more effective work with children and families. Gatekeeping mechanisms should be established to ensure appropriate decision making about care and identify support needs. Children and families need a variety of prevention and response services, including family-based alternative care. These services and all aspects of the reform process should be adequately and sustainably funded by government. Finally, there is a need for constant monitoring against established indicators, reflection and adjustment to improve the system.

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