

A SNAPSHOT OF ALTERNATIVE CARE ARRANGEMENTS IN ZAMBIA



SOS CHILDREN'S
VILLAGES
INTERNATIONAL

*Based on SOS Children's Villages' assessment
of a state's implementation of the UN Guidelines
for the Alternative Care of Children*



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Norad

A loving home for every child

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Background

In 2011, SOS Children's Villages International, along with child rights experts Nigel Cantwell and Prof. June Thoburn, developed an assessment tool¹ to measure a state's implementation of the UN Guidelines for the Alternative Care of Children. This tool is meant to be used as research foundation for countries participating in the SOS Children's Villages global advocacy campaign: *Care for ME! Quality Care for Every Child*.

The assessment tool is a long and complex diagnostic instrument. Undoubtedly, many states will not have sufficient data available to answer all the questions contained in the assessment and no single state will have implemented all the provisions for family support and alternative care as laid out in the UN Guidelines for the Alternative Care of Children. Nevertheless, SOS Children's Villages national associations were asked to complete as much of the tool as possible, given the available data in their country. The three main steps for completing the assessment are:

1. Desk research of existing secondary and meta data, from state, non-state and international sources;
2. Interviews with key service providers, service users and management; and
3. Compilation of the final report, including this summary.

A full version of the original data can be made available upon request. Requests can take up to 90 days to complete. Please contact Emmanuel.sherwin@sos-kd.org for further assistance and questions.

The target groups of this study are:

Children in alternative care: those children and young people who, for any number of reasons, live outside their biological family and are placed in formal or informal care arrangements such as residential care, SOS families, foster care or kinship care.

Children at risk of losing parental care: children whose families are in difficult circumstances and are at risk of breaking down. They may be experiencing any number of challenges including, but not exclusively: material poverty, substance abuse, poor parenting skills, disability and behavioural issues.

Next Steps

SOS Children's Villages calls on all states, civil society partners, inter-governmental agencies, human rights institutions and individuals to use the data contained in this report to defend the rights of children and families – to work together or individually to bring about a lasting change in a child's right to quality care. If possible, in each of the countries where the assessment was carried out, SOS Children's Villages, in cooperation with key partners, will initiate an advocacy campaign on one or more of the recommendations contained within the report. Please contact the SOS Children's Villages national office if you wish to know more, support or become involved in the campaign.

Disclaimer

While all reasonable efforts have been made to ensure the accuracy and legitimacy of the data in this report, SOS Children's Villages cannot be held liable for any inaccuracies, genuine or perceived, of the information retrieved and presented in this document. The purpose of this report is to offer an insight into the state's attitude and recourse to alternative care and any human rights violations therein. SOS Children's Villages will not assume responsibility for the consequences of the use of any information contained in the report, nor for any infringement of third-party intellectual property rights which may result from its use. In no event shall SOS Children's Villages be liable for any direct, indirect, special or incidental damage resulting from, arising out of or in connection with the use of the information.

¹ The original version of the tool can be found here: www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx.

Executive summary

According to the 2007 Demographic Health Survey,² 19.2% of children in Zambia were vulnerable and 14.9% had been orphaned. By 2009 the number of orphans and vulnerable children had grown to an estimated 1.6 million, a figure that is still likely to be an under-estimation of the true scale of the problem.³ The high number of orphans and vulnerable children has been compounded by the exceptional rate of HIV/AIDS: in 2012 12.7% of the 15- to 49-year-old population was affected, and 670,000 children had been orphaned by the virus.⁴

High poverty levels also exacerbate the vulnerability of families. According to the 2010 Living Conditions Monitoring Survey 60.5% of Zambians fell below poverty line, with 42.3% assessed as extremely poor.⁵ In female-headed households levels of poverty are even higher with a poverty rate of 62.4%, due to women's limited access to education, employment, production resources and decision-making.

The combination of the effects of HIV and poverty has forced a large number of children into alternative care or risky living environments. While the majority of children without parental care are cared for informally by their extended families, of the children affected by HIV/AIDS some 6% become street children and only 1% live in residential care.⁶ Even where extended families are capable of taking on the responsibility for children, it takes a high financial, physical and psychological toll on families and children.⁷

Despite having signed a number of international conventions such as the *UN Convention on the Rights of the Child* and the *African Charter on the Rights and Welfare of the Child*, Zambia has been slow at incorporating them into legislation – although they are currently present in the draft Constitution.

The National Child Policy 2006 is the main reference for children's rights, but it has not adequately encompassed some essential components of alternative care, such as the provision of preventative services, standards on the admission of children, and guidance on the authorisation, inspection, accreditation and licensing of institutions. Although many of these issues are covered in the national guidelines for alternative care, they would be more usefully elaborated in the Child Policy as this directly addresses the rights of all children, including their rights to access basic services such as education, healthcare, employment and to participate in decision-making processes.

² See: [www.measuredhs.com/pubs/pdf/FR211/FR211\[revised-05-12-2009\].pdf](http://www.measuredhs.com/pubs/pdf/FR211/FR211[revised-05-12-2009].pdf).

³ Government of the Republic of Zambia (GRZ) and United Nations Development Programme (UNDP), *Zambia Millennium Development Goals Progress Report 2011*, Lusaka: Ministry of Finance and National Planning and UNDP, 2011.

⁴ UNAIDS, see: www.unaids.org/en/regionscountries/countries/zambia/.

⁵ Government of the Republic of Zambia, *Living Conditions Monitoring Survey Report 2006 and 2010*, Lusaka: Central Statistical Office, 2011.

⁶ National HIV and AIDS Policy, 2005; [www.measuredhs.com/pubs/pdf/FR211/FR211\[revised-05-12-2009\].pdf](http://www.measuredhs.com/pubs/pdf/FR211/FR211[revised-05-12-2009].pdf).

⁷ GRZ and UNDP, 2011.

The research found that weaknesses in the guidance provided by the National Child Policy, lack of resources and underfunding, has had a critical effect on the quality of service provision and the ability of the authorities to carry out their responsibilities. In particular, there are a number of areas of considerable concern, including the lack of accurate and disaggregated data on children; weak procedures for authorisation, inspection, accreditation and licensing; insufficient and irregular aftercare provision; and inadequate complaints mechanisms to protect children's rights.

Key findings

It is difficult to find consistent data on children in Zambia, although according to one academic, it is estimated that 710,000 children are cared for informally,⁸ of which 670,000 are orphans due to HIV/AIDS. In formal care, there were approximately 4,500 children in residential care and 155 children in formal foster care programmes;⁹ and a total of 69 domestic adoptions took place.

Admission process

While the National Child Policy recognises the existence and relevance of the alternative care and acknowledges that the removal of a child from the family should be only when necessary and as a last resort, it does not clearly elaborate on issues of assessing the capacity of the family to care for the child when a risk has been identified, and processes to identify necessary support for the family and referrals processes to relevant services. Furthermore, capacity building of professional groups, in identifying children at risk is not sufficiently reflected in the policy.

Financial support

Although the government is responsible for alternative care, it has not necessarily been directly involved in the provision of services and its financial support has been far from adequate. In recent years services have seen their funds from Western partners significantly dwindle, along with the limited support from the government, and as a consequence face possible closure.

This has a direct impact on the standards of care, as these cannot be met without the corresponding financial support. Although the budget for supporting residential care went from K320,000 in 2012 to K660,268 in 2013, this still only works out at about K555 (approx. US\$100) per month for each institution – an insignificant improvement considering the challenges that these institutions continue to face. A similar picture emerges for foster carers, who receive a meagre K54 (approx. US\$10) per month.

There has also been a lack of investment in prevention of family separation and family support under the Ministry of Community Development, Mother and Child Health. However, in 2014 the government's budget for Social Cash Transfers is set to increase by 700% in a bid to reduce levels of extreme poverty.¹⁰

⁸ Ratelle Brittany, *The State of Legal Protection for Children in Informal Foster Care*, Brigham Young University Law, 2011.

⁹ Dunn, A. and Williams, P.A., *Assessment of Capacity to Manage Alternative Care for Children in Southern Africa*, 2008.

¹⁰ National Budget Speech, 11 October 2013.

Limited accurate and disaggregated data on children

There is inadequate accurate data on children in formal care settings, due to lack of resources and staff to collect the data. This means that there is a poor understanding of the root causes that lead to children entering alternative care; it also restricts the authority's ability to monitor and evaluate the effectiveness of programmes and projects related to child welfare.

Reviews of the National Child Policy showed that there are no clear guidelines to ensure the systematic collection of relevant data on the causal factors of family vulnerability or an elaboration of the appropriate interventions to support and strengthen families. Consequently there is little guidance on how interventions should be resourced, targeted or implemented.

Weak procedures for authorisation, inspection, accreditation and licensing

The state provides guidelines for the accreditation and licensing of alternative care, as well as the qualifications of staff, levels of staffing, minimum standards of accommodation, nutrition and healthcare, and minimum standards of education, vocational training and recreation activities. Guidelines also address issues such as contact with the family, the commitment to return children to the family wherever possible and financial transparency and inspections. There are concerns, however, that the Department of Social Welfare is challenged in its enforcement of these regulations due to limited financial and human resources.

Before care providers are approved to admit children, they must meet the minimum standards of quality stipulated in the guidelines, including the provision of adequate sleeping arrangements, food, sanitary conditions etc. The Department of Social Welfare should undertake routine checks, and failure to conform to the standards should result in the revoking of a license to operate. However, due to an excessive burden on facilities and an inadequate number of places, organisations find it difficult to maintain standards and in particular to cater for the needs of children with disabilities.

Furthermore, the authorities do not regularly monitor the placement of children in alternative care and comprehensive care plans are not always in place. Although care placements should be reviewed to assess the conditions in which children are placed, they are rarely undertaken. Anecdotal evidence suggests that the lack of routine inspections for both residential and foster care means that children may live in inadequate environments, with poor sanitary conditions and food shortages. Lack of inspections and monitoring of the quality of care is mainly due to the limited financing and under-staffing.

Informal care remains almost entirely unregulated. The authorities rarely get involved in informal kinship care as it is considered a traditional practice. The only time contact may be made is where there is evidence of vulnerability or the child is in touch with the police.

Insufficient and irregular aftercare provision

There is some limited support for children returning to their families, including the provision of services aimed at empowering families economically and emotionally (through counselling), or support services for children. However, limited resources from the government seriously undermine the effectiveness of reintegration processes.

Child participation in the process has been limited, particularly for younger children who are perceived as not understanding the consequences of some of their choices; a key informant concluded: "... they do not know what is ahead. I would say that child involvement is not done". The study also found that children were often poorly prepared for reintegration, as most organisations did not have the resources to invest in the process. In 2008 it was suggested that the lack of liaison work by social workers meant that reintegration was not a properly managed process.¹¹

Despite these challenges, some organisations have made remarkable efforts to reunite children in alternative care with their families. For example, between 2004 and 2010 over 1,000 street children were reunited through the Africa KidSAFE Network in collaboration with the government,¹² and in some cases where babies have been placed locally, alternative care centres have maintained contact with the family.¹³ Evidence suggests that if the resources were available many children could be reintegrated successfully: the Department of Social Welfare Officers in Kafue indicated that up to 50% of the 169 children in alternative care in the region could be reintegrated with adequate financial resources.¹⁴

Some organisations, but not all, provide semi-independent living arrangements for young people who have left care. These are usually provided to young people up until the age of 19, but the quality of aftercare support varies and needs to be improved.

Inadequate complaints mechanisms to protect children's rights

National policy acknowledges children's rights and guidelines are in place to prevent the abuse and maltreatment of children, including providing the right to report any incidents of rights violations without fear of victimisation. The institutions surveyed by the study had processes for handling possible human rights violations, and at the national level the law enforcement agencies and the Department of Social Welfare help enforce human rights matters for children.

However, more detailed procedures are required on how care providers can facilitate child complaints. There is no process or regulatory framework for ensuring that open and impartial complaints procedures are in place, and there is not an independent system to provide oversight when addressing different forms of grievance.

¹¹ Dunn, A. and Williams, P.A., *Assessment of Capacity to Manage Alternative Care for Children in Southern Africa, 2008*.

¹² Africa KidSAFE, Alliance for Street Children in Zambia: Quarterly Program Performance Report Cooperative Agreement No. 690-A- 00-04-00343-00, Project Concern International, 1 April – 30 June 2010, p.42.

¹³ For example, Mother Teresa's Children's Home.

¹⁴ MCDSS Zambia.

Recommendations

1. **Legislation and guidance:** The government should include a detailed section in the National Child Policy to address the critical missing components related to alternative care, in particular, preventative services, admissions, and authorisation, inspection, accreditation and licensing of alternative care providers.
2. **Provision of resources:** The government and international donors should work together to provide sufficient and predictable funds in a harmonised manner to enable the system to work to the required standards and in the best interests of the child. Funding is particularly required for District Social Welfare Offices, as this is where the majority of the work takes place. Further funding should also be provided for family strengthening services to help prevent family breakdown.
3. **Data collection and storage:** The Ministry of Community Development, Mother and Child Health should devise a mechanism to improve the collection, storage and disaggregation of information on children. It should be readily available to enable the monitoring and evaluation of projects and programmes.
4. **Authorisation, inspection, accreditation and licensing:** Adequate funding and guidelines should be provided to enable the District Social Welfare Offices to carry out their oversight functions in order to maintain standards of care and protect children from harm.
5. **Aftercare provision and support:** Social Welfare Officers should be tasked with and provided the resources for ensuring that children leaving care are given the support that they need to reintegrate into their families or society. Young people should be given the opportunity to participate in the decision-making process, be supported in their decisions and reintegration processes should be monitored and evaluated appropriately.
6. **Complaints mechanisms and child protection:** The government should ensure that there are clear processes for receiving and dealing with children's complaints and supporting children through the process and that these processes are overseen by an independent and impartial body.

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Study limitations

Despite great support from all stakeholders, including Social Welfare Officers at all levels, the challenge of collecting recent statistical data from the Ministry Headquarters remain, e.g. on latest children in residential care; yearly adoptions say in the past five years; children in foster care say in the past five years etc. Most of the statistics used in this report may therefore have a level of inaccuracy, but remain a good basis for making some key study findings, conclusions and recommendations. Some NGOs/ CBOs could not freely provide information on the qualifications of staff responsible for childcare, as such data was viewed as confidential.

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