ASSESSMENT REPORT
of the
alternative care system
for children in
THE GAMBIA
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## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CRSA</td>
<td>Child Rights Situation Analysis</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>DSW</td>
<td>Department of Social Welfare</td>
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<tr>
<td>FSP</td>
<td>Family Strengthening Programme</td>
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<tr>
<td>HRC</td>
<td>Human Rights Council</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
</tr>
<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
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<td>UPR</td>
<td>Universal Periodic Review</td>
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INTRODUCTION

SOS Children’s Villages believes that all children have the right to quality care. The concept of the right to quality care to include obligations to strengthen family capacity and to guarantee appropriate quality in any form of alternative care.

We believe that the right to quality care grants children the right to experience positive, empowering, stable and loving relationships that are vital to their individual personal development.

It is through these key relationships, and commitment to the child’s right to development, that the essence of “quality care” is defined.

As such, we work to ensure that all duty-bearers are aware of, and work to fulfil their obligations for the rights of children without, or at risk of losing, parental care.

The main purpose of this assessment is to assess the level of quality care in the country, thus identifying the strengths, weaknesses and the way forward for quality care in alternative care.

METHODOLOGY

The Assessment was conducted based on the UN Guidelines for the Alternative Care of children. The research was conducted on the care system in The Gambia, reviewing existing laws and policies on alternative care.


This assessment offers limited information due to non-availability or limited information from some of the care facilities and institutions visited.

EXECUTIVE SUMMARY

The Gambia is a signatory to the United Nations Convention on the Rights of The Child (UNCRC) in 1990 and other international legal instruments such as the African Charter on the Rights and Welfare of the Child. Since the ratification of these international conventions, efforts were made to fulfil the rights of children in The Gambia.

With 896,384 children living in The Gambia, 255 of this figure accounts for children currently in residential alternative care as of 2013. For the effective implementation of the above-mentioned Conventions, the Government of The Gambia in partnership with international

organisations and bodies such as UNICEF and the EU initiated several programmes and reforms to strengthen the rights of children. The Government supports the implementation of these Conventions in different aspects.

The Ministry of Health and Social Welfare through the Department of Social Welfare (DSW), has recorded success in the areas of child protection such as success on awareness raising activities, capacity building trainings for partners on the promotion and prevention of child abuse and exploitation, protection of vulnerable adults and elderly persons and advocacy. The DSW is currently providing education sponsorships for 1500 children in need, providing foster care for 30 abandoned babies, giving shelter to 150 children and providing skills training for 400 street children (UPR, 2010:15). The DSW has set up Community Child Protection and Vulnerable Children Committees, and prepared a National Plan of Action. Over the past three years, 207 children have been either reunited or reintegrated with their families, through the “Children on the Move Project under the Department for Social Welfare. The State is the primary duty bearer responsible for the protection of children. It was established from the research that the root cause for children being placed in alternative care is increased poverty, family separation, conflict and war and disability.

The Government of the Gambia provides support to children placed in residential care, but budgetary allocation for these care arrangements is not readily available. The formation of Community Child Protection Committees, the introduction of Police Child Protection Officers in all police stations, the formation of a support and counselling department at the DSW, and the introduction of a free helpline to report complaints have increased the protection of children. Despite these achievements there is the need for improvement on record management, capacity building, monitoring and evaluation.

It is important for a child to remain within his or her family or to be cared for by close family relatives. This ensures continuity and maintenance of family ties and relationships. It is important to recognise the fact that not all families are caring and protective of their children or provide the love, warmth and enabling environment children require to reach their fullest potentials in life. Abuse, neglect, and the exploitation of children at the hands of family members is not uncommon, especially where there is a high level of poverty or other forms of stress. Support for keeping children within their families must not be seen as the ‘only’ option or be offered in isolation. It is not always in the best interest of the child to live or be kept in the family. The UNCRC and the African Charter on the Rights and Welfare of the Child state that children without parental care shall be placed in suitable, quality alternative care.

COUNTRY’S BACKGROUND

The Gambia is a very small country located on the west coast of Africa, surrounded on three sides by Senegal, extending inland at widths varying from 24-48 km along the banks of the River Gambia, with a total area of 10,690 sq. km. With a population of almost 1.8 million and an average annual growth rate over the last 10 years of 3%, the Gambia has one of the highest population densities in the world (estimated at 176 persons per square kilometre in 2013. (The Gambia Bureau of Statistics, 2013:6)
With a population of about 1.8 million, 941,400 are children under 18\(^2\) of whom 48,000\(^3\) are orphans. Overall data on Net Enrolment Ratios (NER) show significant improvements in enrolment in the last decade. The NER in 1991/92 for both sexes was estimated at 46.3% which has increased to 64% in 2006/07. (CRSA)

Overall literacy at the national level in 2003 was estimated at 52.1% for both sexes but the proportion was higher for males than females (64.7% compared to 40.2%). Children and young people comprise the majority of the population, with approximately 63.6% of the population being under 25 years old. Children under the age of 18 represent 50.4% of the total population. 63% of the population live in rural areas, with subsistence farming as the main economic activity. (CRSA)

The Gambia has an open economy with limited natural resources and is one of the least developed African countries with a GNI per capita of 510 USD in 2012. From the Human Development Report, The Gambia ranked 165 out of 187 countries in 2013 (UNDP, 2013). About 75% of the population works in agriculture, which accounts for about 23% of real GDP; industry contributes 12% of value added, with the rest accounted for by services. Overall, poverty has been on the rise in The Gambia since 1992. Poverty rates increased from 31% in 1992 to 69% in 1998 and declined to 58% in 2003, which is still high considering goal 1 of the Millennium Development Goals (MDGs): Eradicating Extreme Hunger and Poverty by 2015. Poverty is also higher in the predominantly rural areas than in the urban areas. Poverty rates are lower in Banjul and Kanifing local areas as they range from 7.6% to 37.6%. Whilst in the predominantly rural areas, poverty rates range from 56.7% in Lower River Region to 94% Central River Region (North). (CRSA)

95% of the population are Muslims and 4.25% Christians. There are many ethnic groups in The Gambia. These are Mandinka, Wolof, Fula, Jola, Serehule, Jola, Aku/Creeoles. Mandinka constitute the majority with about 36% followed by Fula and Wolof with about 22 and 15% respectively (CRSA).

**LEGAL AND POLICY FRAMEWORK FOR CHILDREN IN ALTERNATIVE CARE**

The Ministry of Health and Social Welfare through the DSW is responsible for the protection of children in The Gambia. The Ministry is also responsible for registration, placement, monitoring, inspection, and raising awareness on the situation of children in alternative care. Other stakeholders such as the police, courts and communities play a very important role in complementing the efforts of the Government in providing maximum protection for children. International organisations and NGOs such as UNICEF and SOS Children’s Villages also provide support to vulnerable children, their families and their communities. NGOs and local child protection groups, youth associations and child care providers play a vital role in the area of advocacy, lobbying decision-makers and providing family-based care or family strengthening.

The Republic of The Gambia has formulated and enacted several policies and laws all aimed at providing protection for children particularly the Children’s Act 2005 and the recent. The

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\(^2\)http://www.unicef.org/infobycountry/gambia_statistics.html

\(^3\)UNICEF, 2011(a):141
Minimum Standard For Quality Care. However, there is a need to raise awareness about these policies and enforce its implementation. One of the factors hindering effective implementation of these instruments is inadequate financing (see State Report (in the framework of the UPR) to UN HRC). Despite the number of laws and policies available to address the issue of child protection, their effective implementation remains a challenge that needs to be urgently addressed. The DSW, mandated by an Act of Parliament to implement these laws and policies, is financially severely constrained and does not have an adequate human resources base in place to effectively and efficiently monitor the implementation of these laws and policies. This situation has a direct impact on the realisation of the rights and the protection of the most vulnerable children within communities.

SHORT DESCRIPTION OF CHILD PROTECTION AND CHILD CARE SYSTEM

After the enactment of the Children's Act 2005, the DSW recognised that there was a need to reorganise the care system in the country and to provide quality care through the implementation of the UN Guidelines on Alternative Care for Children. The state has no specific strategies to de-institutionalise, however, in 2012, the introduction of the new made it clearer that the Government strategy is not to close down institutions but to review or reform the system by putting in place several procedures and monitoring processes. The Gambia counts two (2) residential care homes and two (2) respite homes for children.

**Number/proportion of children in formal care settings**

<table>
<thead>
<tr>
<th>2010 Total child population</th>
<th>857,820</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child population in formal care</td>
<td>267</td>
<td>0.04%</td>
</tr>
</tbody>
</table>

Comments: Despite the fact that many more children need the support of a care facility and that Government has created the conducive environment for care facilities installation in the Gambia, CSOs (Civil Society Organisations) involved in care are very few and the ones on the ground meet the financial challenge to grow and support more children (ref. Facilities above)

Source: Gambia Bureau for Statistic, Population Estimate and Projections

PREVENTATIVE SERVICES

There is no clear strategy on preventative services and support in strengthening families. The State does provide counselling and psycho-social support to families upon request. This is not guaranteed due to inadequate budget allocation which eventually leads to an increasing number of children being placed in alternative care. Family Strengthening Programmes (FSPs) which are run by SOS Children’s Villages ensure that all school-aged children within a family enjoy their right to education, and skills training for the ones that are not academically inclined. FSPs offer families at risk primary health care, psycho-social support, adequate shelter, adequate nutrition, and a chance to a loving and safe family environment with their caregiver being in the forefront. Family strengthening

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supports the child by supporting its first safety net that is the family and its secondary safety net that is the community. Very few NGOs are running such a programme but their approaches are different.

INFORMAL CARE

In developing countries it is very difficult for the State to collect such data as it is very expensive and requires a large human resource base and capacity. In the culture of The Gambia, informal care is a common, normal and accepted practice which is understood by society and the State. However, when abuse of children is known by the State required action is taken to support the welfare of the child by child welfare officers that are available in community police stations.

MOTIVES FOR PLACEMENT

There is no official data available. However, research has shown that the major causes for children to enter alternative care are the loss of one or both parents coupled with vulnerability, abandonment, and disability of parents. Additional motives are parents with substance abuse that endanger the child, family breakdown that makes the child vulnerable. None of this information is disaggregated.

ADMISSION, REVIEW, PLACEMENT AND MONITORING

The Adoption and Foster Care Unit of the DSW did not provide details on the types of children they were able to reach. A number can be inferred from the services they provided: 23 adoption applications, 10 foster care applications, 53 maternal orphaned babies, 46 children on temporary institutional support, 54 minors traveling outside The Gambia, 21 abandoned babies, 17 permanent placements of children with SOS Children’s Villages Bakoteh and SOS Children’s Villages Basse and one child at the Sinchu Orphanage. By law, review of placements or admission processes is the main responsibilities of the DSW. A review of the child’s placement should be conducted every six months, however, during the past years, reviews were not conducted as required by law, and concerns were raised by residential care providers. Most children placed either in foster or residential care do not have an individual child care plan. The assessment has shown that parents are not often consulted when reviews are to be conducted. Despite the introduction of a new Minimum Standard for Quality Care, concerns were raised with regards to the full implementation of these Guidelines.
RANGE OF FORMAL CARE OPTIONS

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Capacity</th>
<th>Actual(snapshot 10/2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care (family-based care)</td>
<td>292</td>
<td>233</td>
</tr>
<tr>
<td>Respite Care 1 (Harts House)</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>Respite Care 2 (Shelter for Children DSW)</td>
<td>30</td>
<td>8</td>
</tr>
<tr>
<td>Orphanage (Sinchu Orphanage)</td>
<td>40</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>387</td>
<td>287</td>
</tr>
</tbody>
</table>

Comments:
1. Total capacity SOS Children’s Villages and Sinchu (residential facilities) is 332, actual count as at 10/2013 is 282
2. Total capacity Harts House and Shelter for children (respite homes) is 55, actual count as at 10/2013 is 32

Source: Assessment finding (DSW, Sinchu, Harts House, SOS Children’s Villages)

There are four institutions providing alternative care in The Gambia. Recent data shows that in 2010, the total number of children being placed in formal alternative care was 387 which have shown a drop in 2013 by 3%, resulting in 287 children now in alternative care. Alternative care in The Gambia has existed years back through kinship and foster care. (Situation Analysis of Orphans and Vulnerable children in The Gambia Report, 2010)

PREPARATION AND SUPPORT FOR CHANGE OF PLACEMENT AND LEAVING CARE

The assessment has shown that, preparation for leaving care is practiced by two care facilities in the Gambia. Preparation for leaving care is practiced by SOS Children’s Villages The Gambia and Sinchu Orphanage, and most of the young adults who have left their care system said that they were informed and mentored during this process. At SOS Children’s Villages The Gambia the leaving care support consists of: the young adult’s saving account from his/her admission to resettlement (as at age 18), a complete bedroom, living room, dining room, a stove and a big gas bottle, radio tape recorder, a refrigerator and 150 US Dollars for kitchen utensils. At Sinchu orphanage the leaving care support consists of an amount of money for startup (but not specified).

AUTHORISATION/INSPECTION/ACCREDITATION/LICENCING

The DSW under the Ministry of Health and Social Welfare is the Government institution mandated for authorisation, inspections and approval of license for care institutions/organisations providing alternative care. The total number of institutions/organisations that have been registered and given licenses to operate are 4; namely SOS Children’s Villages The Gambia, Sinchu Orphange, Harts House and Shelter for Children. Despite the fact that procedures are in place, other organisations or institutions providing child care services do not follow these procedures. The Minimum Standards for Quality Care for Residential Child Care Facilities the Gambia 2013 requires registered organisation/institutions to follow a set of criteria such as having the following requirements in place from the beginning of operation a written statement, minimum standards on accommodation, nutrition and health care, enabling the child’s
contact with his or her family and financial transparency. There is no current data or information on the number of applicants who have been refused during the past years.

FINANCING ALTERNATIVE CARE

The majority of care providers receive support or funding through international donors who mostly finance their day-to-day operations. According to findings, the DSW provides limited financial support to care providers such as SOS Children’s Villages The Gambia and other care facilities. They also provided in kind support to the same above mentioned care providers. The State financing alternative is vital as it improves the quality of services provided to children in alternative care. State funding for alternative care is also vital to emphasise the State’s responsibility for the authorisation, monitoring and accountability of care providers.

STAFF CAPACITY

According to the Minimum Standards for Quality Care 2012, The Gambia care staff is obliged to take 20 hours of training on child protection when recruited. In the same Guidelines, staff qualifications are set out for all institutions providing alternative care in the country. In The Gambia, staff qualification differs based on the latest status quo. In a broader perspective, a teacher with BSc and a teacher with a Higher Teacher Certificate and a Teacher Certificate have different skills. A trained social worker with a BSc on social work is also different, however, in the Gambia; a professional social worker earns more than a professional teacher. The Minimum Standards For Quality Care also provide areas that should be covered in training staff that includes: child rights, child protection and development cycle of a child to name a few. However, there are gaps in the implementation of the staff training policies and qualifications.

PROTECTION; HUMAN RIGHTS VIOLATIONS, VIOLENCE AND COMPLAINTS

In 2013, the number of children placed in residential care was 256 within two facilities: SOS Children’s Villages The Gambia, 234 children and Sinchu Orphanage 22 children. According to the DSW Child Support and Child Justice Unit, handled 616 different cases of which 388 were child support cases, 24 access cases, 142 custody cases, 52 paternity cases, 6 rape cases, and 4 early and forced marriage cases. From 2000 to 2010, 321,409 child marriages were reported which represents 36% of marriages. Data on the prevalence of child rape is not available, same as data on kinship and foster care. There is also no data on children who have left the alternative care system (informal and formal).

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5 DSW
There are also Child Protection Officers in all police stations who handle child related cases, there is a helpline provided at the department to handle complaints on child protection concerns. The state also has a special court for children called the children’s court and also other courts that settle marriage issues that mostly affect children called the CADI court.

In 2013, the Child Support and Child Justice Unit refers to cases (76 child support cases, 11 access cases, 57 custody cases, 15 paternity dispute cases, 1 marriage dispute case, 7 child justice cases and 1 neglect case; referred 18 cases to the Children’s Court). The Shelter for Children provided services to 7 abandoned babies, 3 children at risk, 75 children on the move, 1 missing child, 2 run-away children, 2 children in conflict with the law, 1 homeless child, 1 child victim of forced marriage.
RECOMMENDATIONS

PREVENTATIVE SERVICES - There is the need for the government to promote and support Family Strengthening services/programs that will also include parental education and counselling to prevent family break-up. This will be vital and necessary to prevent most children from losing parental care and being placed in alternative care.

GATE-KEEPING - There is needed to strengthen the monitoring systems with regards to placements of children in alternative care.

LEGAL AND INSTITUTIONAL FRAMEWORK – The Government and its partners should prioritise, promote and provide necessary funding for the adequate implementation of national child protection policies. All child care facilities should be required to promote and implement the 2012 Minimum Standards for Quality Care for Residential Child Care Facilities in the Gambia.

FUNDING ALTERNATIVE CARE – The Government should provide adequate funding for alternative care in the best appropriate way.

FUNDING LEAVING CARE – The Government should develop and provide policy, strategies and budget for leaving care.

TRAINING AND SUPPORT OF STAFF - There is need for the Department for Social Welfare to broaden the scope of the training curriculum to cover all the areas of child protection. A detail knowledge and dissemination of the UN Guidelines on Alternative Care can be of great benefit.

PARTNERSHIP AND COOPERATION – The Government in partnership with CSOs should support relevant child care facilities to develop and implement a Child Protection Policy.

AWARENESS AND SENSITISATION – The Government and CSOs should conduct public awareness on relevant child protection laws and policies. There should also be a better awareness of the public on formal and informal care practices.

DATA MANAGEMENT - A data management system should be put in place at the DSW to compile and make available all necessary and relevant data on children within alternative care and family strengthening at national level (all forms of vulnerability included).
GLOSSARY

**Foster care**: Temporary measure provided on voluntary basis by the family and or individual who is not a parent of the child but is willing to undertake the care and maintenance of the child.

**Residential Care**: Care provided in any non-family based group setting such as places of safety for emergency care, transit centre, and all other short and long term residential facilities.

**Orphan and Vulnerable Children**: Children under 18 who have lost one or both biological parents. Vulnerable children are children who are at increased risk of not enjoying their basic rights; and those living without the protection and care of their parents are clearly potentially vulnerable.

**Respite Care**: The provision of short term, temporary relief for those who are caring for family members who might otherwise require permanent placement in a facility outside the home.

**Alternative Care**: All residential care (either formal or informal) formed outside of the parental home, they include extended family, foster facilities, group homes, orphanages, and community based care.

**Formal care**: All care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.

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


Minimum Standards for Quality Care for Residential Child Care Facilities the Gambia, 2013.


SOS Children’s Villages The Gambia, Child Rights Situation Analysis (CRSA)


World Bank Report 2012