

# THE FIRST INTERNATIONAL CONFERENCE IN AFRICA ON FAMILY BASED CARE FOR CHILDREN

*28 – 30 September 2009, Intercontinental Hotel,  
Nairobi, Kenya*

## CONFERENCE DECLARATIONS AND RECOMMENDATIONS

**We, the 419 delegates from 45 countries attending the First International Conference in Africa on Family Based Care for Children convening in Nairobi, Kenya from 28 to 30 September, 2009 and bringing together a cross section of African and international professionals and actors, as well as, caregivers, governments, civil society, the academia and funders;**

**Recognizing** the right of children to a family, the family as the best institution to raise children, the growing numbers of children in Africa in need of family based care due to the devastating impact of poverty, HIV/AIDS, conflicts and family disintegration;

**Further** recognizing the diversity of cultures in Africa;

**Noting** the enormous challenges that families in Africa face in child care provision due to diminishing human and financial resources, the growing disintegration of traditional community values and systems;

**Acknowledging** the resilience and enduring potential of African families and communities in taking care of children, amidst complex challenges;

**Affirming** the universal obligation of all actors to always uphold the best interests of children;

**Hereby note and recommend the following:**

### **1. DEFINITIONAL ISSUES:**

**We note** the overlaps and contradictions in the use of alternative care concepts and terminologies, such as, a child, *family, orphan, foster care, biological family, kinship, guardianship, formal and informal care, institutional and residential care, cluster and village care, adoption, kafala, permanent and temporary care, child headed household and a social worker.*

**We recommend:**

- a) that governments and actors work towards a common understanding of the overlapping terminologies and their contextual meaning.

## **2. IMPROVING KNOWLEDGE, SKILLS AND CAPACITY FOR SUPPORTING FAMILY BASED CARE:**

**We note** the widespread gaps and challenges in terms of access to information, knowledge and skills on the part of many primary care givers;

**We further note** the limitations and inadequacies in the skills of child care professionals (social workers, psychologists, counselors, child and youth workers, among others);

**We recognize** the inadequacy in human and financial resources for family based child care at all levels;

**We affirm** the need for a paradigm shift *from* focusing on the limitations of families and communities *to* enhancing their capacities and resilience;

### **We recommend:**

- a) increased investment in relevant training of professionals in family based care for children.
- b) deployment of skilled personnel on family based care by all stakeholders, including the government.
- c) improved access to training and information on family based care for primary care givers, management, support staff, among others.
- d) investment for sustainable funding to enhance child protection structures and systems.
- e) development and support of an enabling community environment, where families and children are living.

## **3. ENHANCING THE LEGISLATIVE AND POLICY ENVIRONMENT:**

**We note** that the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) provide a comprehensive framework for family based care;

**We welcome** the ongoing process towards adopting the UN Guidelines for the Alternative Care of Children;

**We note** with concern the lack of political will and commitment to the implementation of existing progressive legal provisions and policies that foster family based care in some countries;

**We further** acknowledge existing country laws and policies on family based care, yet note the existing gaps in legislative and policy frameworks for family based care in some countries;

**We recognize** the importance of reliable, relevant and comprehensive data to inform effective legislation, policy and programming;

**We recommend:**

- a) the enactment of appropriate legislation and policies at country level to domesticate the provisions of the UNCRC and ACRWC relating to family based care as well as relevant Hague Conventions in countries which have not done so.
- b) that African governments, both individually and collectively, support the adoption of the Guidelines for Alternative Care of Children at the forthcoming UN General Assembly.
- c) the provision of adequate resources by governments and funders for effective implementation of laws, policies and programmes geared towards improved family based care.
- d) the establishment of sustainable and relevant information management systems for generating and disseminating data on issues relating to family based care such as OVCs, caregivers, alternative care services, child care costs, effectiveness of child grants and social protection.
- e) scaling up of child sensitive social protection and support programmes.
- f) laws that support and recognize informal family based care, as well as, other progressive child care mechanisms such as adoption options that are sensitive to and compatible with the African cultures.
- g) laws and policies that protect a child's inheritance to parental property taking into consideration adoption, *kafala*, guardianship, kinship and foster care, among others.
- h) that governments simplify and expedite birth and death registration processes.

#### **4. STRATEGIES AND PRACTICES:**

**We recognize** the central role of families and communities in the provision of family based care for children;

**We further recognize** the role of governments in supporting families and communities in family based care;

**We appreciate** the roles played by women, men, children and the elderly in the provision of family based care;

**We, however, note** the internal and external pressures on the families and communities to adequately meet their obligations to children due to poverty, HIV/AIDS, conflicts, violence and erosion of traditional values;

**We realize and acknowledge** the rising cases of abandoned and displaced children in our continent that may require temporary institutional care;

**We nonetheless affirm** the family as the best option for effective upbringing of children;

**We recommend:**

- a) the need for institutions to shift from their current practice of long term institutionalization of children to family based care.
- b) the establishment of community based structures, such as, child welfare committees and provide them with the necessary support.
- c) the provision of basic services to children and their families, such as, education, health and HIV/AIDS treatment in order to keep children in families.

- d) the development and adoption of systematized practices for alternative family based care, including strict and proper supervision, monitoring, evaluation and follow-up mechanisms.
- e) the provision of programmes geared towards providing care for families, especially, the elderly and young adults.
- f) the adoption and application of rights based approaches in the provision of family based care.
- g) specific initiatives that enhance the function of the family unit, such as, training on child care, economic empowerment, group and community support as preventative strategies.
- h) that children be consulted according to their evolving capacities and their input be considered at every stage of the process.

## **5. INSTITUTIONAL CARE:**

**We recognize** that institutional care may at times be necessary as a temporary / transitional measure for children under special circumstances;

**We note** the phenomenal and unregulated growth of institutions for child care in Africa;

**We affirm** that under all circumstances, institutional care for children be a measure of last resort;

### **We recommend:**

- a) the enactment and implementation of legal mechanisms to determine the necessity and appropriateness of institutional care.
- b) that residential child care institutions should, as much as possible, be oriented towards the promotion of family based care.
- c) that governments enact appropriate minimum standards to regulate institutional care, as well as other forms of alternative care.
- d) that funders focus their resources on family based care, instead of institutional care.
- e) that governments with immediate effect, screen all child care institutions to establish compliance to minimum standards for institutional care and take appropriate action.

## **6. COORDINATION, PARTICIPATION AND PARTNERSHIPS:**

**We affirm** the importance of effective coordination and meaningful partnerships in the promotion of sustainable family based care.

**We recognize** the need for meaningful participation of key actors (players), especially families and children, in the development and implementation of legislations, policies, standards and programmes for family based care.

**We acknowledge** the need for an Africa-wide network for family based care for children.

**We recommend:**

- a) a participatory approach to the development of laws, policies, programmes and standards relating to family based care.
- b) the involvement and engagement with Faith Based Organizations in the promotion of family based care, considering their enormous reach, coverage and infrastructure.
- c) the adoption of coordination mechanisms involving governments and other actors at all levels that minimize the prospects for duplication and competition among service providers.

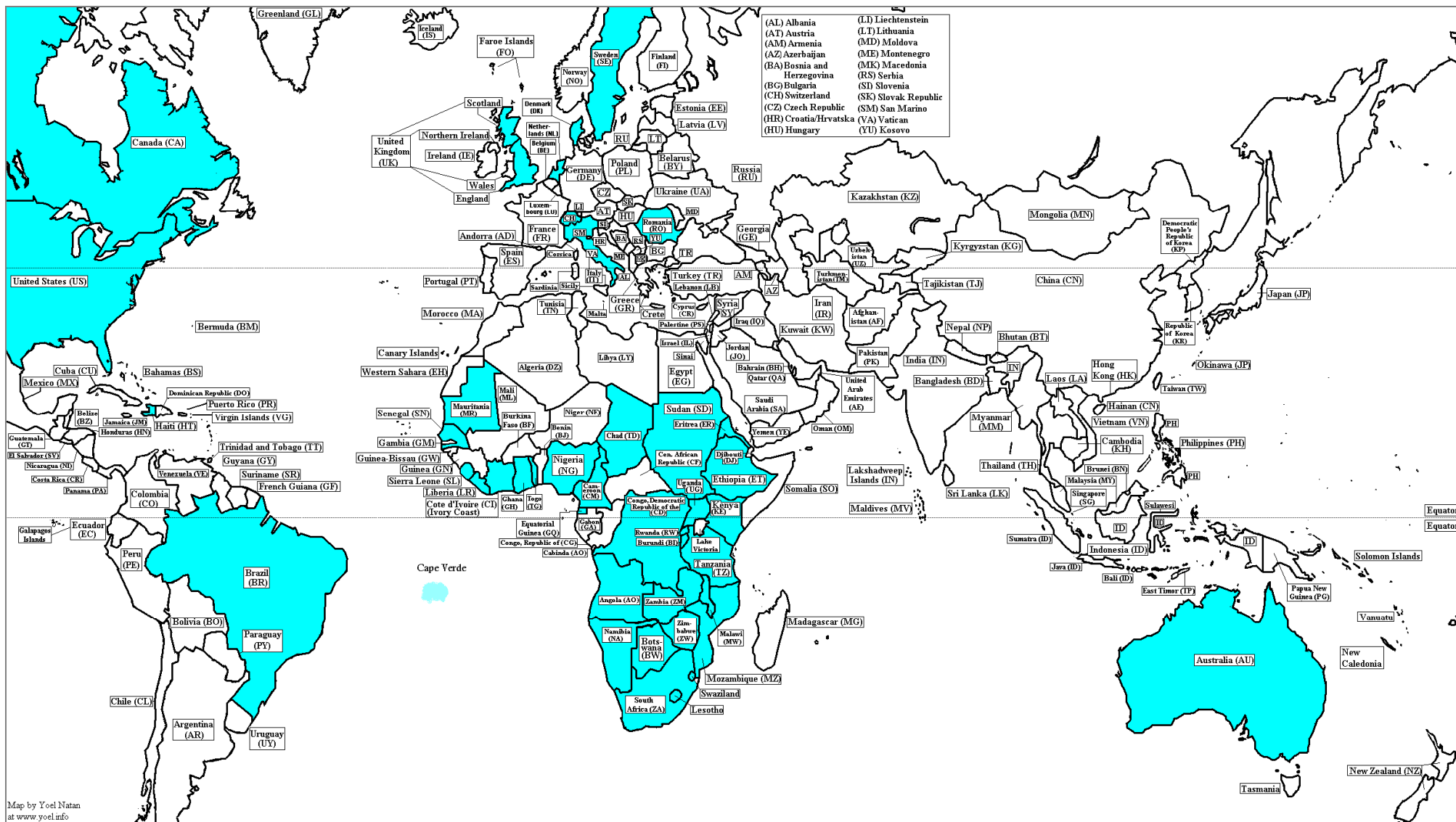
**Finally, we urge governments, funders and stakeholders:**

- a) to invest in family and community based care systems and structures by building, enhancing and supporting their capacities.
- b) to redirect attention from overly focusing on numbers at the expense of quality of care and stop channeling resources to externally driven priorities.

**We the delegates attending this conference, affirm** our commitment to support efforts geared towards family based care for children in Africa and to ensure better utilization and accountability of resources allocated to family based care.

30 September, 2009

# List of countries Represented at the First International Conference in Africa on Family Based Care for Children 28-30 September 2009, Nairobi, Kenya



Angola, Australia, Austria, Botswana, Brazil, Burundi, Cameroon, Canada, Cape Verde, Chad, Cote d'Ivoire, Denmark, Democratic Republic of Congo (DRC), Equatorial Guinea, Eritrea, Ethiopia, Ghana, Haiti, Italy, Kenya, Lesotho, Liberia, Malawi, Mauritania, Mozambique, Namibia, Nigeria, Romania, Rwanda, Senegal, Sierra Leone, South Africa, Sudan, Swaziland, Sweden, Switzerland, Tanzania, The Netherlands, Togo, Tunisia, Uganda, United Kingdom (UK), United States of America (USA), Zambia, Zimbabwe.