

# Kinship care in Sub-Saharan Africa: An asset worth supporting

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**Family**  
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# Introduction

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This paper argues that kinship care – the care of children by relatives or friends of the family – represents the greatest resource available for meeting the needs of girls and boys who are orphaned or otherwise live apart from their parents. Using evidence from an in-depth literature review and six country case studies carried out by Family for Every Child members in Ghana, Liberia, Ethiopia, Kenya, Rwanda and Zimbabwe,<sup>1</sup> it shows that kinship care is widely used, culturally acceptable, and can support the most vulnerable children in ordinary and crisis periods. However, kinship care also carries risk, and kinship caregivers and the children in their care are often highly vulnerable and need support. Evidence and insights from Sub-Saharan Africa have implications for wider global debates on children’s care, and highlight the important need to refocus attention from formal to informal systems of care and protection.

## Building on the strengths of kinship care

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### Kinship care is widely used across the region

Kinship care is embedded in the lives of children and families across Sub-Saharan Africa as evidenced by the near universality of the practice, its longstanding use in rural and urban communities in manifold settings, and the vast array of different forms it can encompass.<sup>2</sup> Although the scale of kinship care varies across the region, on average it is used more widely in Sub-Saharan Africa than anywhere else in the world.<sup>3</sup> In these settings, it is the most common means of caring for children outside of parental care.<sup>4</sup> In Rwanda, for example, children are 200 times more likely to be in kinship than residential care.<sup>5</sup> It is likely to be the primary form of alternative care for children in countries such as Namibia and Zimbabwe, where 37 per cent<sup>6</sup> and 26 per cent<sup>7</sup> of the child populations respectively are living without a biological parent. This means of caring for boys and girls is used for all groups of children, although adolescents are more likely than younger children to be in kinship care.<sup>8</sup>

Being cared for by family and close friends of the family is a regular part of childhood in many communities. Among older caregivers in Kisumu, Kenya, kinship care was considered so ordinary that respondents questioned the need to label it as anything different from ‘normal’ care.<sup>9</sup> A significant body of literature highlights the ‘everydayness’ of the practice and emphasises both its historical roots and its changing character in many communities in the region.<sup>10</sup>

### Kinship care is culturally acceptable and highly valued

Across Sub-Saharan Africa there is widespread recognition of the social value of kinship care and the moral obligation of adults to care for children known to or related to them.<sup>11</sup>

**“Whenever a child is left alone because the biological parents have died, migrated or are incapacitated by poverty or illness, it is the responsibility of friends and relatives to immediately take custody of that child. Our values have taught us that a child belongs to the community, a child is a community asset and therefore it is the responsibility of the community to take care of that child whenever the parents are unable to do so.”**

Focus Group Discussion (FGD) with community members in Bindura, Zimbabwe

The extensive use of kinship care in the region reflects commonly held beliefs that the extended family is a crucial component of a multidimensional social support strategy for children.<sup>12</sup> In Ghana, for example, research has shown that the only time parents are seen as wholly responsible for a child is when the mother is pregnant. After that, the child is understood to be the collective responsibility of the entire community.<sup>13</sup> Likewise, in Ethiopia, there is a strong sense of obligation among all ethnic groups to care for blood relatives, including children.<sup>14</sup> This same sense of responsibility has also emerged in studies carried out elsewhere in West and Central Africa,<sup>15</sup> East,<sup>16</sup> and Southern Africa.<sup>17</sup> In some communities in South Africa<sup>18</sup> and Zimbabwe,<sup>19</sup> this obligation is strengthened by the fear of extended family members that failure to support children's relationships with their ancestors will result in harm befalling themselves or the child. These norms are often reinforced by religious teachings, such as those that prevail among the Muslim communities in Zanzibar and Kenya,<sup>20</sup> and among the Amhara and Oromo in Ethiopia, who believe that caring for a relative's child will bring them rewards in the afterlife.<sup>21</sup>

Arguments are sometimes made that these norms are changing, or at least being challenged.<sup>22</sup> For example, at the height of the HIV pandemic, it was widely argued that the extended family was increasingly incapable of meeting the extraordinary pressures placed upon it to care for large numbers of orphans and other vulnerable children.<sup>23</sup> In more recent times, it has often been maintained that notions of family are being transformed by the growing emphasis in the media, school, church and in the family planning movement on the nuclear family as the ideal type.<sup>24</sup> Yet kinship care itself remains prevalent, and its widespread use has persisted despite the significant demands that have been made on families as a result of HIV<sup>25</sup> and other crises, such as refugee movements and displacement,<sup>26</sup> and the Ebola outbreaks in West Africa.<sup>27</sup> Emerging evidence suggests that demand for kinship care remains strong during the COVID-19 pandemic and associated economic crisis.<sup>28</sup>

### **Kinship care benefits many children and caregivers**

Kinship care is understood by families, communities and policymakers to be a valuable resource for supporting children in myriad circumstances, despite the challenges many families face as a result of the social and economic conditions in most parts of Sub-Saharan Africa.<sup>29</sup>

From the perspective of children, kinship care can bring important benefits. On a practical level, it can provide children with access to their basic needs, an improvement in their material circumstances, and the opportunity to further their schooling or training needs.

**“I used to have food sometimes, but today, I have enough food; I never miss any meal. In addition to that, my aunt is a very good adviser to me – I feel very happy.”**

Boy, 15, Kigali, Rwanda

Equally fundamental benefits to children are the provision of a loving environment,<sup>30</sup> protection and safety,<sup>31</sup> and a sense of belonging.<sup>32</sup> The value of these features was substantiated by child respondents in the country case studies and is argued by some scholars to be critical to supporting children who live apart from their parents to overcome the unhappiness, distress and grief that may accompany separation and loss.<sup>33</sup> Moreover, kinship care can allow children to maintain family bonds, and facilitate the continuity of relationships with parents and siblings.<sup>34</sup> This important feature of kinship care means that familial relationships can develop and flourish even when members live apart from one another.

That extended family can provide supportive and loving environments for children was further asserted by a number of child respondents in Ghana, who said that they felt more supported by their kinship caregivers than their parents in a number of areas.

**“My grandmother treats me better than my biological mother. She is caring so I like her and would prefer to live with my grandmother till I grow up. She does not beat me; she normally advises me.”**

Boy in kinship care, Winneba, Ghana

Similar findings have emerged elsewhere on the continent, including among Congolese children in Rwandan refugee camps, some of whom reported care by aunts and uncles to be equal in quality to that provided by parents.<sup>35</sup> Moreover, evidence from South Africa suggests that children’s mental health and social functioning depend more on their level of satisfaction with the care they are receiving than they do on who cares for them.<sup>36</sup>

Kinship care can also bring benefits to caregivers and households. Extensive evidence from Sub-Saharan settings highlights the important practical support that children provide to caregivers, especially grandparents.<sup>37</sup> When this help is harmful to boys’ and girls’ physical and psychological well-being, kinship care can pose risks to children (as discussed below). But when it is within an individual’s capacity, is not undertaken to the detriment of other important activities, learning, and development, this work can provide a sense of achievement and a much-needed contribution to household livelihood. Elderly and other caregivers appreciate the companionship of the boys and girls they care for and many assert the pride and sense of joy they have in helping to raise a child.<sup>38</sup>

**“When I brought him home, he had studied at five different schools, and was always fighting with his classmates. Currently, he has become stable and is studying very well. He has even improved and is regular at school. Teachers tell me that he is a good child and I feel very proud of him.”**

Female kinship caregiver, Kigali, Rwanda

A number of studies highlight the reciprocity inherent in the kinship care system in many parts of the continent.<sup>39</sup> Adults, particularly elderly women, are often motivated to care for grandchildren and others as a means of ensuring that they will be looked after when the child grows up. In this way, care provision is understood as an investment in one’s anticipated future needs.<sup>40</sup>

**“The adage that ‘chirere chigokurerawo’ [‘Look after a child and tomorrow the child will look after you’] is very true. If you take good care of the children you are looking after and send them to school, most of them will take good care of you later on in life.”**

Female kinship caregiver, Bindura, Zimbabwe

Likewise, kinship care is often said to enhance social networks and family bonds: whether it be children providing practical support to family members in need,<sup>41</sup> or enabling childless couples to have a child to care for,<sup>42</sup> or the accommodation and food provided to a child in secondary school by a family friend in an urban centre,<sup>43</sup> kinship care connects families in important ways. These webs of relationship and mutual obligation can then be called upon when circumstances warrant it.<sup>44</sup>

Finally, caregivers and households may also benefit from kinship care when it enables migration which brings remittances to the entire family.<sup>45</sup> Evidence from Zimbabwe demonstrates how these funds have enabled the payment of school fees and general costs essential for survival during the country's recent economic crisis.<sup>46</sup> Primary research conducted for this paper with children in Ghana also identified this important benefit.

### **Kinship care is a sophisticated mechanism of support**

Kinship care within the region takes on multiple forms, offering a variety of care options for children in need of care and support. Who provides care is contingent on a number of factors, including an individual's previous relationship with the child and/or parents, their willingness and capacity to meet the needs of an individual child in different circumstances, and social norms about who should care for children.<sup>47</sup> The age and gender of the child are also influential: adolescents are more likely than younger children to be in kinship care, and boys are more likely than girls to live with their grandparents.<sup>48</sup> Girls tend more often to live with their older siblings, aunts, uncles or other members of their extended family, and in households headed by girls' husbands.<sup>49</sup>

Overall, grandparents are the most likely to provide care, followed by aunts, uncles, older siblings and other relatives and family friends.<sup>50</sup> Caregivers are usually female, and several researchers have noted a decline in the role of men in children's upbringing,<sup>51</sup> especially in southern Africa, where large-scale labour migration has impacted men's roles in everyday care.<sup>52</sup> In the infrequent event that it is neighbours and family friends who provide care, those who do so generally have strong personal and social ties to a child's parents or family such that they are considered 'fictive' kin.<sup>53</sup>

Kinship care arrangements are usually made informally between relatives, with little to no regulation or oversight by the state. Some argue that because kin care is culturally normative, it does not need to be mandated by legal processes. Decisions about who provides care, when and for how long, are normally made by senior family members.<sup>54</sup> Very often caregivers are appointed to this role and may feel they have little or no choice in the matter.<sup>55</sup> Older children sometimes have a say in where and with whom they live; younger children are rarely consulted, despite a desire to be involved in these decisions.<sup>56</sup> Nevertheless, boys and girls frequently find ways to exert their agency, despite the often formidable barriers to doing so.<sup>57</sup> For instance, some run away from abusive families to seek care from supportive relatives, neighbours, or friends.<sup>58</sup> Others may misbehave in one home in the hopes of being relocated to live with a preferred relative.<sup>59</sup>

Placements may be stable and permanent, or provide flexible, short-term care. They may be informal arrangements between family members or involve more formal intervention from NGOs or government, though informal arrangements are far more common.<sup>60</sup> Parents may have more or less contact and engagement in children's upbringing, sometimes engaging in decisions about care on an almost daily basis, and at other times handing over full responsibility to kinship caregivers.<sup>61</sup> The variations in these arrangements are manifold: in the country case study carried out for this paper in Ethiopia, children in kinship care identified parents as their most important source of support, while boys and girls in kinship care in Ghana reported limited to no contact with their parents.

Circulation between households is widespread, as the needs, aspirations and circumstances of children and families change over time.<sup>62</sup> For example, in Ghana, a boy may reside with his mother

when he is small, his uncle's family when he is in primary school, and his grandmother when he is an older adolescent.<sup>63</sup> In this way, care provision is often a dynamic process, and this fluidity is an expected part of many children's childhoods and the life course of families and communities.

## Properly supporting kinship care

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### Addressing risks to children and caregivers

Although placement in kinship care is a normal and expected part of childhood for many children, it can place both boys and girls and caregivers at risk and therefore must be properly supported. These challenges and threats are in large part related to poverty and the lack of access to services that characterise caregivers' households, and to the way that some children are treated by their caregivers and other household members. They do not therefore indicate that kinship care is a uniquely problematic practice and thus should be reduced or employed only with a high degree of caution. Instead, the nature of the risks highlights the importance of proper investments to augment the potential of kinship care to enhance the well-being of children and those who care for them.

### Poverty alleviation

The majority of children across the continent are cared for by grandparents, who are usually elderly, vulnerable and receive little or no external material, financial, practical or emotional support.<sup>64</sup> These households tend to be poor and to struggle with meeting children's basic needs,<sup>65</sup> especially when they are headed by female caregivers.<sup>66</sup> Boys and girls with disabilities face particular challenges.<sup>67</sup> Sometimes the poverty associated with kinship care can push children into exploitative work or transactional sex in order to survive.<sup>68</sup> Children and caregivers in all six country case studies reported the negative impacts of this poverty.

**“The only challenge I face is the support [from a local NGO] has expired and things are difficult, especially the child's school bills.”**

Female caregiver, Winneba, Ghana

Kinship caregivers require financial and material support to meet the needs of the children under their care. Poverty alleviation efforts are of paramount importance, as are targeted social protection schemes and help with schooling and other services. This support must be sensitive to the fluid and informal nature of most kinship care arrangements.

### Emotional support

For many children in kinship care, poverty has been a longstanding feature of life. Many come into kinship care having suffered from extreme hardship, trauma, abuse or neglect. These experiences can predispose a child to emotional, physical and social difficulties and may inhibit his or her ability to form trusting relationships with caregivers, siblings and other adults and children in the community.<sup>69</sup> For those children whose parent(s) are gravely ill or have died, or from whom they have been unintentionally separated by conflict or natural disaster, moving to a new household may trigger or be accompanied by feelings of deep sadness and anguish.<sup>70</sup> Even children who have not undergone such traumatic experiences miss their parents, particularly at key points in their lives, such as rites of passage.<sup>71</sup> This reality reflects the importance of emotional support for

boys and girls in kinship care, and their caregivers, including, for example, informal peer support groups or mental health services.

### **Protection from discrimination, exploitation and abuse**

While many children in kinship care are loved and well cared for, some experience discrimination, abuse and maltreatment. In the country case studies, being treated differently from caregivers' own children, or being discriminated against by these children, were the most commonly cited problems by children who have lived or are living in kinship care.

**“My caregiver at times reminds me of my mother’s situation of being incapable of taking care of me and this makes me feel so sad.”**

Girl in kinship care, Kisumu, Kenya

Excessive chores and labour exploitation are also realities that some children have to contend with, as is the inability or unwillingness of kinship caregivers to provide them with their basic needs, including access to food, health care and schooling.

**“Some will work you out all day and don’t give you food to eat and when you steal to eat, they will burn your hands with plastic.”**

Girl in kinship care, Monrovia, Liberia

The denial of comfort, love and affection that some boys and girls experience in kinship care can be especially detrimental to their emotional well-being, and can exacerbate feelings of unhappiness, exclusion and loneliness.

**“I always feel isolated; my kinship carers sometimes show me that they have had enough with me or tell me harsh words.”**

Boy in kinship care, 13, Kigali, Rwanda

There is a large body of evidence from across the continent that substantiates these perspectives.<sup>72</sup> This evidence shows that children are more likely to be abused, exploited and discriminated against if they live with more distant relatives or unrelated kin,<sup>73</sup> or if caregivers feel forced or obligated to take children in.<sup>74</sup>

Some scholars and practitioners argue that although kinship care is still widely used, norms around the practice are changing and affecting the nature of the care that a child receives.<sup>75</sup> Specifically, while the obligation of kin to provide care to children persists, those who take children in feel less bound by concerns about the quality of that care. This is the case in the Northern Region of Ghana, where the tradition of *mpraba* requires fathers to give at least one child, usually a girl, to an older sister to look after. Although this system is meant to strengthen interfamilial bonds, the enlisted children sometimes become domestic workers, are not allowed to attend school, and may be physically abused.<sup>76</sup> The reality is that these abuses may go unchecked in some circumstances. A paradox of kinship care is that it is the strength of the family that protects children (because relatives are looking out for them) yet also threatens them (in those cases where the interests of the extended family take precedence over those of an individual child).

Evidence of abuse and neglect in kinship care needs also to be considered in the context of generally high levels of violence within families,<sup>77</sup> and notable intergenerational tensions and conflict.<sup>78</sup> Nonetheless, it does suggest that boys and girls in kinship care may need particular child protection support, including monitoring by community support mechanisms and referral to social services where necessary.

### Help in crisis periods

Children in kinship care and their caregivers need particular support in crisis periods, such as during the current COVID-19 pandemic.<sup>79</sup> Kinship care has been a crucial protection and survival strategy for children affected by HIV and was a critical resource during Ebola outbreaks in West Africa in 2014 and 2015. Many are now predicting that COVID-19 will also see a rise in the need for kinship care.<sup>80</sup> In addition to parental ill-health or death, the virus and responses to it are likely to exacerbate the factors that lead to girls and boys being placed in kinship care, such as poverty, loss of basic services, and violence in the home.<sup>81</sup> In some contexts, the challenges posed by COVID-19 may lead to the failure of formal systems of care, leading, for example, to the mass closure of residential facilities, the reluctance of foster families to take in children, or restrictions being placed on the number of children placed in the care of the state.<sup>82</sup> In these instances, informal kinship care may be the only viable option for children who cannot be looked after by parents.

Although the experience of COVID-19 is likely to lead to increased demand for kinship care, it is currently unclear whether this demand can be met. Unlike HIV, COVID-19 disproportionately affects the elderly, meaning that grandparents, who form the majority of kinship caregivers in Africa,<sup>83</sup> may no longer be able to care for children. Families may also be too fearful of infection to look after children who have come from COVID-19-infected households, though evidence from both HIV and Ebola shows that caregivers generally prioritise children's need for care.<sup>84</sup> If children are left without kinship caregivers at a time when formal systems of care are also struggling, many are likely to end up on the streets, forced into marriage, or trafficked or exploited in other ways.<sup>85</sup> It is essential that extended families and communities are properly supported so that this critical safety net can be employed at this time of global crisis.

## Reversing the neglect of kinship care

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The essential role of kinship care in protecting and ensuring the well-being of children without parental care is widely acknowledged in international, regional and national legislation and policy. At the global level, it is affirmed in the Convention on the Rights of the Child and the Preamble to the 1993 Hague Adoption Convention, among other documents. Global policies on child protection in emergencies and on the care of children with disabilities also recognise the importance of family-based care.<sup>86</sup> At the regional level, the importance of children growing up safe and protected in families is acknowledged in several key documents, including the African Charter on the Rights and Welfare of the Child (Article 25), Africa's Agenda for Children: Fostering an Africa Fit for Children (2016), and the African Union's Plan of Action on the Family in Africa (2004) and Agenda 2063: First Ten Year Implementation Plan 2014-2023. At the national level, the policies of several governments, such as Ethiopia,<sup>87</sup> Liberia<sup>88</sup> and Zanzibar,<sup>89</sup> recognise that when parents cannot care for children, the possibility of children being placed with kin should always be explored first before other options.

Notwithstanding these substantial commitments, policies that promote kinship care in Sub-Saharan Africa – as elsewhere – have largely not been implemented. The focus of most care reform efforts has been on reducing the number of children in harmful institutional care. This important work has led to significant progress on deinstitutionalisation and the placement of many children with extended family members. Despite this near-universal reliance on kinship care as a safe and effective means of caring for vulnerable children, the support needs associated with it are insufficiently examined and promoted. National governments often expect caregivers to care for children with no or minimal support. In Ghana, for example, the national legal and policy framework on child protection does address kinship care (referred to as ‘relative foster care’) but there are few reliable protections for children in these care arrangements who require support and assistance.<sup>90</sup> Likewise, a study in Ethiopia found that 70 per cent of kinship caregivers surveyed received no support from government or NGOs.<sup>91</sup> This lack of state support both reinforces and is reinforced by social norms that promote families’ responsibility to take children in regardless of whether or not they can be supported to do so.

Given that the vast majority of children who live without their parents in Sub-Saharan Africa reside with extended family,<sup>92</sup> national governments should be encouraged to take a more inclusive approach which addresses not only the needs of boys and girls in institutions but all those who live without adequate care. More attention and resources should thus be devoted to ensuring that children in kinship care, and their caregivers, are supported in concrete and tangible ways, for example through access to social protection. Priority should also be given to family strengthening efforts so that children can be supported to remain in the care of their parents, when it is in their best interests to do so.

## Conclusion

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Kinship care is a longstanding and widespread resource worth nurturing and supporting. Despite its risks and challenges, it remains the preferred form of care for orphaned children and those who are otherwise separated from their parents. In diverse settings across Sub-Saharan Africa, governments, communities, families and boys and girls themselves assert its value and importance.

Nevertheless, recognising the importance of this indigenous mechanism of support for vulnerable children and families does not mean that boys and girls and kinship caregivers should be left on their own to manage all of the challenges that they experience. Very often, caregivers are vulnerable and need various forms of material, financial, practical and emotional support. Children, too, may be abused and exploited in kinship care. Different types of support are needed for boys and girls and their caregivers in different circumstances, for example poverty alleviation in grandparent care, and child protection services in the case of neglect or maltreatment. The good news is that, with targeted investments, this support can be easily made available.

Global debates and dialogue on children’s care need to take seriously the abundant evidence from Sub-Saharan Africa of the complexity of kinship care and its capacity to provide multiple forms of support to meet the needs of vulnerable girls and boys in different circumstances. Kinship care is too valuable a resource to be neglected any longer.

# Recommendations

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A number of recommendations emerged from the literature review and country case studies undertaken for this study.

## Recommendations for regional institutions, such as the African Union (AU) and Southern African Development Community (SADC)

1. Revitalise discussions among member countries on the importance of supporting kinship care and its key role in achieving the goals laid out and agreed to in the African regional policy frameworks. Task the Committee of Experts within the AU to compile questions for states when countries are presenting their reports on the African Charter, and to follow up on the pace and extent of implementation and delivery. Within SADC, refer to kinship care in all relevant protocols to include recognition and support for kinship care. In the UN's Economic and Social Council (ECOSOC), target the relevant stakeholders in the Social Development Policy Division to integrate kinship care in their research, technical support to governments and transformation agenda.
2. Support regional body departments and committees, such as the Social and Human Development Directorate (SADC), African Committee of Experts on the Rights and Welfare of the Child (ACERWC – AU) and the Social Development Policy Division (ECOSOC), to collaborate with CSOs to engage in dialogue, share research and learning and identify promising and scalable approaches.

## Recommendations for national governments

1. Alter national policies and interventions on alternative care so that they prioritise support for safe and effective kinship care. Specifically:
  - Ensure that the end goal of care reform is that all children can grow up safe and protected in families (rather than a focus just on reducing numbers in institutional care).
  - Ensure that kinship care is always considered as the first option when children cannot be cared for by parents.
  - Offer a full package of support for children and caregivers that includes psychosocial, financial, educational, and child protection services and support. Social workers should have the flexibility to tailor support packages to particular needs.
  - Ensure that high-risk cases are monitored and provided with more extensive case management support (but do not attempt to monitor all cases).
  - Train the child welfare workforce to recognise and respond to the needs of children in kinship care.
2. Ensure that kinship care is considered in other relevant national policies and interventions. For example:
  - In all efforts to support kinship care during COVID-19, build on and strengthen existing national child protection systems, rather than create parallel systems that will disappear after the pandemic has ended.

- When determining national migration and immigration policies, ensure that the needs of migrants' children, including those in kinship care, are recognised.
  - When defining childhood vulnerability or targeting social protection, recognise the particular vulnerability of children in kinship care, and their caregivers.
  - When designing parenting, nutrition or early childhood development programmes or support for children with disabilities, recognise that often it is kin rather than parents that are the primary caregivers. Target interventions and messages appropriately.
  - Ensure that schools work with kinship caregivers as well as with parents, and that education systems recognise the particular challenges that children in kinship care face in gaining an education.
3. Local civil society organisations (CSOs) are often the organisations that understand the situation best and have developed successful interventions. These groups should always be included in the development of legislation, and in policy development and implementation.

### **Recommendations for donors and UN agencies**

1. Offer financial and technical support to enable national governments to appropriately support kinship care.
2. Promote learning from Sub-Saharan Africa within the region and elsewhere.
3. Expand global campaigning. Continue to support the deinstitutionalisation of children, but ensure that more resources are devoted to promoting the support of kinship care.
4. Fund research and knowledge exchange on kinship care, with a particular focus on:
  - children's perspectives on kinship care;
  - risks within kinship care and the identification of support needs.
5. Support local CSOs in their work with families and communities in order to build the most sustainable and contextually relevant responses.

# References

- 1 These member organisations include: Challenging Heights in Ghana; Children Assistance Program in Liberia; Forum on Sustainable Child Empowerment in Ethiopia; Undugu Society of Kenya; Uyisenga Ni Imanzi in Rwanda; and Farm Orphans Support Trust in Zimbabwe. The country level research reports are referenced throughout this document, as are the findings of a literature review conducted by Children in Distress Network in South Africa.
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- 3 Martin, F. and Zulaika, G. (2016) Who cares for children? A descriptive study of care-related data available through global household surveys and how these could be better mined to inform policies and services to strengthen family care. *Global Social Welfare*, 3 (2), p.51-74. Reported data are from 2012-2016 and consequently may be somewhat dated. Nevertheless, it is unlikely that the broad trends in kinship care have shifted dramatically. Data were also only collected on children aged 0-14 years.
- 4 Ariyo, Mortelmans and Wouters 2019.
- 5 In Rwanda, there are at least 528,000 children aged 0-14 years in kinship care compared with 2,500 children aged 0-17 years in residential care. Eleven per cent of children in Rwanda are living in households without their parents, with most of these children likely to be in kinship care (Martin and Zulaika 2016, Fig. 2). Using population estimates for children aged 0-14 years (see: [https://www.cia.gov/library/publications/the-world-factbook/geos/print\\_rw.html](https://www.cia.gov/library/publications/the-world-factbook/geos/print_rw.html)) this suggests at least 528,000 children in kinship care. The figure of 2,500 children aged 0-17 years in residential care is from Lumos (2017) *Children in institutions: The global picture*, p.3. [https://lumos.contentfiles.net/media/documents/document/2017/03/Global\\_Numbers.pdf](https://lumos.contentfiles.net/media/documents/document/2017/03/Global_Numbers.pdf)
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- 7 Zimbabwe National Statistics Agency and ICF International (2016) *Zimbabwe Demographic and Health Survey 2015: Final report*. Rockville, Maryland, USA: Zimbabwe National Statistics Agency (ZIM-STAT) and ICF International, p.14.
- 8 Ariyo, Mortelmans and Wouters 2019.
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