Transforming care for babies in Sudan
A replicable model

“This is not a case of moving bodies around but of developing a new mindset about how to care for children, new attitudes towards the most vulnerable children in our society and new practices to ensure all children grow in a way that guarantees their right to healthy development.”
Farid Idris, Country Director, HHC Sudan

Over the last decade, the way that children who are orphaned and abandoned are cared for in Khartoum, Sudan, has been revolutionised. What began as a reaction to the number of babies being abandoned on the streets of Khartoum has developed into a holistic model of care covering the full spectrum of services from preventing separation to alternative family care. It also encompasses work at every level to challenge attitudes to children who are considered illegitimate, to create an enabling environment for these services to operate and in which children can flourish and see their rights respected.

This work has culminated in a The National Policy on the Welfare and Protection of Children Deprived of Parental Care and a new system for the protection of children, with special emphasis on the provision of family care and the eradication of institutional care for children.

These changes are significant not only for Sudan, a country which has transformed its child protection system in the midst of ongoing political and economic turmoil, but for all the countries in the region and beyond who are struggling to provide the highest standards of care for their children.

In the space of ten years, a new child protection system - covering prevention, emergency hospital care, Emergency Alternative Families, and Permanent Alternative Families - has been established and is now being rolled out across the country. Attitudes and behaviour towards single mothers, abandoned babies and orphans have radically changed, and thousands of babies who would have previously been condemned to a short and miserable existence in institutional or unregulated care are now flourishing in families and communities.

This experience demonstrates that, even in a challenging and complex context, pioneering services can be established using a grass roots approach involving parents and communities including local authorities who recognise and are themselves affected by the urgency of the need. Furthermore, with success demonstrated at community level, further involvement of national authorities can lead to national transformation and the roll out of those services pioneered.

The work that started in Khartoum State is now being rolled out across the country, driven by the National Council for Child Welfare.

In White Nile State the new policy on alternative care has been enshrined in law. Two fully-staffed Referral Units in Kosti and Rabak ensure that children at risk of being abandoned can receive medical care and either be reunified with their mothers or placed in alternative family care. The State authorities have enrolled, trained and are fully supporting Emergency Alternative Families and have also regulated the work of Permanent Alternative Families, social workers, police and midwives from all localities in the State have received training in how to implement alternative family care.
A State-wide communications campaign on TV and radio including community discussions and school and university information dissemination is continuing to change attitudes and encourage vulnerable women to use the new services.

Strengthening of local authorities, professionals and child protection practices will ensure these changes are sustainable. Sharing knowledge with government officials and in particular other NGOs allows a greater impact for the relatively small cost of this training, as they then go on to replicate the working model.

The development of this new holistic child protection system has provided an entry point to challenge and change attitudes towards unmarried mothers and their babies at all levels through training, advocacy and media campaigns, which is in turn creating an enabling environment to support these vulnerable mothers and give them the opportunity to exercise their rights to keep their babies in the future.

A number of critical success factors that have contributed to this outcome can be identified:

- The continual awareness-raising and advocacy work with all sections of society and networking with a broad base of influencers including religious leaders, police and security, professionals such as social workers, midwives and the media and working closely and consistently with community leaders.
- Sharing information and training with the professionals has also strengthened the implementation of the new services and the child protection system.
- Targeting key individuals at every level of society, ones who understand and support the principles of the new child protection system and then are prepared to champion the same principles, even in the face of opposition and criticism.
- Demonstrating that the new child protection system works was also an important tool to reassure government and civil and religious society that it is effective and appropriate.
- Building ownership of the new services and the principles behind them with the Government. To do that it was important to contextualise the Alternative Family Care system so that this new way of caring for children was recognised as being within the broad cultural, religious and social environment of Sudan as well as conforming to international standards.

The project developed:

- Professional tools for use by social workers to recruit, train and monitor families and babies.
- Policy guidelines for the development of appropriate childcare services.
- Media tools to raise awareness and campaign for change in childcare practices.
- Community guidelines for activists calling for change in attitude and behaviour towards vulnerable mothers and babies.

The authorities in Sudan can rightly be proud of their achievements to date and with such a strong foundation the new system of Alternative Family Care will be fully embedded by 2018 with all institutional care for children eradicated and a fully supported system of Alternative Family Care in place.