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WORLD FAITHS
DEVELOPMENT
DIALOGUE

CASE STUDY

A SOCIETY'S RESPONSIBILITY:
ETHICS, RELIGION, AND CHILDREN AT RISK
IN KENYA, SENEGAL, AND CAMBODIA
By Katherine Marshall and Wilma Mui

"A society can be judged by the way it treats its children."
Pope Francis

"The deliberate focus on making sure that the poorest and most vulnerable children are prioritized in the pursuit of all goals must be maintained."
UNICEF, A Post-2015 World Fit for Children

"We believe sustainable development starts and ends with healthy, nourished and well-educated children free from all forms of violence—and the SDGs represent an unprecedented opportunity to get us there within this generation."
World Vision

This case study is one of a series produced by the Berkley Center for Religion, Peace, and World Affairs at Georgetown University and the World Faiths Development Dialogue (WFDD), an NGO established in the World Bank and based today at Georgetown University. The goal is to generate relevant and demanding teaching materials that highlight ethical, cultural, and religious dimensions of contemporary international development topics. This case study highlights the complex institutional roles of religious actors, and positive and less positive aspects of their involvement on issues for vulnerable children—notably, how international organizations proved poorly prepared in engaging these ideas and religious institutions in a systematic fashion. Earlier case studies on female genital cutting (FGC or FGM) and the Ebola crisis focus on the complex questions of how culture and religious beliefs influence behaviors.

This case study was prepared by Katherine Marshall and Wilma Mui. Field research was conducted by Nava Friedman, Elisabeth Stoddard, Lauren Herzog, Michael Bodakowski, and Wilma Mui. Several colleagues reviewed earlier drafts, and this version reflects their inputs. Cover photo by Nava Friedman.

About the World Faiths Development Dialogue

The World Faiths Development Dialogue (WFDD) is a not-for-profit organization working at the intersection of religion and global development. Housed within the Berkley Center in Washington, D.C., WFDD documents the work of faith-inspired organizations and explores the importance of religious ideas and actors in development contexts. WFDD supports dialogue between religious and development communities and promotes innovative partnerships, at national and international levels, with the goal of contributing to positive and inclusive development outcomes.

About the Berkley Center for Religion, Peace, and World Affairs

The Berkley Center for Religion, Peace, and World Affairs at Georgetown University, created within the Office of the President in 2006, is dedicated to the interdisciplinary study of religion, ethics, and public life. Through research, teaching, and service, the center explores global challenges of democracy and human rights; economic and social development; international diplomacy; and interreligious understanding. Two premises guide the center's work: that a deep examination of faith and values is critical to address these challenges, and that the open engagement of religious and cultural traditions with one another can promote peace.

A SOCIETY'S RESPONSIBILITY: ETHICS, RELIGION, AND CHILDREN AT RISK IN KENYA, SENEGAL, AND CAMBODIA

PART 1: INTRODUCING THE CASE

An image of a suffering child symbolizes the compelling need to right the injustices in the world. The welfare of children is critical for a society's future, and there are long traditions of focusing on those who are most at risk and least able to fend for themselves. Thus, vulnerable children are the subject of specific policies and programs in development work.

The challenges of supporting vulnerable children, however, are especially complex and vary from country to country, and often even within a country or community. Defining and counting vulnerable children is a first difficulty. No single, agreed definition exists, and there are many types of vulnerability, including losing parents, abuse, or being a refugee. Surveys measure various indicators of vulnerability, but results can be difficult to interpret as children may confront more than one type of vulnerability. Thus, estimates of various categories of vulnerable children—globally and at the country level—vary from report to report.

A second complication is the large number of institutional actors and approaches; international, national, and local entities seek to address the wide-ranging issues that children face that contribute to their vulnerability. A third complication is the multisectoral nature of the challenge. It necessarily involves different approaches and disciplines, including psychology, education, law, and economics. It is often difficult to bridge divides of approach and terminology. Finally, policy approaches to children at risk are dynamic, reflecting experience, research, and changing norms. Many are contentious. Best practice can be understood very differently in different societies, influenced by factors that include cultural traditions, social norms, and available means.

Caring for children in need is an ancient and universal problem and it is a central focus for virtually all religious traditions. This explains, in part, why religious actors often play major roles both in caring for vulnerable children and in defining the norms and approaches that underlie—explicitly or implicitly—approaches at many levels, from family to international. This case study focuses on several situations—in Kenya, Senegal, and Cambodia—where religious attitudes and actors are directly involved in specific challenges facing children. It focuses on the roles that religious beliefs and religious communities play

in appreciating the challenges of caring and acting to care for vulnerable children. It illustrates the diversity and nuance of the topic and the significance of religious dimensions.

The three countries are very different in terms of culture, religious landscape, needs, development actors, and national priorities. All three, however, are signatories to the agreed international framework of the United Nations Convention on the Rights of the Child and have focused on achieving targets for children's welfare defined in the Millennium Development Goals and Sustainable Development Goals. National policies in each country highlight an overarching goal of child protection, and each has developed strategies and partnerships to improve children's welfare. Even so, each of the three countries faces significant challenges in addressing the needs of its most vulnerable children. Religious actors play important roles in these strategies, sometimes acknowledged formally, sometimes not. The approaches of religious actors to the contemporary challenges of protecting and caring for the society's most vulnerable children, both in practice and in national debates on the topic, are the central focus here. Each country has faced a crisis that accentuated challenges of child vulnerability. In each, some approaches to vulnerable children are contested. And each case presents significant religious dimensions.

The case study will interest varied audiences as it engages issues with complex ethical dimensions, involving religious traditions and beliefs, culture, development approaches, societal norms, and roles of international partners. It offers a practical tool to compare development approaches and to explore the influence of different religious traditions.

The case has four parts (including this introduction). Part 2 highlights the policy and country context, providing an overview of the challenge of vulnerable children at a global level. It summarizes approaches to children's rights, identifying key sources of vulnerability, and outlines some faith teachings on vulnerable children. It provides very brief introductions of the three countries: Kenya, Senegal, and Cambodia, presenting the religious landscape and key data as a backdrop for the accounts of vulnerable populations.

Part 3 introduces three country cases where the focus is on vulnerable children. It describes the reasons why vulnerable children receive special focus and highlights roles of religious actors in response. It outlines areas of agreement and areas of controversy.

Part 4 highlights several emerging issues and suggests questions for reflection and discussion.

Suggested Assigned Readings

Rights under the Convention on the Rights of the Child:
http://www.unicef.org/crc/files/Rights_overview.pdf

Children on the Brink 2004:
http://www.unicef.org/publications/cob_layout6-013.pdf

Senegal
Human Rights Watch Report:
https://www.hrw.org/sites/default/files/reports/senegal0410webwcover.pdf

Rudolph Ware, The Walking Qur'an: Pg. 237-242

Kenya
Child welfare summary report:
http://jointcouncil.org/wp-content/uploads/2011/02/Summary-Report-Kenya.pdf

Kenya Research Situation Analysis on Orphans and Other Vulnerable Children: Country Brief:
http://www.bu.edu/cghd/files/2009/12/Kenya-Research-Situation-Analysis-Country-Brief.pdf

Study of the Response by Faith-based Organizations to Orphans and Vulnerable Children:
http://www.unicef.org/media/files/FBO_OVC_study_summary.pdf

Cambodia
Residential Care in Cambodia:
http://www.unicef.org/cambodia/Fact_sheet_-_residential_care_Cambodia.pdf

Child Protection Policy Brief:
http://www.wvi.org/sites/default/files/World%20Vision%20Cambodia%20-%20Child%20Protection%20Policy%20Brief-2015.pdf

Residential Care in Cambodia:
http://www.unicef.org/cambodia/Fact_sheet_-_residential_care_Cambodia.pdf

A global challenge

Long international negotiations to define specific rights for children culminated in 1989 in the approval by the United Nations General Assembly of the Convention for the Rights of the Child (UNCRC).[1] It came into force in 1990. UNCRC sets out principles and norms for the status of children (defined as people under age 18) and covers a wide spectrum of civil, political, economic, social, and cultural rights. Most countries have also adopted two optional protocols to prevent involvement of children in armed conflicts and to prohibit the sale of children, child prostitution, and child pornography.[2] Implementation is overseen by the United Nations Committee on the Rights of the Child.

Many UN agencies have responsibilities for ensuring protection of the rights of children, but the central agency involved is the United Nations Children's Fund (UNICEF). Nations and regional organizations also legislate on child rights and measures to ensure child protection. Rights of children and responsibilities for assuring these rights are embedded in the year 2000 Millennium Declaration of the United Nations General Assembly, the Millennium Development Goals, and the Sustainable Development Goals that succeeded them in 2015. Many private institutions highlight the strategic importance they give to child protection and rights.

Child protection and assuring the needs of children most in need are met involve a wide range of principles and issues. Among these are the right to education, protection from abuse and violence, and preventing child marriage. A specific issue involves care of children who face special risks. A key aspect of the UNCRC is a child's right to be cared for by his or her parents; in situations where that is not possible, it places the responsibility for providing suitable alternative care on the states.[3]

> 📄 **Reflect on why the United States is the only UN member country that has not ratified the UNCRC and the implications of that fact.** https://www.aclu.org/blog/speak-freely/theres-only-one-country-hasnt-ratified-convention-childrens-rights-us

Scale of the challenge, areas of focus

Definitions of which children are vulnerable or at risk vary and data are problematic. The term "orphans and vulnerable children" (OVC) is used quite commonly. One definition of OVCs is: "orphans and other groups of children who are more exposed to risks than their peers."[4] Vulnerability—"a high probability of a negative outcome"—is influenced by many factors that contribute to varying degrees and types of vulnerability.[5] Critical global issues include involvement in conflicts, child labor, malnutrition, trafficking, limited access to education, and HIV/AIDS; poverty cuts across all issues, tending to increase vulnerability.

The scale of problems is thus difficult to measure. Surveys measure indicators of vulnerability but are partial. Challenges are illustrated by efforts to count orphans. UNICEF's most recent comprehensive report on orphans, *Children on the Brink*, published in 2004, provides statistics on orphans and specifically on children orphaned by AIDS. It estimated the total number of orphans worldwide at 143 million, with 15 million of those children estimated to have been orphaned by AIDS.

Contested issues: debates and research

Varying experience, research, and differences in values and priorities involving vulnerable children make for dynamic policy debates. Often at a level of principle there is a clear consensus—for example, on the priority of education. However, beneath the consensus are differences in views, especially when it comes to implementation. Research can help in identifying best practices among different approaches, and national and international dialogue can share knowledge and advance understanding.

To illustrate, four debated issues are: best approaches to care of orphans and specifically the roles of institutional care, international adoption, and child sponsorship programs; best approaches to supporting street children; and approaches to supporting children in conflict situations, including in refugee camps.

Orphans have, over centuries, exemplified vulnerability. Orphan care structures vary from country to country and include

orphanages, short-term care facilities, family-based care, and community-based care. A focal point in debates has been the appropriate modern role for institutional care (orphanages). Reports and conferences have examined evidence, which points first to the fact that many children in orphanages are in fact not orphans, that institutions are subject to abuse, and that institutionalization carries serious consequences for child development.

The 2009 *UN Guidelines for the Alternative Care of Children* specifically address approaches to institutional care of vulnerable children.[6] The guidelines focus on preventing family separation—an estimated 80 percent of the 2 million children living in residential care have one living parent[7]—with residential care a last resort. Core principles include: keeping the child as close as possible to their community of origin; permanency as a key goal; removal from family as a temporary measure of last resort; protection from abuse, neglect, and exploitation; importance of keeping siblings together; and recognition of formal care and informal care by relatives or others as valuable care options.[8]

The emphasis on family-based care reflects research on the negative effects of institutional care. Observational studies have shown developmental delays among children living in institutional care compared to children who are not in that setting.[9] Systematic reviews of data from 50 countries report significant

shortfalls in IQ, physical growth, and attachment among current and former children in institutions.[10] These shortfalls are linked to large, impersonal child-care institutions that do not foster growth in physical, cognitive, emotional, and social development.[11]

A related and also contentious issue is adoption, especially international adoption. Policy has evolved with changing understandings of child rights and cases of abuse. The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption outlines policies surrounding international adoption in order to protect children from being trafficked or exploited. Since the convention went into effect in 1995, 96 countries have ratified it. The convention sets standards for intercountry adoption, including stipulating that countries create a central authority to oversee the adoption process, ensuring that a child is eligible for adoption, working towards domestic adoption, using certified agencies, and taking the child's wishes and opinions into consideration.[12] Of the 96 countries that are a part of the convention, several

have suspended intercountry adoptions, including Kenya, Senegal, and Cambodia. Kenya placed a moratorium on adoptions in 2014, establishing a committee to review adoption procedures in 2015.[13] Senegal entered the Hague Adoption Convention in 2011 and in 2012 suspended intercountry adoptions in order to implement the regulations of the convention.[14] Cambodia suspended international adoptions in 2009 amid reports of child trafficking, corruption, and

Table 1: Some key development facts in 2015

	Kenya	*Senegal*	*Cambodia*
Population[15]	46,050,000	15,129,00	15.578,000
Population growth rate (annual percentage)[16]	2.6	3.1	1.6
Urban population[17]	11,799,008 (About 26% of the population)	6,614,699 (About 44% of the population)	3,228, 208 (About 21% of the population)
Population 18 and under[18]	24,045,000	8,201,000	6,497,000
GNI per capita, Atlas Method (current US$)[19]	$1,340	$1,000	$1,070
GDP growth rate[20]	5.6%	6.5%	7.0%
UNDP Human Development Index rank[21]	145 of 188	170 of 188	143 of 188

lack of background checks.[22] Prior to Cambodia's decision to suspend international adoptions, several countries, including the United States, decided to halt adoptions from Cambodia in 2001 in response to reported fraud and the lack of legal frameworks to protect children.[23]

Intercountry and international adoption remains an option, but adoption best practices for orphans today highlight keeping the child in his or her country of origin and respecting his or her cultural and religious heritage. Ideally, children are adopted by their biological family or community. If that is not an option, domestic adoption is encouraged. Some countries, like Kenya prior to its moratorium, stipulate that children under 12 can not be adopted internationally.[24] International adoption is increasingly regulated, with a series of checks in place to protect the welfare of children. In some countries, agencies are partnered with orphanages to ensure that a relationship is established and standards are met.

> **Read about the positives of child sponsorship programs:**
> http://www.sfgate.com/world/article/Big-benefits-found-in-sponsoring-children-4477921.php

Especially popular as an alternative to residential care and adoption are child sponsorship programs. Several faith-inspired organizations (FIOs) are leaders in this area. World Vision, Compassion International, and Muslim Aid, for example, have large sponsorship programs, though in each case the traditional model of focusing on selected individual children has shifted towards community-focused approaches. Effective in mobilizing support, critiques include high costs of tailoring programs to donor desires and possible discrimination in favor of selected children. A recent evaluation of these programs concluded that benefits were robust and significant. With a focus on faith-inspired programs, it also suggested that the spiritual support played positive roles.[25]

The best ways to support children who spend their lives on the streets of large cities is another contested topic, beginning with definitions of who qualifies as a street child and the causes of their situation. Estimates of numbers vary. A 2006 UNICEF report gave an estimate of upwards of tens of millions.[26] Recent exchanges by the UN Human Rights Council, UNICEF, and the UN agency concerned with drugs, among others, have focused on the situation of children living on the streets. Among conclusions are specific calls to action: listening to street children, adopting integrated approaches, and sharing best practices.

Children also suffer during conflicts and make up large shares of refugee camp populations and internally displaced people. Among the issues debated are best approaches to disrupted education; vulnerability to abuse, including trafficking and enlistment as child soldiers; loss of or separation from parents and relatives; and malnutrition.

Globally, 27 percent of all human trafficking victims are children, with two-thirds of child victims being girls.[27] The UN defines human trafficking as "the recruitment, transportation, transfer, harboring, or receipt of persons by improper means (such as force, abduction, fraud, or coercion) for an improper purpose including forced labor or sexual exploitation."[28] The reasons for human trafficking vary by region, with higher percentages of individuals being trafficked for sexual exploitation in Europe, Central Asia, and the Americas, while trafficking for forced labor is more common in Africa, the Middle East, South and East Asia, and the Pacific.[29] It is estimated that 1.5 percent of victims are trafficked for begging.[30]

Working with vulnerable children on each of these issues is complicated by the diversity of factors involved, including the different sectors that contribute ideas, norms, and challenges. Public health, education, social work agencies, and juvenile justice, among others, are all involved. Therefore, it is not surprising that coordination is a frequent challenge. National policies on child protection virtually always aim to frame a comprehensive strategy and to define coordinated approaches, but resources and mechanisms to achieve them are invariably insufficient. FIOs have tended to take on responsibilities, in part because child protection stands as a compelling moral mandate, but also due to visible needs and gaps in action. Their often decentralized nature and the inconsistent communication between secular and religious actors act to accentuate the coordination challenge. A common exception is in the area of advocacy, where religious voices play active roles in urging action on issues affecting vulnerable children. Advocacy on adoption issues and on child trafficking are examples. Even so, with powerful faith voices raised to galvanize political will, meaningful engagement at the policy table is still quite rare.

Faith dimensions

Religious institutions, whether interreligious or affiliated with different religious traditions, have a long history of care of vulnerable children. FIOs, alongside religious institutions, support myriad programs to this end. Religious leaders and communities often serve as effective advocates for efforts to meet the needs of vulnerable children and orphans. Among efforts spanning different traditions are orphanages, community care of orphans, sponsoring adoption, care for street children, and support for children involved in conflict. The wide variety of faith actors are involved to varying degrees in policy and operational debates that underlie international and national approaches to each issue.

Religious texts support care for vulnerable children, often with an emphasis on orphans, and religious leaders have been vocal about caring for the most vulnerable.

Christianity

Taking care of the vulnerable and those in need is mentioned throughout Christian teachings. Numerous Bible verses speak to the support of vulnerable populations, including orphans.

Listen to Pope Francis speak about children: http://en.radiovaticana.va/news/2015/03/18/pope_a_society_can_be_judged_by_the_way_it_treats_its_child/1130198

"Is it not to share your food with the hungry and to prove the poor wanderer with shelter — when you see the naked, to clothe them, and not to turn away from your own flesh and blood?" (Isaiah 58:7)

"Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world." (James 1:27)

"Learn to do right! Seek justice, encourage the oppressed. Defend the cause of the fatherless, plead the case of the widow." (Isaiah 1:17)

Rick Warren of Saddleback Church, one of the largest evangelical Christian congregations in the United States, described orphans as "a biblical and social mandate we can't ignore." Jedd Medefind, President of the Christian Alliance for Orphans, speaks of orphans and discipleship as "intertwined as a tree and its leaves; mutually sustaining, one lifeless without the other."

Islam

The well-being of children and orphans is a central theme in Islamic scripture and the focus of one of the five pillars of Islam. Islam teaches that an individual who cares generously for an orphan is beloved by Allah. Within the Islamic tradition, the responsibility of caring for an orphan falls on the entire community, particularly relatives.

"Treat not the orphan with harshness" (Ad-Duha 93:9)

"Have you seen him who denies the recompense? That is he who repulses the orphan [harshly]. And urges not on the feed of Al-Miskin [the poor]. So woe unto those performers of Salat [prayers][who are hypocrites], those who delay their Salat, and those who do good deeds only to be seen [of men] and prevent alma'un [small kindnesses like salt, sugar, and water]. (Al-ma'un Theutensil, verses 1-7)

"And they give food, in spite of their love for it [or for the love of him], to the miskin [the poor], the orphan and the captive…" (Al-Insan, verse 8)

"And they ask you concerning orphans, say: 'The best thing is to work honestly in their property, and if you mix your affairs with theirs, then they are your brothers…" (Al-Baqarah, verse 22)

The Prophet Muhammad was an orphan himself and took orphans under his care.[31] Teachings regarding orphans include:

"All of you are guardians and responsible for your wards and the things under your care." (Bukhari 2:18)

"Seek me through supporting those who are weak among you. You are only being supported and provided with sustenance because of the care you provide to those who are weak among you."[32]

"Be fearful of the weeping of the orphan; it travels by night when the people are asleep."[33]

Buddhism

Central Buddhist practices include compassion and helping those in need.

"There are three kinds of persons existing in the world: one is like a drought, one who rains locally, and one who pours down everywhere.

How is a person like a drought? He gives nothing to all alike, not giving food and drink, clothing and vehicle, flowers, scents and unguents, bed, lodging and light, neither to recluses and brahmins nor to wretched and needy beggars. In this way, a person is like a drought.

How is a person like a local rainfall? He is a giver to some, but to others he gives not.… In this way, a person is like a local rainfall.

How does a person rain down everywhere? He gives to all, be they recluses and brahmins or wretched, needy beggars; he is a giver of food and drink, clothing… lodging and lights. In this way a person rains down everywhere." (Itivuttaka 65)

In 2010, the Dalai Lama participated in a discussion titled "Compassion in Action: Cultivating the Intimate Care for Vulnerable Children Globally," where he observed: "Firstly, children are also human beings [and therefore should have human rights]. Secondly, our hope for a better future entirely depends on the younger generation."[34]

Judaism

Judaism addresses the duties and responsibilities towards a child, requiring individuals and communities to provide for

the welfare of children.[35] Children are created in the image of God, B'zelem Elohim, which compels individuals to care for, support, and protect the vulnerable.[36]

> *"And rejoice before the LORD your God at the place he will choose as a dwelling for his Name—you, your sons and daughters, your male and female servants, the Levites in your towns, and the foreigners, the fatherless and the widows living among you." (Deuteronomy 16:11)*

> *"Do not take advantage of a widow or an orphan." (Exodus 22:22)*

Rabbi David Rosen draws from the rabbinic homily, Exodus Rabbah 45: "the Almighty showing Moses all the treasures prepared in Heaven for the righteous and telling him that the most valuable treasure is reserved for those who bring up orphans."[37]

Table 2: Religious affiliation

Tradition	Percent of Total Population		
	Kenya[38]	Senegal[39]	Cambodia[40]
Christian	82.3	4	0.4
Catholic	23.4		
Protestant	47.7		
Muslim	11.2	94	2.0
Buddhist			96.9
Hindu	<1		<0.1
Traditionalist	1.7		0.6
Other	1.4	2	<0.1

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Kenya

Kenya, like all societies, has always had children who suffer a wide range of ills. Responses have varied among the 70 distinct ethnic groups[41] that mark and often divide Kenya's population (see Figure 1 for ethnic distribution). However, broadly, children in need—especially orphans—by tradition were cared for within the extended family. Traditional culture revolved around strong extended family networks. Families lived in homesteads, which often included three generations of family members. When a mother or father died, the extended family took on the main parental roles, and the child stayed in the homestead.[42] For the most part, that is still the tradition today, though government support for programs like foster care has increased.

**Figure 1. Kenya's Ethnic Map
(Source: BBC News, 2013)**
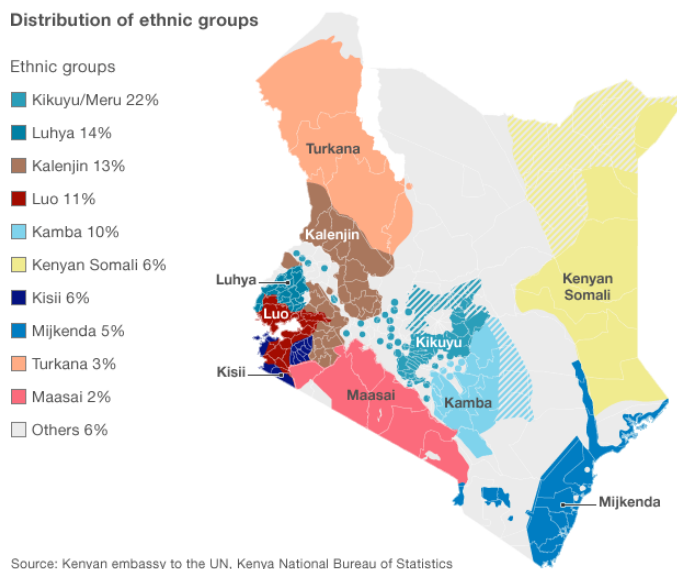
As traders brought the Muslim faith and missionaries spread Christianity, religiously colored approaches to child protection took root. For example, missionaries exerted pressure to stop the practice of female genital cutting that was a tradition in some ethnic groups; they also established orphanages. Practices like corporal punishment were quite widely accepted among religious and ethnic groups. Today, with nearly 80 percent

Defining vulnerable children in Kenya

"An orphan is defined as a child below 18 years whose parent or both parents have died. The definition of a vulnerable child is quite wide as causes of children vulnerability are many. In view of this, and for the purposes of monitoring progress, this NPA has narrowed its definition of OVC as orphaned children and children whose vulnerability is as a result of the parents/caregivers morbidity, mortality, household poverty or other socio-economic problems that render a child unable to receive basic needs. However, project specific interventions are advised to define their specific criteria of identification of OVC that at least encompasses the above definitions."[44]

Government of Kenya, National Plan of Action for OVC for 2007-2010

of Kenyans are under 35 years of age[43]—resulting in a large youth bulge—there is a sharpening focus by public and private institutions on the situation of children, reflected in policies that emphasize education for all and child welfare. New measures include government policies towards orphans and vulnerable children that, among other things, set out an official definition of an orphan (see box).

Kenya is one of Africa's six HIV/AIDS high burden countries. In 2015, the average HIV prevalence rate is 6 percent; about 1.5 million people live with HIV infection. Thus, while it is not the epicenter of the HIV/AIDS pandemic, its population continues to be critically affected, especially adolescent girls and young women who account for almost 25 percent of new infections.[45] HIV/AIDS was declared a national disaster and public emergency in 1999, and between 1984 and 2005, over 1.5 million Kenyans died from AIDS. One consequence has been a sharp focus on the vulnerability of children orphaned by parents/guardians with AIDS since the 1990s. Children were and are deeply affected, both because many were born HIV positive and died before drugs were available, and because many lost their parents when they were very young. The 2012 Social

Protection Review by the Kenyan Government estimated that out of the 19.1 million children age 0 to 18, 3.6 million or 19 percent are considered orphans and/or vulnerable children.[46] An estimated 47 percent of orphans (of perhaps 2.4 million orphans today under age 14) are as a result of the death of one or both parents due to AIDS.[47] Happily, the new infection rate and deaths from HIV/AIDS are declining (and thus the number of AIDS orphans), but HIV/AIDS remains a serious problem.

As the number of orphans or children with gravely ill parents increased sharply in the 1990s and 2000s, traditional approaches to supporting them came under severe strain.[48] Across Kenya, families struggled to cope. Child-headed households were common and subject to a wide range of ills. There were stories of courage and resilience but also of tragedy.

Read about Orphanages of Kenya's approach: *https://orphanagesofkenya.org/about-us/*

A wide range of faith actors—churches, community groups, and FIOs, both national and international—were among those moved by the plight of children affected by the HIV/AIDS pandemic (as well as other causes of vulnerability). As many faith traditions give special instructions to care for orphans, a wide variety of orphanages and orphan support programs emerged (notably stepping up traditional child sponsorship programs). There was generous international support for orphan care programs, both financial and in the form of volunteers. A 2003 UNICEF report on faith-inspired responses to OVC indicated that 33 percent of all faith-inspired interventions were through institutional care.[49] More recent data is sparse, but interviews with Kenyan practitioners indicate that FIOs are still very prominent in approaches to care of the most vulnerable children in an orphanage context.[50]

Watch this video summarizing a USAID/PEPFAR presentation on programs to support orphans and vulnerable children through scholarships in Kenya: *https://www.youtube.com/watch?v=jyIRYb6k-cs*

Faith group responses to the HIV/AIDS crisis overall evolved with time and by individual leadership, place, and denomination. Some saw HIV/AIDS as a mark of sin, a punishment from God for moral wrong-doing, and stigmatized those living with the disease, including children. Others, however, went to extraordinary lengths to protect orphans and affected children, whether they lived in communities or in institutions. Attitudes within faith communities and in the society at large have shifted in positive directions, but, even so, stigma associated with HIV/AIDS is still widespread. Various faith organizations thus work proactively to combat stigma and promote healthy sexual

Nyumbani: Responding to HIV/AIDS orphans in Kenya

The Nyumbani Center, run by the Children of God Relief Institute, was founded in 1992 by a dynamic Jesuit priest, Father Angelo D'Agostino, S.J., to care for children abandoned at birth and dying of AIDS. Father D'Agostino was a passionate advocate for children living with HIV/AIDS, demanding urgent care and support for them in Kenya and especially in the United States. Happily, as increasingly effective treatment became available, the center's mission evolved from what was essentially a hospice for children condemned to die to a broader set of programs. Children who would have died in the early years are now attending public schools, with many successful graduates. Today, Sister Mary Owens, I.V.B.M., is the executive director.

The center's current programs include a children's home, Leo Toto community outreach, a diagnostic laboratory, and a village.[56] The children's home has grown to care for over 120 HIV-positive children. The approach involves creating a surrogate family, with units of 14 children and a house parent or grandparent.[57] The Leo Toto program supports eight centers in different communities and serves 2,100 to 3,100 HIV-positive children and up to 15,000 family members each year.[58] The program promotes community- and family-based care by providing medical care alongside training and counseling for family members. Nyumbani Village is a "self-sustaining community to serve orphans and elders who have been left behind by the HIV pandemic."[59] It accommodates up to 1,000 orphans and 100 grandparents who live in housing clusters, with each cluster containing four houses, and each house containing one grandparent and 10 to 12 children.[60] It provides basic necessities as well as psychosocial counseling and social groups. Residents come from the Kamba tribe and share linguistic, cultural, and religious traditions.[61] While the children's home and the village are institutional care facilities, they emphasize deliberate family care structures to build a sense of community. The work of Nyumbani has attracted attention from international donors and media; it has been featured on CNN and in its own documentary.

Watch a video about Nyumbani Center. *https://vimeo.com/59649850*

behavior. Notable examples are courageous and compassionate Catholic religious sisters.[51]

Many programs emerged in response to the HIV/AIDS crisis. They were shaped both by available funding and urging of international partners. Many residential facilities have attracted volunteers as well as financial support. Few have been subject to rigorous evaluation. As the HIV/AIDS crisis evolved, so have the models of institutional care, many provided by dedicated faith providers. To illustrate, in Kenya, World Vision programming benefits over 1.7 million vulnerable children and they directly sponsor almost 125,000 children,[52] Compassion International operates 376 child development centers that provide a snack, lunch, extracurricular activities, skills training, and Bible studies to over 98,000 children, many of them orphans;[53] Islamic Relief sponsors 2,800 orphans through its one-to-one orphan sponsorship program.

> **Read article about abuse during a mission trip:** http://www.nydailynews.com/news/crime/okla-man-40-years-prison-raping-kenyan-orphans-article-1.2556171

FIOs account for a significant amount of residential care facilities, but over 80 percent of FIO activities concerning orphans in Kenya are community based. Programs range from material support (clothing, food, or meals), school assistance, or HIV prevention, to home visiting, counseling, medical care, income generation training, day care facilities, community schools, and promotion of fostering.[54] Large FIOs have, in line with the international policy consensus, moved away from a focus on residential care and have published materials delineating the importance of limiting such methods.[55] As social and faith community attitudes have changed and as understandings of the disease have adapted to experience and to the availability of anti-retroviral treatment, programs and especially institutions set up to care primarily for AIDS orphans have had to change. Some have done so more quickly and effectively than others (see box on page 11).

However, debates continue, both in Kenya and overseas. The policy consensus clearly favors community care. Further, regulation of institutions is limited, and there are abuses, both in secular- and faith-run programs. The potential of abuse, while rare, shines a spotlight on risks involved in institutional care. In sum, the debates reflect doubts about how far institutional care is an appropriate model for the twenty-first century. These doubts are pitted against arguments of those supporting such programs, who argue that there are no practical alternatives that assure decent care for children. Those who run orphanages tend to view the care provided in communities as problematic for a number of reasons: Families are stretched thin by losses

from HIV/AIDS, the children who have lost parents and are supported within extended families may not receive fully equal treatment, and families can exploit government funds meant for the care of a child.

Senegal: Children on the streets

For roughly the past 30 years, Senegalese and international partners have been troubled by the ubiquitous sight of often scruffy young boys holding out tin cans as they beg in the streets of the major cities, especially in Dakar, for money or food. They are for the most part *talibés*, or students of Islamic education institutions known in Senegal as *daaras*. Human rights groups, in particular, have documented serious cases of abuse. Successive efforts to address the problem, whether through banning begging and forcibly removing children from the street or through positive programs to address needs, meet brief success, but the situation soon reverts to where it was.

Child welfare presents challenging issues for Senegal. It is large in scope, since 43 percent of Senegal's population is under the age of 15. The Senegalese government has been proactive in creating a legal framework to protect children. It has adopted both international treaties and national laws that focus on defending the country's most vulnerable. The issue, as is all too often the case, is poor implementation. The current government action plan, Stratégie nationale de protection de l'enfant (National Strategy for Child Protection), sets out the framework for an integrated national system of child protection, bringing in public and private sector actors and is tied to broader efforts to promote positive social change.[62]

The *talibé* issue has clear religious dimensions since most of the children come from *daaras*, which in turn are run by imams or religious leaders called marabouts. The *daaras* vary widely in size, focus, hours of instruction, level of instructor training, and, not surprisingly, quality. Almost all are informal and are not part of the public, national educational system. Neither curriculum nor facilities are government approved. Many focus only on religious instruction, teaching mostly in Arabic, with the aim of transmitting a basic knowledge of the Qur'an by memorizing verses. Moral education is another goal, and that explains a common focus on humility, which begging is supposed to support. Some *daaras* are established as after-school or weekend programs, but many operate essentially as boarding

> **Watch a video on the *talibés* of Senegal:** https://www.youtube.com/watch?v=H7RHOXkIAz0

schools. Children come from different regions of Senegal, especially rural areas, but also from neighboring countries. Parents rarely if ever pay.

The question is often asked why parents send their children

to these institutions. One explanation is a hunger for religious and moral education, coupled with a high level of trust in the religious leaders responsible for that education. Poverty is another explanation (sending a child to a *daara* means one less mouth to feed). So is lack of knowledge: Few parents are informed about the merits of schools, nor are they aware of the potential for mistreatment. Many Senegalese see the Qur'anic instructors, marabouts, as selfless leaders motivated by service to their religion and thus entrust their children to them. Critics view the *daara* and *talibé* system, especially those seen as poorly managed, as something of a mafia, where financial gain is a not insignificant goal.

History plays a part in the situation. By tradition, *daaras* were in rural areas, and *talibés* worked the fields around the center, growing food, raising livestock, and gaining knowledge about agriculture.[63] But the protracted droughts that dominated the 1970s transformed Senegal, accelerating migration to the cities, and many *daaras* also moved. But once in the city, farm labor was no longer a viable option for work. Begging was one response to support the community. Overall, *daaras* are a common part of life in Senegal: one study found that 50 percent of girls and 60 percent of boys attended a *daara* for at least one year.[64] The *talibés* are thought to come from a minority of *daaras*; the numbers involved in begging on the streets are estimated at perhaps 50,000 or even as many as 100,000.[65]
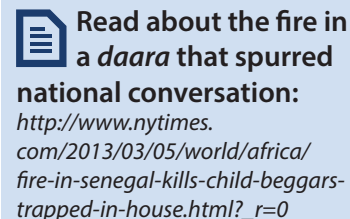
Mistreatment of *talibés* is a hotly debated national issue, with some notoriety at the international level.[66, 67] While many marabouts are dedicated teachers, there are clearly instances of exploitation.[68] The children in some urban *daaras* are vulnerable to hunger, malnutrition, and sickness, and their living quarters can be cramped and unsanitary.[69] A 2010 Human Rights Watch report suggests that the number of *talibés* is on the rise,[70] but there are no official statistics, and some researchers caution that

published *talibé* estimates lack rigor.[71] The report claims that in some cases, *talibés* are subject to physical and sexual abuse at the hands of their marabouts or, more often, older boys in the *daara*.[72] In some *daaras* each *talibé* has a daily quota that must be met, leading some *talibé* to beg for more hours than they spend studying the Qur'an.[73] Many boys in *daaras* in Senegal come from surrounding countries like Guinea-Bissau, Guinea, and The Gambia, some arriving illegally through child trafficking networks.[74]

Addressing the problem is a priority in Senegal's national strategy for child protection, keenly supported by international partners. Wide-ranging efforts, led by the government, NGOs, and religious actors, aim to remove children from the street by,

for example, providing shelters, and by working to modernize the *daara* system.[75] Since the financing and oversight of religious education is the crux of such reform efforts, the challenge goes well beyond the begging population, involving as many as 2 million children who attend Qur'anic schools. There is no consensus, either in religious communities or at the government level, as to how to go about such a major reform. The result is the frustrating piecemeal pattern of modernization of pilot *daaras*, marginally successful efforts to ban the practice of begging, and efforts to support and protect the children involved from abuse.

An inclusive definition in Senegal

"The generic and general definition of an orphan is a child that has lost both his parents, or a child that has lost one of his parents. But in Senegal, people have the tendency to expand this definition to children who roam the streets, even if both parents are alive because we don't consider them very different from orphans given that they are without support. We have a narrow definition of orphan and another that is broader. We focus on the broader definition because that definition allows us to support childhood development. It is the child that interests us. We believe that a child must be aided, assisted, educated, and cared for."

Issa Diop, Coordinator of the Institut de bienfaisance islamique pour les orphelins au Sénégal

Most *talibés* are not orphans without parents, though clearly some are. Their visible presence, however, is often the face of the OVC challenge for Senegal. In practice, there are few institutions that focus exclusively on orphans, though a range of programs provide support to vulnerable children at the community level, often as part of broader development schemes. The engagement of religious communities in the problem (in the name of child welfare and support for their moral development) puts the *talibés* matter at the center of the broader issue of child protection. It becomes linked it to the sensitive dialogue between Senegal's secular constitution and ethos, the people's high level of religiosity, and the behind-the-scenes power of the religious families and their leaders.

Cambodia

Cambodia experienced one of the world's most devastating

conflicts and genocides from 1975 to 1979, the years when the Khmer Rouge held power. Over a million Cambodians were either killed or died of starvation, and the entire society was turned upside down. Long, unstable years followed, and it was only from 1990 on that a semblance of order was restored. Traditional support systems, which prominently had included Buddhist temples, were severely weakened. Many monks were killed or exiled, and families and communities lost members and were disrupted. Among the consequences of the upheaval were a large number of children separated from or without parents, extreme poverty for a high proportion of the population, and the emergence of phenomena linked to poverty and disorder that included trafficking in children and women. Many international groups came to Cambodia to help, filling a void created by the decimation of virtually all government services as well as families. Among them were many that were inspired by religious convictions, including Christians who came to this majority-Buddhist nation.

Among the responses to Cambodia's challenges were residential orphanages. Many were established by Christian groups, some from the United States, others from South Korea, Australia, and other countries. In the early years there was no coordination among them and little if any oversight. Many children were separated from their family and community, but the orphanages included many children whose families saw the institutions as a place where children would receive support and education.

How many orphans were there in Cambodia, and how many are there today? The question is difficult to answer because of poor data but also because definitions are not precise (see box). There are many orphans, but also many children whose families struggle to support them. Cambodia has a significant HIV/AIDS epidemic, which has left children orphaned or infected themselves. One count puts the number of orphans in recent years at 570,000 children.[76] As of 2005, there were an estimated 3,800 Cambodian children living with HIV/AIDS.[77] A critical indicator is that one in five Cambodians live

below the poverty line, and UNICEF estimates that 47 percent of children in residential care are there due to poverty.[78]

How many orphanages are there? Again data is problematic, in part because of the lack of coordination and also different definitions of what is really an orphanage versus, for example, a school. In 2010, 269 orphanages were officially registered with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), up from 154 in 2005.[80] Despite the fact that the number of orphans is unlikely to have increased, the number of children in residential care rose by an estimated 91 percent between 2005 and 2010.[81] By tradition, orphaned or abandoned children were often cared for in Buddhist temples. The tradition is slowly reviving, following the destruction of many temples during the years of conflict, but the quality of care in temples is questionable.

Watch: Is orphan tourism helping or hurting children in Cambodia? *https://www.youtube.com/watch?v=hqeHxfnR9OY*

The proliferation of orphanages and other residential care facilities in Cambodia has generated both controversy and intensive efforts to develop sound policies in government oversight and self-regulation. What problems have sparked this controversy? They center on four topics: (a) the roles of Christian orphanages; (b) the emergence of a for-profit orphanage sector; (c) the roles of residential facilities linked to rescues from sex trafficking; and (d) the roles of traditional care of children including community care and Buddhist temples.

The religious affiliation of residential care facilities is difficult to measure precisely, but both anecdotal and official surveys indicate that over a third of registered residential care centers have been owned and managed by Christian organizations. This figure probably excludes facilities linked to churches.[82] One set of concerns relates to religious teaching; some orphanages deliberately and openly raise children in their tradition, while others seek to honor the Buddhist traditions of the nation or offer the children a choice. Both approaches are controversial. Other concerns revolve around lack of regulation and the potential for outright abuse. Further, the orphanage system has involved efforts to raise funds from what is termed "orphan tourism" and through largely unregulated systems bringing volunteers from abroad. Both are open to abuse and the harm that a revolving door of volunteers and money can do to the care and well-being of orphans. The "voluntourism" industry allows individuals to volunteer in the orphanages, working with the children, with little to no child-care training. "In some cases, the children are being exploited for the money they bring in, and children are being rented out to dance at restaurants to raise funds for the orphanage. One orphanage houses children who are HIV-positive as children with this status bring in more money."[83]

Definition of OVC in Cambodia

"Children exposed to one or more of the vulnerability situations described below have been categorised into children in need of special protection or children at risk. Children in need of special protection include: orphans; abandoned children; children infected or affected by HIV; abused children whether sexually, physically or emotionally; street children; children in conflict with the law; child victims of exploitation whether sexual or any forms of harmful labour; children with disabilities; children addicted to drugs; and, children whose basic physical needs are not being met."

MoSVY, Policy on the Alternative Care for Children

Alternative care systems also face constraints. There are weak traditions of fostercare and adoption. Extended families and communities

caring for children receive no support beyond a limited and scattered set of projects dedicated to the purpose. The tradition of care in Buddhist temples has flaws. One study observed that "[monks] automatically become a caregiver for a child (because so many children come to the temples for care). They are not there for that. They are not fathers and are not cut out to be caregivers; it's by default."[84] Another observer commented: "Orphans show up, they'll give them food, and they'll let them sleep on the steps; but as far as really adopting them and taking them in as family, they don't do that. And they don't have women there. Kids need moms, grandmas. So that's not a good alternative. It's not that they're bad people; it's that they're not equipped for it."[85]

The situation is complicated by an international focus on sex trafficking in Cambodia, because some responses involve residential facilities especially for child victims of trafficking. Again many are Christian. Here, Cambodia benefits from an organization whose mission is to advise and support those seeking to support anti-trafficking, Chab Dai.

Significant efforts are underway to strengthen the policy framework. The Cambodian government has developed policies that support family and community based care and "deinstitutionalization" of residential orphanages and strict regulation and high standards of care in residential facilities. This framework has support from Christian actors, including a local organization, M'lup Russey and the U.S.-based GHR Foundation. Jesuit Service Cambodia, Phnom Penh, provides scholarships to vulnerable children.[86] The Family Care First Cambodia initiative is working towards family-based care to change the dominant orphanage model. The four areas of intervention include strengthening government systems, improving social service workforce, preventing unnecessary family-child separation, and transforming the institutional care model.

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[84] Ibid.

[85] "A Discussion with Pastor Ted Olbrich, Country Director of Foursquare Children of Promise and Stephen Billington, Co-founder of Home of English International School." Berkley Center, 2010. Available at: http://berkleycenter.georgetown.edu/interviews/a-discussion-with-pastor-ted-olbrich-country-director-of-foursquare-children-of-promise-and-stephen-billington-co-founder-of-home-of-e-nglish-international-school.

[86] "A Discussion with Father Greg Priyadi, Director, Jesuit Service Cambodia, Phnom Penh, Cambodia." Berkley Center, 2013. Available at: http://berkleycenter.georgetown.edu/interviews/a-discussion-with-father-greg-priyadi-director-jesuit-service-cambodia-phnom-penh-cambodia.

Comparing different responses to different challenges
- *How do approaches to vulnerable children differ among Kenya, Cambodia, and Senegal? What is the significance?*
- *Why are religious actors important, and why are they controversial? How far do debates about religious involvement in supporting vulnerable children reflect the country's religious landscape? What roles do you see linked to advocacy?*

Context and diversity

The call to protect the vulnerable and specifically care for orphans is seen across many religions. However, there are significant differences among and within traditions. Challenges thus flow from the complexity of actors involved that include, among others:[87]

1) Individual congregations (including churches, mosques, Hindu temples, synagogues, Buddhist temples, Baha'i assemblies, among others) that provide material support.
2) Religious coordinating bodies (such as the National Council of Churches in Kenya, *Le Haut conseil islamique du Sénégal*) that may supervise and support congregations.
3) NGOs, both national and international (for example World Vision, Catholic Relief Services, Compassion International).
4) Community-based organizations, which generally rely on volunteers and are funded through donations; some collaborate with NGOs.
5) Missionary organizations.

- *Can you identify common themes that link the different religious approaches, whether by tradition or type of institution?*

Coordination and support

A 2004 Religions for Peace/UNICEF study noted that "most faith-based responses are small scale and remain undocumented," making it difficult to understand the nature of their work.[88] Coordination is a significant problem.

- *Are there coordination challenges you can identify in the different cases, and what might be done to address them?*
- *What new approaches to coordination are warranted, feasible?*

Appreciating and following "best practice" or contesting it
- *Where is there a strong international consensus that some religious actors question (orphanages as a case in point)? What kind of dialogue and action is appropriate?*

Proselytizing and spiritual care

The role of religious teaching of orphans and other vulnerable children is controversial (often termed proselytizing).[89] One orphanage director stated, "We proselytize to everybody…we will never force a child to be a Christian, but we've never had one choose not to be one. They're like fish falling into a pond."[90]

- *Summarize the debates. What is your view on what is appropriate and what action governments and partners might take?*

Links to trafficking, protecting children from abuse
- *How are the various issues for child protection linked to one another?*

Underlying questions for discussion:
- *Why is care of orphans a central policy focus at global and national levels?*
- *What are the issues around definitions of orphans and vulnerable children (OVCs), and why do they matter?*
- *What are some lessons of experience and from policy debates?*
- *Are there common issues among the three very different national circumstances creating orphans in the three countries? If so, what are they? Are there common approaches to addressing these issues?*
- *Is there a practical way to limit (or eliminate) the financial attraction that OVCs provide to traffickers and others who are exploiting them (even indirectly, such as fundraising)?*

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[87] Foster, Geoff. "Study of the Response of Faith-Based Organizations to Orphans and Vulnerable Children." World Conference of Religions for Peace and UNICEF, 2004.

[88] Ibid.

[89] "A Study of Attitudes Towards Residential Care in Cambodia." Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2011. Available at: http://www.unicef.org/eapro/Study_Attitudes_towards_RC.pdf

[90] "A Discussion with Pastor Ted Olbrich." Berkley Center, 2010.