
Policy Paper

Mother and Baby Unit in the Islamic Context

Hope and Homes for Children Sudan

June 2021



hope and homes
for children



“Establishing the first ever Mother and Baby Unit, in such a challenging and complex environment where societal stigma towards single mothers who give birth out of wedlock and their babies was so high, is a great achievement.

It was about changing the mindset of the conservative communities and having the government, surrounded by some fanatic religious groups, on board to maintain sustainability. The creation of the Mother and Baby Unit shows how Hope and Homes for Children Sudan has played such a prominent role in child care system reform.”

- Farid Idris, Country Director, HHC Sudan

The Need

Sudan is a complex multi-ethnic and multi-cultural society home to a breadth of religious concepts and beliefs, especially towards sensitive issues that affect families, honour, and mothers who give birth out of wedlock. When Hope and Homes for Children began work in Sudan in 1998, pregnancy out of wedlock was taboo, highly stigmatized and criminalised.

Fear of social and religious stigma and negative attitudes towards single mothers and children born out of wedlock was a key driver in the separation of children from their families. The vast majority of single or expectant mothers experienced stigma from their families, with a few being accepted on the condition they would abandon their child. Unmarried mothers who kept their babies often found themselves homeless and unable to complete education or secure a job, which over time led to many living in extreme poverty with reduced life chances for their child due to a lack of proper health care.

A study¹ carried out in 2003 estimated that 1600 babies, mostly newborns, were being left on the streets of Khartoum or in hospitals every year. Many would die on the streets and those who were admitted to Maygoma institution only had a 25% chance of reaching the age of four. The babies were stigmatised in Khartoum society because their births out of wedlock were considered ‘illegal’ as well as ‘illegitimate’ and that the child should be disposed of. Abandoned babies placed in institutions or informal family placements were often not assessed or monitored, leading to high mortality rates, increased risk of abuse, poor developmental outcomes, and social exclusion. A UNICEF-funded study in 2003 assessed levels of societal acceptance towards children born out of wedlock and revealed the strong connection between Sudanese culture and the

concept of DI and alternative family care, particularly in relation to adoption through Kafala.

In September 2003, a study tour to Romania was arranged by HHC Sudan and UNICEF Sudan to see first-hand the services developed by their respective organisations in the country and meet with key stakeholders. The issues of prevention and separation and alternative family care ignited particular debate on what was relevant and appropriate for Sudan and were illustrated by several field visits, including one to a mother and baby unit. Comparisons were made between Sudan and Romania, with cultural differences highlighted. It was at the Sudan Embassy in Bucharest during the final days of the visit that a plan of action to develop a family-based care system for babies who were being abandoned and the closure of Maygoma Institution began to take shape.

¹ Sudanese Attitudes and the Institutional Set Up for Alternative Family Care, the State Ministry for Social and Cultural Welfare,

Khartoum Task Force, Africa Management Systems in collaboration with Massara NGO (July 2003)

The Government Response

The personal commitment of senior government officials was a critical factor in the swift implementation of a reform programme, and most importantly, the enactment of the Child Act 2004 (subsequently superseded by the Child Act 2010), which gave legislative force to measures, methods, and approaches to all aspects of child protection within Sudanese society.

Task Force

The Government demonstrated commitment to radically reform the child protection system by forming a Task Force to develop policy on the care of children deprived of parental care in a way that was consistent with the highest international standards and Sudan's cultural and religious commitment to the care of some of its most vulnerable citizens. It was an example of genuine partnership between the State, international organisations, NGOs, and the local community. Formed of UNICEF, HHC Sudan, the Director of Maygoma, the Khartoum State Council for Child Welfare and the Director of Social Welfare at the Ministry of Social and Cultural Affairs, Médecins Sans Frontiers France and Masarra, a key focus was the reintegration of children to their biological families and preventing the separation of children from their birth mothers. Early intervention was of the utmost importance.

National Policy

HHC advocated for a holistic National Policy on the Welfare and Protection of Children Deprived of Parental Care which was adopted in 2010. It acknowledged the harm of institutional care for children and emphasised that children should be with their own or extended families and, where this is not possible, that arrangements be made under the alternative family care system.

The policy established four pillars of the Sudanese approach to children deprived of parental care:

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"Family is the natural environment for the growth of children and their protection and care" – The National Policy on the Welfare and Protection of Children Deprived of Parental Care
.....

- Awareness-raising to avoid child abandonment and illegal pregnancy
- Prevention of separation and where separation happens, prioritising reunification (starting immediately when the pregnancy is discovered and continuing until after delivery to prevent separation of the child from his or her mother).
- Permanent Alternative Families (PAFs) selected in accordance with specific conditions and criteria to provide a permanent, stable, and secure family environment for a child who cannot be reintegrated.
- Emergency Alternative Families (EAFs) to provide temporary professional care for the child as an alternative to residence in institutions or care homes so that the child is cared for in a family environment. The child will remain with the family for a short period of time until a permanent alternative is found.

Changing Attitudes

Raising awareness among key stakeholders, including the Police, Health Officials, Imams, Midwives, the media, and communities, of the serious damage abandonment and institutionalisation has on children was of vital importance in efforts to change practices and mobilise society.

Targeted awareness raising sought to shift attitudes in relation to children born outside of marriage and reduce stigma towards them. Messaging sought to highlight that these children are innocent and should not be held accountable for the actions of their parents, that these children need mothers and therefore mothers should be supported rather than punished. A poster campaign across Khartoum highlighted the message that people were abandoning babies only because of family and community pressure. The Islamic Scholars Council, covering 3000 mosques, agreed to use the Friday prayers during the campaign to spread the message that abandoned babies are orphans and, in Islam, to protect an orphan guarantees you an 'equal place with the Prophet in paradise'.

Fundamental to the success of these communication campaigns was a well-planned outreach strategy that included innovative mediums for delivering key messages. In particular, a soap opera proved to be immensely popular and influential in changing attitudes and a survey completed in two localities showed that the soap opera was successfully shifting community mindsets among unmarried mothers. In response to these efforts, many stakeholders became champions for child protection and supported our messaging and advocacy initiatives.

Working with Imams

Engagement with Imams² would prove to be a crucial step in developing and implementing both prevention services and alternative family care. In 2005 a meeting was held with 350 Imams at Shaheed Mosque where they were addressed by the Minister of Social and Cultural Affairs. The message aimed to raise public awareness and attention towards abandoned children, encouraging adoption, and reintegration of children into families and society, as well as raising awareness about the dangers of institutionalisation. Awareness raising sessions were arranged with hundreds of Imams to share information about the project. Societal stigma towards abandoned children was discussed along with children's integration in society. The Imams were encouraged to spread the project's messaging wider in the community. Many led public sessions and spoke on national TV about issues of abandonment and single mothers to help reduce stigma for single mothers and the MBU once it was established.

They played an integral role in the de-stigmatisation of orphans by issuing a fatwa and helped in the prevention and reunification process by encouraging young mothers to keep their babies and calling for families to become PAFs. The Imams were instrumental in influencing policy makers by asserting that, in Islam, the care of abandoned babies is a sacred duty, thus helping shift attitudes of abandoned babies away from prior preconceptions. Islam does not usually permit an alternative family to give the child its name. However, the Imams in Khartoum with whom HHC worked with found several verses in the Koran which would make it possible for a child to take the name of his or her alternative family.

Having these champions was a very powerful way to overcome opposition and ensure the reforms were not perceived as 'outside' impositions but rather as home-grown solutions to local problems. Advocacy in one

² Worship leaders of a mosque and Muslim community, serving as community leaders and providers of religious guidance

state championing our working model of childcare reform positively influenced other less receptive states. This was evident when Mr Farah, the Director of Social Affairs in Gezira State, presented at an inception workshop in Red Sea about their experience of childcare system reform, the involvement of their local authorities and degree of state ownership in the project. This sparked interest and enthusiasm among the authorities in Red Sea State to develop prevention and referral mechanisms as part of the Alternative Family Care system HHC introduced, which ultimately led to the closure, in March 2015, of the Port Sudan Institution for Babies (which over its 38-year history had seen over 2,000 children pass through its doors). One Imam in particular, Mr Alhakeem, gave great support to the project from the start, attended the first workshops and participated in discussions on stigma linked to abandonment. He proved to be a powerful influencer and mindset changer through presenting liberal interpretations of the Islamic teachings.

Decriminalising babies born out of wedlock

In February 2006, a Fatwa was issued in Sudan by the Fatwa Council – the highest religious body in Sudan – which fundamentally changed the way in which society viewed abandoned babies. The fatwa set out that the principle of Kafala could be extended to children abandoned at birth and whose birth parents could not be found. As such, children abandoned by their birth parents would also be considered as orphans in the Islamic context and therefore could look to the state and community for support. This provision not only made family-based care and long-term family care available for children in Sudan, but also marked a significant change in the social status of abandoned children.

The fatwa stated that pregnancy alone was not proof of adultery, and that children born out of wedlock

should not be punished for any apparent failings of their parents which effectively decriminalised unmarried mothers and removed the ‘criminal’ stigma attached to children born out of wedlock. The fatwa prevented the forced separation of mother and child – a common practice when an unmarried mother was presented to the courts or police for judgement. Mothers and children were subsequently allowed to remain together, unless it was against the best interests of the child.

Child Protection Committees

Creating links between key stakeholders was a priority area of focus. The creation of Child Protection Committees (CPCs) comprised of people and professionals from all levels of society (traditional and religious leaders, health workers, teachers, police, social workers) to actively contribute towards the protection of children from harm and abuse. A central aim was prevention and early intervention to identify and support children at risk of separation or abuse and vulnerable young mothers who gave birth to a child out of wedlock. HHC’s training on child protection, prevention and family monitoring enabled the committees to facilitate family tracing and collect data on cases being processed by the police, as well as host awareness raising sessions in communities; to turn hostile communities into advocates for change.

“One group I met was headed by a woman who was also a nurse, and included four other women and three men, all from that community. They had been vetted by the police and trained by HHC and were proud to claim that in the last two years they had supported three young women from their community who had fallen pregnant outside of marriage to keep their babies, by talking with them and their families. They had also prevented the separation of eight children and dealt with nine cases of suspected child abuse. But they insisted that a few years ago they were the same people who had seen those young women as bad people and would have advocated

their punishment and separation from their babies. They attributed their own change to the HHC media and awareness campaigns on the radio, the influence of the religious teachers who had urged them to see vulnerable women and babies as needing mercy and not condemnation, and to being encouraged by HHC staff to become members of the CPCs.”

- Paul Najue, Independent Evaluator, November 2015

Engaging the Police

In order to implement reform, it was vital to help the police understand why mothers were abandoning their babies and encourage them to support rather than punish them. The police had become increasingly concerned about the issue of abandonment and were severely understaffed to deal directly with the problem.

In response, HHC Sudan delivered training to senior police officials and the Medical Directors of 8 main hospitals that were ‘feeding’ Maygoma. In future years, HHC created a community network and trained community leaders on the basic principles of child protection, to ease the pressure on the police force. The establishment of the Family and Child Protection Unit (FCPU) in Khartoum, and a 24/7 helpline service (providing a direct referral route to report concerns) positively led to a decline in the number of babies being abandoned. Stickers with the helpline number were clearly placed in public phone booths in the community to which free calls could be made for advice, from a psychologist, for young mothers as well as to report cases of child abuse.

During a training session for community leaders, the Head of the FCPU in Bahry stressed the importance of the community leader’s role and the value of reporting and confidentiality. It was agreed to appoint a community leader to be responsible for the

data collection of cases processed by the police and to share it with other leaders in the area to facilitate the family tracing process. This collaborative approach would contribute to a better system for follow up and protection of children³.

Training Midwives & Hospital staff

Midwives and/or hospitals were often the first point of contact for expectant mothers. As it had been the midwife’s job to report births out of wedlock (as a sin) this discouraged young mothers from coming forward and having supervised births, compromising both the life of the mother and the baby and increasing rates of abandonment. It was clear a prevention of separation service needed to bring together these key stakeholders to collectively support the needs of vulnerable women and their children. As women and professionals, midwives were also key influencers in their communities contributing to changing attitudes, reducing stigma, and discrimination.

Work started in 2005 by training 264 midwives from Khartoum State on the importance of prevention and the role midwives play, how to identify cases and approach the birth mothers, how to deliver counselling and facilitate a strong attachment between mother and baby. The project fostered close relationships with midwives from different neighbourhoods and hospitals and helped address most cases by early intervention; helping mothers find positive solutions and keep their children. The midwife would contact the Technical Unit (TU) and if the TU needed advice or further assistance, they would approach HHC.

Many children were being separated from their mothers at Bashair Hospital, so an orientation session was organised with all medical staff and security personnel around the issues of preventing the separation of children. A psychologist was hired to

³ For example, in 2014, two children at risk of separation were able to remain with their families because data had been collected,

inputted into the database and community leaders were able to quickly identify the families of children.

handle all cases, and all single mothers who delivered their baby at the Hospital could stay in the unit for at least three days until their problems were solved; a vast improvement as prior to this, mothers were discharged two hours after giving birth. By extending the length of stay, mothers were given an opportunity to breastfeed their child and develop a relationship, during which time the social worker, psychologist and Medical Director could identify solutions to prevent the separation of the child. Between September and December 2005 alone, 20 out of 23 cases of separation were successfully prevented.

These initiatives represented tentative steps towards HHC being able to set up much needed referral units in hospitals with Shamaa, funded out of the hospital budget and staffed by existing local authority staff, thus minimising costs while achieving maximum impact and long-term sustainability. A referral unit was established in the Central Khartoum Hospital in 2014 and became fully functional in only a few months because of the competencies and understanding of police, social workers and midwives. This proved the training was effective and enabled the trainees not only to identify the need, but also to address it. It was the first service in Khartoum for abandoned babies and ensured babies would receive immediate medical care and protection and be placed into alternative family care without entering Maygoma. Babies brought to the unit were assessed and, if necessary, transferred to hospital services. If healthy, babies were registered and taken straight to an EAF, thus significantly improving their chances of survival through access to health care and nutrition in the first critical hours of life. The service also increased the likelihood of successfully tracing and supporting mothers to keep their baby. Instead, babies were placed in EAFs before being reintegrated with their mothers or placed in PAFs. The units helped reduce the rate of entry to Maygoma.

An Idea Forms

Over a decade of work engaging key stakeholders and establishing support services had led to a shift in attitudes and the establishment of an alternative family care system, which paved the way for the country's first Mother and Baby Unit (MBU).

The concept was highly innovative but initially considered impossible to implement given the political and religious setting. Opposition from religious and community leaders and reluctance among local government authorities to establish a service that could be accused of encouraging promiscuity were major obstacles. Despite acknowledging the need for such a service, when HHC tried to establish a MBU in 2010 the response from National Council for Child Welfare (NCCW) representatives was "they would kill us if we did this".

In 2011, a workshop was organised with the NCCW and Shamaa and long discussions ensued regarding the gap in prevention services. One of the outcomes of the workshop was the recommendation to establish a MBU which, once approved by the Minister, could be run by Shamaa and the FCPU with technical support from HHC.

Until a MBU could be safely established, HHC developed a support service for single mothers and women pregnant out of wedlock. These women and their babies were quietly placed in discreet EAFs whilst continuing to receive support. This worked for several years whilst the team worked to build the capacity of our partner, Shamaa, in Khartoum and supported them to lobby with the Child and Family Protection Unit of the police, local authorities and community leaders for permission to be granted to open Sudan's first official MBU.

The Pilot

The opening of the unit in Khartoum in 2013 marked a huge breakthrough in the provision of quality support to vulnerable women before, during and after birth.

Run by Shamaa and the FCPU, with technical support provided by HHC Sudan, the service was able to accommodate eight mothers and their babies (which increased to 22 beds in 2016). In addition to two rooms for accommodation, the service was equipped with a kitchen, bathroom and small backyard. A reunification service within Maygoma institution was developed alongside the MBU to encourage single mothers to keep their babies rather than place them in Maygoma institution.

“I was living on the street until my lawyer guided me to Shamaa. Being here changed my life as I was thinking of committing suicide, but now I have the strength to live my life” – single mother in the Mother and Baby Unit

The MBU was designed to provide support to single mothers and their babies at risk of separation, build their self-confidence and empower them by building trust through group discussions and participatory activities. The unit represented a safe place where women were given a voice to decide a future for themselves and their babies and were encouraged to express their feelings, share life experience and learn from other residents. These activities gave women the confidence to face society and communicate their rights. To continuously improve the service, staff would ask mothers of their opinion of the strengths and weakness of the support provided to them.

At times, the unit was full so had to turn away referrals for admission. There was no other similar

⁴ Quote by a young unmarried mother, in poor health having not accessed pre-natal care due to stigma and under pressure from her family to terminate her pregnancy, was referred by the FCPU when

facility in Khartoum and when an application for admission could not be accepted and no other arrangements could be made to keep mother and child together, the likely outcome was the baby being placed in an EAF or in Maygoma. While the authorities were supportive of HHC’s plans to develop additional MBUs, these services remained too sensitive to be directly funded by the Government. Instead, the MBU was funded by Shamaa through local donations.

Working through Partners – Shamaa

“I could have died because I had no access to medical follow up for me and my baby because I was escaping from the stigma around me and my family, and I had no social support. Thanks to Shamaa and their partner for saving my life and my baby”⁴

There were several advantages of working with a local partner. During a volatile period, both politically and socially, and with significant suspicion towards international NGOs, HHC was shielded from much opposition, both from government entities and the public, by working so closely with Shamaa. The personal experience of Shamaa staff (nine of whom including the Director had been abandoned as babies themselves and had experienced stigma first-hand) only strengthened messaging and ownership of the issue. By working together, the partnership enabled the engagement of a variety of stakeholders, from religious leaders, the police and community leaders to government social workers and psychologists, leading the process of changing societal attitudes towards vulnerable children and their birth mothers. The partnership was symbiotic, as Shamaa equally appreciated HHC’s capacity building sessions and on-the-job training which improved their knowledge and practical application of AFC.

she was 7 months pregnant. The MBU provided psychological support and healthcare prior to her giving birth. She soon married and is caring for her son.

Mitigating Risks

There was a danger that staff and beneficiaries of the MBU would come under attack as the service could be perceived as promoting promiscuity/immoral behaviour. However, these risks were mitigated due to:

- Close ties with the FCPU and their explicit support for the MBU improved security for staff and beneficiaries
- Integration of the MBU into the community, including use of local tradespeople and businesses reduced hostility
- Supportive Imams at community level and on national TV, who spoke about the issues of abandonment of single mothers, helped reduce stigma for single mothers and the MBU
- HHC's organisational 'Security and Safety Policy' and 'Security and Safety Management Framework' outlined responsibilities and management of security risks and listed steps for action under a range of security level threats.

Equity and Gender

Addressing gender needs and overcoming gender issues in a sensitive and effective way was a priority. There was a risk that the MBU could be viewed negatively as promoting immoral behaviour so involving local communities to explain the approach was important, whilst maintaining a low profile and being discreet.

Efforts were made to reconnect the mothers with their families and communities, and this involved supporting men to play a role in taking responsibility for decisions about their babies' care. It became clear that not only did fathers have a vital role to play, but that many were willing to be involved if the community and religious authorities would allow and encourage them. The presence of these young men in the mothers' lives helped them make decisions about their baby's futures. This had a significant impact on the young mothers' families, convincing them that

their daughter's relationship was serious and should be supported. HHC Sudan and Shamaa's tactful mediation helped avoid punishment and further stigma. Advocating for fathers' rights and responsibilities also empowered men to understand the issues, their rights and duties of care. This was fundamental to overcoming a gender barrier for women whilst accounting for the strategic needs of women and men in society.

The MBU staff, backed by the FCPU, successfully supported fathers to accept responsibility for their children and harness support for parental DNA testing, which had previously been rejected by religious leaders. Following three workshops in 2015 with religious teachers, recommendations that DNA testing should be used to establish paternity and require fathers to support their children were sent to the Judiciary and a working committee was formed to work towards implementation.

Quality

A year after the pilot service was opened, HHC reviewed the MBU in Khartoum to better understand the needs of beneficiaries, to inform future project designs. 51 mothers, 12 fathers and 110 family members were consulted, and their feedback was used to evaluate the success of the MBU and wider AFC system. They remarked on the vital support provided which enabled them to make informed decisions about the futures of mothers and babies and helped to secure their families' support for these decisions. Feedback from mothers highlighted the importance of working with male family members and the babies' fathers.

Consultations with the local community showed that despite initial opposition the MBU was positively received by around 70% and was praised as a valuable service that could be replicated in other neighbourhoods in the same discreet way. They reported that the presence of the MBU had positively changed their attitudes towards young unmarried

mothers. Feedback from community leaders of community networks in Khartoum on improvements in the way child abandonment cases could be dealt with at a local level enabled all stakeholders to work together to implement new and more effective ways of working.

Over the years, HHC organised focus group sessions with women in the unit to listen to their experiences and opinions related to the impact of stigma and negative attitudes encountered from the community and their family members. The discussions revealed the women to have experienced negative mental health due to their experience, with one woman describing her experience as “catastrophic” and explaining that she needed more psychological and social support. These sessions were repeated, and the women felt more confident sharing their opinions as the sessions progressed, reflecting that trust can take time to build. The women referred to the unit as a “safe haven” and shared recommendations for how it could be improved in the future. They asked to use the media to highlight the role that Shamaa played in supporting vulnerable women through the MBU, so it could help more individuals in need. When asked what their message to the public would be, they replied “stop and prevent gender bias and discrimination” as the Sudanese laws and cultures are biased to men.

Outreach Activities

The MBU also offered outreach services to pregnant and single mothers as a way of solving cases without referring them to the service. Community leaders participated in finding local solutions to the problems at hand, which intensified dramatically with the onset of the coronavirus pandemic in March 2020. During this time, the MBU had to close so HHC worked through a network of Shamaa staff and the community leaders to reach vulnerable populations.

The activities proved to be viable and effective ways to support vulnerable women outside the residential setting by:

- Positively contributing to awareness raising in the community; mothers and babies could be seen in their community rather than being removed to the MBU.
- Strengthening family and community bonds rather than relying on outside intervention, thereby interventions were more sustainable.
- Carrying out cost-effective interventions, as the cost of supporting a mother in her community was significantly less than in a residential setting.

This was a significant learning for the team and project partners as highlighted the need to reserve the residential MBU setting only for the most urgent cases.

Lessons Learned

HHC demonstrated that change is possible, is beneficial to young mothers and vulnerable children and is not in opposition to Sudan's cultural and religious traditions. This has been vital in ensuring reform is embedded in society. The Mother and Baby Unit is a core component of Sudan's AFC system and key in breaking down prejudice and mistreatment of vulnerable women.

Controversial and pioneering services can be established by engaging stakeholders at all levels.

Even in a challenging and complex context, pioneering services can be established using a grass roots approach involving parents and communities and including authorities who recognise and are themselves affected by the urgency of the need.

Cultivating 'champions' for change from within the system proved very influential. These champions could be a widely respected Imam who actively supported change in attitude and behaviour towards vulnerable mothers and abandoned babies, or government ministers who came to believe in the reforms and advocated for them, often whilst facing significant opposition. Having these champions was a very powerful way to overcome opposition and ensure the reforms were not perceived as 'outside' impositions but rather as home-grown solutions to local problems. Having religious leaders, community leaders and local authorities on board is necessary to create a supportive environment for vulnerable mothers that gives them the opportunity to exercise their rights to keep their babies.

The importance of engaging with the widest range of stakeholders possible. Although we had worked with community and religious leaders, with professionals and with the young mothers themselves, we initially gave less attention to the fathers of these babies, mostly young men. They were also often hard to reach and were viewed by society as being

irresponsible. Through our work at the MBU it became clear that not only did these young fathers have a vital role to play, but that many were willing to play that role if the community and religious authorities would allow and encourage them. Ensuring the widest possible stakeholder engagement became the standard practice, even involving groups we might previously have considered too difficult to engage or work with. Consulting with the main stakeholders – the young mothers in this case – about other stakeholders was an approach we incorporated into our standard practice. We saw it as a vital component not just during initial assessments but as a continual process.

The importance of demonstrating change as a way of convincing authorities, local leaders and beneficiaries that change is possible. Many people found it difficult to envisage a new way of addressing the needs of vulnerable women and children or would oppose change because they believed it would upset local customs or traditions. The MBU demonstrated that it was indeed possible to support unmarried mothers and help them make decisions about their babies, and to engage their families and local leaders to support the process. Demonstrating change has always been a part of HHC's approach. There was often religious, cultural and political opposition to any kind of changes, so demonstrating that change was possible and beneficial to young mothers and vulnerable children, and not in opposition to Sudan's cultural and religious traditions, was vital in ensuring childcare reforms would be embedded in society. We made certain that every aspect of the reform – the development of AFC, the closure of the institutions for babies, the MBU – were all demonstrated by positive examples. This meant that, together with the authorities and our partners, we could point to examples of the various services that would work and the impact they would have.

Conclusion

Approximately 8,000 women have benefitted from the service since it opened in 2013 and many children have been prevented from separation and institutionalisation.

In the complex political and religious environment of Sudan, the HHC team had to work creatively to be able to achieve change in attitude and practice towards babies born out of wedlock, and their mothers. HHC recognized early on the need for such a service as the Mother and Baby Unit, but the risk for anyone developing and creating such a service was too high for many years. Once established, the service was a huge breakthrough in reducing stigma, providing quality support to vulnerable young women, before, during and after birth, giving them a voice to decide their own and their babies' futures, and visibility in the local community where they had previously been hidden by shame and stigma.

By incorporating core principles of Islam – forgiveness and acceptance – it has a vital role in changing the customs and norms that society has towards children born out of wedlock. Involving government decision makers and religious and community leaders to find solutions has paved the way for these women to be accepted by their families and society at large.

The staff at the Unit empowered the young mothers by creating a safe place where they could share challenges and their life experiences and learn from each other. The families of the young mothers and the fathers of the children were encouraged to visit to listen, discuss, and share responsibility. Traditionally, because they were not married, the fathers were not allowed to be in contact with girls but Shamaa staff bravely insisted and encouraged them to visit and play a part in their babies' lives. This greatly reduced the stigma and empowered the young mothers to be

confident in speaking about their rights and the rights and future of their babies. This in turn increased their self-confidence in facing a society which in the past considered pregnancy and childbirth out of wedlock a punishable offence.

Many of the young women and their families have only realized through being involved in the MBU and its outreach services that real social change has taken place in Sudan and that there is a lot of support for them. In meetings organized by the staff of the MBU they get the chance to meet, question and hear from community leaders, religious and local authorities as well as young women who share the same experiences as them. Hearing these different groups from society tell them they support them and are advocating for a better life for them, and their babies, has had a transformative effect on the young mothers and their families.

A few years ago, these young women would have been punished and had their babies taken from them and put in the Maygoma institution. Now they are supported by family and community, encouraged to make decisions in their best interests of them and the best interests of their babies. In this way they are also contributing to the momentum for change in Sudan which in the space of the last fifteen years has changed policy, practice⁵, and attitude towards recognizing that babies should be in families and not institutions. Promisingly, the Government has indicated the desire to open a second MBU as part of the process of re-purposing the Maygoma institution building. Despite political and social upheaval, a Sudan free of institutions is in sight.

⁵ Standard Operating Procedures (SOPs) have recently been introduced.

Annex 1: Abbreviations & Terminology

Alternative Family Care (AFC)

Care provided to a child in a family environment as a temporary measure until they can be returned to their family, or while a permanent solution is sought. A range of options exist including foster care, kinship care and guardianship.

Emergency Alternative Family (EAF)

An Emergency Alternative Family provides short term care for a child while efforts are made to keep the mother and child together, usually for up to three months.

Family and Child Protection Units (FCPU)

FCPUs were set up in Police stations to provide a package of services to children, whether accused, witnesses or victims of crimes, and were run by police officers and social workers to provide psychological support to children in all legal procedures. FCPUs are now established in every state. Operating 24 hours a day, they provide a child-friendly and family-friendly environment, provide medical care, counselling and access to dedicated investigators and prosecutors.

Kafala

Kafala finds its origins in the Sharia and is the nearest Islamic equivalent to adoption – a practice which is not recognised by Islamic Law. Islam does not permit a change in the child's name and children cared for through the Kafala system do not have an automatic right to inheritance in the way an adopted child would. Because of the diversity of the Muslim world

and the difference in how the Sharia is understood and applied, Kafala is implemented differently according to different national contexts. In Sudan, the principle of Kafala is applied via Permanent Alternative Families and can be considered a permanent solution for children, falling outside the scope of 'alternative family care'. However, it has some characteristics that are similar to traditional forms of Alternative Family Care, such as long-term foster care and guardianship.

Permanent Alternative Family (PAF)

This is a legal arrangement established in Sudan according to the Kafala principle. A Permanent Alternative Family takes legal guardianship of a child in the same way as an adoptive family and provides a permanent solution for a child who cannot be returned to their own family. In the Sudanese context, HHC Sudan piloted a process according to which social workers are trained to ensure the child is able to inherit. The procedures around this process have been accepted into law through the Child Act 2010.

Technical Units (TU)

Until 2006, alternative services, whilst implemented at local level by State social workers, were led and managed by a project management team operating outside the Ministry. Once services were established it was appropriate for the management and responsibility be transferred to the Ministry of Social Welfare. The unit became an independent department at the Ministry of Social and Cultural Affairs and in time expanded to include sub-technical units for each of the seven localities of Khartoum. Later they were established in each State as part of a comprehensive roll-out of the family-based care system and co-ordinated the implementation of the AFC programme and building the social workforce's capacity.

Annex 2: Case Study

Juliet was 18 years old and studying at secondary school in Khartoum State when she discovered she was pregnant. Both Juliet and her family were shocked and distraught by the thought of her having a baby out of wedlock, afraid of the shame and scandal the family would face.

In May 2013 Juliet delivered a healthy baby and a family friend suggested she visit the Shamaa Mother and Baby Unit. When they arrived at the unit, both Juliet and her family were sure they wanted the baby to go into care. The unit team stepped in and worked with the family to try and prevent the baby being abandoned.

“We worked with the family to help them deal with the initial shock, then we started several individual and collective dialogues with the family to make sure they were aware of the risks associated with child abandonment.”

Unit specialists worked with Juliet and her family to help them psychologically and socially to accept the baby as a reality. They talked through their fears and concerns and were advised on the legal implications of keeping or abandoning the baby, and what was written in Islamic law. After just one day spent with the team, Juliet and her family decided the baby would not be abandoned under any circumstances. Juliet returned home with her baby to start a new life together as a family.

In the weeks that followed, the team kept in touch with Juliet to ensure both she and her baby were happy and well. With the support of her family, Juliet was able to return to school and work towards a future where she could provide stability for herself and her baby.