The Way Forward Project Report

November 2011

the way
forward project

CCAI would like to acknowledge:

for their generous support of *The Way Forward Project* and CCAI's overall mission.

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Dear Colleagues:

Last November, the Congressional Coalition on Adoption Institute (CCAI) initiated The Way Forward Project. Over the last twelve months, CCAI facilitated this project to target discussions of child welfare practices with six African countries – Ethiopia, Ghana, Kenya, Malawi, Rwanda and Uganda. This bold initiative brought together government officials and child welfare experts from these countries, along with representatives from international and non-governmental organizations. During this time, the project's working groups have exchanged information about best practices and strategies to improve the lives of children outside of parental care, and on November 8, 2011 they will present their findings and recommendations at The Way Forward Project Summit and simultaneously release the working groups' Report.

As you all know, Secretary of State Hillary Rodham Clinton is a powerful advocate for children. Under her leadership, the United States government promotes projects in all six of these countries that focus on positive change in the lives of children and their families, especially those who are most vulnerable.

The Department of State is proud to host The Way Forward Project's Summit at the George C. Marshall Center since we share CCAI's commitment to providing a full continuum of care for children and building stronger families.

Our expectation is continued cooperation with CCAI to make the goals of The Way Forward Project a reality.

Sincerely,

Susan Jacobs

Susan Jacobs
Special Advisor for Children's Issues
United States Department of State

Letter from the Congressional Coalition on Adoption Co-Chairs

November 8, 2011

Dear Friends,

We are writing in our capacity as the four Co-Chairs of the Congressional Coalition on Adoption (CCA), the largest, bicameral caucus in Congress. The CCA began in 1985, when a small, but committed group of Members of Congress discovered that they had a common goal – to live in a world where every child has a permanent, safe and loving home to call their own. They also found that their shared commitment to eliminating the barriers that hinder children from realizing this basic right to a family was one that transcended party lines and geographical borders. We have since grown to nearly 160 Members and over the last twenty five years, Members of the CCA have led Congress in the passage of legislation that has dramatically impacted the lives of hundreds of thousands of children.

Despite the effort and progress that the United States and other countries have made to support and enable families to care for their children, there are still millions of children living in orphanages or worse, on the streets. It is imperative that legislators, governments, non-governmental organizations, private investors, the child welfare and protection workforces, churches, and faith-based groups work together to ensure that good policies become good practice. Initiatives like The Way Forward Project are critical to creating conversations and partnerships across these sectors to make the hope of a family a reality for all children who find themselves without one.

The children of Africa have a very special place in each of our hearts, and we are proud to partner with the Congressional Coalition on Adoption Institute and The Way Forward Project to work toward our mutual goals of raising awareness about the millions of children in Africa and around the world in need of permanent, safe, and loving homes and eliminating the barriers that hinder these children from realizing their basic right of a family. We applaud this work and look forward to the The Way Forward Project Report and its future impact on this important conversation.

Sincerely,

Senator Mary Landrieu

Senator James Inhofe

Representative Michele Bachmann

Representative Karen Bass

The Way Forward Project Report

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INTRODUCTION

The Way Forward Project

Message from the Executive Director

"And the judge turned to me and he said, 'Mary, you are doing so well. What is it you want for your life?' And I answered, 'I want what all kids want, I want a family.'"

– Mary, CCAI Foster Youth Intern (FYI) 2004

On behalf of myself, the CCAI Board of Directors and the nearly 160 Members of the Congressional Coalition on Adoption that we have the privilege of partnering with, I would like to thank you for taking the time to learn more about CCAI's The Way Forward Project. As its name implies, this project is an attempt to drive forward the global conversation on children's need for family-based care from universally accepted policy to everyday best practice.

We were motivated to undertake this initiative by one factor alone: Despite scientific evidence that to thrive, children need love, attention and a secure attachment to an adult, the number of children living without these things continues to rise.

When we began this project, we believed there were several factors that might be contributing to this disturbing trend. Chief among them include a lack of understanding among international foundations, faith-based leaders and government policymakers of the importance of a family to the development of a child, and the absence of an international strategy for addressing this particular need worldwide. We feared that without these two crucial elements, U.S.-based philanthropists, policymakers and churches might be inadvertently contributing to the very problems they were hoping to solve.

Kenya, Rwanda, Uganda, Malawi, Ethiopia and Ghana were chosen as the six focus countries because they had both the need (over 2 million, or 25 percent, of their population under 18 is classified as being orphaned or otherwise vulnerable) and the demonstrated desire among public and private communities – as evidenced by new policies, funding levels and programs – to begin addressing children's need for a family.

We did not and do not intend for the findings and recommendations in this report to be viewed as any sort of mandate, or as a critique of the six focus countries. On the contrary, since leaders in each of the focus countries were already engaged in transitioning to family-based care, we hope this report will not only encourage and support these efforts, but also instruct others on this work so that they might also employ these reforms.

We chose the individual members of each working group because they possessed both a deep and abiding passion for serving children as well as considerable experience in a wide range of fields in areas necessary to affect change. We did not choose members in our working groups for their similarities, but rather for their differences, in the hope that, by bringing together a diverse group of viewpoints around a common cause, they might pave the way for varied and creative solutions.

Over the course of our time together we have learned that all countries, including the United States, struggle with the complicated questions that arise when attempting to provide permanent and loving families for children in need. We began the process by acknowledging that this complexity and uncertainty too often prevents people from taking the necessary steps forward, and vowed that our groups would focus on moving beyond these complexities whenever possible.

It was not our goal to reach a consensus, or to prove or disprove any one theory or approach. We believed then, and are convinced now, that there is more value in talking about the areas in which disagreement remains. While the family has long been acknowledged as the foundational unit of a civilized society, our scientific understanding of the physical impact a family has on a child is relatively new. We are also only beginning to explore and assess the impact of several methods for providing an alternative family for a child who is unable to remain with his or her biological family.

Before we even got to the point of putting pen to paper, we felt we had accomplished something unique with this project. New ideas have been advanced, new partnerships have been made, and most importantly, the majority of the project's participants have come away with some new understanding of some of the issues and challenges at hand. We very much hope that all of these benefits will continue long beyond the life of the project itself.

As the Executive Director of the Congressional Coalition on Adoption Institute, I had the distinct privilege of viewing this project from two perspectives – first as its organizer, and second as a participant in Working Group Four. It is from the second perspective that I would like to share some of the lessons I have learned through being a part of this work.

Definitions Matter

The 419 delegates who attended the First International Conference in Africa on Family Based Care for Children in 2009 noted that there were "overlaps and contradictions in the use of alternative care concepts and terminologies, such as, a child, family, orphan, foster care, biological family, kinship, guardianship, formal and informal care, institutional and residential care, cluster and village care, adoption, kafala, permanent and temporary care, child headed household and a social worker." Terminology and definitions continue to be a problem. Simply put, it is impossible to put in place laws and systems that support family-based care for children if you do not even have a clear and universally agreed upon definition of what family-based care is. To be more concise, despite the existence of the United Nation's Guidelines for the Alternative Care of Children, many countries are moving forward policies without clear definitions of critically important terms such as "family care," "alternative care," "institution" and "child outside of family care."

As the six focus countries continue their work to address the needs of children living outside of family care, defining these terms becomes all the more important. The First International Conference attendees recommended that governments and actors work towards a common understanding of the overlapping terminologies and their contextual meaning. I came away from this project sharing their conviction that a necessary first step in changing policy, whether on a national or international level, is to agree upon and set these definitions. In listening to the various medical experts who presented throughout the project, I think we need to learn as much as we possibly can about what scientific research has shown us about the type of relationships a child needs in order to grow, and then work to develop policy and then we need to use such knowledge in crafting these definitions based upon that knowledge.

Data Can Be Both a Driver for Change and a Yardstick for Success

During our convening in Washington D.C., we had the opportunity to learn from UNICEF about some of the challenges faced by governments throughout the world in collecting and using data on children living outside of family care. Because these children are outside the care of an adult and most often in the care of government or non-profit orphanages, there are ethical and practical barriers to obtaining information on them. As a result, none of the six focus countries have an accurate count of the number of children living in institutions, let alone outside of family care. Setting up a means for collecting this information is not only a critical first step, it would also be useful to countries that must determine whether current interventions for this group of orphans and vulnerable children are having their intended effect. For instance, if the proper systems are in place, the number of children being abandoned to institutions should decrease, while the number of children exiting institutions into family-based care should increase.

A Comprehensive Approach is Best

During our first convening, Dr. Christopher Desmond of the FXB Center for Health and Human Rights at Harvard School of Public Health warned that a common problem in governments' attempts to develop efficient responses to the needs of children without family care is that these responses are more often viewed as part of a "production line," which has elements that must be implemented one at a time in consequential order. This type of approach not only leads to efficiency problems such as lack of coordination, gaps and duplication, but can also stall reforms because there is not sufficient will or sufficient resources to get from

step to step. He instead suggested that countries approach it the way they would approach "baking a cake," meaning that it is important for all of the necessary ingredients to go into the bowl, and the solution to a lack of sufficient amounts of ingredients is not to eliminate them but to either search for substitutes or proportion the recipe accordingly. This analogy makes a tremendous amount of sense in the context of family-based care. All elements of the system and continuum of care are equally important, and so efforts to produce a reform must focus on each element being created and supported.

There Are Lessons to Be Learned from the Past

While in Addis, we had the opportunity to spend an afternoon with several foster parents, each of whom had made a lifelong commitment to foster a child that would otherwise have been institutionalized. It was clear that the children in these foster parents' care were not only well cared for physically, but they had developed the kind of parent/child relationship that researchers had stressed was necessary for normal development. For those of us who have spent years attempting to reform the foster care system in the United States, it was good to see these children being so well cared for by their foster parents and so well served by their country's foster care system. But in our discussions after this meeting, many of us were careful to point out the fact that children in the early stages of the U.S. foster care system likely had similar positive experiences, but today the system has to grapple with the challenges of recruiting, selecting and supporting half a million foster parents. The instability, abuse and lack of good outcomes for children that have plagued the foster care system in the United States for decades might be avoided in the six focus countries if policymakers there take the time to learn why these issues arose and how they might be avoided in their own countries.

There Can Be No "System" Without People

While the first step in building a system of family-based care is to put in place the appropriate policies and programs, there is no way to effect real change for children without families and a system filled with professionals tasked with implementing these policies and programs. A system of child welfare needs social workers, lawyers, judges, government officials, doctors and foster parents who are trained to assess and meet the needs of the children identified as being in need of care. To be clear, this means more than recruiting a large group of volunteers and handing them a training guide and a clipboard. It means working with universities to develop professional programs, training protocols and recruitment strategies aimed at getting individuals to come forward and fill the important roles these children need.

What Might Be Missing from Strategies for Most Highly Vulnerable Children is a Plan for Highly Vulnerable Families

A large part of the policies in place in the U.S. and the six focus countries are centered on defining and then serving an "orphan or vulnerable child" or "OVC." To date, less has been done to define and/or identify a "highly vulnerable family." Experience has shown that families headed by a single parent, a grandparent or a parent with physical or mental disabilities are at greater risk of experiencing situations (poverty, disease or abuse) that can cause separation of children from the family. By reframing the issues through this additional lens, we might be able to do more to support families before abandonment occurs and, just as importantly, keep the family together after a reunification has occurred.

Government Can Be an Agent of Change

In conversations such as these, there is a tendency to assume that the major drivers of change are those who are directly working to provide for the needs of children outside of family-based care. Most often, these are individuals from the non-governmental, international development, and social sectors, and the government is viewed as simply providing the oversight and possibly the funding necessary for these efforts. In the 1990s, the United States underwent a huge shift in policy, away from foster care as a long-term option for children and toward providing permanent families through adoption. This shift was not only prompted by but also continued through government leadership at the federal and state levels. In the six focus countries, a great deal of work has similarly been done by the government agencies to promote family-based care. It is critical that this leadership continue.

Permanency Means Something

There continues to be the feeling among some that being a member of a family is not important to the growth and development of a child and it is possible for governments and state run programs to play the role of a parent. In these scenarios, the government is acting in loco parentis is responsible for providing the child with the shelter, clothing, food, health care and education that a family would have otherwise provided. Before implementing full systems based on this premise, governments should consider two things.

First, the United States spends on average $25 billion a year maintaining 400,000 children in foster care. This money is used to provide food, shelter, clothing, health care and education for the children in care, and yet the 29,000 children a year who emancipate from our foster care system do not have good outcomes. Second, the vast majority of these children report that, although the government met their most basic needs, they continue to yearn for the human connection that comes from being part of a family.

In closing, I would like to thank everyone who worked alongside CCAI to make The Way Forward Project possible. We very much hope that this effort will be one of many to come, and hope to someday soon realize a world in which every child is safe, happy and loved.

Sincerely,

Kathleen Strottman
Executive Director
Congressional Coalition on Adoption Institute
Washington, D.C.

Disclaimer

This report is a working document. It has been prepared to facilitate the exchange of knowledge and to stimulate discussion. The text has not been edited to official publication standards.

The findings in this publication do not imply an opinion on legal status of any country or territory, or of its authorities. Opinions or beliefs expressed herein represent the views of participants as individuals and should not therefore be attributed as official positions of any organization.

Foreword

Nyanja Nzabamwita Brodin

Former U.S. Foster Youth and Founder of ISHAMI Advocacy for Children, Rwanda

When the Congressional Coalition on Adoption Institute (CCAI) asked me to be a part of The Way Forward Project, I was very excited. As a child advocate who has personally experienced both life in an institution and the blessing of a family, I fully understand the importance of permanency in the lives of children. It was refreshing to know that a group of international experts, who for the most part have differing opinions on these issues, could come together to discuss the opportunities and challenges facing governmental and non-governmental leaders in six African nations (Ethiopia, Ghana, Kenya, Malawi, Rwanda and Uganda), and it was also refreshing to witness them working to develop systems of care that will serve children in and through families.

After coming to the United States from Rwanda, I remember being very jealous of friends with families. I was living with a relative at that time, which to most people would be considered optimal for me. However, in that home, I was mistreated and never treated like a family member. When this abuse was discovered, I entered the U.S. foster care system, where my treatment in the group home where I stayed continuously made me feel like a criminal.

All I ever wanted was to love others, to be loved and to feel a sense of belonging within a family. It was not until I found those feelings within my own foster family that I could go on, develop and become a productive member of society. This is why I have since devoted so much of my time to working on behalf of children living in institutions and promoting adoption and formal care.

As a young adult working as an advocate both for children in the U.S. foster care and in my birth country of Rwanda, I realized that things are often made more complicated than necessary. For example, some argue that adoption is not consistent with African culture, while others maintain that extended families are always inherently better options. Neither of these are absolute truths. My story is but one example that shows that what is the right path for one child might not be right for another.

Moving forward means having to acknowledge hard truths. My experience is that sometimes extended families agree to provide support for relative children out of obligation rather than love, and in circumstances in which that child is felt to be an additional burden, these same extended family members may resort to mistreating that child or misusing them for labor.

Perhaps the most daunting challenge facing any group of advocates working to address these issues is being able to agree to put aside these differences and instead focus on what are the best solutions to these problems. It is important to remember that disagreements within groups on definitions of permanency have caused heated debates because the people debating care so deeply about serving the needs of orphan children. It is also difficult to provide recommendations to countries to make things better while knowing that they often lack the economic means needed for such change.

Regardless of these and other challenges, participants in The Way Forward Project have been able to put forward findings and recommendations that will hopefully enable the development of policies and regulations to better determine and meet the needs of children. As a person who has committed her life to ensuring that all children are placed in loving homes and receive the loving care they all deserve, I am grateful for this work, and hope to use it to bring about change.

A Summary of The Way Forward Project

The initial global response to serving the needs of the ever growing number of children living outside parental care has been to develop child welfare frameworks that are heavily reliant on institutional care and focused on providing for children's basic needs (housing, health care, food) – needs that a family might otherwise provide. Over the last decade, research in basic human development has revealed that institutional care – particularly when used to serve children under five – is not an appropriate form of alternative care, and instead of protecting children can put them at further risk of harm. Efforts have been made to transition international thinking away from the use of orphanage-based systems and toward providing family-based care. With this in mind, the Congressional Coalition on Adoption Institute's (CCAI) The Way Forward Project seeks to bring together a group of international experts to discuss opportunities and challenges facing governmental and non-governmental organization leaders in six African nations (Ethiopia, Ghana, Kenya, Malawi, Rwanda and Uganda) as they work to develop systems of care that serve children in and through their families.

Four working groups comprised of leaders from the legal, medical, social work and development communities will be asked to consider ways in which these six African nations might build upon their current efforts to preserve and reunify families and, when family preservation proves impossible, to connect children with families through adoption and guardianship. In particular, these groups will be asked to evaluate how the United States government, non-governmental and faith-based communities might work to enhance and support such efforts. The findings and recommendations of these four groups serve as the foundation for the final international policy summit attended by high-level African and U.S. government officials, civic and development leaders, corporations, foundations, and faith-based and community organizations.

The Way Forward Project contributors were divided into four Working Groups, comprised of a Chair and eight to twelve individuals.

Each of the four working groups was asked to consider how African and other international leaders can work together to ensure that the full continuum of care for children, as expressed in the Hague Convention on the Protection of Children and Cooperation in Respect of Inter-Country Adoption, is available to children in Africa who are without parental care. In addition, these groups were asked to reflect on ways to develop the broad range of partnerships (among government, private and community-based organizations) necessary to support delivery of a full continuum of family-based care in Africa. Each working group has been asked to address one of the following subjects: Family Preservation and Reunification; Interim Care Alternatives and Foster Care; Permanency – Kinship, Guardianship, and Domestic and International Adoption; and Legal, Social and Government Infrastructure.

CCAI's overarching goal for project's such as The Way Forward Project is to encourage the development of an evidence-based, collective strategy for reducing the number of children living outside of parental care, to support African government leaders already working to build their countries' child welfare systems, and to include the promotion and support of permanent parental care for children among U.S. and international priorities in this region. Simply put, CCAI believes that for the millions of children living without the love and support of a family, "the way forward" should lead back to where they came from: a home.

The Way Forward Project Timeline

February 10 – 12, 2011

The Way Forward Project participants met in person for first time in Washington, D.C. During this three day convening, they were presented with critical questions, made aware of supporting research and organized into four separate Working Groups.

February – May, 2011

Working Groups met periodically via conference calls and exchanged ideas through email.

May 23 – 26, 2011

The Way Forward Project Working Group participants met in person for the second time in Addis Ababa, Ethiopia. During this four day convening, they had the opportunity to view best practice in action, received information from in-country experts in the six countries of focus, and continued their working group dialogue.

June – October, 2011

Working groups met periodically via conference calls and exchanged ideas through email.

November, 2011

The Way Forward Project Summit was held and Report was released in Washington, D.C.

Final Report Overview

The sections that follow contain individual final reports from each of the four Working Groups. These reports represent the discussions, findings and recommendations arrived upon by each Working Group during two in person meetings and in discussions over the course of the project. While all four reports are related in their focus on family-based care, no effort was made to forge cross-group consensus.

SECTION 1

Family Preservation and Reunification

Overview

The *Family Preservation and Reunification* section focuses on strategies surrounding families at risk of dissolution and those separated as a result of poverty, war, disease or disaster.

In addressing the following questions, information from The Way Forward Project's six target countries has be given primary consideration, but documentation from other countries in the region has been considered as well.

Part One: Understanding Children and Families in Africa

1) Building on established frameworks and guidance

- What provisions of the African Charter on the Rights and Welfare of the Child provide relevant guidance concerning family care?
- What guidance should be considered from the declarations and recommendations of the First International Conference in Africa on Family Based Care for Children (September 2009)?
- What other documents from the African Continent should be considered?
- How can existing global guidance about best practices (UN Guidelines, 2003 Global Framework) be utilized and aligned?
- What key resource material is available regarding best practices for preventing family separation and promoting reintegration from an African context?
- What information is available concerning the scale of the issue (e.g., the number of children living in families; the number of children living with families other than their own parents; the number of children living in institutional facilities; the number of children living on the streets without families)?

2) Key aspects of African families

- What strengths and weaknesses are common among African families?
- How are these families changing?
- What traditional and current protective factors influence family resiliency?
- What are the causes of family separation (e.g., disaster, conflict, poverty, unemployment, forced/voluntary migration, lack of access to education, etc.)?
- What role can communities play in supporting children and families?
- What is the impact of perceptions and stigmas (e.g., street children, single parents)?

3) Institutional care

- What drives the establishment of institutions and orphanages?
- What factors drive children's placement in institutions and orphanages?
- How are orphanages being funded?
- How can the intent to "do good" for African children held by people often outside of Africa be influenced appropriately?
- What is the impact of institutions and orphanages on African children and families?

Part Two: Considering Family Preservation and Reunification in an African Context: Promising Strategies

4) Family preservation

- What are the primary resiliency factors that help families stay together? How can these be reinforced?
- What are the most strategically important interventions to prevent unnecessary family separation?
- How do we involve children and youth in finding solutions to the challenges of family preservation and reunification?

- At the program level, what are the most promising practices for preventing unnecessary family separation? What evidence is there to support their use?
- Which families and children are at greatest risk of separation, and how can they be identified?

5) Family reunification

- Who are the key actors regarding family reunification (e.g., governmental, non-governmental)?
- What are the most strategically important interventions to facilitate family reunification?
- At the program level, what are the most promising practices regarding reunification? What evidence is there to support their use?
- What are key factors to consider when determining whether a child can or should be reunited with parents or placed with extended family members?

Working Group Contributors

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Please see Appendix A for a list of The Way Forward Project's Working Group Participant Biographies.

Collective Findings

Introduction

Despite facing a host of obstacles, the majority of families in the six African countries addressed by The Way Forward Project – Ethiopia, Ghana, Malawi, Kenya, Rwanda and Uganda – have proven to be remarkably resilient. In the face of extreme poverty, HIV/AIDS, unchecked urbanization, inadequate social services and, in some cases, armed conflict, most families have been able to care for their children, send them to school and provide for their basic needs. The vast majority of orphans in these countries are living in families (Joint Learning Initiative on Children and HIV/AIDS [JLICA], 2009). It is essential to recognize that extended families systems in these countries are fundamentally important resources, and that they are dealing with enormous challenges. Families need support to more effectively provide the love and care essential to children's survival and development.

In 2009, the Joint Learning Initiative on Children and HIV/AIDS concluded that "[p]olicies and programmes supporting children must build on the strength of extended families and communities" (JLICA, 2008). Despite this recommendation, some children are in fact living in orphanages or on the street. Furthermore, it has become apparent that there are systemic problems in the planning and regulation of alternative care around the globe (Delap, 2011), and that there is little to no consistent data collection on the number of children in care, the reasons for the children being placed in care, whether there are surviving parents, and when the children's cases were last reviewed (Better Care Network [BCN], 2011).

In Africa and other regions, studies have consistently found that the large majority of children living in orphanages have one or more living parents or other close relatives (Williamson & Greenberg, 2010). Poverty, more than a lack of family members who can provide care, pushes most of these children into orphanages. As a result, uncounted children, out of sight and out of mind, remain separated from the care of their families, and are increasingly likely to never be reunited with them. Finally, the well-intentioned attempt to use orphanages to meet the needs of these children has been shown to be detrimental to the health and well-being of both the children and their families.

It is known that many desperately poor families in Africa are willing to separate from their children and place them in an orphanage if there is a promise that the child's basic needs will be attended to. These families do not love their children less than other families do; rather, it is an act of love that moves them to place their children in institutions where they will be fed, clothed, educated and given shelter (Delap, 2011). While it is heart-wrenching to imagine the pain a parent must feel putting her child in an institution rather than preserving the family unit, it is not hard to imagine the circumstances that bring parents to this decision.

Other children end up in orphanages because they have been separated from their families and there is not an adequate child welfare infrastructure to diligently search for, evaluate for suitability, and reunify the children with extended family members, nor provide the immediate support families need in order to achieve reunification (Kechene Orphanage Director, personal communication, May 25, 2011). However, when an infrastructure can be created to identify and reunify children, some programs have been shown to be so successful that entire orphanages are closed as children are returned to their families or, when appropriate, transitioned to independent living (Gebru & Atnafou, 2000).

Our collective global wisdom has produced and implemented multilateral treaties such as The Hague Convention of 29 May 1993 on Protection of Children and Co-Operation in Respect of Intercountry Adoption (THC-1993) and the United Nations Convention on the Rights of the Child (CRC). "The CRC provides, among others, that family solutions must be envisaged as a priority (Preamble). THC-1993 states particularly that these solutions must ideally aim at enabling the child to remain in the care of his or her family of origin (Preamble). According to the most common interpretation, the latter consists largely of father and mother, and failing that, and as long as it is in the child's interest, other members of the family liable to take the child into their care. Similarly, domestic measures should be given preference over those that may be available outside the country (see article 21b CRC: principle of subsidiarity)(International Social Service and International Reference Centre for the Rights of Children Deprived of their Family [ISS/IRC], 2007).

Furthermore, the U.N. Guidelines for the Alternative Care of Children (2010) "are intended to enhance the implementation of the UN Convention of the Rights of the Child 1989, and other relevant provisions of international and regional human rights law, in matters of protection and well-being of children who are in need of alternative care, or who are at risk of so being." It focuses on two issues: Ensuring that children do not find themselves placed in alternative care unnecessarily; and ensuring that, when out-of-home care proves necessary, it is provided in appropriate conditions and is of a type that responds to the child's rights, needs and best interests (General Assembly of the United Nations [UNGA], 2010).

Finally, The African Charter on the Rights and Welfare of the Child reiterates the above by stating in Article 19: "Every child shall be entitled to the enjoyment of parental care and protection and shall, whenever possible, have the right to reside with his or her parents." In Article 24, the charter "recognize(s) that intercountry adoption in those States who have ratified or adhered to the International Convention on the Rights of the Child or this Charter, may, as the last resort, be considered as an alternative means of a child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin" (African Member States of the Organization of African Unity, 1990). African countries are active participants in and share the common global values of the multilateral treaties described above. At the First International Conference in Africa on Family Based Care for Children, it was declared that families are better than institutions at meeting a child's needs beyond physical care (First International Conference in Africa on Family Based Care, 2009). African families, like all families around the world, want to remain together. When they struggle to remain together, or after they have become separated, they too want the services, supports and resources necessary to preserve the integrity of their families, and reunite as quickly as possible.

To that end, this paper will address the following:

1) The resilience of African families and the desire of families in Africa to raise their children, with the specific tools, services and assistance needed to do so.
2) Why, in general, families provide the preferred environment for children to be raised, and that the mere existence of orphanages may actually serve to tear families apart.
3) What work must still be done to increase our understanding of the most appropriate, evidenced-based approaches to preserving and reuniting families in an African context.

Finally, this paper will include key recommendations for both preserving families and reuniting/reintegrating families who have separated. These recommendations were developed during a consensus building exercise among a diverse group of experts and are grounded in the diverse African social, economic, political and historical context.

Part 1: African Families Love Their Children: Challenges and Resiliency

Urban migration has fundamentally and permanently altered the family structure across Africa. In Kenya, outmigration of male heads of households to cities has left single female heads of households to care for children and assume the many tasks and roles that the male heads of households would normally do. Similarly, single mothers have migrated from rural villages to the city in search of work, leaving children home in the care of extended family. Finally, whole families are moving to the urban areas of the continent and often find themselves without reliable sources of income (Nyonyntono, 1983).

Despite changes to the family structure as a result of migration, African families are resilient. We use the term "resilient" in its psychological context, referring to the process by which people develop a positive capacity to cope with stress and adversity.

> This understanding of family and caregiver argues that these concepts need to be understood in an African context where separations of children from adults generally, and biological parents specifically, may be part of a cultural experience where extended separations may well occur and a variety of parenting and caretaking modes are employed. These serve to cement wider family bonds, facilitate child-care and education, feed into household help and adapt to parental labour migration patterns.

> Grandparents, in particular, are socially and legally accorded the status of parents. Furthermore, children do not necessarily grow up in the parental home. They may live with various relatives for extended periods of time. In southern Africa, this is a function of the migrant labour system, the increasing practice of families sustaining rural and urban arms of a household, and, indeed, of the universal practice of children being sent to stay with relatives in periods of family stress or shock. As such these relations contribute to family resilience in the southern African context where, for instance, in principle, "no child can be an orphan" because biological parenthood is not regarded as the only basis of "parenting" (JLICA, 2008).

The most important principle in preserving the family in the individual African countries targeted by this project is to build upon traditional African extended family systems for the care and support of orphaned and vulnerable children. However, we must also recognize that these systems are being strained, and they require attention and maintenance in order to continue to function and provide adequate care (JLICA, 2008).

Part 2: "…Not Orphanages"

In order to capitalize on the many strengths of the extended family system in Africa, we must first educate the public in the United States and abroad on the fact that orphanages do not serve as an adequate alternative to family care and have inherent disadvantages.
For the purposes of this paper, we will use the terms institutional-based care and orphanages interchangeably. However, we recognize that there are many types of institutional-based care facilities. Further work is needed to define and differentiate these terms and to more fully explore whether there are different outcomes associated with different types of institutional-based care or orphanages (Delap, 2011).

It is important to note that, based on a large body of evidence on its detrimental effects, institutional-based care has been largely on the decline in many countries, including the U.S. In 1930, 70% of separated children in the United States were placed in institutions, compared to less than 5% in 1980 (Tobis, 2011).

In other parts of the world, however, there has been a proliferation of orphanages. As Mahadir Bitow, former head of Ethiopia's Child Rights Promotion and Protection Directorate, explained to Voice of America in 2010:

> Before 6-7 years [ago] there were not a lot of orphanages, like there are now, so the increased number of adoption agencies brought about the increase in the number of orphanages in Ethiopia. Most of these orphanages are not orphanages. They are transit homes. They receive children. They give to adoption. They are a (pipeline)" (Heinlein & Ababa, 2010).

The notion of an institutionalized adoption "pipeline" is, of course, repugnant. But so, too, is the notion that institutions can replace families. Many studies of the psychological and physical well-being of children, undertaken by social scientists and physicians alike, have examined the outcomes for children raised in institutional care (orphanages) and compared them to those raised in families. As early as 1945, psychiatrist Renee Spitz conducted research on the hospitalizations of children in an orphanage, and found that unfavorable environmental conditions (e.g., infants' lack of emotional and physical stimulation) during the children's first year at the orphanage were linked to longer-term psychosomatic challenges (Spitz, 1945).

Through the years, using a variety of methodologies, research has shown that:

- Impersonal and regimented, large residential institutions sometimes create physically, sexually and emotionally abusive environments that are linked with long-term negative outcomes for children, including homelessness, unemployment, crime and suicide (Tobis, 2011).
- Long-term institutional care has been shown to decrease a child's IQ by as much as 20 points (van Ijendoorn, Luijk, & Juffer, 2008).
- Institutional care has also been linked with a child's diminished ability to form emotional attachments with adults, can cost up to three times as much as professional foster care, and is over 14 times as costly as adoption or family reintegration (Williamson & Greenberg, 2010).

- Orphanages often promulgate higher rates of disease in children (Delap, 2011).
- Orphaned children in non-family care showed lower school enrollment than those still living with a family member (Roby, 2011).

We acknowledge that, in some cases, institutional care may be the only alternative, as not all children are able to remain with their own families. In some instances, the safety of a child or his family may be put at risk if he is allowed to remain in the family home. For some children, their needs and challenges are just too great. For most children, however, the results of the research are conclusive: institutional care is linked to a wide variety of emotional, physiological and intellectual disadvantages, and therefore is not the preferred form of care for children. Further, it is important to recognize that "[n]either AIDS, poverty nor conflict makes institutional care inevitable nor appropriate. In these contexts, preservation of families and family-based alternative care have been shown to be possible" (Williamson & Greenberg, 2010).

Part 3: Family Preservation and Reunification: Recommended Strategies

Family is the best place for raising children. However, while the risk factors for children raised in institutions are well understood, we have far fewer conclusive studies about what makes, and how best to preserve, a "good enough family." In other words, it is much easier to draw conclusions from the data concerning institutional-based care than to exactly pinpoint the key factors that contribute to positive family-based care.

We do know that there are some important key ingredients to family preservation, beginning with the identification of those children who are most vulnerable to becoming separated from their families. We know that poverty, unemployment, lack of education, exposure to drugs, domestic violence, parental illness and death, and lack of access to needed services are all key factors in children being removed or separated from the care of their parents.

We must support states in developing child-sensitive social protection interventions that provide economic strengthening services (such as grants, micro credit, and access to vocational training) to families perceived to be at risk of disintegration (Handa, Devereux, & Webb, 2010). In Ethiopia, for example, an increasingly accepted strategy for family preservation is enhancing access to grants and small-scale loans, accompanied with regular visits from para-social workers.

We must work with governments to reduce the number of children in detention and institutional care, develop strategies to prevent child separation, and promote capacities to deliver identification, family tracing and reunification services in emergencies. Finally, we must work to reduce violence, abuse and neglect in the home.

While our group was not able to tackle all of these key factors, both due to limited time and limited research on family preservations and reunification strategies in the African context, we decided to capitalize on our diverse set of expertise and developed a process to build consensus around specific recommendations utilizing our own professional experiences.

Methodology

Who was Involved

This working group was made up of nine members - six men and three women. For more information about group members, please see Appendix A.

Working Group One convened for approximately 16 hours during the course of two meetings in Washington, DC and Addis Ababa. The group also teleconferenced or emailed throughout the project. Five members live and work in four out of the six target countries: Uganda, Ethiopia, Malawi and Ghana. Collectively, most members of the group have advanced degrees in a variety of disciplines, including Social Work, Sociology, Social Sector Planning, Social Geography, Organizational Development, Social Response and Developmental Psychology. Many of those who do not live or work in African Countries regularly travel there. Group One members have worked and served on the boards of national and international non-governmental organizations, national government ministries or branches, academic institutions, U.N. Organizations (United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR)), and foundations. Many in the group have published on issues including HIV/AIDs, international child protection, and child welfare.

Methods

Each member of the group was asked to generate a list of what she or he considered to be the best ways to preserve families and reunify/reintegrate families. For this purpose, a template was provided and completed by each member. Recommendations were compiled by one group member, and these results were then circulated via email to all members. Each member was then asked to review the list and rate their top ten recommendations for preservation as well as their top ten recommendations for reunification/ reintegration. This information was compiled, and those recommendations that received 60% or more of the votes are summarized below as key recommended interventions.

Recommendations

The group agreed that some strategies or tools can be essential to both preservation and reintegration; and then there are some strategies or tools that are unique to each activity, as they are inherently discreet. While these recommendations are by no means an exhaustive list of all possible interventions, the group agreed that, based on their years of experience and expertise, these interventions should be top priorities. It is important to note that in almost every article cited below, the experts all agree that these recommended services should not be stand alone; rather, they should be offered in an integrated manner. Similarly, most articles stated that there is a need to build in mechanisms to measure the effectiveness of these interventions as they are being developed.

Finally, many of the authors argued that developing the appropriate integrated service delivery and the capacity to measure outcomes is not sufficient. These interventions need to be developed in relation to corresponding legal and policy frameworks, with the appropriate education and training to bring policy and practice in line with one another.

The group identified the following as the interventions most strategically important to preserve families and prevent unnecessary separation of children:

- Recognize, formalize and support traditional African extended family systems for care and support of orphaned and vulnerable children.
- Provide regular cash transfers to specific vulnerable households.
- Increase the size and improve the skills of the social services workforce.
- Improve the capacities of families to produce income.
- Provide training in parenting skills.

The group identified the following as the interventions most strategically important to enable children to reunite with their families:

- Provide social work outreach to families of separated children (e.g., those living in an institution or on the street).
- Develop deinstitutionalization programs to reunite children with their parents or relatives.
- Enable children to have access to free, good quality education, and provide those who have been out of school with opportunities to catch up.
- Enumerate and develop profiles of children in residential care facilities.
- Develop programs to reunite children living on the street with their parents or relatives.

These interventions are discussed below in greater detail. In addition, these issues, and what happens when children cannot remain in their homes, will be addressed elsewhere in The Way Forward Project. For more comprehensive resources on preventing family separation, please see the "Preventing Family Separation" section of the Better Care Network's website available at: http://www.crin.org/BCN/.

Priority Interventions Integral to Both Preservation and Reintegration

Cash transfers

Sometimes all that is needed for families to keep their children at home is enough money to cover the basic costs of food, medicine and education. Cash transfers have been shown to increase school enrollment by 5% when targeted at homes with children. Targeting households with orphaned children led to a 4.2% increase (UK Department for International Development, 2011).

Cash transfers have also been shown to reduce the depth and severity of poverty, another contributing factor to children being placed in institutional care (UK Dept. for Int'l Dev., 2011). Leading multilateral institutions such as the World Bank, UNDPA, the ILO and UNICEF now endorse cash transfers as a core component of child-sensitive social protection (Department for International Development et al., 2009). Finally, "[t]here is some evidence that cash transfers positively impact child protection outcomes, e.g. reducing child labor, preventing separation from family, increasing registration and documentation, and preventing child abuse. Continued research is needed on these relationships" (Carmona Social Welfare and Cash Transfer Meeting Participants, 2009).

Developing the social care workforce

Some families may not have access to funds because they either do not know about them, or do not possess a means of receiving them. Often cash alone is not enough; there must be a system and staff in place to educate families about the resources available to them. Other families need additional forms of assistance: child care, mental health and substance abuse services, parenting support, financial literacy training, and health and hygiene information. Professionally trained and para-professional social workers are needed to assist them.

"[T]here exists a historically rich social work profession in Africa that was built on a community ideology and focused on meeting the needs of vulnerable children and families, especially those living in poverty" (USAID, 2009). However, while some ministries and government departments have chosen to invest in social protection activities, primarily cash transfers and social insurance, there has not been enough funding to invest in the child welfare social service workforce to administer these services (USAID, 2009). Without trained professionals in the community to administer cash transfers, ensure that children are attending school, and provide or link families to mental health and parenting assistance, the full benefits of cash transfers for families can never be fully realized.

In addition, while it seems clear that the answer is to invest in training more social workers, it is also important to raise the professional profile and importance of the position of social worker or child welfare

worker in order to recruit more people. The high vacancy rates for professional social work positions in Africa range from 40-60% (National Association of Social Workers - US [NASW-US], 2010). This is due in part to low salaries, disempowering working conditions, low status, and limited supervisory and management capacity. We cannot expect to recruit young, educated professionals to a career that has no resources and little future increased earning potential (USAID, 2009).

Economic strengthening: the ability to earn income

While it is important to provide support from the government when it is needed, it is also critical to create opportunities for families to earn income. One common risk factor for children is unemployment or underemployment in the family. Children, girls in particular, are often called upon to enter the work force to supplement the family's low income. This can result in the child becoming separated from her family and potentially put her at risk for abuse, exploitation and trafficking.

There is a growing consensus that economic strengthening is a critical part of a comprehensive response to the needs of vulnerable children, their families and communities. In Ethiopia, a revolving loan program has supported more than 10,022 households (around 35,000 children) since its implementation in 2007. These loans have brought about significant changes in the lives of children, especially in terms of their education, food, health, and social and emotional well-being. The loans also enhance the emotional and social well-being of the caregivers by improving their self-esteem, sense of dignity, and self-reliance in addressing the needs and concerns of the children under their care. Households participating in this program now report eating at least two meals per day, and 74% of them have reported that they can afford three meals per day. Some families that were living in temporary shelters have started renting houses, and others have renovated and improved their own houses. Social outcomes recorded include a greater ability to pay the monthly contribution for "iddirs" (traditional safety net focused on support funerals but expanding to other social support), becoming involved in other social activities, and increased opportunities for social inclusion and participation (Webb et al., 2010).

Recent research has shown that a relatively low-cost approach to develop local savings and lending groups measurably increases income and appears to improve children's well-being (International Rescue Committee, 2011). However, more work is needed to test the impact of this and other approaches on the well-being of families (USAID, 2008).

Educational opportunities

Around the globe, it is widely accepted that education is both a path out of poverty and the key to having a voice in the community. "Education is one of the major expenses many households face; in some cases, the costs of sending children to school are a significant factor in a parent's decision to place a child in institutional care" (Williamson & Greenberg, 2010). Ensuring that children have the opportunity to attend school is critical to enabling children to remain with their families. No child should have to leave his family in order to go to school.

However, simply being enrolled in school does not ensure that one has access to a good education. Even within the United States, some children graduate from high school unable to read or understand simple mathematics. Too many school systems around the world are under-resourced, underfunded and understaffed. Educational success depends upon children getting the support they need within their households and within their communities, and upon schools being fully resourced (Roby, 2011).

Additional interventions

In addition to the interventions described above, another area the group identified as important to prevent unnecessary family separations was providing social work child protection intervention in households where there is violence, abuse, neglect or other serious problems. The group also agreed that the separation of children from their families could be reduced by enhancing families' access to quality essential services, such as healthcare, education, water and sanitation.

Access to needed psychological and social services

In 2006, Richter, et al. argued that "[t]he heart of psychosocial care is to be found in the home and it is here that the main thrust of external efforts to improve the well-being of vulnerable children must be directed. The best way to support the well-being of young children … is to strengthen and reinforce the circles of care that surround children" (Richter, Foster, & Sherr, 2006).

It is imperative that vulnerable families have access to mental health and substance abuse counseling, parenting skills training and parenting support. These services should be integrated with other services such as those described above. Furthermore, we must develop ways to measure the effectiveness of these services in aiding family preservation.

Basic needs: health and nutrition

There can be no argument that proper nutrition and access to healthcare, including childhood immunizations, are necessary for the healthy physical and emotional development of all children. It is also true that adequate nutrition and basic healthcare is necessary for adults to be fully functional members of their household and society. Families affected by disease and illness are vulnerable to unemployment, homelessness and separation. Children may be required to drop out of school to care for a sick adult or to work to replace income lost when an adult in the household can no longer work. Furthermore, if the adult care provider dies from illness, injury or disease, the child is at increased risk to become homeless or be placed in institutional care.

The Better Care Network asserts that "[t]he provision of free or affordable health and nutrition services is vital in the protection of children and in reducing separation from their caretakers. This need is extremely prevalent in areas affected by large scale HIV/AIDS infection rates, poverty, and armed conflict."

For vulnerable children, the need for immediate access to healthcare is of the highest importance. If a child has suffered abuse or neglect, medical and psychological resources must be made available to her as quickly as possible. Physical screenings to rule out potentially fatal injuries, counseling to deal with the trauma of the abuse, education for the family on strategies to cope with outside stressors that may lead to abuse, and family support resources are vital to the healthy, long-term recovery of the child and her family (BCN, 2011).

If we want to preserve and reunite families, we must ensure that the needs of children are met within their households by supporting the ability of families to provide for the children in their care. Children need food, shelter, healthcare, clothing and a sense of security in order to thrive.

Priority Interventions Specific to Reintegration

Family tracing and outreach

Family tracing and outreach are critical aspects of the reunification and reintegration process for children leaving the streets, an orphanage, or other institution and reuniting with family. Agencies have had extensive experience in emergencies developing methods and approaches for reuniting separated children with their families, particularly in the context of conflict and displacement. For example, after the civil war ended in Sierra Leone, UNICEF reported that a concerned interagency effort was able to reunite 98% of the separated children and child soldiers with their families (Brooks, 2005).

There has also been success reuniting street children with their families. In the Democratic Republic of Congo, between 2006 and 2009, Save the Children UK, in collaboration with with the government and local NGOs, reunited more than 4,200 children who had been living on the street. In Zambia, from 2004 to 2010, over 1,000 street children were reintegrated into families by the Africa KidSAFE Network, in collaboration with the government (Williamson & Greenberg, 2010).

There are increasing efforts in Africa, in keeping with the needs of the children concerned, to deinstitutionalize children from orphanages and reunite them with their families or place them in other family care. The Jerusalem Association Children Homes in Ethiopia deinstitutionalized about 1,000 children and transformed the organization into one that focuses on strengthening community capacities to protect and care for children in families (Gebru & Atnafou, 2000). UNICEF is currently supporting the government of Ethiopia to implement a deinstitutionalization program that aims to deinstitutionalize around 900 children, primarily by reuniting them with parents or relatives or placing them in foster care (UNICEF Ethiopia, 2011). In Sierra Leone, 317 children were deinstitutionalized and reunified within their extended families during a pilot program in 2008 and 2009 (Lamin, 2009).

In 2004, a coalition of international agencies complied a highly respected guidance document, Inter-agency Guiding Principles on Unaccompanied and Separated Children, based largely on experience in emergency contexts. The methods and approaches that it describes are also generally applicable to the reunification of many of the children who are living in residential care or on the street. For example, it describes approaches to assessment; identification, registration and documentation; tracing family members or relatives; verification of relationships; and family reunification.

Programming experience has shown that family mediation and community sensitization have proven to be important as well, particularly in cases in which problems at home or in the community have contributed to separation. Once a child has been reunited, a process of follow-up is needed to monitor the child's well-being, and to intervene further as may be necessary. Household economic strengthening may be needed, particularly if poverty contributed to the initial separation. Ensuring access to education or training for a reunited child is also critically important.

Conclusions

What is obvious from this piece of collaborative thinking is that there are no quick or easy solutions to the complex problems faced by children and families in The Way Forward Project countries. What may be less obvious are the inevitable outcomes that will occur if we do nothing.

We must invest in legal, social, medical, educational, financial and domestic institutions that serve children and families in the region. We must see the family as the greatest resource for children, and support all efforts to ensure that families remain intact and are provided with the necessary resources to thrive. We must move away from the idea that building institutions to house "orphaned" or "abandoned" children is a reasonable solution to family disintegration; rather, we must think creatively about how funds used to institutionalize children and keep families apart could be better utilized to support the necessary resources to keep families together. The potential cost to society of a generation of institutionalized children or children living on the street is far greater than the cost of ensuring that these children have their basic emotional, educational, medical and psychological needs met.

Institutional placement is not a substitute for the love and care a family can provide for a child. Countless data clearly indicate that long-term institutionalization or numerous foster care placements will result in poor outcomes for children. We believe that Africa's future is Africa's children. These children deserve to benefit from what we know: a child's best interest is served by a family, her own if possible – if not, then by her extended family, a non-relative family in country, or, as a last resort, a family elsewhere.

For too long we have placated ourselves by turning a blind eye and assuming that well-meaning people were providing adequate care to these children. Yet we know that these programs and projects are only temporary stop gap solutions: they do not solve the orphan crisis, and may in fact be making it worse. We need to promote solutions that we know work elsewhere, and, more importantly, take into account the strengths that already exist in African families. If we can use our collective wisdom, and let African families guide the way, there is great potential for vulnerable children to grow up strong and work to enhance the child protection system for future generations.

SECTION 2

Interim Care Alternatives and Foster Care

Overview

The Interim Care Alternatives and Foster Care working group was charged with identifying and recommending individual strategies to support interim family-based care alternatives, such as foster care, that provide for both the physical and developmental needs of vulnerable children who are awaiting permanency. In particular, the Interim Care Alternatives and Foster Care working group focused on identifying strategies to support African leaders undertaking efforts to build or improve their countries' child welfare systems.

In crafting recommendations, contributors closely examined the state of knowledge of interim care and foster care, placing a strong emphasis on what is known from research, policy and practice models. In-depth discussion among the group's participants further identified key considerations for governments or other stakeholders involved in the development of interim care and foster care. In particular, understanding of the role and impact of institutional care, such as orphanages or baby homes, is critical to decision-making processes. As such, academic leaders in this group conducted extensive reviews of research literature that highlight important findings related to child outcomes for children who have experienced institutional care.

The information presented in this section draws on science and best practices and reflects the collective insights of the international experts involved in this working group.

Experts in this working group will consider such questions as:

- What is the status of the evidence?
- What is the impact of institutions on child development?
- What are promising interim family-based alternatives, including foster care?
- If short-term institutional care is necessary, what are minimum standards of care and what degree of government oversight is necessary to ensure that children's physical and developmental needs are being met?
- What are the successful practices for recruiting, screening and training foster parents, and how can these best practices be replicated throughout Africa?
- What supports do foster parents need to successfully care for children?
- What are ways in which interim care alternatives can be linked to securing permanent families for children?
- How can institutions be appropriately dismantled and children placed in family-based alternatives?

Working Group Contributor Biographies

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Please see Appendix A for a list of The Way Forward Project's Working Group Participant Biographies.

Collective Findings

The End Goal: Good Care

Care – specifically good quality care – is vital for optimum child health and development. Children need to be loved and provided with a nurturing environment, with dependable adults that are consistently available to form adaptive relationships with the children and provide them with love, care, protection and a stimulating growth environment. The human experience traditionally locates children within families and under parental care to provide for such love, understanding and harmonious provision for a productive life. Stress, trauma, suffering and long-term sequelae have been noted when family disruptions and deprivation are found.

When family is not available, over time and in different circumstances, alternative forms of care are capable of meeting a child's need for care. The current triggers which necessitate the need for alternative care considerations include: war, as in Rwanda; natural disasters, such as the tsunami in Asia and earthquake in Haiti; disease, most notably HIV infection and AIDS, which particularly affects reproductive-age adults and has risen to epidemic proportions in Africa; and poverty. Vulnerability of children and their need for alternative care is often related to parental death; but alternative care arrangements may also be needed due to other forms of vulnerability, such as trafficking, child labor, abuse, prostitution, etc.

Alternative care arrangements must be viewed in the proper cultural context. Many definitions of "family" abound, and it is vital to utilize a working model that encompasses a wide variety of families when addressing the needs of vulnerable children. The Joint Learning Initiative on Children and HIV/AIDS (JLICA) group advised a broad, culturally appropriate definition of "family" that includes kith and kin with long-term established relationships (JLICA, 2011). In the presence of extreme stressors, many traditional systems are put under strain, and thus offering a wide range of alternative care options ensures that children are provided with sufficient care throughout (Seeley et al., 1993).

The Bridge: Interim Care

Children need to be kept safe and protected when they have been separated from their families due to emergency, neglect, family breakdown, illness, poverty and other factors. Many children can be reunited with a family member; however, the process of identifying, documenting, tracing, and ensuring effective family reintegration often takes time – ranging from a few days to many years. Other children will not be able to remain with family, and will therefore require care while alternative care options are explored. During these periods, children must be provided with safe interim care options.

Interim care is key to avoiding the inappropriate placement of children in institutional care, ensuring their safety, causing as little disruption as possible in continuity, and ensuring attachment to those who will provide long-term support. It is imperative that such arrangements be made in as short a time as possible, as gaps in care have also been shown to have negative effects on the physical and emotional health of children.

A number of types of interim care have evolved, and can broadly be reduced to four categories:

- Foster care/family placement
- Emergency rescue/reception centers
- Small group homes/residential care
- Family-like home models

Interim care provides several benefits. First, children in interim care have been shown to have better outcomes than children placed in long-term institutional care. Perhaps this is because interim care settings often give children a greater sense of uniqueness and belonging. In addition, interim care can provide a safe and supportive environment for children while allowing them to maintain relationships with their bio-

logical families. When done correctly, interim care settings can support a child's development, as well as provide older children with the skills they will need for independent living. Finally, another benefit of interim care is its cost-effectiveness compared with long-term institutionalization.

Those designing interim care services should be mindful of some concerns with interim care, and should work to anticipate, avoid and/or plan for them. First, children in interim care often experience trauma due to their separation from their families, and can express confusion about their identity and cultural ideologies. This can be further exacerbated by the potential for ambiguous legal circumstances, which are often associated with interim care. In addition, there is a risk of child abuse by the interim care provider or foster family, and the potential for negative motives for foster or paid caregivers. Finally, maintaining a quality system of interim care is labor-intensive, requiring supervision, monitoring and standards.

What elements must be in place to support interim care?

According to the literature and field experience, advance planning and quality standards must underpin interim care arrangements. Again, interim services have several goals to be met, including addressing the current and future emotional and physical needs of the child and their family. As such, model interim care services should include, at minimum:

- Counseling support services (psycho-social)
- Parenting classes
- Mother and baby homes (supporting mothers at risk of abandoning babies; i.e., teenage mothers, victims of rape)
- Day care centers (monitored/regulated)
- Respite care
- Education support services
- Medical care (including treatments such as ARVs, nutritional support)
- Cash transfer program (e.g., programs in Kenya, Ghana)
- Child-specific support services (including education, healthy lifestyles, counseling, legal rights)
- Community hubs (to provide support for addressing issues such as malnutrition and livelihood)
- Family tracing and reunification

Key Elements of an Interim Care System

Moving toward and maintaining a system of interim care requires a strategy embraced by professionals at every level. Below are some of the things that must be put in place to support a country's interim care system:

- **Policy framework:** Governments need to build a policy framework to support interim care. Such a framework should not only outline the necessary elements of the interim care system, but also include the dedication of resources to interim care strategies. At present, countries in Africa have relatively weak policy frameworks in this area.
- **Social welfare capacity building:** Communities need to build the capacity of social welfare systems to provide professional support for key tasks, such as the assessment of the most appropriate type of interim care for an individual child, the selection of secure foster families, and pre-/post-placement monitoring and support.
- **Planning:** Whether moving a large number of children from institutions into interim care or moving an individual child from an orphanage into foster care or other community care, proper planning strategies must be in place from the beginning. Advance planning allows systems to anticipate and ensure the needs of children before the actual transition occurs, which is ultimately better for them.

- **Monitoring:** Despite planning, there are times when a child's needs are not met by her interim care provider. It is therefore necessary to ensure that there are monitoring mechanisms in place during interim care placements.
- **Data collection:** Collecting data on the number of children in need of interim care as well as those receiving it is essential to the planning and monitoring elements listed above. Currently, data collection for interim care arrangements is very weak.
- **Children with special needs:** Children with special needs may have different or more specialized needs for interim care. Current systems could provide more attention to children with special needs in interim care.
- **Public Awareness:** Child advocates need to engage in more advocacy and community awareness activities. Such efforts are necessary to securing dedicated support for interim care programming and policies. Targets should include community, government and political leaders, international and national donors, and religious leaders.

Group Observations

To serve the best interests of children, interim care should be provided for all separated children until they are reunited with their biological families or provided with permanent care placements. In light of the above goal, members of our group made the following observations:

- All placements must be documented to facilitate ongoing tracing and reunification.
- All care arrangements must be of an agreed minimum quality – screened, monitored and supported to ensure that children are protected.
- It is important to work within existing national laws and community systems.
- A family- and community-based approach should be the guiding philosophy.
- A rights-based approach should inform all strategy, especially from the perspective of the child's rights.
- No effort should be compromised to keep siblings together – especially in situations in which parental death means that siblings are the only surviving close family relatives.
- Children should be part of the decision-making process and well-informed.
- Interim care must be linked with family support and preventative services. Prevention is an interim care strategy; communities need to prevent new entries into institutional care by providing the services needed to prevent family breakdown and child abandonment.
- The provision of care should be explored and determined based on the best interest of the child and his individual needs.
- Interventions should build on and strengthen the systems that currently function in the community, involve community leaders and local authorities, and engage community resources and initiatives unless this is not in the best interests of the child (see: Rwanda and Kenya case studies).
- Throughout all stages of placement and mentoring, it is important to have the active involvement of community leaders, as well as active child participation and the involvement of biological families and community members.
- It is necessary to coordinate key stakeholders, including the appropriate government ministry representatives, social workers, child welfare agencies, parents, and members of the local community.
- Government policies need to be in place in order to: (1) plan action for interim care; (2) establish and uphold national minimum standards for interim care; (3) monitor and evaluate interim care systems; and (4) provide long-term planning after interim care.
- There should be a focus on reunification with biological family or full integration with foster family.
- It is critical to ensure the safety of children throughout all stages of care, both pre- and post-placement.

- Systems should strive to place children with families in their community or similar cultural contexts whenever possible.
- Communities need to focus on the holistic provision of care and services, so that institutional care is not seen as a poverty reduction strategy for destitute or desperate families. This may involve examination of the provision of free education, access to nutrition and shelter, and day care to enable parental employment.

Making the Case for Interim Care: Understanding Institutionalization

Despite the fact that institutions are known to be associated with considerable emotional and developmental problems (Johnson, 2006), in recent years there has been a proliferation of orphanages, institutions and children's homes rather than a reduction. For example, in Uganda, 212 such institutions were reported (with only 60% appropriately approved by ministry) (Kaboggoza, 2011), while Rwanda has 37 registered baby homes (Vianney, 2011).

This is further compounded by the fact that in some cases such homes are also inhabited by children who are not orphans. Kaboggoza noted that, in Uganda, "about 80% of children in the homes should not be in the homes." Noted incentives for institutionalization include food, in situations of dire poverty, and school fee payment, in countries without free education. It may also be that homes hold out promises to the poor. Institutional care should not be seen as a substitute for poverty alleviation. Many children who are labelled as "orphans" have living parents (Sherr et al.; Belsey & Sherr, 2011). There is confusion over who actually needs alternative care, and who needs only basic care and overlaps into this market as a result of dire need. For many children this is a question of poverty alleviation, not of alternative care provision, and the two should be separated.

Recent factors, such as war and HIV infection, may have created unprecedented need and subsequent institutionalization of non-orphaned children. Provision for orphans, definitions of "orphan" (Akwara et al., 2010), and the potential for exploitation (Richter et al, 2010) have all been explained in the literature (Sherr et al., 2008).

Below are two analysis papers that attempt to document our current, collective understanding of the long-, medium- and short-term impacts of institutional care for children. It should be noted that this is a continually evolving field, and as such there remain many questions yet to be answered.

A systemic review of the impact of institutions on cognitive development in children
By Professor Lorraine Sherr

Brief Summary

A systematic review generated 42 studies that met quality standards in terms of sampling, data gathering and outcome measures. The vast majority of studies (96%) found negative cognitive and/or behavioural problems in children. Some studies did not find such difficulties, but it is important to examine the methodological constraints in this field of endeavour. Random allocation is difficult if not impossible in many studies, and thus pre-existing factors may account for findings. Without randomisation, true causal pathways cannot be confidently concluded. Furthermore, control and comparison groups may be problematic where well-resourced institutions are compared with poverty-stricken community groups.

However, given these limitations, there is a cluster of studies that report on random allocation of institutionalised children to subsequent alternative care, and are able to examine the effects. With this stronger methodology, it is evident that removal from institutions is associated with fewer cognitive and emotional problems. The data thus seem to clearly demonstrate that institutional care is not in the best developmental interest of the child. Removal from an institution is associated with developmental catch-up and gains. The location of subsequent care matters. Various alternatives, such as fostering, adoption, group homes or family/kin care have been described with differing outcomes.

The policy seems to suggest that orphanages are not good options for children. The evidence is sound, and has been known for some time. Yet the reality is an upsurge of orphanages, which needs policy attention. The first prong relates to policy aimed at preventing the orphanages in the first place. The second relates to dismantling current orphanage provisions, and how to manage the process successfully. The final prong is to establish alternatives to institutional care/orphanages for future provision of care, and to anticipate need and respond with appropriate models.

For the full analysis, see Appendix I in this section.

An understanding of institutionalisation on brain/behaviour of children
By Charles Nelson

There is a gathering reliable body of evidence showing the effects of institutionalisation on the brain/behavior of children (National Scientific Council, 2011). A number of sources and studies exist, setting out what has been established and indicating specific effects and the need for such findings to be considered when creating policy.

In 1999, Human Rights Watch estimated that there could be as many as 8,000,000 children living in institutions worldwide. Although there is considerable variability in quality within and across institutions, the general scientific consensus is that child development is compromised among children living in institutions compared to those living in families. For example, in light of the generally unfavorable ratio of caregivers to children, the likelihood that caregivers are not trained in child development, the risk for inadequate nutrition, and the sensory, cognitive, social-emotional and linguistic deprivation that frequently occurs in institutional settings, it is not surprising that children coming out of institutional settings – particularly those who entered the institution early in life – are typically adversely affected in a variety of domains. For example, such children have been reported to suffer from attachment disorders, an inability to regulate attention, and diminished IQ and language function. Moreover, they may suffer from a variety of mental health outcomes, particularly anxiety and ADHD.

The behavioral sequelae of early institutionalization are mediated by perturbations in brain development. Support for this assertion can be found in a number of recent studies of either currently or previously institutionalized children. For example, it has been reported that children adopted into the U.S. from Romanian institutions showed significantly reduced brain metabolism in both the prefrontal cortex and the temporal lobe. These PET data correlated with mild neurocognitive impairments, including impulsivity and attention and social deficits.

Other structural changes in the brain have also been reported. For example, it has been reported that Romanian adoptees had significantly reduced total grey and white matter volumes and enlarged relative amygdala volumes compared to never institutionalized children, particularly in the right hemisphere. It was also observed that the more time the child spent in an institution, the smaller the volume of the left amygdala. Finally, the effects on the amygdala appear to be ag-dependent; for example, children adopted after 15 months of age revealed larger adjusted amygdala volumes than those adopted before 15 months of age or who had never been institutionalized.

Turning our attention away from anatomy to neurochemistry, previously institutionalized children showed lower overall levels of vasopressin than never institutionalized children, along with lower levels of oxytocin after interacting with their caregiver compared with controls. There is also evidence that currently and previously institutionally reared children show marked alterations in the normal functioning of the brain's stress-responsive system (i.e., the hypothalamic-pituitary-adrenal system).

Finally, there is evidence from the Bucharest Early Intervention Project (BEIP), which reported that currently institutionalized infants showed reductions in the brain's electrical activity (EEG) compared with never institutionalized children. However, among previously institutionalized children placed in high quality foster

care families before the age of 20-24 months, EEG activity at the age of eight began to resemble that of never institutionalized children.

In summary, brain development is impacted in a variety of ways by the early institutionalization of young children. First, it appears to reduce and/or alter metabolic, physiological and neurochemical activity. Second, it leads to changes in the size of select areas, such as the amygdala. Finally, white matter tracts in select areas are also compromised, which may underlie a connectivity problem. The general pattern of findings obtained in the imaging studies collectively suggests that children who have experienced institutionalization in the early years are likely to grow into deficits in emotion regulation, executive control and, possibly, memory (Bauer et al., 2009).

Essentially, the literature suggests that there are specific vulnerabilities, shows intervention and timing effects according to the age of the children (Nelson, 2011):

	42 months		54 months		8 years	
	Intervention Effects	Timing Effects	Intervention Effects	Timing Effects	Intervention Effects	Timing Effects
EEG power	Modest	Yes	Not assessed		Yes	Yes
Executive functioning	Not assessed		Not assessed		No	No
Attention	Yes	??	Not assessed		Yes	Not analyzed
Growth	Yes	Yes	Not assessed		Not analyzed	
IQ	Yes	Yes	Yes	Yes	Not analyzed	
Language	Yes	Yes	Not assessed		Not analyzed	
Psychiatric disorders	Not assessed		Yes	No	Not analyzed	
Competence/Impairment	Yes	??	Yes	??	Not analyzed	
RAD	Yes	Yes	Yes	Yes	Yes	No
Selective attachment	Yes	Yes	Not assessed		Not assessed	
Stereotypies	Yes	No	Yes	Yes	Yes	Yes
Peer relations	Not assessed		Yes	??	Not analyzed	
School adaptation	Not assessed		Yes	??	Not analyzed	
Indiscriminate behavior	Not assessed		Yes	Yes	Not analyzed	
Emotional reactivity	Yes	No	Not assessed		Not assessed	

A full reading list is set out in the Appendix II in this section of the report.

Detailed Review of Specific Interim Care Models/Strategies

Foster Care

Effective and successful foster care is central to an alternative care system. In a care system, foster care can be used as a mechanism to prevent family breakdown and poor care placement practices. It can be:

a) an emergency placement until further assessment (i.e., following disaster, conflict, or in cases in which the child's immediate removal from his biological family is needed);

b) a short- or medium-term care option, until the child can be successfully reunified with his biological or extended family;

c) a long-term/permanent solution for children who require families, but for whom adoption (national or international) is not the preferred care option; and/or

d) a means of preventing the entry of newly abandoned babies into institutions in poor countries, where emergency foster care by trained and prepared foster families can be provided.

Definition of Foster care: "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care" (General Assembly of the United Nations, 2010, para. 28c.ii).

Requirements for a successful foster care program:

"The Competent authority or agency should devise a system, and should train concerned staff accordingly, to assess and match the needs of the child with the abilities and resources of potential foster carers and to prepare all concerned for the placement" (UN Guidelines, para. 118).

- Recruitment: A pool of qualified foster cargivers should be selected in each community to provide children with care and protection while they maintain ties to their family, community and cultural group (solicit support of community and faith-based leaders, community groups, and conduct publicity campaigns to aid recruitment efforts).
- Assessment: Establish a system for assessing the suitability of foster care parents (professional or community leaders can carry this out in the absence of social welfare system/social workers).
- Foster Family Training: Provide mentoring and support for families caring for children.
- Case-by-case selection of each individual foster child
- Individual care plans for each individual foster child
- Strong matching of child and foster family: Match each child's needs according to each foster family's preferences (so that families are prepared to meet the specific needs of child).
- Phased introduction of child with foster family: Prepare the child and family prior to placement (i.e., phased transition into foster family).
- Post-placement mentoring and support of foster family and child: Monitor the placement based on each individual child's needs and care plan.
- Preparation for leaving care and after care.

Throughout the process, a proactive approach to providing care for the child is needed, in conjunction with family preparation and preservation efforts.

Support services for foster children

- Foster child participation: Ensure that children are part of the process, both during and after placement.
- Care groups/clubs for foster children: Train members and raise awareness of child rights, protection, healthy lifestyles.

- Youth camps for foster and biological children.
- Aging out of care support services: Assist youth aging out of care by providing job placement assistance, financial support, counseling and psycho-social support.

Services for foster parents

- Offer ongoing support and counseling services to foster caregivers at regular intervals, during and after placement.
- Provide ongoing parent education and livelihood/income-generating trainings.
- Give financial assistance as needed to foster parents.
- Provide legal support services and clarify legal issues such as adoption (for families who would like to adopt foster children), legal status for the child, and obligations of foster parents.
- Establish associations of foster caregivers to encourage peer support and contribution to practice and policy development.

Programming suggestions:

- A foster care plan needs to be constructed with the involvement of the family and its natural supporters, extended family, community and traditional authorities.
- Throughout all stages of placement and mentoring, it is important to actively involve community leaders, the child, biological families and foster caregivers.
- Both formal and functioning social welfare infrastructures are needed, and social workers should play a major role throughout the whole process (country example: South Africa).
- In traditional communities in which no formal social welfare system is in place, community leaders and volunteers can play a central role (country examples: Rwanda; FOST in Zimbabwe).
- Coordination of key stakeholders – including appropriate government ministry representatives, social workers, child welfare agencies and parents – is key.
- Guidelines, tools, minimum standards, procedures, criteria and training materials need to be developed and implemented.
- Awareness-raising campaigns – as well as social marketing – can be useful in recruiting volunteers and increasing public support for intervention.
- Government policies needed: (1) Create a plan of action for foster care; (2) Establish national minimum standards for foster care; and (3) Monitor and evaluate the foster care system.
- Complaint/correction mechanisms must be in place so that abuses are discovered and addressed.
- It is important to make a distinction between voluntary and judicial placements.
- The system needs to be well-resourced.
- The system should make a clear distinction between kinship and foster caregivers.
- There should be a focus on reunification with biological family or full integration with foster family.
- The safety of foster children throughout all stages, pre- and post- placement, must be ensured.
- Whenever possible, place children with families in their community or in similar cultural contexts.

Does foster care provide interim care benefits? (World Vision International, 2009).

- Better outcomes than children placed in institutional care [1]
- Safe and supportive environment while maintaining relationships with biological family
- Supports child's development
- Equips children for independent living

- Cost-effective: "The costs of institutional care far exceed those for foster care or treatment foster care. The difference in monthly cost can be 6 to 10 times as high as foster care and 2 to 3 times as high as treatment foster care" (Barth, 2002, p. ii).

[1] "These studies concluded that subjects who were in family foster care functioned better than children in group care in the following areas: they attained higher levels of education (Festinger, 1983); had a lesser likelihood of arrest or conviction (Festinger, 1983); reported fewer substance use problems (Jones & Moses, 1984); had a lesser likelihood of dissatisfaction with the amount of contact they had with biological siblings (Festinger, 1983); and were less likely to move, to be living alone, to be single, head of the household parents and to be divorced (Festinger, 1983). Adults formerly in family foster homes were also more likely to have close friends (Festinger, 1983) and stronger informal support (Jones & Moses, 1984)" (Barth, 2002, p. 18). (See also: Ghera et al.; Zeanah et al.)

Are interim care concerns present in foster care? (World Vision International, 2009):

- Trauma of separation from family
- Potential for abuse in foster family
- Potential for stigma in foster family
- Potential for ambiguous legal circumstances
- Confusion about identity and cultural ideologies
- Potential for negative motives of foster caregivers
- Labor-intensive

Issue of permanency:

Fostering can be used in two ways: (1) a situation in which the long-term aim is for a child to return to his family; or (2) a permanent option in situations in which adoption is not possible (de facto adoption).

Case of Rwanda: "In principle, fostering is seen as non-permanent form of care, but foster parents tend to see it as permanent unless the child's family is traced. Most seem to have a strong sense of their permanent obligations towards the child" (Save the Children, 2001, p. 7). Parents that have fostered spontaneously have a less clear perception of their long-term obligation. In Rwanda, foster care is a kind of informal adoption, and there is not yet a national policy on fostering.

Case of Jamaica: One study found that 95% of children would have liked to have permanently lived with their foster parents (Office of the Children's Advocate, 2009).

Use of foster care in Africa:

- Very few non-relative foster care situations in Africa (Dunn).
- "Since the civil war ended in Sierra Leone child fostering—whether informal or facilitated by humanitarian agencies and the government— has become the preferred solution for the estimated 800,000+ orphaned, abandoned, and vulnerable children" (Gale, 2008).
- "In sub-Saharan Africa, the institution of child fostering, in which parents send their biological children to live with another family, is widespread. Household survey data collected by the author in rural Burkina Faso show that approximately twenty-seven percent of households either sent or received a foster child between 1998 and 2000, and these children spent, on average, 2.75 years living away from their parents" (Akresh, 2005).
- "First, households use child fostering as a risk-coping mechanism in response to exogenous income shocks… Second, households with better opportunities, measured in terms of the quality of their social network, are more likely to foster… Third, in most African households, children perform chores that might include cooking, cleaning, childcare, fetching wood, and running errands. Having too many or too

few children in a given gender and age class may not optimize household production, and therefore, parents are more likely to foster children to offset demographic imbalances..." (Akresh, 2005).

- Foster children experience increased school enrollment after moving away from their biological parents, indicating that fostering may help insulate poor households from adverse shocks (Akresh, 2005).

For a full list of relevant sources, see Appendix III in this section of the report.

Residential Care

Group care should not be the first-choice placement option, especially for babies and very young children (Smyke et al., 2010). There is specific neurodevelopment literature on the importance of early childhood development, and this should be taken into account when considering placement and the age of the child (Moulson et al., 2009 July-Aug.; Moulson et al., 2009 Jan.; Fox, 2011). Priority should be given to community-based solutions that build on existing social structures (i.e., kinship care and foster care). Some countries specifically exclude institutional care from their range of provision due to the well-established negative effects on children.

There are emergency and non-emergency situations, however, in which no family placement is immediately possible, and small group care or similar institutions have been arranged. In some situations, particularly emergency situations, institutional care is sometimes set up on a short-term basis, and children require transitory or interim care while their families are being traced. This is especially common in an emergency setting when there are insufficient foster families available to host such a large number of children. At times there may also be a reason based on ethnic concerns, when it is preferable to place them in a family setting in the short term (e.g., Kenya during the post-election period).

Residential Care Guidelines:

When residential care proves necessary, it is important that the following guidelines are followed:

- Have standards and guidelines in place to guarantee quality of care and child's rights.
- Ensure that homes are properly managed with staff that adheres to guidelines and standards.
- Implement rigorous admission procedure and safeguards, including child and family assessment and case plan.
- Promote the practice of siblings being placed together.
- Follow a family-like model with a small number of children, one or two caregivers (caregiver-to-child ratio: 1:3 for infants; 1:5 for toddlers; 1:8 for adolescents)
- Ensure it is community-based and integrated into community
- Embrace a child-focused approach and support child participation – set up care around needs of children.
- Work to maintain focus on family reunification or alternative long-term care placement.
- Encourage engagement/visiting of families of orphans and vulnerable children.
- Use residential care facilities as community resource centers.
- Residential care facilities must be well designed – with good lighting, good temperature maintenance, clean water, and smaller, home-like environment.
- Provide vocational training and educational programs for children.

Case Study: Worldwide Orphan Foundation

The WorldWide Orphan Foundation, a private non-profit organization, offers a series of different development-related services for children in Ethiopia, Vietnam, Haiti, Serbia and Bulgaria. The next pages contain some of their specific efforts:

The One-to-One Program

At-risk and developmentally delayed children are matched with retired women in the community ("grannies" or "aunties") who have a background in health care, child care or elementary education. For many children who have been institutionalized since or shortly after birth, this is their first opportunity to develop an intimate, trusting and loving relationship with a consistent adult figure. The adults work with one or two children five days a week under the direction of a psychologist, who shapes a strategy for each child.

Physical/Occupational Therapy

Physical and occupational therapy address many developmental issues, including language delays, behavior, fine and gross motor delays, and/or cognitive issues, including vision and hearing delays. WWO's volunteer therapists identify children who are at risk and create individual therapeutic programs for each child. They then train orphanage caregivers in simple therapeutic principles and help them establish routines that support and reinforce the work of the one-to-one adults and psychologists.

Toy Library

Toys help children develop their social awareness, imagination, visual motor capabilities and thinking processes. Play is a very serious activity for children, and often represents a primary and valuable means of learning. Since many toys are important learning instruments, children should have easy access to appropriate toys in order to explore and choose those which interest them. A Toy Library provides such access for children in orphanages.

Assessments

WWO has permission from Pearson Publishing to translate the Bayley III, the most respected assessment tool for children aged 1-42 months, which they use to establish baselines for children's development. Local psychologists are trained by WWO's volunteer consultants in the administration of the Bayley III, thus building in-country capacity.

Camp

Camp is a vitally important developmental milestone for children. For orphaned children who are mature beyond their years due to death, disease or poverty, camp can be a crucial link to growth, self-worth, leadership, and ultimately the missing pieces of their own childhoods.

Global Arts

WWO Global Arts program is based on the belief that the arts have a unique ability to empower, heal and inspire. Since its first project in 2005, the Global Arts program has grown to include curriculum development, teacher training and workshops featuring local artists.

Sports

Physical exercise, healthy competition, teamwork, leadership and fun are some of the most significant benefits for children participating in sports. At WWO, sports are encouraged for all children.

WWO Academy

The WWO Academy is a free primary school in Addis Ababa, Ethiopia. The Academy enrolls children living in orphanages as well as children from the local community, which is one of the poorest in Addis Ababa. Children both with and without HIV attend the school. The Academy is licensed by the Ministry of Education, employs Ethiopian administrators and teachers, and offers a unique curriculum rich in arts and teacher training. The Academy serves two healthy meals a day, and ensures that all students receive medical care.

Benefits and Best Practices of the WWO Approach:

- Children are integrated into their own communities and cultures.
- Programs address the needs of orphaned and vulnerable children (OVC) via medical, developmental, psychosocial and educational programs.
- Interventions prepare the child for permanent care options: kinship care, foster care, domestic and international adoption, day care and boarding homes.
- Case management is at the core of all plans for the care of OVC.
- Trained social workers provide staff training for all caregivers.

De-institutionalization

Excerpted from Hope and Homes for Children Rwanda's Children Deinstitutionalization Strategy

De-institutionalization is the process of replacing residential care in large institutions with a wide range of alternative services designed to meet children's needs and enable them to realize their rights.

An institution can be defined as any residential facility with overall capacity for more than twelve children. Institutions are part of a reactive childcare system, providing care for children from very different backgrounds, with very different needs. Institutions replace parental care without supporting families, without preventing family crises, or without attempting to resolve the situations that result in the placement of a child in an institution.

Institutions represent a blanket approach to childcare. They are most often expensive, inadequate and centralised. Institutions are ill-equipped to cater for children's needs or to support the observance of their rights. Institutions can never replace the one-to-one care and role model needed by children for harmonious development and the full expression of their potential.

Institutions have a reactive nature and thus fail to address the real problem faced by children and families. Institutions cannot stimulate proactive approaches to support families in preventing the separation of children. Institutional care represents the major reason for the irrevocable severing of family ties.

Institutions will always create the need for children to be placed in them. The very existence of institutions is set against any possible reduction of children placed in residential care. In truth, the real need for residential care is overrated. There are two main reasons why institutional care is seen as overrated:

1. Difficulty in providing timely and effective services at community and family level in order to prevent separation of children from their families.
2. Inadequate provision of family placements (placement in an extended family, local adoption, fostering) for children without parental care.

However, there may be a common belief that residential placements are essential. This occurs when:

- There is a lack of services at community level
- There is insufficient support towards family placements
- Social work practice is office-based rather than field-based
- Entrenched attitudes are observed
- There is a clear lack of resources

If the above occur, residential care provides a safety net for social workers. Unfortunately, residential placement is usually treated as a long-term option with children rarely moving on to a permanent, family-based

placement. For the majority of children in institutional care the next placement is represented by moving into another institution or by reaching the age limit for childcare.

Replacing institutional care with a whole range of alternative services demands a different approach to state childcare, a radically different attitude towards parents and carers and a proactive approach to the prevention of children's separation from their families.

Myths about De-institutionalization

- De-institutionalization represents solely the closure of an institution.
- De-institutionalization is remodeling of the institution within the same premises even if resident children do not originate from the area where the institution is located and children's needs show otherwise.
- Remodeling the inside of the institution building into "family units" represents DI.
- De-institutionalization inevitably leads to losing jobs and a drastic reduction in the number of childcare professionals.

The Truth about De-Institutionalization

- De-institutionalization represents the development of alternative services and the closure of the old style institutions.
- Di-institutionalization is not about the building itself, but about the real needs of the children resident in the institution at the time.
- Remodeling the institution building might improve living conditions but does not represent a different approach to childcare and does not respond to the children's most important needs.
- De-institutionalization is a dynamic process that creates new opportunities for staff working in the institutions. The process can lead to better jobs and greater responsibilities for staff to provide successful services to children and their families.
- De-institutionalization promotes the decentralization of services into the communities where children and families in need are located.

How to De-Institutionalize?

Guiding principles

These are a few good practice principles in de-institutionalization. Some of them are well known and are an integral part of the United Nations Conventions on the Rights of the Child (UNCRC), whilst other principles stem from practice. Every de-institutionalization project offers the opportunity to learn and to assess and improve our practice. The main intention of this book is to share our learning with other professionals in order to promote the realization of all human and children's rights.

- The principles listed below provide a framework for developing detailed plans for de-institutionalization projects. They help us to start every process by thinking about the children, their circumstances and needs.
- Children are the main beneficiaries of every DI process. Their best interest is the focal point of the process and their needs and circumstances are the evidence used for designing all resulting alternatives.
- Children have the right to live in a loving and safe environment.
- Children and their parents and/or carers might need support and specialised services to prevent family breakdown.
- Children's needs and circumstances cannot be separated from their family's needs and circumstances.
- Interventions should always aim to prevent children's separation from their families and to work with the family as a whole.

- Family support services should be available at community level and customized for the individual needs of children and their needs.
- Residential care should be the last resort and for a limited period of time with a view to finding a permanent family-based placement as soon as possible.
- De-institutionalization is a dynamic process that aims at reducing drastically the number of children in residential care at any one time with a view to identifying a permanent placement for all children within a family environment.
- De-institutionalization requires a multidisciplinary approach, a multi-agency collaboration and interventions in all aspects of family life and wellbeing: living conditions, family and social relationships, physical and psychological health, education and household economy.
- De-institutionalization should start with the needs of the children: the needs of those residing in the institution at the time of the assessment and also the needs of the wider population receiving support through social services.
- Each alternative service should have a very clear mission, target group, expected outcomes and expected results, all measurable and verifiable.
- The location of new services should reflect the domicile of the recipient children and their families.
- The types of new services should match the needs of the children and also consider the wider community.
- Children's needs are dynamic, changing and evolving from day to day. Therefore, services should be regularly assessed to ensure the ongoing match between needs and services.
- Staff in the institutions should be given the opportunity to retrain and transfer into the new services according to their skills and abilities.
- All existing resources, including services, should be mapped in order to avoid duplication and to increase the cost effectiveness of the process.
- The De-institutionalization process should allow for sufficient time for preparing children for transition into the next placement.
- Children should be informed and involved in the process from the beginning in a meaningful way adapted to their age and ability.
- Siblings must be placed together and if, in exceptional circumstances, they are separated for a period of time, communication and regular time together must be provided.
- Groups of friends should be helped to maintain connections and friendships and, if possible and in the best interest of the child, they should be placed together.

Appendix I

Orphanage and Institution Care – Impact on Child Development, Cognition and Wellbeing
By Professor Lorraine Sherr

FULL PAPER

Background

It is well established that large orphanage or institutional care is an option of least choice for children. The problems associated with such provision have been well documented (van Ijzendoorn, 2008). A recent meta-analysis of 75 studies on more than 3,888 children in 19 different countries, the intellectual development of children living in children's homes (orphanages) was compared with that of children living with their (foster) families and the found that children growing up in children's homes showed a substantial lower level of IQ (average IQ of 84) than their peers reared in (foster) families (average IQ of 104), and the difference amounted to 20 IQ points. The negative effects can persist for a lifetime (Sigal, 2003). Sigal et al. in this 50 year follow up study, noted that the group of randomly selected, middle-aged orphans institutionalized at birth or an early age, were significantly more psychosocially dysfunctional and had significantly more chronic illnesses (possibly stress related) compared to a randomly generated, matched community sample.

The research also clearly points out that cognitive and emotional gains can be achieved when children are removed from institutionalised care. Indeed one study also noted that temporary residence in a foster home in the country of origin prior to international adoption was related to higher mental and psychomotor functioning, showing that residence in such foster homes, however brief, may prevent or ameliorate developmental delay (van Londen, 2011).

Definitions of orphanage are complex and tend to cover large impersonal institutional arrangements but also may capture other environments labeled as group homes. Issues around size, ratio, family like settings, continuity and permanency of parent figures and age ranges of children mixing patterns are relevant factors in understanding institutions.

With the emergence of the AIDS epidemic, despite the closure of orphanages the AIDS crisis in Africa has seen a mushrooming of institutional/orphanage care for children. Often such children are not orphans in the true sense (children without surviving mothers and fathers), but may be disproportionately affected by poverty or children who have lost one parent. This study was set up to examine the state of the evidence on orphanage care in terms of child outcomes, notably emotional and cognitive developmental parameters.

Methodology

Key terms searched on Medline, Psych Lit and Cochrane (see box 1). The search generated 227 hits. These were then sorted for duplicates, relevance and references raised in these papers were followed up to add relevant studies. This resulted in a final list of 42 studies for analysis in terms of the impact of institutions (orphanages) on child outcome. The search was conducted on 12th January 2011, and the strategy and flow chart appear below.

Search Strategy (Psychinfo and Medline). Table 1

Psychinfo

Quantitative Methods/ 1117

1. (Institutionalized care or care arrangement or kinship care or small group homes).mp. [mp=title, abstract, heading word, table of contents, key concepts] 404
2. Experimental Methods/ or Experimental Design/ 15040
3. Orphans/ or orphanages/ 623

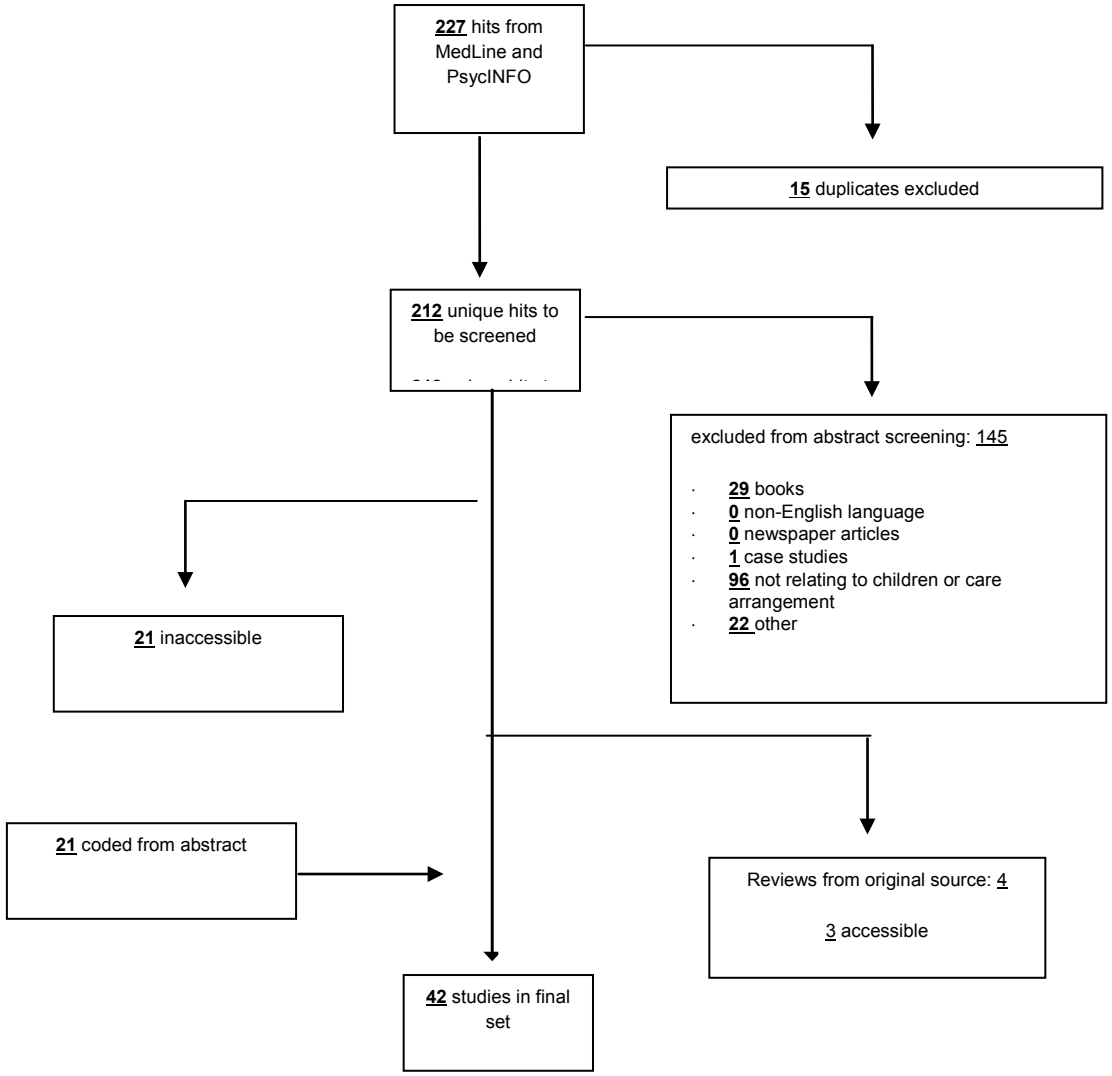
4. Foster Care/ 3076
5. Adopted Children/ 1401
6. Empirical Methods/ 2506
7. (pre-test post-test or prepost or cohort or longitudinal or cross-sectional or observational or quasi-experimental or comparison group or randomized controlled trial or randomised controlled trial).mp. [mp=title, abstract, heading word, table of contents, key concepts] 118651
8. Cognitive development/ 22679
9. Emotional development/ 4993
10. Physical development/ 2725
11. Psychomotor/ 520
12. Psychological development/ 1922
13. (child conduct or social development).mp. [mp=title, abstract, heading word, table of contents, key concepts] 4846
14. Family adoption.mp. [mp=title, abstract, heading word, table of contents, key concepts] 29
15. Childhood development/ or motor development/ 37243
16. (orphan* or orphanage*).mp. [mp=title, abstract, heading word, table of contents, key concepts] 1770
17. Foster care.mp. [mp=title, abstract, heading word, table of contents, key concepts] 4124
18. (cognitive devilment or emotional development or physical development or psychomotor development or psychological development).mp. [mp=title, abstract, heading word, table of contents, key concepts] 38801
19. 2 or 4 or 5 or 6 or 15 or 17 or 18 7311
20. 9 or 10 or 11 or 12 or 13 or 14 or 16 or 19 74346
21. 1 or 3 or 7 or 8 135645
22. 20 and 21 and 22
23. 105

Medline

1. (institutionalized care or care arrangement or kinship care or small group homes).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier] 213
2. (pre-test post-test or prepost or cohort or longitudinal or cross-sectional or observational or quasi-experimental or comparison group or randomized controlled trial or randomised controlled trial).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier] 789911
3. (child conduct or social development).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier] 1647
4. Family adoption.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier] 25
5. (orphan* or orphanage*).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier] 10015
6. Foster care.mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier] 1089
7. (cognitive development or emotional development or physical development or psychomotor development or psychological development).mp. [mp=title, original title, abstract, name of substance word, subject heading word, unique identifier] 7388
8. Observation/ or control groups/ 4642
9. Randomized Controlled Trials as Topic/ 69146
10. Case-control studies/ or cohort studies/ or longitudinal studies/ or retrospective studies/ or cross-sectional studies/ 710515
11. Empirical research/ 1751
12. Child, Orphaned/ 188
13. Foster home care/ or institutionalization/ 6867
14. Adoption/ 3836
15. Cognition/ 48937
16. Emotions/ 31600
17. Psychomotor performance/ or motor skills/ 51883
18. Child Development/ 28854

19. 1 or 4 or 5 or 6 or 12 or 13 or 14 20426
20. 2 or 8 or 9 or 10 or 11 1258966
21. 3 or 7 or 15 or 16 or 17 or 18 153846
22. 19 and 20 and 21
23. 122

Figure 1 – Studies on Effect of Orphanages/Institutions on Child Development



The search generated 42 studies which provided a variety of designs and measured both cognitive and developmental / psychological outcomes in children. The results are summarised in table 2 below.

Of these studies, 41/42 (97.6%) showed at least one form of detrimental psychological or cognitive impact of institutions on the children. One study showed no differences, albeit a large study yet comparisons were made with communities which perhaps did not have the same access to resources as those allocated to the institutions. In these studies there is very little data where randomised controlled trials are operational. Clearly for ethical reasons there are no randomisations into orphanage/institutional care in any studies. However there are a group of studies which attempt to provide randomisation evidence by randomising children from institutions to differing follow on care (n=5). These studies are clearly the most methodologically sound, and they do suggest that remaining in an institution rather than moving to various forms of family based care is associated with negative outcomes or reduced scores on a variety of functioning tests.

Author	Country	Design	Type of Care		Sample	Negative Impact
1.Ahmed 2005[1]	Kurdistan	Controlled LS (2 fup)	Foster care (94) vs Orphanage (48)	142	Both samples significant decrease means competence and problem scores over time. Improvement in activity scale, externalizing and PTSD more significant in the foster care than orphanages. School competence deteriorated in both, particularly among the girls in the orphanages	YES
2. Andersson, G. 05[1]	Sweden	LS	Institutional	N=26	Those who remained at home after the children's home were in the first two categories (good and moderate social adjustment) but not the third (bad social adjustment). Those who were in the second category expressed more disappointment about family/ foster family relations and the third category showed inconsistencies in their early attachment pattern due to mixed early relationships.	YES
3. Beegle,K.; et al 2009[1]	Africa	Cohort study	Institutional	718	Loss of mother < 15 suffer a deficit of around 2 cm in final attained height (mean 1.96; 95% CI 0.06–3.77) and 1 year of final attained schooling (mean 1.01; 95% CI 0.39–1.81). Father's death predictor of lower height and schooling.	YES
4. Beckett et al 2007[1]	Romania	Comparison group	127 adopted from Institution vs 49 adopted from non institution		Children adopted from Romanian Institutions significantly lower attainment scores than non instit. Those who had spent 6 months + in institution significantly lower attainment scores than less than 6 months. No additional risk of low attainment with longer institutional care after 6 months. The lower scholastic attainment was mediated by IQ.	YES
5. Bos,K.J.; et al 2010[1]	Romania	RCT	Foster care vs. Institutional	136	Prior to placement in foster care, > 60% of children in institutional care exhibited stereotypes. FUp indicated family significantly reduced stereotypies. Stereotypes significantly associated with lower language and cognition.	YES
6. Cermak,S.A.; et al 97[1]	Romania	Experimental study	Institutional	N=73	Multiple T-tests indicated that the subjects adopted from Romanian orphanages demonstrated significantly greater problems than those in the control group on five of the six sensory processing domains: touch, movement-avoids, movement-seeks, vision, and audition. Also, the Romanian subjects exhibited significantly greater problems than the control subjects on four of the five behavioral domains: activity level, feeding, organization, and social-emotional.	YES
7. Chisholm et al 1998[1]	Romania vs. Canada	Comparitive study	Institutional then adopted vs adopted vs non adopted		Orphanage children did not score differently on the attachment security measure based on parent report, they did display significantly more insecure attachment patterns, significantly more indiscriminately friendly behaviour. Insecure orphanage children had more behavior problems, scored lower on the Stanford-Binet Intelligence Scale, and had parents who reported significantly more parenting stress than children classified as secure.	YES
8. Croft,C.; et al 01[1]	Romania & United Kingdom	Longitudinal study	Adoption	210	Adoptive parent-child relationship quality was related to duration of deprivation and that cognitive developmental delay mediated this association. Longitudinal analyses revealed that positive change in parent-child relationship quality was most marked among children who exhibited cognitive catch-up between asse ssments.	YES
9. Daunhauer, L.A 05[1]	Eastern Europe	Experimental study	Institutional	N=119 [93 (part 1),26 (part 2 and 3)]	The study group performed significantly below the standardisation sample on the mental and psychomotor domains. No significant differences between the first sample and the sub sample that was re assessed 10 months later but there was an increase in mental score over time. Results from the second study indicated that when compared with an age matched American sample they demonstrated symbolic play skills that were below average for their age but they were not below their mental developmental age. In the third study they showed higher levels of interactive play skills than when playing alone. Success was strongly associated with caregivers who were directive, encouraging and provided structure and assistance.	YES

Author	Country	Design	Type of Care		Sample	Negative Impact
11. Ghera et al[1]	Romania	Randomised institutional children to remain in institution or enter foster care	Randomised Inst/Foster Care/Community control	208	Data indicated that at both age points, children who received the foster care intervention showed higher levels of attention and positive affect compared to children who remained institutionalized. Compared to the community sample, children in the foster care intervention showed higher levels of attention to the emotion-eliciting tasks at 42 months of age.	YES
12. Johnson et al 2010[1]	Romania	RCT – Inst children randomised to care as usual or foster care	Institutional and community children in Bucharest	163 institutional (6 orphanages) compared to 72 non institutionalised children	Growth in institutionalized children compromised. Mean height and weight, increased to near normal within 12 months in foster care. Growth and IQ in low-birth-weight children particularly vulnerable.	YES
13. Kim,T.I.; et al 03[1]	South Korea	Experimental study	Institutional	58	The experimental group had gained significantly more weight and had larger increases in length and head circumference after the 4-week intervention period and at 6months of age. Experimental group had significantly fewer illnesses and clinic visits.	YES
14. Kreppner, J.M.; et al 07[1]	UK	Longitudinal study	Institutional	N=217	Increased impairment in children who were institutionally deprived for more than 6 months of their life but no additional effect beyond the 6 month cut off. The pattern of normality/ impairment was established by 6 years of age with considerable continuity between 6 and 11 years.	YES
15. Lee et al [1]	Korea		Comparison inst vs international adoption	230 Inst, 382 adoption, Total = 612	There was a placement effect of adoption and support for age of entry and parental status as risk factors. Relinquished children institutionalized before age 2 fared the poorest across groups. Children institutionalized after age 2 with deceased/unknown parents fared best among institutionalized children. Institutionalization due to family disruption was a risk for relinquished children only, whereas parental contact did not increase the risk for behavioral problems	YES
16. Lin,S.H.; et al 05.[1]	Eastern Europe	Experimental study	Institutional	60	The Longer in institutionalised group had significantly lower scores than the shorter in institutionalised group on the SIPT in vestibular-proprioceptive, visual, and praxis areas, and effect sizes ranged from .09 to 1.13. Also significantly more frequent behaviors suggestive of sensory modulation dysfunction	YES
17 Mateo, C.M. 05[1]	Spain	Pretest-Posttest study	Adoption	N=33	Problems at the time of adoption were physical development and language and problems 2 years later were with sleeping problems, fears and impulsivity/ hyperactivity.	YES
18. McLaughlin,et al 2010[1]	Romania	RCT	Institutional	208	> symptoms of attention-deficit/hyperactivity disorder, anxiety, depression, and disruptive behavior disorders than community controls.	YES
19. Miller,L.C.; et al 2008.[1]	USA	Retrospective Chart Review study	Adoption from orphanage	50	Weight-for-height z scores (WHZ) increase with age at adoption. Age at arrival correlated inversely with developmental scores for cognition (r = .49, r2 = .24, P = .0003)	YES
20. Miller 2005[1]	USA & Guatamala	case-matched study	Foster vs institution	103		

Author	Country	Design	Type of Care		Sample	Negative Impact
20. Miller 2005[1]	USA & Guatamala	case-matched study	Foster vs institution	103		
21, Miller,L.C.; et al 95[1]	USA	Retrospective Chart Review study	Adoption	N=129	The anthropometric measurements of the international adoptees were below the means for weight, height, and head circumference based on standards of the WHO. Only 65 children (50%) were developmentally normal. Gross motor delays were identified in 43 children (33%), fine motor delays in 52 (40%), language delays in 23 (18%), cognitive delays in 21 (16%), and global delays in 18 (14%). The severity of delays were related to z scores for weight, height, and head circumference. The 36 children with medical problems had lower z scores compared with healthy children and were more likely to have delayed development.	YES
22. Morison,S.J. 00[1]	Canada & Romania	Experimental study	Institutional	N=35	The institutionalised children scored lower on all cognitive measures so their developmental status was positively related to home scores and negatively related to the time spent in institution.	YES
23. Nelson,C.A et al 07 [1]	Romania	RCT	Institutional	136	Cognitive outcome of children who remained in institution markedly below never-institutionalized and children taken out of the institution and placed into foster care. The improved cognitive outcomes observed at 42 and 54 months were most marked for the youngest children placed in foster care.	YES
24. O'Connor, T.G.; et al 00.[1]	Romania & United Kingdom	Longitudinal study	Adoption	217	Analyses revealed a close association between duration of deprivation and severity of attachment disorder behaviors. In addition, attachment disorder behaviors were correlated with attentional and conduct problems and cognitive level but nonetheless appeared to index a distinct set of symptoms/behaviors. Finally, there was marked stability in individual differences in attachment disorder behaviors and little evidence of a mean decrease over this 2-year period.	YES
25. Otieno et al 1999[1]	East Africa	Comparison group	82 abandoned babies and for each two mothered babies matched for age and sex from well baby clinics	246	Abandoned babies were significantly thinner with the mean LUMAC of 10.8 cm versus 12.3 cm ($p = 0.02$) Institutionalised babies were significantly wasted ($p = 0.00001$) and stunted ($p = 0.00001$). Abandoned babies were significantly delayed in development ($p < 0.0001$). In all the four sectors tested for, institutionalised babies showed significant delay, $p < 0.0001$ in each sector.	YES
26. Pearlmutter,S.; et al 08[1]	Romania	Longitudinal study	Institutional	N=91	Fewer strengths were identified in children with a longer history of institutional care. Levels of parent - child relationship satisfaction were consistent predictors of emotional and behavioural strength.	YES
27. Prikhozhan, A.M.; 82[1]	Russia	LS	Institutional	N=24	The performance and overall behaviour of institutionalised children was far inferior to controls. Comparisons were made on the basis of mental, emotional and motivational tests with emphasis on school readiness.	YES
28. Raslaviciene, G.; et al 02[1]	Eastern Europe	Matched control Longitudinal study	Foster care vs. Family	140	Psychoemotional problems in care institutions: - nervous, exhibited aggression, difficulties in their education and show frustration and depression.	YES
29. Robert,M.; et al 2009[1]	Eastern Europe	Cross-Sectional study	Adoption	29	Adopted children are at risk for physical and neuropsychological disabilities. Five years after adoption, 7% (N=2) still growth delay and 24% (N=7) microcephaly. Visual-motor perception skills were mainly normal, but 14% (N=4) showed distal somatopraxic problems. Cognition, executive functioning, abstract reasoning and memory were normal.	YES – catch up
30. Roy,P.; et al 04[1]	UK	Experimental study	Foster care vs. Institutional	38	1) A lack of selective relationships to both caregivers and peers only in institution-reared children; 2) This was associated with inattention and overactivity, - observed and reported; 3) Inattention/overactivity, a lack of selective relationships, and a combination of the two were all features shown by institution-reared boys, but not girls.	YES

Author	Country	Design	Type of Care		Sample	Negative Impact
31. Rutter,M et al 99 [1]	United Kingdom	Interview & Questionnaire study	Adoption	163	6% of children from Romania who were adopted in to the U.K showed autistic like patterns of behaviour. A further 6% showed milder autistic features. Such autistic characteristics were not found in a similarly studied sample of 52 children adopted in the first 6 months of life within the U.K. The children from Romania with autistic patterns showed clinical features closely similar to "ordinary" autism at 4 years but they differed with respect to the improvement seen by age 6 years, to an equal sex ratio, and to a normal head circumference.	YES
32. Rutter et al 2007[1]	UK	Controlled study	144 Adopted after Institution in Romania, 52 domestic adoption	196	Autism diagnostic interview – 9.2% from Institution group, 0% from non inst adoption.	YES
33. Smyke,A.T.; et al 2010[1]	Romania	Longitudinal study	Institutional vs. Family	169	Young children placed into foster care after early institutional rearing may experience significant recovery with regard to attachment. Cognitive status predicted greater likelihood of organized attachment in the CAU and greater likelihood of secure attachment in the foster care and never-institutionalized groups.	YES
34. Sonuga-Barke, E.J.; et al 2008[1]	Romania	Experimental study	Adoption	138	Duration of deprivation associated with smaller head circumference, lowered IQ, and increased mental heath problems, Many negative effects of early deprivation, including stunted brain growth, occur without sub-nutrition: psychosocial deprivation plays a major role in neurodevelopmental effects of deprivation.	YES
35. Stevens et al 2008[1]	UK	Controlled study	Institutionalised adoptees from Romania compared to domestic non inst. Adoptees UK	144 Inst, 21 non inst Romanian, 52 non inst UK	Inattention/ overactivity was strongly associated with institutional deprivation. Higher rates of deprivation-related I/O in boys than girls, and I/O was strongly associated with conduct problems, disinhibited attachment and executive function but not IQ more generally, independently of gender	YES
36. Thompson, S.L. 01[1]	Canada & Romania	Longitudinal study	Institutional	N=122	Previously institutionalised orphans scored poorly on social skills and had more problems with social interaction. Difficulty with social skills was related to attachment, extreme indiscriminately friendly behaviour and the stress levels of parents as well as the number of children adopted from institutional backgrounds.	YES
37. Tottenham,et al ,2010 [1]	USA	Comparison study	Institutional	78	Late adoption was associated with larger corrected amygdala volumes, poorer emotion regulation, and increased anxiety. >50% orphanage rearing met criteria for a psychiatric disorder, a third anxiety disorder,	YES
38. Vorria et al 2006[1]	Greece	Institutionalised compared to non institutionalised	Adopted after 2 years in institution vs control	N=100	At four years adopted children still had lower scores on cognitive development, were less secure, and less able to understand emotions than family-reared children	YES
39. Whetten et al [1]	5 countries	2,837	1,357 institution-living and 1,480 community-living	2847	Health, emotional and cognitive functioning, and physical growth were no worse for institution-living than community-living OAC, and generally better than for community-living OAC cared for by persons other than a biological parent. Differences between study sites explained 2-23% of the total variability in child outcomes, while differences between care settings within sites explained 8-21%. Differences among children within care settings explained 64-87%. After adjusting for sites, age, and gender, institution vs. community-living explained only 0.3-7% of the variability in child outcomes.	NO

Author	Country	Design	Type of Care		Sample	Negative Impact
40. Wolf et al 1999[1]	Eritrea	Orphanage compared to Refugee children. Fup Orphanage compared to other care	Compared at two time points to other refugee children (with family) and other care arrangements at fup	74	No differences on cognitive development, but negative behavioural findings.	YES
41. Zeanah et al 2009[1]	Bucharest	Institutionalised children randomly allocated to remain in Institution, removal to foster care, and comparison children		170	Children with any history of institutional rearing had more psychiatric disorders than children without such a history (53.2% versus 22.0%). Children removed from institutions and placed in foster families were less likely to have internalizing disorders than children who continued with care as usual (22.0% versus 44.2%). Boys were more symptomatic than girls regardless of their caregiving environment and, unlike girls, had no reduction in total psychiatric symptoms following foster placement.	YES
42. Zhao et al 2010[1]	China	Four different groups in orphanages with different pre institutionalised care arrangements	surviving parent (38%), grandparents (22%), other relatives (19%), and non-relatives (22%)	176	children who were previously cared for by non-relatives scored significantly higher in traumatic symptoms, depression, and loneliness scales than children who were previously cared for by their surviving parent, grandparents, and other relatives. Grandparent care reported the best scores on all psychological measures. Controlling for gender, age, length in orphanages, number of household replacements, and total duration of replacement, revealed that the type of caregivers was significantly associated with psychological problems. children under the care of their grandparents reported the best psychological outcomes	YES

Appendix II

Specific Results

An Understanding of Institutionalization on Brain/Behaviour of Children - Full Reading List

Chugani, H. T., Behen, M. E., Muzik, O., Juhasz, C., Nagy, F., & Chugani, D. C. (2001). Local Brain Functional Activity Following Early Deprivation: A Study Of Postinstitutionalized Romanian Orphans. Neuroimage, 14, 1290-1301.

Eluvathingal, T.J., Chugani, H.T., Behen, M.E., Juhász, C., Muzik, O., Maqbool, M., Chugani, D.C., & Makki, M. (2006). Abnormal Brain Connectivity In Children After Early Severe Socioemotional Deprivation: A Diffusion Tensor Imaging Study. Pediatrics, 117, 2093-2100.

Fries, A.B., Shirtcliff, E.A., & Pollak, S.D. (2008).Neuroendocrine Dysregulation Following Early Social Deprivation In Children. Developmental Psychobiology, 50, 588-599.

Marshall, P. J., Fox, N. A., & The Beip Core Group (2004). A Comparison Of The Electroencephalogram Between Institutionalized And Community Children In Romania. Journal Of Cognitive Neuroscience, 16, 1327-1338.

Marshall, P., Reeb, B.C., Fox, N.A., Nelson, C.A., & Zeanah, C.H. (2008). Effects Of Early Intervention On Eeg Power And Coherence In Previously Institutionalized Children In Romania. Development And Psychopathology, 20, 861-880.

Mehta, M.A., Golembo, N.I., Nosarti, C., Colvert, E., Mota, A., Williams S.C.R., et al. (2009). Amygdala, hippocampal and corpus callosum size following severe early institutional deprivation: The English and Romanian Adoptees Study Pilot. Journal of Child Psychology & Psychiatry, 50, 943-951.

Nelson CA, Furtado EA, Fox NA, Zeanah CH (2009). The Deprived Human Brain. American Scientist, 97(3), 222 – 229

Tottenham, N., Hare, T., Quinn, B., McCarry, T., Nurse, M., Gilhooly, T., Millner, A., Galvan, A., Davidson, M., Eigsti, I.M., Thomas, K.M., Freed, P., Booma, E.S., Gunnar, M., Altemus, M., & Aronson, J., Casey, B.J. (2010) Prolonged institutional rearing is associated with atypically larger amygdala volume and difficulties in emotion regulation. Developmental Science, 13 (1), 46-61.

Vanderwert RE, Marshall PJ, Nelson CA, Zeanah CH, & Fox NA (2010). Timing of intervention affects brain electrical activity in children exposed to severe psychosocial neglect. PLoSOne, 5(7), 1-5.

Wismer Fries, A.B., Ziegler, T.E., Kurian, J.R., Jacoris, S., & Pollak, S.D. (2005). Early Experience In Humans Is Associated With Changes In Neuropeptides Critical For Regulating Social Behavior. Proceedings Of The National Academy Of Sciences, 102, 17237-17240.

Appendix III

Relevant Sources

Programming Guidance:

- Because We Care: Programming Guidance for Children Deprived of Parental Care, World Vision International, 2009.
  http://www.crin.org/docs/Because%20We%20Care.pdf
  Provides recommendations for World Vision International and partner agencies on general alternative care principles and analysis of alternative care models.
- Keeping Children Out of Harmful, Save the Children UK, 2009 Institutions.
  http://www.crin.org/docs/Keeping_Children_Out_of_Harmful_Institutions_Final_20.11.09.pdf
  Examines the latest evidence of the harm institutional care can do to children. Explores why governments and donors continue to prioritize institutional care, despite the harm it can cause.
- Promising Practices in Reunification, The National Resource Center for Foster Care & Permanency Planning Hunter College School of Social Work, 2004.
  http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/promising-practices-in-reunification.pdf#search=%22social%20work%20reunification%20tools%22
  A list of programs and program approaches that influence family reunification outcomes. Relevant for social workers, policymakers and others involved in foster care, after care and family reunification.

- Children in Institutions: Prevention and Alternative Care, Council of Europe 2004.
  http://www.crin.org/docs/resources/treaties/crc.40/GDD_2005_CE_Children_Institutions.pdf
  Contains an overview of alternative care in Europe, the effects of institutions on children, statistical information, and the different approaches of child protection systems within Europe. It also includes information on reforming institutional care, foster care, post-care support and the role of the social worker.
- Inter-agency Guiding Principles on Unaccompanied and Separated Children, 2004.
  http://www.bettercarenetwork.org/BCN/details.asp?id=9253&themeID=1005&topicID=1031
  A comprehensive framework to ensure that the rights and needs of separated children are effectively addressed. Guidelines aim to promote and support preparedness, coordination and good practice based on lessons learned. Addresses all aspects of an emergency from preventing separations, to family tracing and reunification, to long-term solutions.
- The Lost Ones: Emergency Care And Family Tracing for Children from Birth to Five Years, 2007.
  http://www.bettercarenetwork.org/BCN/details.asp?id=9250&themeID=1005&topicID=103
  A manual primarily concerned with the prevention of separation of children during emergencies. It provides a field-oriented guide to solve problems specific to emergency care and tracing and family reunification for children aged five years and younger.

Country and Regional Reports:

- Foster Care in Namibia: Recommendations for the Framework, Namibian Ministry of Gender Equality and Child Welfare, 2010.
  http://www.crin.org/docs/NamibiaMGECW%20-%20Foster%20Care%20Report%20-%20for%20email%20+%20web.pdf
  Report assessing the existing framework for foster care in the light of the realities of Namibian foster care in practice. Based on information about foster care frameworks and guardianship legislation in other countries, recommendations are provided for new approaches to foster care and foster care grants, which could be incorporated into Namibia's forthcoming Child Care and Protection Act (CCPA).
- A Study of the Foster Care Programme in Jamaica, Office of the Children's Advocate, 2010.
  http://www.crin.org/docs/Study%20of%20the%20Foster%20Care%20PRogramme%20Jamaica.pdf
  Findings of a study aimed at determining the effectiveness and efficiency of the Foster Care Programme, assess the treatment of children in foster care and the adherence to child rights in its provision, and provide policy direction for the enhancement of the Programme.
- The Rwandan Experience of Fostering Separated Children, Save the Children, 2001.
  http://www.crin.org/docs/FosteringRwanda.pdf
  A report about a case study in Rwanda documenting the practice of and policies regarding fostering (both formal and informal). The study also explored the views of children in foster care, caretakers, agencies and local authorities regarding fostering.
- Beyond men pikin: Improving Understanding of Post-Conflict Child Fostering in Sierra Leone, Lacey Andrews Gale, 2008.
  http://www.crin.org/docs/Sierra%20Leone%20Fostering.pdf
  Examines the challenges of monitoring and ensuring child protection in informal and formal fostering in post-conflict areas.
- Group Care and Fostering of Sudanese Children in Pignudu and Kakuma Refugee Camps: The Experience of Save the Children Sweden from 1990 to 1997. Save the Children, 2001.
  http://www.crin.org/docs/Group%20Care%20and%20Group%20Care%20and%20Fostering%20of%20Sudanese%20Children%20in%20Pignudu%20and%20Kakuma%20Refugee%20Camps.pdf
  A case study that describes and analyzes group care arrangements and the fostering program ("Family Attachment") in the refugee camps in Pignudo (Ethiopia) and Kakuma (Kenya). This study includes the evaluation of the Family Attachment program in Kakuma refugee camps, which assessed its weaknesses and strengths.
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SECTION 3

Permanency - Kinship, Guardianship, and Domestic and International Adoption

Overview

The *Permanency – Kinship, Guardianship, and Domestic and International Adoption* section focuses on strategies for securing adoptive families or guardians for children whose parents are unable or unwilling to care for them. Experts in this Working Group will consider such questions as:

1) What is the status of the evidence related to permanency?

- What does the global evidence base tell us about the importance of permanency for a child's development and flourishing?
- What is the evidence base and current state of play in each country as it relates to promoting permanency in placements for children deprived of family care?

2) Defining Permanency

- What are the basic principles and elements of permanency for each child?
- How do children define permanency for themselves?
- How do the most important elements of permanency change over time for a child, and how can permanency be prioritized chronologically?
- What needs to be considered when determining how to achieve permanency in specific religious, cultural and geographic contexts?

3) How can greater permanency be achieved in all types of placements, including reunification, alternative care and adoption?

- What does the permanency planning process look like in the African context?
- What does it require in the African context?
- How can keeping sibling groups together contribute to permanency?

4) Public Opinion and Mobilization

- How can awareness of a child's need for permanency be raised? Where misconceptions exist, how can public opinion be changed regarding permanent placements such as domestic and intercountry adoption?
- How can government officials' perceptions and misconceptions about adoption and other permanent placement options be changed?
- How can African communities and local churches be mobilized to provide permanent families for children who need them?

5) Strengthening Systems

- How can child protection systems be improved to make more permanent solutions available that fulfill the best interests of each child?
- What are the minimum quality assurance standards for permanency, assessment, monitoring and documentation of child placements?
- How can systems be monitored and regulated to ensure that all placements are done ethically, legally and in the best interests of the child?
- How can governments develop child welfare systems that are based on and observe the Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption?
- What are the challenges to making timely decisions in the best interest of the child, and how can they be overcome?
- How can permanent placements be expedited so that children, especially young children, are not "damaged" or traumatized by institutions or temporary arrangements that do not meet their need for a permanent, safe and loving family?
- How can more support services be provided (pre- and post-placement) to ensure that a placement remains permanent?
- How can the same support services be integrated with both receiving and relinquishing parents and family members?
- What kind of specific public-private partnerships are effective in promoting permanency?

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Please see Appendix A for a list of The Way Forward Project's Working Group Participant Biographies.

Collective Findings

As do most sectors, the field of child protection has its own language, words and concepts. Unfortunately, many concepts and words mean different things to different people, even people working in the same field. Definitional issues abound and hinder our ability to work together on behalf of vulnerable children and their families. This is especially true of the concept of "permanency."

Permanency is a technical term used by those working in the field of social work to refer to the emotional, relational and developmental needs of children. Defining it well has been a challenge in the U.S. and is especially difficult internationally, where misunderstandings can multiply. There are disagreements within our group about the value of international instruments. However, even the UN Guidelines for the Alternative Care of Children refers to permanency as "generally being a key goal" without defining it. In Article 11, regarding placement determinations for children, the Guidelines discuss paying due regard to ensuring "a stable home and of meeting [children's] basic need for safe and continuous attachment to their caregivers, with permanency generally being the key goal" (United Nations, 2010, p. 4).

Without a clear definition, the term "permanency" could easily be misunderstood to mean that any permanent placement is a goal for children. "Permanency" could be thought to include permanent placement in an institution. Most practitioners in this field agree that, in almost all cases, institutions are the worst places for children, especially as it relates to their relational and developmental needs.

While most everyone agrees that the best interest of each individual child should drive decisions about prevention, intervention and placement of children, the lack of a clear definition of permanency that goes beyond specific placement/intervention options makes it difficult to determine those best interests. Our group, therefore, spent significant time coming up with an international, multicultural definition of what we have called "permanent family care." We hope that this concept may represent a goal on which we can agree and toward which we can work together in the best interests of the children and families we seek to serve.

Though we were able as a group to agree on a definition of permanent family care, that is where the consensus generally ended. There remain sharp disagreements within our group over how best to achieve permanent family care for each child, especially in the African context. The majority in the group believe that, other than preserving a biological family that is able to provide permanent family care to a child, adoption is the best and only option that can achieve all the elements of permanent family care for a child in need of a family. Some believe that while domestic adoption may be preferred to international adoption, generally intercountry adoption is on par with domestic adoption in its ability to provide permanent family care for an individual child, and both should be promoted as solutions for children when it is in their best interests. Others in the group argue that in-country solutions for children, such as long-term foster care or kinship care, are viable options to provide permanent family care and should be promoted and strengthened as well, even if they are not formalized as an adoption.

In many cases, the differences are in emphasis (placement options, context, informal/formal), timeframes (urgency/emergency intervention vs. diligence/capacity over the long term), and numbers (needs of thousands vs. millions). For example, some thought that efforts such as support for child-headed households, informal kinship care, foster care and other alternative care should be used only as intermediary, entering-wedge services in preparation for permanent family care through adoption. Others believed that these options should be strengthened in order to place as many children as possible in more permanent family care than they would otherwise receive.

1. Defining Permanency

The Way Forward Project is committed to helping ensure that each child grows up in a loving and safe family. All the working groups have faced challenges with definitions, including the definition of what constitutes a family in the African context. We leave that to others to debate. But, generally speaking, families give children an identity that instills in them a sense of permanence, belonging, stability and security, paving the road for the raising of confident, independent, moral children.

The "permanence" above refers to "relational permanence," which is something that transcends time and place. Because this emphasis on "family" is so central to the best interest of each child, we have replaced the concept of "permanency" with "permanent family care," as defined below.

Permanent Family Care (PFC) involves an unconditional, loving and nurturing commitment to a child by an adult or adults with parental roles and responsibilities that provide(s) lifelong support to the child. These family relationships should have an emotional component with intimacy and a sense of belonging, and should also generally involve legal recognition of both parental and child rights and responsibilities.

While this is not a perfect definition and could be improved by further refining, we believe it is helpful to frame our discussions around each child's best interest. Our definition of permanent family care is an aspirational definition and we are aware it is not achievable for every child at this point. Unpacking the various concepts it contains will take time, and placing each of them in the African context is also important. The recommendations we make below revolve around these challenges.

While our diverse group agreed on this working definition of permanent family care, there remains much disagreement about how best to achieve it through various placement options, especially in the African context. Opinions on how permanent family care should intersect with specific placement options for children – including kinship, guardianship, and domestic and international adoption, the assigned focus of our group, as well as foster care and other alternative care – depend upon each individual group member's perspective and experience.

Defining permanent family care in a way that is "placement neutral" has allowed us to provide recommendations as to how it may be achieved – fully or partially – through different processes and placements. No placement, even the most formal/preferred options, achieves permanent family care for children automatically, and any kind of placement could benefit from incorporating aspects of permanent family care as appropriate and possible. Biological families need support to maintain permanent family care for children within them and prevent separation. Even institutional care, an unhappy reality we must manage until better protection systems are in place, could be improved by incorporating some elements of permanent family care into the institutions' practices.

Finding 1 – The international community should agree upon and adopt a definition, or at least a description, of permanent family care that provides a roadmap for better meeting the relational, emotional and developmental needs of each child. (Full support)

1.1: The Principle of Subsidiarity

While most agree that some placement options are generally better able to provide a child with permanent family care, clear disagreement remains regarding the hierarchy of a child's needs, and therefore over which placement options are better than others as it relates to permanent family care. Some members of our group adhere to the guidance of The Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption (1993 Hague Adoption Convention), as well as the UN Convention on the Rights of the Child (CRC) and the African Charter on the Rights and the Welfare of the Child (ACRWC), containing the subsidiarity principle, by which domestic family-based alternative child care solutions must be prioritized. As established by The Hague Conference Guide to Good Practice No. 1, "The Implementation and Operation of the 1993 Hague Intercountry Adoption Convention" (Hague Guide to Good Practice No. 1): "'Subsidiarity' means that States Party to the Convention recognise that a child should be raised by his or her birth family or extended family whenever possible. If that is not possible or practicable, other forms of permanent family care in the country of origin should be considered. Only after due consideration has been given to national solutions should intercountry adoption be considered, and then only if it is in the child's best interests. Intercountry adoption serves the child's best interests if it provides a loving permanent family for the child in need of a home. Intercountry adoption is one of a range of care options which may be open to children in need of a family" (Hague Conference on Private International Law (HCCH), 2005).

However, other members of our group take a very different view of subsidiarity, and argue that this guidance is not an appropriate interpretation of the Hague Convention. One group member sees the term "subsidiarity" as referring to a political consensus with little supporting evidence in the field of child development. He argues that we do have significant evidence that, short of a birth family, care within an adoptive family (domestic or international) offers the best environment for a child to reach his or her full potential.

Several members believe that, given its ability to meet the permanent family care needs of a child, intercountry adoption should be prioritized over temporary alternative care options within the country of origin. Some members also believe that in most cases, intercountry adoption should be prioritized over permanent paid foster care.

Others believe that as many options as possible should be available in order to provide permanent family care for children, and the one that best meets a child's individual needs should be prioritized. In addition, one member pointed out that the utilization of a hierarchy of placements assumes that there are multiple viable options to choose. We then are forced to opt for any existing option on the African continent, even if it does not meet the permanent family care needs of a child. Most African countries do not have systems in place to make such choices on a hierarchy.

While not all members of our group agree with this characterization, one member of our group who is an African scholar and legal expert on intercountry adoption outlines the debate as follows:

"In relation to the debate over the principle of subsidiarity, the operative language that has emerged has been that intercountry adoption should be used as a measure of 'last resort.' It is underscored that the CRC Committee's stance on the notion of 'last resort' is somewhat confusing, and calls for further clarification. Generally, it is institutionalization that should be considered as a measure of last resort.

"It is submitted that the notion of 'intercountry adoption as a measure of last resort' should be read to mean 'intercountry adoption as being generally subsidiary to other alternative means of care,' but subject to exceptions. Furthermore, it is important to understand that the 'last resort' language is relative, and depends on what options are in fact available as alternative care. In addition, 'last resort' should not mean 'when all other possibilities are exhausted.' A checklist approach, by which all available care options are to be pursued first before intercountry adoption is considered, would be contrary to the assumption that the permanent placement of children at a very young age is an important goal. An understanding of 'last resort' that does not hinder legally appropriate early placement should be fostered. In addition, child participation, depending on the evolving capacities of the child, should be allowed to play a role. It is contended that a pre-determined inflexible formula for the sake of certainty, irrespective of the circumstances, could in fact be contrary to the best interests of the individual child concerned."

Finding 2 – In operationalizing the concept of subsidiarity or considering placements options, priority should be given – especially for young children – to the urgency of need that all children have for all aspects of permanent family care. (Majority support)

1.2: Permanent Family Care in the African Context

Africa is a large and diverse continent. We would do a disservice to its children by thinking of this diversity too simplistically. Still, there are a number of important African contexts relevant to children's access to permanent family care, including the historical, social, cultural, religious, economic and legal contexts. These contexts have a crosscutting nature, and any sound and effective permanent family care option, including intercountry adoption, must be grounded firmly in an African context, taking African realities into account. While these realities and contexts will look differently in each of the target countries, and indeed in different regions and among different groups within the same country, policymakers and practitioners should pay careful attention to traditional views of the extended family and kinship, the complexity of cultural differences (including religion and ethnicity), and the tension between formal and informal systems of permanent family care as they seek to determine the best interest of each child.

1.2.1: The Extended Family and Kinship Care

The extended family underpins traditional systems and identity on the continent. After the child's birth family, therefore, the next best provider of care for a child is likely his or her extended family, if it can provide the permanent family care the child needs. Kinship care can be temporary or permanent, but it is one of the most traditional, common and widely accepted forms of care for children who have lost their parents, especially in Africa. Incredibly high percentages of children outside of parental care are living in kinship care (Save the Children, 2007). Kinship care is often an informal care arrangement made among family members, but it can also be formally recognized or authorized by a judicial authority. Informal care of children left parentless and/or impacted by the HIV/AIDS pandemic has been taken up most frequently by extended families, and some estimate that close to 90% of assistance to orphans in Sub-Saharan countries is being provided by traditional family networks (Save the Children, 2007).

However, one group member points out that just looking at the quantitative data on the number of children in kinship care can be deceiving. As an African, he says that, in general, African societies embrace a collectivist culture, and an important goal of most individuals from a collectivist culture is to fulfill their duties and obligations. The lack of case management for children in kinship care translates to lack of qualitative data on how these children are being cared for or treated within those families. Extended families may be taking care of these children to fulfill their duty and obligation rather than out of a sense of love, which puts the children at risk for exploitation, abuse and neglect. In some cases, therefore, kinship care may be limited in its ability to provide needed permanent family care. This sociological phenomenon of in-group cohesion among collectivist African cultures may also make it easier to exclude the care of children who do not belong to the in-group extended family, clan or tribe. The fact that families from individualistic cultures (such as the United States) can travel across oceans just to adopt a child from Africa attests to the differences between the collectivist and individual cultures and the ramifications of those differences.

Sibling relationships also are emotionally powerful and can be critical to providing permanent family care to children, by providing a significant source of continuity throughout a child's lifetime. Siblings form a child's first peer group, and children learn social skills from negotiating with brothers and sisters. While most group members agree that it is important to keep siblings together whenever possible, this is another area of disagreement when it comes to child-headed households. Group opinions ranged from wanting to promote the finding of permanent family care for all children, including those in child-headed households, by providing parental care for them. Others in the group believe that, in the African context, these households could, with proper support, be a viable way to keep siblings together in a family/community environment. Regardless of perspective, all agree that child-headed households are in serious need of support and care, especially for the older children.

1.2.2: Formal versus Informal Care Arrangements

To make any significant effort to address the needs and fulfill the rights of children without parental care, both formal and informal care systems and approaches will need to be developed, strengthened and expanded – at least in the short term. Many group members argue that incorporating informal care options into a broader range of options for children outside of parental care is essential to expand family-based care, promote permanent family care, and effectively address the needs of the large numbers of vulnerable children in the targeted countries.

At the same time, no place or culture is static, and other group members argue that formal legal arrangements are increasingly important in many sectors, including this one. African politics, laws, institutions, traditions and families are constantly changing. We must therefore focus on building stronger formal and legally recognized permanent care arrangements even as we seek to make the best use of informal systems. Both may be in the best interests of children, and there will need to be a blend of both for the foreseeable future.

Finding 3 – Seek to strengthen the legal basis for permanent family care through formally recognized placements, particularly domestic and international adoption, that define and uphold important rights and responsibilities of both the children and the parents. (Majority support – partial emphasis)

Finding 4 – Develop appropriate procedures, monitoring and support mechanisms to both promote permanent family care through traditional, informal practices and ensure that necessary safeguards are in place. (Majority support – partial emphasis)

1.2.3: Importance and Complexity of Culture

Culture and cultural identity occupy an elevated place in the majority of African societies. These are important factors in determining a child's best interest and how best to provide him or her with permanent family care. The concept of subsidiarity shows the value of cultural identity, but it is only one factor in determining a child's best interest, and it was not included in our mutually agreed definition of permanent family care.

While culture is important, it can cut both ways. We must not lose sight of the fact that there may be cultural issues causing the separation of a child from his family of origin in the first place. In some cases, community cultural views on incest, rape, adultery, disability or disease may also limit the viability of community-based care for providing permanent family care for an individual child.

It has been argued that culture cannot, and should not, be used as a smokescreen to deny children their right to grow up in a family environment, when that family can only be found abroad. For instance, it has been argued that using the concepts of "continuity" and "background" under Article 20(3) of the CRC and Article 25(3) of the ACRWC to support the case for the primacy of cultural identity, and serve as grounds for prohibiting or undermining intercountry adoptions as an alternative means of care, is not valid. Article 25(3) of the ACRWC has been interpreted by some to reflect the view that preserving cultural identity should be seen as a means, and not necessarily as an end in itself, in considering alternative care for children who are deprived of their family environment.

Some group members pointed out that focusing on culturally appropriate, traditional child welfare practices in Africa may cause us to lose our relevancy and ability to assist the African community in making the changes they need to make in order to address the orphan care crisis on the continent. One African group member went so far as to say: "Embracing all kinds of practices on the continent of Africa in the name of cultural appropriateness allows us to fall into the same trap that perpetuated colonialism. We run the risk of having 'low expectations' for African children and the communities they come from. Why do we constantly shoot so low in our goals for the children in Africa? In Africa the cohesive strength of the notion of culture can be often used to exercise the tyranny of the majority over the minority, including children. It has been used to justify neglect and violations of the needs and rights of others including children. Culture should be subsidiary to the developmental needs of the individual child, and not the other way round."

Finding 5 – Support of a child's cultural identity should be one factor considered in determining their best interests, but preserving this identity should not be prioritized above providing them with permanent family care. For example, if intercountry adoption is a viable option for providing a child with permanent family care and is in the best interest of the child, preservation of cultural identity should not be used to deny that child her right to grow up in a family.

2. Evidence Base and State of Play

2.1: Permanent Family Care and Child Development Globally

Research in child development, pediatrics and the social sciences over the past 120 years has consistently shown that contingent caregiving, the type of nurture best provided within a family environment, is critical for normal physical and emotional development in children. While infants and toddlers deprived of intimate and reliable social interaction are affected most severely, school-aged children and adolescents also face daunting challenges in accomplishing age-appropriate developmental tasks without the protection, advocacy and consistency that a permanent family provides. Inherent in permanent family care is consistency, which permits normal modulation of the stress hormone system. Facing uncertainty without stable caregiving leads to chronic stress, increasing the biologic risk for growth impairment, behavioral problems, chronic illness in adulthood, and shorter life spans.

During infancy and early childhood, the developmental tasks of attachment, self-regulation and language acquisition are dependent on the intimate social relationship between a child and a limited number of (i.e., two or three) consistent, contingent caregivers. As children age, the community of influential adults expands, but a child still remains dependent on the family unit for developing understanding of rules and responsibilities, healthy peer relations, family identity, acquisition of cultural competence and the ability to express feelings. While adolescents claim independence, they continue to need families in order to understand and model relationships, navigate risk behaviors, develop images of an independent self, understand the consequences of actions, develop identity and understand healthy cultural roles.

To the degree we have social science data of children growing up in troubled biological families, typical U.S. foster care, and adoptive families, social science shows that children who are adopted do better than those in foster care in the U.S., and those in foster care do better than those in abusive biological homes. It has also been found that the age of the child and time of adoption placement (before too much time is spent in an institution or other unhealthy environment) is one of the most important factors in the child's ability to function well. It is also critical to have as few movements or changes in their placements as possible before they receive permanent family care.

Sibling relationships have also been found to be important in providing elements of permanent family care and improving outcomes. "Research has demonstrated that warmth in sibling relationships is associated with less loneliness, fewer behavior problems and higher self-worth (Stocker, 1994)" (as cited in Child Welfare Information Gateway, 2006). "[A] body of research has established that separated siblings in foster care are at higher risk for a number of negative outcomes, including placement disruption; running away; and failure to exit the system to reunification, adoption, or guardianship (Leathers, 2005; Courtney et al., 2005)" (as cited in Child Welfare Information Gateway, 2006). "Girls separated from all of their siblings are at the greatest risk for poor mental health outcomes and socialization (Tarren-Sweeney & Hazel, 2005)" (as cited in Child Welfare Information Gateway, 2006).

While we live in a highly diverse world, the simple fact is that the developmental needs of children that are met by permanent family care are the same irrespective of religious, cultural or geographic contexts. Varied traditions can and should be adopted to fulfill those needs for each child.

Finding 6 – All children, regardless of context, need and deserve permanent family care. We should have equality of aspiration for each child, African or non-African. (Full support)

2.2: State of Permanent Family Care in Africa

In order to ensure that each African child receives permanent family care, we must first understand how it is currently being provided and what can be done to fill the gaps where it is not. We offer some thoughts on the existing legal frameworks and types of placement options being used in the target countries, particularly in Ghana.

2.2.1: Legal Issues and Frameworks

There are different opinions in our group, including amongst legal experts, about the value of law reform based on the CRC. However, when seeking to strengthen the legal basis for the provision of permanent family care, it is important to note that law reform in African countries to domesticate the CRC and the ACRWC, and to modernize and codify a myriad of outdated statutes affecting children, is, in many instances, still ongoing. Many African countries have diverse backgrounds that entail additional hurdles to ensuring that the legacies of colonial, customary, and sharia laws are consistent with the principles and provisions of the CRC and the ACRWC. States' Parties are required to undertake comprehensive legislative reform that examines the whole spectrum of legislation and regulations that affect the realization of children's rights. Indeed, a comprehensive and consultative review of existing legislation seems the most common and effective way to begin the harmonization process. This is a point worth heeding, especially in light of the large number of bills in a number of African countries, including some of those countries in The Way Forward Project, that await finalization.

Apart from putting the law in place, necessary measures to effectively implement the same – such as regulations, institutions, policies and budget allocations – should accompany law reform.

One member of our group provided the following summary of the legal process ongoing in the target countries. He states: "The three main international instruments that have a direct bearing on permanent family care via intercountry adoption in Africa are the CRC, the ACRWC, and the Hague Convention. Reiterating the interconnectedness of children's rights, particularly the four cardinal principles of the CRC and the ACRWC, it is important to observe that the 'best interests' of the child cannot be defined without consideration of the child's views" (CRC, 2009).

Article 12 of the CRC makes it clear that age alone cannot determine the significance of a child's views. Despite this, a good number of African countries provide a minimum age for child participation, including for adoption purposes. It is argued that, assessed against the provisions of the CRC and the ACRWC, such minimum ages risk being non-compliant with the norms related to "the evolving capacities of the child."

"An area where clarification is also crucial is whether there is an international law obligation to provide for intercountry adoption as an alternative means of care; and whether there is a 'right' to adopt and a 'right' to be adopted. It is important to note that a close reading of the carefully crafted wording of Article 21 of the CRC and Article 24 of the ACRWC reveals that no country, by virtue of it being a State Party to the CRC or the ACRWC, is under an automatic international obligation to allow intercountry adoption as a means of alternative care." In addition, the Hague Guide to Good Practice No. 1 also affirms that Contracting States to the 1993 Hague Adoption Convention are not bound to engage in any particular level of intercountry adoption (Hague Conference on Private International Law, 2008).

One of the countries involved in The Way Forward Project, Kenya, seems to have improved its procedures in relation to intercountry adoption, not only because it has ratified the Hague Convention, but also because it has a comprehensive child statute addressing various aspects of children's rights. Kenya has, for instance, provided good guidance on who can open, register and operate institutions; the way in which children enter the child welfare system; the way in which children leave the child welfare system; clear eligibility and suitability requirements for adoption (both intercountry and domestic); guidance on improper financial and other gains; and who can work as an adoption service provider. Other measures undertaken in the form of cash transfers to keep families together and prevent separation are also laudable.

Laws in most African countries do not have the basic requirements in place to regulate and control the care and protection of children. Institutional frameworks to safeguard children's rights are either not present, or lack the necessary mandates and capacity to perform their tasks. The 1993 Hague Adoption Convention aims at preventing the abduction, the sale of, or traffic in children, and eliminating various abuses associated with intercountry adoption. However, in practice, the capacity of the Convention alone to address illicit activities also is limited.

Some in our group object to focusing solely on illicit activities as they relate to intercountry adoption and not other placements. However, others in the group point out that corruption in other placement types, such as domestic adoption or (where it exists) foster care, is rare in Africa. Most agree that there should be some self-monitoring within the adoption community (examples of this already exist in Ethiopia, Rwanda, Ghana and Kenya), and there should also be increased collaboration among all stakeholders to identify and punish violators. It is generally recommended that quota systems between foreign adoption agencies and orphanages be avoided to protect the best interests of children and provide the most appropriate placement for each individual child.

Controversy and bad practice in some countries have led to blanket restrictions or bans on intercountry adoption. As reactions to corruption, these measures are blunt instruments that unfairly and unnecessarily keep children in institutions contrary to their best interests and generally have not adequately targeted offenders in African countries that have imposed them. Children in the adoption "pipeline" and others who could have benefited from intercountry adoption have been hurt in the process, and the entire child protection system may also be harmed.

Some group members believe that Africanization of child law demands the domestication of provisions that support positive cultures and practices and contribute to alleviating children's deprivation of their family environment. These include recognizing and supporting the role of the extended family; prioritizing community-based care as a form of alternative care; facilitating kinship care; and providing a legal basis for supporting so-called "informal adoptions" when they are in the best interest of the child. An African care leaver who joined our discussion in Addis argued that if we insist on formal permanent family care options only, then we will leave millions of children without permanent family care in Africa.

Others in our group argue we should prioritize the provision of preferred permanent family care options, such as domestic and international adoption. One of these group members suggests that the Africanization of child laws should ensure that in almost all cases we work towards the adoption of the child as the primary and first goal. The adoption can be either by the extended family or kin or within their community.

There are other legal issues in some countries that impact the ability to provide children with permanent family care. For example, it is illegal to abandon or even voluntarily relinquish a child in Rwanda and Ethiopia. Such laws give birth mothers few, if any, good options if they are unable to care for their children themselves and want to find them another home. Inheritance laws also have a great impact on finding permanent family care placements in many African countries. In Ghana, if a person dies, a brother, sister or someone in the family is nominated by the family to inherit their children. Under the PNDC Law 111, promulgated in 1985, a large percentage of properties of a deceased person go directly to his or her children, and not to their guardians. Many adults, therefore, do not have an interest in caring for children deprived of permanent family care due to parental death.

Finding 7 – In designing legal frameworks that promote permanent family care, governments should seek comprehensive child laws that harmonize internally and with international instruments, and then back implementation of these laws with needed resources. (Majority support)

Finding 8 – Consideration should be given to the perverse incentives that may be created by related laws and legal issues, such as inheritance and criminality of abandonment, that hinder or limit the possibility of providing permanent family care. (Full support/no comments)

2.2.2: Types of Current Placements

Kinship Care: In the majority of circumstances, under customary law, the responsibility of raising a child is seen to fall to the extended family, and children who lose their parents or find themselves in difficulty are to be cared for by other family members. This care may be provided by members of a child's extended family or by close friends of the family with whom the child, or the child's birth family, has a special bond (this is frequently referred to as fictive kin).

Children in residential homes: Most children in institutions are there without any plan for their reintegration into society or any plan to achieve permanent family care for them. A small percentage benefit from adoption, but most live all their childhood in institutions. The minimum standards for residential homes recently finalized in Ghana require residential homes to create care plans for reintegrating children into families after the shortest possible stay.

Informal/Customary adoption: Family members come together and place a child in need of care with an identified family member. The "adopter" has a celebration to symbolize the sealing of the arrangement, with family members as witnesses. The child is then referred to as the adopter's own child. While the CRC Committee often takes a negative view of the so-called "informal adoptions" (sometimes going so far as to ask African States' Parties to prevent the practice), there is no clear indication that "informal adoptions" inherently violate the provisions of the CRC.

Customary guardianship: Arrangements are made at the family level to place a child whose biological parent(s) are not capable of caring for him or her. Usually the guardian is better off economically than the parents. The guardian could be a member of the same family, or part of another family.

Foster care: Foster care in Ghana is backed by the Children's Act 1998 (Act 560) (Sec 62-64) and Child Rights Regulations 2003 (LI.1705) (Sec 19-31). There have been abuses in some of these types of placements. NGOs that used to run residential care homes have begun paying for foster parents to care for children instead. These are children who cannot return to their own parents, but whose adoptability has yet to be established. There are also examples of foster care placements in Kenya and Ethiopia that are not temporary in nature, nor are the parents paid. Though adoptability has not been immediately established for these children, permanent family care is the priority.

Legal/Formal Adoption (domestic and international): In Ghana, most people do not accept adoptable children as part of the adopter's family, and they also require confidentiality. Family members refer such children to the department of Social Welfare, and after it is established that adoption is the best for the child, consents and other procedures begin to place the child with an adopter. Authorities usually give preference to adoptive applicants who do not have biological children, because most people would distinguish between "blood" and "non-blood" children. Children with no known family members are to be placed for adoption within three to six months after abandonment, but the process of establishing that no other members of the family can care for the child often takes longer than one year. Ghana is currently drafting guidelines that will regulate both its international and domestic adoptions. (Further descriptions of placement types in countries other than Ghana, particularly intercountry adoption, were not available for our Working Group.)

Apart from preventing the separation of children from their families of origin, one of the main challenges in many countries today entails developing an individual and lifelong plan for every child housed in an institution or in a foster family, preferably in a family. Each child is unique, as are the story and circumstances of her own life. To identify the best protective measure, her personal characteristics (including her past, her age, her physical and mental state of health, her emotional development, her links with family and friends, and her character, religion and ethnic group) and those of her family need to be taken into account, the same way as available specific protective measures. "Preparing a lifelong plan should be based on a thorough physical, socio-medical study of each individual child and family" (International Social Services and International Reference Centre for the Rights of the Child Deprived of their Family (ISS/IRC), 2005).

Finding 9 – Placements that provide the most comprehensive permanent family care, such as domestic and international adoption, should be prioritized and promoted. All types of placement arrangements used in each country would benefit from analysis and consideration of how they could be improved as it relates to providing the permanent family care every child needs. Each child should have a lifelong plan with permanent family care as the goal. (Majority support)

3. Promoting Permanent Family Care for Each African Child

For policymakers and practitioners who want to provide appropriate permanent family care for each child, one of the major challenges is reconciling our knowledge of the steep trajectory of child deterioration outside a family environment with the glacial pace of decision-making within the legal and social welfare systems. Child well-being is a fragile and perishable commodity and should be treated as such, thus placement within permanent families should be prioritized for all children in need of permanent family care.

The issue of timing highlights some key challenges in determining a child's best interest and finding the most appropriate permanent family care solution for him. Best interest determinations are difficult, subjective and full of tensions and trade-offs. Decisions are made by people with their own beliefs and perspectives on what is best for children. We all agree that children should be placed as quickly as possible into permanent family care, but there are often inherent tensions between family preservation and urgency of need for permanent family care for individual children. The 2005 Special Commission on the Practical Operation of the 1993 Hague Adoption Convention addressed the issue of time, agreeing that there should not be unnecessary delays, but that enough time and diligence should be given to working with the family of origin according to the best interest of the child. Similar tensions arise over the urgency and additional challenge of securing the permanent family care so desperately needed by children with special needs in order to thrive.

3.1: Defining Adoptability

Some in our group, including an African legal expert, feel strongly that another definition that would be helpful in this process of making decisions about a child's best interest and placement would be that of "adoptability." The definition of adoptability and the types of adoptions allowed (i.e., open or closed) varies by country according to existing laws and traditions, but more efforts need to be made to clarify the concept, perhaps on a country-by-country basis, in order to serve the best interest of each African child. A clear definition and understanding of who is adoptable, to many group members, is vital.

The adoptability of a child is determined according to the law and procedures of the State of origin. Apart from the legal criteria, other factors – such as medical, psychological and social aspects of adoptability – need to be addressed in drafting and implementing the relevant legislation. For example, to establish the child's adoptability, it should be made clear which particular procedures, such as a determination of abandonment or evidence of permanency planning, must be satisfied before a child may be declared adoptable (HCCH, 2008).

In the determination of adoptability, one of the central elements that the CRC and the ACRWC recognize is the importance of the views of the child. It would also be important to learn from other countries that have made the mistake of defining adoptability too narrowly. There may be many more adoptable children – for example, those with special needs – than a country's chosen definition would include.

Two issues that prove to be controversial are the adoptability of so-called "social orphans," and poverty as grounds for adoptability. Domestic legislation in some countries expressly states that poverty cannot be sufficient grounds for declaring a child adoptable. Poverty alone is not grounds for adoptability. We must remember that not all poor people, even poor single mothers, relinquish or want to relinquish their children. There are often other factors combined with poverty that must be investigated to determine a child's adoptability. For most group members, the key question is whether a child is being parented and receiving permanent family care as we have defined it in this report.

Some group members argued that once adoptability is clearly defined, then practitioners can begin to identify children who are not adoptable but still in need of permanent family care. Examples may include children whose existing families want to have a role in the life of the child; children whose parents will not relinquish; children who do not want to be adopted; children for whom it may not be their best interest to change their identity fully; children who are outside the age range for adoption, etc. For non-adoptable children, practitioners may look to other types of placements, such as kinship care or permanent foster care, to provide the best permanent family care for them.

Finding 10 – Identify all children in need of permanent family care and articulate a clear definition of adoptability in each country to help guide the placement process. (Majority support)

3.2: Kinship Care as Permanent Family Care

The UN Guidelines for the Alternative Care for Children (2009) names kinship care as a permanent option. Some members of our group are critical of the Guidelines, which do not adequately address adoption as a good (or best) means to ensure that children receive permanent family care. Others in the group think that the Guidelines are sound, or at least a good starting point for discussion. Research shows that, even when faced with challenges similar to those faced by foster parents, kinship caregivers are less likely to give up and more likely to continue caring for the children because they are "their own" (Farmer, 2006). However, there is a serious lack of support for kinship care in Africa, as it tends to be informal and unobserved. The Foster Care study in Namibia also shows that kinship caregivers do not ask for support, although they do, when interviewed, express the need for it. They rank social and emotional support higher than financial support (MGECW, 2009).

Finding 11 – Increase support for kinship caregivers in order to increase the likelihood that they will be able to provide permanent family care for the children in their care [preferably through adoption]. (Full support

for general recommendation, with partial support for additional preference for formal adoption)

3.3: Foster Care as Permanent Family Care

Some group members feel strongly that the use of foster care as a long-term option has the potential to meet the need for permanent family care for many children in Africa, especially in settings where adoption is not yet a norm or a widely used option. Even where adoption is widely used, the long-term use of foster care can offer advantages for children who need stable care but do not require the severing of family contacts and a child's legal right to inheritance from the birth family. However, it is important to note that open adoptions do not require the full severing of family ties, either, and so different types of both adoption and foster care should be evaluated based on their ability to best meet the permanent family care needs of individual children. Some group members argue that the best interests of children may in some cases be better served with a combination of part-attachment to biological parents and part-attachment to foster caregivers who provide a functional family situation, rather than a legal all-or-nothing commitment to one set of parents. For these reasons, some organizations, such as Give a Child a Family in South Africa, promote the use of permanent foster care as a positive alternative to adoption (Every Child, 2011).

There also are ways to increase the capacity of long-term foster care arrangements to meet the permanent family care needs of a child. For example, if children are told that a foster family is a permanent placement and the foster parents have committed to this, then they feel much more secure in their attachment. If they are taught that they are in a temporary placement, they may not attach or feel a sense of lifelong belonging and stability so integral to permanent family care. A clear distinction should be made in the training and assessment of foster parents, between foster parents for temporary and crisis intervention and foster parents assessed for permanent foster care. In their recruitment and assessment procedures, prospective foster parents can be prepared to accept the children as permanent family members, into their adulthood and beyond, and can also be prepared to "be the grandparents of the children of their foster children."

There are also legal arrangements that can increase the permanence of foster care. These include options such as special guardianship and "foster parent guardianship" to give foster parents more legal rights and children a greater sense of security that can remain until adulthood and beyond. Children become full members of the foster family and have parents into adulthood. Ties with the biological parents are not totally cut off, which can be important for parents who are not declared disqualified, and may also help children build their identities. Some group members point out that ties with biological parents may not be totally cut off through adoption, either, and that many adoptive families go to great lengths to facilitate meetings with birth parents.

While foster care may in some cases be effective in providing permanent family care in African contexts, it is important to remember that there are risks and disadvantages. Foster parents may be less committed over the long term, and there is a related risk for less bonding and attachment between parent and child. There also may be increased costs and stresses on the alternative care system if children stay in care without being adopted. Finally, we should learn from the negative trajectory of foster care systems in countries like the U.S., whose system is characterized by multiple placements, lack of commitment to the children, and a general inability to meet the permanent care needs of children.

Several group members who are also practitioners say they prefer foster care be used as an intermediary service in planning for permanent family care, but not as the permanent solution. The foster-to-adopt strategy has multiple advantages. First, it increases the chances of children being adopted. Studies indicate that, in the United States, where child welfare systems are highly developed, 54 percent of children adopted from the foster care system were adopted by their foster parents (The AFCARS Report, 2009).

Second, the foster-to-adopt approach creates a bridge between a child's initial need for temporary care and the long-term need for permanent family care. This is achieved through carefully coordinated transitional and permanency planning services. Trained social workers provide long-term monitoring and support services to ensure the protection of children from exploitation, abuse and neglect. They also facilitate family sessions to achieve successful attachment and bonding between the children and their new families.

Third, the foster-to-adopt approach allows for the time and the opportunities needed to cultivate a culture of adoption among targeted communities in Africa. A careful transition from fostering to adoption is especially critical in cultures in which the concept of non-relative adoption is still a novel practice. Research shows low rates of disrupted adoptions when the parents have first fostered the child (Barth et al., 1998). Therefore, this approach not only increases the chances of children being adopted, it also increases their chances for a permanent placement.

Finding 12 – Consider using long-term foster care for children who are unable to be adopted in order to provide for their permanent family care needs. Increase the capacity of foster care to provide permanent care through proper preparation of families and provision of necessary legal arrangements that can mitigate risks and increase protection of the children. (Partial support)

3.4: Role of Sibling Groups in Permanent Family Care

Given the research on the importance of sibling groups for permanent family ties, childcare workers need to complete a thorough assessment of sibling relationships for individual children, including the experiences and feelings of each child, before making placement decisions. They should talk with children individually and ask age-appropriate questions about their relationships. If separate placements must be made, this assessment will help make decisions about which sibling relationships are the most essential for specific children.

Sibling relationships can vary greatly in both positive and negative qualities. The worker will want to look for warmth or affection between siblings, rivalry and hostility, interdependence, and relative power and status in the relationship, as well as determine how much time the siblings have spent together. For sibling groups, cluster foster care could be a solution and/or provide support structures for sibling groups that live alone.

The Cluster Foster Care model has two types:

- Cluster workers who are responsible for a cluster of vulnerable families, including sibling groups living together.
- A group of up to 5-9 children (often sibling groups) that live with specially trained foster parents who, together with other foster homes, form a cluster for mutual support and services.

Finding 13 – Through careful assessment, placement and support, sibling groups can be an important component of permanent family care for children without parents. (General support when no placement options stipulated)

4. Strengthening Systems

Formal child protection systems in Africa tend to lack the capacity, infrastructure and resources to ensure that each child receives permanent family care. The international community needs to support African governments, civil society organizations and childcare practitioners to strengthen these systems. Some important focus areas include establishing minimum quality assurance standards, improving case management, and increasing resources and ongoing support for all permanent family care options.

Finding 14 – Every country needs a comprehensive review of its child welfare systems in order to identify key strengths and weaknesses as they relate to promoting permanent family care. A good legal and policy framework that includes updated laws, regulations and standards of practice is vital. The national, regional and local levels also need detailed implementation plans that include minimum quality assurance standards. (Full support)

4.1: Minimum Quality Assurance Standards

In order to ensure that each child receives permanent family care, quality assurance standards must be set for those working in the lives of individual children. Organizations need to make every effort to preserve families at risk and help them address the challenges they face to provide effective, quality parenting. Be-

sides direct support to the family at risk, this also includes ensuring the availability of temporary family-based care alternatives during the period when the safety of the child(ren) cannot be guaranteed in the home.

If support to the biological family does not lead to successful parenting outcomes for the child(ren), other permanent family care alternatives must be provided for the child(ren), such as legal guardianship, kinship care, domestic or intercountry adoption, or long-term foster care, according to each child's best interest. Setting these standards may need to be initially spearheaded by governmental bodies that are responsible for organization accreditation, establishing standards for approving homes, and determining final placement options for a child. Collaboration between the central level government authorities and their regional representatives, the judiciary and accredited NGOs is also critical to developing and implementing standards at the local level. The entire process should also make clear which entities have which types of authorities and competencies.

Child protection systems are often plagued with arduous bureaucratic demands, inadequate resources and high staff turnover. In Ghana, for example, the Department of Social Welfare is represented in all 170 districts, and yet most are "one-manned" offices with limited resources, lack of training, and lack of coordination among both government and non-government agencies. This leads to duplication and waste of resources. Additionally, in Ghana many service delivery points do not include child-friendly services or ensure children's rights. Socioeconomic difficulties make it difficult for extended families to assume added childcare responsibilities, and the government lacks the means to support them.

Minimum quality assurance standards of practice at the organizational level should resemble the following:

- Child is identified as in need of permanent family care.
- Child is enrolled with a confidential code for identification purposes.
- A lifelong plan should be drafted for each child, and updated regularly.
- Individual file is generated that will include the child's basic information and all documentation per taining to his case.
- Social worker will conduct a Child Assessment to include focus on child development, all impairments and/or social circumstances, and input from all significant people, caregivers and agencies involved.
- Child Assessment should include the child's input, strengths as well as weaknesses, and should be updated as needed.
- Care plan is developed that details the best interest determinations in regard to permanent family care placement and other services. The child should also be included in the development of the care plan when possible and appropriate.

Our group was particularly informed by of the situation in Ghana, which has made significant progress in promoting permanent family care through its Care Reform Initiative. Even in Ghana, however, challenges remain. The country would benefit from standardization of monitoring and regulation through the development of SOPs or manuals in which roles and functions are explicitly defined for all stakeholders. The government should also reconsider the Children's Act of 1998 (Act 560) to address challenges to proper international adoption, and provisions must be made for adoption agencies to work with the Department of Social Welfare in these and other cases. Draft Adoption Guidelines are currently under development that would help to fill this gap.

Finding 15 – Organizations need to standardize the process and procedures for identifying, assessing, documenting and monitoring children in need of permanent family care. The role of the government is to set standards, provide oversight, and collect and analyze data related to alternative childcare services so that the data can be used to inform child welfare decisions. (Full support)
4.2: Case Management, Monitoring and Regulation

Ongoing research, monitoring and evaluation is needed to better understand effective program design and implementation (particularly in low-income countries), as well as how child-sensitive approaches benefit the wider community. The strengthening of case management, monitoring and regulation in child protection systems is critical to ensuring that children are placed in safe and permanent family care. In those countries with a strong social workforce, case management services are usually provided by professional social workers. However, in countries where the social workforce is weak or non-existent, a trained community worker may assume this role. This community worker needs to build a relationship with children and families based on acceptance, respect, understanding, empathy, trust and confidentiality.

Finding 16 – Individualized case management, with clearly defined roles and functions, is necessary for achieving permanent family care for each child, and involves initial and ongoing assessment as well as training and counseling before, during and after placement. (Full support)

4.2.1: Family Recruitment

To expedite placements in permanent family care, organizations should have a bank of eligible, suitable, assessed and trained families ready and available to provide care. In order to achieve this standard, ongoing recruitment of new families must be a priority. Identified families must be screened to ensure that they meet national requirements and guidelines. Families that pass the screening process must then be trained in their role and responsibilities. This training may also include counseling, which should ideally occur before, during and after the placement process. Pregnancy counseling can also allow for assessments of the family of origin and can save time if an alternative placement is needed. This shortens the placement process, because information about the family and the child's background information have already been collected. Campaigns to raise public awareness and recruit families, like the "A Children Home is not a Home Forever" Campaign in Romania, are needed. The general public must be made aware of the need for foster care and adoption, and what both adoption and foster care entail, before people come forward to be assessed as prospective adoptive and foster parents.

Finding 17 – Both families of origin and prospective alternative (adoptive or foster) families that are eligible and suitable should be assessed and trained as early as possible, preferably before a child is in urgent need of permanent family care. (Full support)

4.2.2 Data and Technology

According to UNICEF's 2009 Progress on Children: A Report Card on Child Protection (p. 5), roughly two out of three children in Sub-Saharan Africa and South Asia were not registered in 2007. The effect of this oversight is invisibility in the eyes of the State and, subsequently, an inability to secure the rights and protective services to which they would otherwise be entitled. Improving data and technological capacity in underdeveloped countries is imperative to collecting the necessary data and evidence to strengthen child protection systems, inform laws and policies, monitor and evaluate existing structures, and educate communities on reinforcing a holistic, rights-based approach. It is also essential for promoting and securing permanent family care for each child in a healthy, nurturing environment.

Organizations and governments need disaggregated data on the number of children that are deprived of their family environment in order to devise developmentally appropriate interventions. Knowledge on the number of children in institutional care, reasons for their entry into care, and the degree to which children are regularly assessed is crucial. A Child Register, for example, would enable organizations to know the number of children currently enrolled in a program at any given time, as well as the general characteristics of the children. It would also detail and track the services and support provided to each individual child. Given the sensitivity around child-specific case information, a critical concern here is for confidentiality and privacy. Case files should be vigilantly guarded and information shared only as appropriate.

Finding 18 – Community-based organizations that provide care and support services to children need secure data management systems and increased technological support that will enable them to track, monitor and guard child case information as well as aggregate data on children. These tools could also serve to standardize assessments and inform local and national policy. (Full support)

4.3: Observing the 1993 Hague Adoption Convention

The 1993 Hague Convention is designed to guide countries in the development and implementation of permanent family care, particularly by intercountry adoption. The purpose of developing the Convention was to create a multilateral instrument that would define certain substantive principles for the protection of children, establish a legal framework of cooperation between authorities in the States of origin and in the receiving States and, to a certain extent, unify private international law rules on intercountry adoption (Hague Conference on Private International Law, 2008). The Convention sets only basic standards for the protection of children referred for intercountry adoption.

It is difficult to implement the Convention correctly where the overall system is weak. Given these challenges, The Hague Permanent Bureau, UNICEF, the International Social Service and other technical organizations and experts should continue to provide technical assistance to States. These organizations could identify African countries that are undertaking child law reforms and offer them necessary technical assistance. Not all of our group members agree with The Hague Convention or Permanent Bureau.

Following the Convention and The Hague Conference Guides to Good Practice No. 1, countries should strive to maximize the permanent family care options available to children, including intercountry adoption, while minimizing irregularities and abuses. As each child is different and has different needs, any system needs to provide permanent family care options along the full continuum of care. Intercountry adoption is an important way to provide permanent family care to children when it is in keeping with their best interests and should, therefore, be one available option. Ambivalence about intercountry adoption sometimes makes it seem as though governments are taking children hostage due to the failures of their own systems. Governments tend to prioritize national image, sometimes at the expense of children. More positively, if a nation's strategic plan is crafted in a manner that is inclusive of all solutions – including domestic and intercountry adoption – then these permanent family care options can become part of the country's solution for their own children.

Finding 19 – Governments should make every effort to build and maintain child welfare systems that comply with international standards, including the 1993 Hague Adoption Convention. They also should ensure that all permanent family care options along the full continuum of care – including both domestic and intercountry adoption – are available and included in their national OVC (orphans and vulnerable children) and other strategic plans. (Majority support)

5. Support Services

Family support services are critical to strengthening families and preventing separation; but after separation, too, support services are needed before and after any placement. These services should help enable families to fulfill their caregiving role, and may include parenting courses, counseling, training in conflict resolution, income generation, employment assistance and social assistance. Social assistance (with particular attention to female-headed households) includes ensuring access to food, shelter, literacy programs, vocational training, childcare and legal protection. Besides engaging community members and groups in the provision of family support services, it is also important to ensure that the environment enables and promotes permanent family care and strengthens community capacity to support families in caring for children.

In the case of private support services, it is important that they are resourced, accredited and monitored by a public authority. In the case of adoption, the Permanent Bureau of The Hague Conference has developed a Draft Guide to Good Practice on Accreditation and Adoption Accredited Bodies (Guide to Good Practice No. 2), which sets up different criteria, principles, functions, structures and procedures for the accreditation of adoption bodies worldwide (HCCH, 2005). It is critical that quality support services are provided before, during and after an adoption. Both birth and adoptive families need to complete some form of education about the short- and long-term implications of permanent family care.

Many stakeholders can help provide support services to children and families at risk. Community leaders and community-based organizations, including health centers, churches, mosques and schools can assist in the identification of children separated or at risk of being separated, as well as in the identification of children's parents or next of kin or families who are willing and able to provide foster care. Local health and social service providers also help by supporting vulnerable children and families before and after a placement to facilitate integration and adaptation in the new family setting. Child care institutions can help coordinate and support the reunification of institutionalized children with their birth families, or place them with a substitute family. Capitalizing on as many service providers as possible is important to addressing the problem of poor distribution of services. In many African countries, such services are limited, especially in rural areas.

Finding 20 – Family-centered child protection and support requires the formation of community partnerships to leverage support services and resources and build a formal and informal referral network to identify families, provide support services, monitor child outcomes and coordinate care. Case management support services can assist in meeting the social, emotional and developmental needs of children; however, a key component in the building of family capacity requires building the informal networks, and not relying solely or heavily on formal systems. (Full support)

5.1: Placement Support

Support before and during placement includes matching the child with a family according to the best interest of the child. Some group members importantly point out that such "matching" criteria, including the cultural background, age, ethnic group, religion, language and distance from biological family, can often be used to unfairly deprive a child of an adoptive family. Matching of the child with an appropriate family should always be the task of a multidisciplinary team of professionals (HCCH, 2008).

It is also good to monitor that siblings are not separated whenever possible. Placement support often requires a balancing act to prevent power triangulation between the support services worker, the parent(s) and family, and the child, and supporting the whole family rather than just the individual child to help avoid stigmatization. Having a special "going to your new home" ceremony is culturally relevant and signifies the importance of the child joining with his or her new family. This ceremony is held the same day the child leaves the orphanage permanently to live with their new family.

Finding 21 – Placement support is needed to appropriately match children and families, giving due consideration to the child's history and status along with family dynamics. Support may also help honor the placement through a ceremony or other symbolic practices. (Majority support)

5.2: Post-Placement Support

Post-placement support services are essential to ensuring that any permanent family care placement stays permanent and healthy. Support services are critical to the success of permanent family care through placement, and should not be restricted to therapeutic interventions. Most families, regardless of structure, would benefit from external support at various stages of life. It is helpful to inform and secure consent from families regarding post-placement support services at the beginning of the recruitment process and provide information to all parties involved.

The Case Manager's first visit to the foster home should be conducted within the first seven days after placement. A minimum of two visits per month should be conducted if feasible. Between visits, the Case Manager should also use other forms of communication to see how the family is doing, and should discuss with the family any regressions seen in the child since placement. Depending on the needs of the family, support visits may need to increase for a period of time. A supervision checklist would increase the quality and effectiveness of supervision visits. The Case Manager should provide timely referrals for services. These may include:

- Ongoing training of kin or foster families
- 24-hour emergency assistance availability for kin or foster families
- Behavioral interventions support
- Financial/in-kind support
- Support groups for child and family (i.e., associations for adoptees as well as for kinship, foster and adoptive caregivers)
- Agency-sponsored family events for biological and kin or foster children
- Educational, medical, and other needed services for the family
- Respite care
- Connecting the family to appropriate social supports is vital, so that they have those social supports in place even when the Case Manager and "system" are out of their lives

Finding 22 – Post-placement support is critical for ensuring that permanent family care stays permanent and healthy. Such services include regular caseworker visits with a checklist to ensure quality and effectiveness, and timely referrals to other services such as respite care, behavioral interventions, support groups and ongoing training. It also ideally includes separate meetings with the child to get his or her perspective. (Full support)

6. Public Opinion and Mobilization

To successfully promote and expand permanent family care, the national policy and legal environment must support it, and society needs to understand its importance. Services must exist to provide permanent family care for vulnerable children, and at the individual, community and societal levels people must have knowledge, attitudes, perceptions and behaviors that also support it.

In order to change misperceptions and misunderstandings around these issues and ensure that knowledge, attitudes, perceptions, and behaviors are in support of permanent family care, serious communication efforts are needed. A universal understanding of the need children have for permanent family care must be promoted at the national, regional and local level through local communities and the media. Sharing successful stories about children in different types of permanent family care could be an important way to increase awareness and support.

Marketing is the process of creating, communicating, delivering and exchanging offerings that have value for customers, clients, partners and society at large. Behavioral theories used in developing communication programs to effect social and behavioral change include the Diffusion of Innovations Theory, which is relevant to community mobilization; and the Social Learning Theory, which looks at how role models influence behavior (see appendices). Key marketing principles include a focus on those people whose behavior we want to impact and on audience segmentation. We often have limited time and resources, so we may not be able to reach everyone. It is therefore necessary to prioritize our audiences and deliver targeted messages to them.

There are a few key messages that would help promote permanent family care for all children and correct misconceptions about related issues. Cultural/societal perceptions of institutions (i.e., that they are good) and adoption (i.e., that it is strange or bad) need to be changed. While issues will vary by country and there are many areas in which greater public awareness is needed, the key messages surrounding permanent family are: 1) the harm of institutions, and the importance of alternative care (such as fostering, kinship, etc.); 2) the benefits of domestic adoption – how it works and how it can be done; and 3) the benefits of intercountry adoption – how it fits in the continuum of care and provides permanent family care for children. Different strategies to reach different audiences are described below, including public awareness campaigns to change societal attitudes, training for officials and frontline workers about best practices, and educating donors, NGOs and other stakeholders about country-specific issues and context.

Finding 23 – It is critical to raise public awareness and mobilize communities around the provision of permanent family care for each child. To do this we must consider target audiences and how to motivate them to get involved and educate them about key issues, including the harmful effects of institutions and the benefits of adoption – both domestic and international – for children without parental care. (Full support)

6.1: Implementing a Public Awareness Campaign

Baseline data must be collected in each country from both policymakers and the public regarding their perceptions of institutional and foster care, as well as domestic adoption/kafala and intercountry adoption. Based on this information a campaign could be developed with the goal of highlighting the irreplaceable contribution of a family to normal child development and child well-being, as well as the devastating effects of social neglect within institutional care settings. Campaigns should use the appropriate components of our permanent family care definition that resonate with the public, and then build in the other components where more understanding is needed. Demonstrating the benefits of permanent family care through real life stories of children helps shape opinions. Awareness-raising campaigns require resources, and should be a budget priority to shape opinions and mobilize the communities. Public awareness campaigns typically involve both inter-personal communication forums and discussions at the community level as well as mass media to get messages to the targeted audiences. In many countries in Africa, it is worth noting that inter-personal communication is often regarded to be a more trusted source of information than mass media.

In Ethiopia, a public-private initiative was launched on October 7, 2010 to raise general public awareness about alternative childcare options. The awareness-raising campaign was implemented by the Radio Fana Broadcasting Corporation and Save Your Generation Ethiopia and involved radio programs, and included expert panel discussions and call-in shows, forum theatre, guided discussion during coffee ceremonies, newsletters and cartoons. After broadcasting the radio program for 20 weeks, a rapid assessment was conducted to explore the program's weaknesses and strengths. Respondents overwhelmingly considered the program to be credible, relevant, educational, attractive and of good quality. However, respondents also stated that the voices of children themselves should have been better represented, and that views of caregivers, community and religious leaders should be reflected.

In Ghana, the government is working with partners on a campaign with a focus on radio in order to get the message out, given heavy radio use in the country. A video campaign is also being launched on television stations to explain the harmful effects of institutional care. Media is presented in local languages using appropriate literacy strategies, TV, advertising in print media and billboards. The campaign also includes holding workshops in different regions, engaging religious and traditional leaders, and encouraging adoptive families to speak about their experiences.

Finding 24 – Strategic and well-resourced public awareness campaigns using appropriate media and marketing strategies are needed to educate the public about the harm of institutions, correct misperceptions, and promote the positive aspects of permanent family care and different placement options – kinship, guardianship, long-term foster care, and domestic and intercountry adoption. (Full support/no comment)

6.2: Training Frontline Workers and Policymakers

It is important to train both frontline workers (judiciary, police, health personnel, teachers) and policymakers (ministries, regional government, parliamentarians) on the importance of permanent family care and how to treat children in need of it. The frontline workers often come into contact with children in need of care and protection themselves, or deal with related issues at different levels. Officials and policymakers also need to be sensitive to the issues surrounding permanent family care.

Even some of those working within the sector have misconceptions and lack understanding. As one African official states, "There are people in high offices that still see adoption as strange, and that is why adoption is shrouded in so much mystery and suspicion. It is very rare for officials to recommend that a child be placed

in another family whilst their own family is available or an institution is available to care for the child until he or she grows up." Training workshops – especially at entry-level training schools for frontline workers – on the harmful effects of institutional care and the need children have for permanent family care are essential.

Finding 25 – It is important to train frontline workers (judiciary, police, health personnel, teachers) and sensitize policymakers/officials (ministries, regional government, parliamentarians) on the importance of permanent family care and how to plan for children and families in need of it. (Full support)

6.3: Educating Donors and Receiving Countries

In addition to raising awareness in African countries, efforts must also be made to educate donors (particularly internationally) and people in receiving countries. People interested in intercountry adoption may have misconceptions about the need for it, and could benefit from more education about the process of finding appropriate permanent family care for each child.

Non-State actors play a crucial role in the designing and implementation of child rights related policies in Africa. Even if an African country decides that it wants to make institutionalization a measure of last resort, for instance, the influence of non-State actors (especially some donors) in the realization of this goal is immense (Dunn, 2009). As a result, many conclude that a good number of "children are in homes because people build them" (Dunn, 2009). Uninformed donors can make poor decisions about how they give, but their good intentions and resources may be directed more effectively through education and persuasion.

An example from Ghana illustrates this potential. One donor, a wealthy man who had been adopted from Ghana, wanted to help the rest of the children in Ghana by building and improving an orphanage. An insightful official suggested he could instead help to build a database of all the children in institutions. He did, and also recruited students to video, photograph and interview children. This has proven a great resource for officials working on behalf of these children.

Finding 26 – International donors and people interested in intercountry adoption in receiving countries would benefit from increased education about the real needs and challenges around providing permanent family care – along the full continuum of care – in African countries. (Full Support/no comment)

6.4: Community Mobilization

Social Learning Theory shows that a person will change a specific behavior by observing other people performing or modeling a behavior, and the Diffusion of Innovation theory also encourages the use of models/innovators. For example, when working at the community level to facilitate family preservation and kinship care among households at risk, the first group of successful households and kin families can be engaged as peer educators to promote and facilitate change among other households at risk and their extended families in the community. Faith-based efforts have seen peer pressure in churches be successful in motivating families in the U.S. and around the world to step forward.

- Start with the least resistant communities.
- Begin with a critical mass that has the greatest motivation to mobilize support, rather than wait for all stakeholders to be sold on the idea.
- Target and assess communities for strengths and limitations.
- Record values and beliefs of the community regarding orphans, and then providing training (i.e., for pastors/leaders).
- Utilize an already existing infrastructure rather than establish a new one.
- Use pilot projects to demonstrate success of the ideas in a practical way.
- Seriously consider all stakeholders' positions and their interests.

The central figures in Christianity, Judaism and Islam are individuals who have benefited from the "kindness

of strangers." Joseph fostered Jesus; Muhammad was orphaned and raised by his paternal grandfather; Moses was a Hebrew orphan raised by Pharoah's daughter. The Old Testament (Torah) is filled with mandates to care for widows and orphans, and holy texts in all three faiths are unequivocal regarding the duty of Muslims, Christians and Jews to orphans and the "fatherless." The faith-based community can be a huge asset for the mobilization of support for permanent family care. Here are some possible steps:

- Identify community faith-based organizations (FBOs) with grassroots connections to local churches.
- Work through FBOs to mobilize churches (to overcome barriers such as denominational differences, discrimination, indifference, etc.).
- Provide resources for expanded church outreach, volunteer recruits and care.
- Make reporting requirements more flexible (recognize limited capacity).
- Connect local churches with international church partners.
- Use local churches as an entry point for promoting permanent family care.

Finding 27 – Community mobilization is critical to the promotion of permanent family care. Identifying community leaders and "innovator" families to model and help spread good practice can be particularly valuable. Faith-based organizations are good resources for mobilizing efforts to promote and work towards permanent family care. (Full support)

7. Public-Private Partnerships

Public-private partnerships (PPPs) offer a way to maximize scarce resources and impact in the promotion of permanent family care. Many PPPs focus on economic support and development that can help to strengthen families, prevent separation, identify substitute families, and provide support and services. We leave it to other groups to describe some of these. For promoting permanent family care placements specifically, PPPs that address the gate-keeping function of assessing and placing children are particularly helpful.

Governments possess the authority for making and approving final decisions about child placements, but often lack the personnel, resources and capacity to properly exercise this authority. Private organizations working alongside the government through a formal partnership can improve and hasten this important and labor-intensive function. There are positive examples of this type of public-private partnership in each of the target countries, but the scale and degree of cooperation with the governments vary. Scaling up or merging this kind of effort to create a national system for independent placement and service referrals would go a long way towards finding appropriate permanent family care for each child in need.

There are helpful examples of such national-level, gate-keeping partnerships in Romania, Honduras and Costa Rica, among others. In Honduras, Puerto Al Mundo, a private NGO, has a Memorandum of Understanding with the government so that a small team of psychologists, lawyers and social workers can work to complete assessments of all abandonment cases and push them through the system. This reduced the time needed to process abandonment cases from 18 months to six months and helps to ensure that the most appropriate solution for each child is found – whether it is reunification, domestic adoption or international adoption. In Costa Rica, the Casa Viva program was born from the realization that the number of children in state care equaled the number of churches in the country. The government began working closely with the churches to meet the individual needs of these children and their families. The Bucharest Early Intervention Project was a critical partner in Romania's national deinstitutionalization process.

- Some principles for effective public-private partnerships to follow include:
- Ensure that all partners understand and commit to the PPP for the long term;
- Transparency of all partners is essential to project development.
- Schedule frequent meetings among all partners to keep things on track.
- Partners should be proactive and consultative to find solutions to problems.

- Establish clear roles and duties for all partners, and ensure that partners follow these agreements. Modify or amend transparently as needed.
- Promote a clear flow of information between and among the partners for success.
- The government must play an active role in the partnership by allowing the public-private partnership to establish the system and the structure necessary to facilitate the foster care or other permanent family care program.

Finding 28 – Public-private partnerships that allow private organizations to serve as neutral players and successfully fulfill the gate-keeping function – preferably at the national level, working closely with the government – are essential for assessing and processing child welfare cases and finding permanent family care for each child. (Full support)

Separate Statement by Four Members of this Working Group

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We believe that the situation of unparented children in the world today is one of such desperate need that it calls for action on a grand scale to do whatever can be done to provide the permanent nurturing parental care vital to healthy emotional and physical growth to as many children as possible, as promptly as possible. We also believe that such permanence is in the best interest of every child, which should truly be the principle driving the development of policies both nationally and internationally, and should take priority over adult interests and national, ethnic, racial and other group interests. Accordingly:

- We should recognize that, save for being raised by parents of origin capable of providing loving, nurturing and stable parental care, permanence through adoption – whether domestic or international – generally serves the needs of unparented children better than any alternative.
- We should recognize that children need nurturing care from early infancy on, and that delay in providing such care damages their life prospects.
- This means that unparented children who cannot be reunified in a timely way with parents of origin capable of parenting should, for their own sake be moved promptly to adoption.
- It means that unparented children available for adoption who cannot be immediately placed within domestic adoptive homes should, for their own sake be placed without delay in available international adoptive homes.
- It means that countries should develop methods of identifying unparented children, assessing the possibilities for family reunification, terminating parental rights for children who cannot appropriately be reunified in a timely way, and moving as many of those children as possible as promptly as possible to adoptive homes.
- Paid foster care and guardianship arrangements have their place. Sometimes a child's relatives will be genuinely interested in parenting, and will not be interested in adopting for reasons consistent with the child's best interests, and in these cases foster or guardianship arrangements may be more appropriate from the child's perspective than adoption. Often children will need to be housed somewhere while placement options are assessed and parental rights terminations pursued. Appropriate foster care will generally serve children's interests far better than institutional care.
- Paid foster care and guardianship should not be generally preferred over adoption, whether domestic or international, simply because they serve to keep the child in the country or near the family of origin.

SECTION 4

Legal and Government Infrastructure

Overview

The Legal, Government and Social Infrastructure group focuses on strategies for developing the legal and government infrastructure necessary to support child welfare systems which promote individualized best interest determinations and family-based care. Experts in this working group considered such questions as:

- What legal infrastructures (judges, lawyers, law enforcement, child protection systems) are currently in place to promote the best interests of an individual child and encourage the use of family-based care?
- What are common principles among these systems?
- In what ways might they be expanded upon or strengthened?
- What laws, policies and government programs are in place to support children being served in and through their families?
- What are common principles among these laws?
- In what ways might they be expanded or strengthened?
- What social services infrastructures are in place? Are these systems adequate to promote the safety and well-being of children and to strengthen and support families?
- In what ways might international law and the global development community support this progress?

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Please see Appendix A for a list of The Way Forward Project's Working Group Participant Biographies.

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Collective Findings

Introduction

Over the last several years, international policy has moved away from being focused on any single issue (such as child trafficking, child labor, or children in emergencies) toward a systems approach – a collection of different components or parts organized around a common purpose or set of goals. The goals are, in essence, "the glue" that holds the system together (UNICEF, 2010). For the purposes of our group's discussion, we defined a child protection system as one including laws, policies, standards, regulations and other mechanisms that facilitate coordination across several sectors (UNICEF, 2010 Jan.). We also agreed that a system's functions are "organized activities that promote the achievement of the system's goals." Moving towards a system-based approach not only helps a country to establish or strengthen its child protection efforts; it also helps it to avoid the fragmentation, potential inefficiencies and pockets of unmet need associated with the single issue approach (UNICEF, 2010).

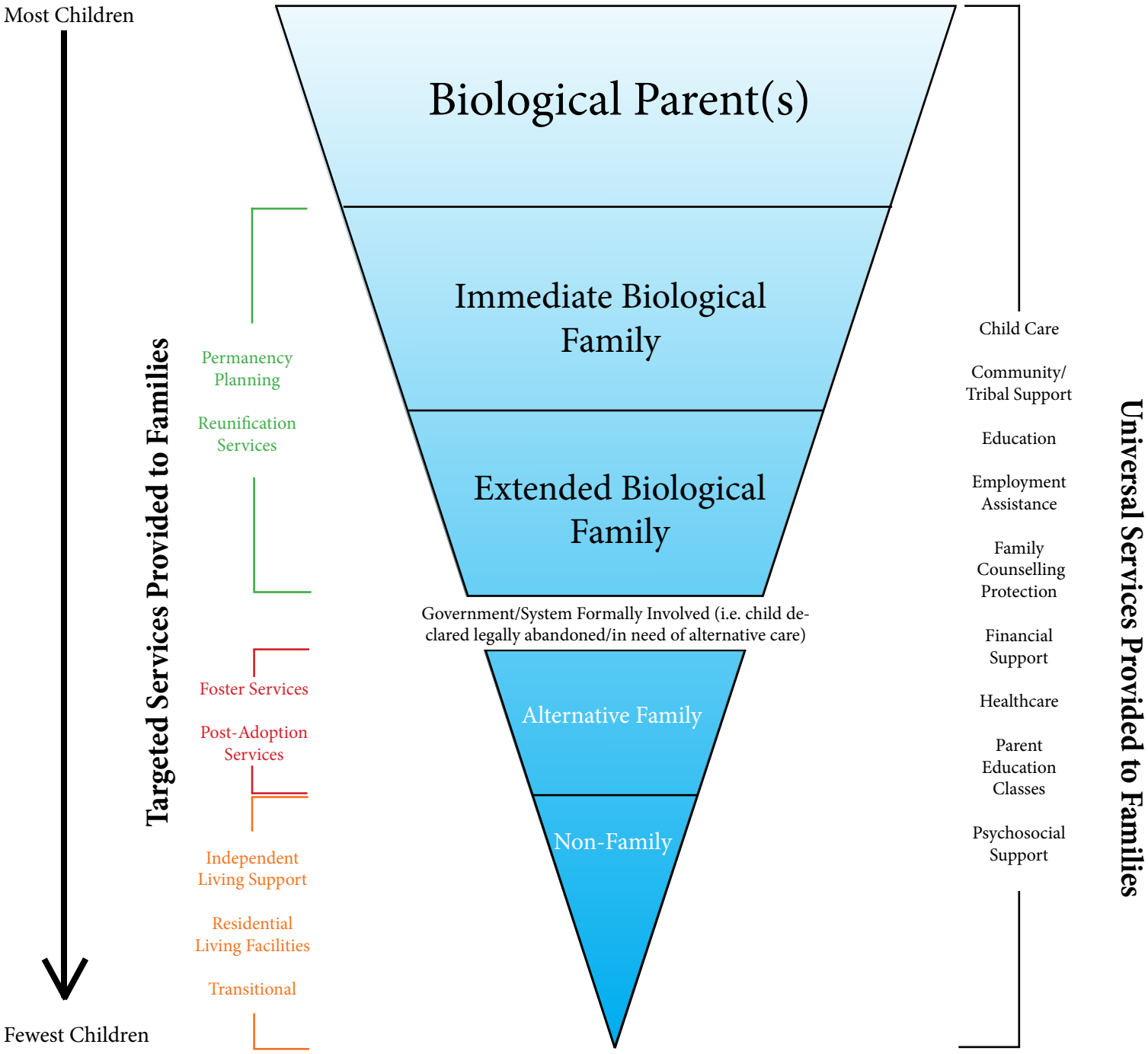
With this in mind, we began our discussion by asking the question: "What are the ultimate goals of a 'family-based system of care for children'?" After much discussion, we ultimately concluded that the three primary goals of a system designed to protect a child's basic right to a family include:

- Increase the number of children living in family-based care by effectively providing universal services to protect children and strengthen their families.
- Increase the number of children living in family-based care by effectively providing targeted services to families determined to be at risk of dissolution or separation.
- Decrease the number of children living alone or in institutions by increasing access to and provision of alternative family-based care.

For the purposes of our discussion, we agreed that there is a wide variety of forms of family-based care, with the common element among them being the ability to provide for the child's physical, emotional and developmental needs. Consistent with the U.N. Convention on the Rights of the Child (1989) and The Hague Convention on Intercountry Adoption (1993), we agreed that the ideal is for a child to remain in the care of his biological parents; or, when that is not possible, in the care of his immediate or extended biological family. We also agreed that the system must have a means for providing alternative family care when children are unable to stay in the care of their biological or extended families. And, finally, we concluded that institutional and other forms of non-family-based care are not the ideal for children, and therefore should generally not be considered an appropriate long-term option for any child.

The diagram on the following page is an attempt to illustrate the things we felt were basic elements of a "family-based system of care."

A Family Based System of Care



LEGEND

Service Categories

Targeted Services: Services provided to specific family types.
Universal Services: Services available in various forms to children/families in all care situa-

Family Situations

Biological Parent(s): The birth mother and/or father of a child.
Immediate Biological Family: Siblings and grandparents of a child.
Extended Biological Family: Aunts, uncles, cousins, or any other relatives of the child.
Alternate Family: Non-relative adoptive families, life-long foster care.
Non-Family: Independent living, orphanages, group homes, emancipation, community care.

Our use of the inverted triangle depicts two important elements of a family-based system of care. First, it winnows down from a larger number of children to a smaller one in order to serve as a reminder that the ideal system is one that is able to either preserve a family or quickly reunify a family that has been dissolved due to circumstances such as war, disease, disaster, poverty or death. It also stresses that non-family-based care, and specifically institutional care, is not ideal and should therefore not be the planned result for the majority of the children in the system. Secondly, the fact that the system is represented by one contiguous shape is a reminder that the ideal system views the delivery of services along a continuum of care, meaning that the same child and family may receive services along every level or many different ones, dependent on their assessed need at the time of the delivery of the service.

It is also important to note the distinction between what we referred to as "universal" vs. "targeted" services. Universal services are available to the general population without regard to risk or other eligibility criteria. Targeted services, on the other hand, are directed at children and families at risk (as secondary prevention) or children already involved in maltreatment of some form (as tertiary services). Targeted services are services that are needed to assist families that, despite the existence of universal services, have begun to or have dissolved or become separated. Such services should be delivered according to the assessed need of the individual child and family. For the most part, targeted services have two main purposes: to attempt to maintain or restore a nurturing relationship between the child and his or her biological family, and to protect and preserve the child's right to family-based care. The list of services we provided as part of the graph are not meant to be a definitive list, but are instead given as examples of the types of services provided in each category.

At various points in our discussions, certain points were continually made. Below is a brief synopsis of some of these points, which the six focus countries might want to consider as they continue to develop systems of family-based care for children.

1) Current laws and policies in this area are primarily focused on serving the needs of orphans and vulnerable children, which in most statutes refers to children who have certain characteristics (e.g., those without parents, infected with HIV/AIDS, abused or neglected, in conflict with the law, living on streets, with disabilities, etc.). As a result, the services provided to these children, by definition, occur after they have been made vulnerable. In our discussions, we agreed that additional consideration might be given to whether a more targeted set of policies and programs might be designed to serve the needs of highly vulnerable families. For the purpose of our discussion, we defined highly vulnerable families as those that are at greater risk than their peers for vulnerabilities and/or family disintegration. In our discussions, we identified families headed by a grandparent, families headed by a single mother or parent, and families in which the head of the household is unable to work because of a physical or mental disability, as examples of groups that might be served using this approach.

2) We also noted that the establishment of a formal child protection system needs to be designed so that there is no "pull factor" that leads to a child being abandoned, institutionalized or otherwise left in formal care in order for the child to be "eligible" or the family "qualified" to receive services. In light of the fact that informal care and extended family care are often the optimal residential settings for a child in need of alternative care, consideration might be given to laws and policies that are available to children in these settings.

3) The ideal system of family-based care would recognize that a family or child's need for services does not end just because a placement has been made. As we discussed this point we noted that, while the majority of the children orphaned in the six focus countries are living in their extended families and this should be viewed as a success, such success can only be maintained if the system continues to monitor these families and provide post-placement support when and where it is needed so the families can remain stable and intact.

4) We noted that it is important for countries with systems of family-based care to also have the means to periodically evaluate such systems for effectiveness and assess their success in achieving the systems' goals. During this discussion it was noted that, since the needs of children and families change, the system designed to meet these needs must be in a position to adapt and change as well. It was also pointed out that our research and understanding of best practices is constantly changing, and so the systems in place must be able to integrate these best practices.

5) We discussed the need for governments to engage in public awareness and social media campaigns that inform the general public about the importance of family and the universal and targeted services available. Besides the obvious benefits of this work, we noted that it builds the necessary public support for the dedication of resources to this system of care.

6) In discussing these issues, policymakers need to avoid making general assumptions and broad generalizations. Not every family-based care setting is automatically good, and not every residential setting is by definition bad. That is why a system for assessing each individual child's needs and best interest is so important, because the best setting for each child might be different.

Country-By-Country Analysis

Teams made up of group participants were asked to apply the following set of questions to the laws, policies and systems in place in each of the six focus countries. It should be noted that our analysis of questions related to an individual country's perceived capacity to meet the three primary goals was limited to budget and human resources at the national level, where the best public data is available. We also want to stress that the purpose of this country-by-country analysis was to encourage opportunities for further discussion, not to attribute any label or status to individual countries.

Analysis Questions

1) Does the country have the capacity to meet the three primary goals, where "capacity" is defined as having set aside both the budget and human resources necessary to meet the goals?
2) Does the country have laws and policies at the national level to support these goals?
   a. Formal statutes?
   b. A national plan of action?
   c. Regulations?
   d. Directives/guidelines?
3) Does the country have a structure/process for:
   a. Identification of a child/family in need?
   b. Reporting or referral of child/family for services?
   c. Investigation or assessment of need for services?
   d. Delivery of the intervention?
   e. Follow up?
4) Does the country have a way to hold the system accountable for meeting the goals?
   a. Data?
   b. Evaluation?
   c. Standards?

Glossary of Common Terms

CRC	Committee on the Rights of the Child
UNCRC	U.N. Convention on the Rights of the Child
OVC	Orphan and Vulnerable Child(ren)
NPA	National Plan of Action
USAID	United Stated Aid and Development
UNICEF	United Nations Children's Fund
PEPFAR	President's Plan for Emergency Aid Relief

Uganda

General Overview

Fifty-five percent of Uganda's population is children (Uganda Bureau of Statistics (UBOS), 2005). The proportion of orphans as a percentage of the total number of children has increased from 11.5 per cent in 1999 to 14.2 percent in 2006 (UBOS, 2006). The 2010 OVC situation analysis indicates that some 8 million children in Uganda, representing 51 per cent of the child population are vulnerable. Some 32,130 children head households and it is estimated that over 40,000 children live in institutional care. In addition, an estimated 10,000 children live on the streets, and an estimated 32 percent of children between 5 and 17 years engage in work that negatively impacts on their health, social and moral development.

A review of available statistics reflects a clear increase in the number of institutionalized children over time. In 1998, 2,882 children were living in 75 residential children institutions, and in 2001, 4,788 children were living in 88 residential children institutions. In 2009, government records indicated that there were 212 babies and child care institutions but only 32 of these were formally certified to operate. An assessment of babies and child care institutions in 2010 found that although many of the institutions claimed to take care of orphans, over 60% of the children in these institutions were not orphans, nor would their households be classified as vulnerable (Ministry of Gender, Labour and Social Development, Uganda, 2010).

These figures show a growing trend among community members to use child care institutions as free board rather than as an alternative care option for those most in need. A number of institutions were also found to be exploiting, rather than providing care and protection to the children under their care. Furthermore, the living conditions of children in institutions are not optimal: in particular, the Ugandan government has raised the fact that some of the country's institutions accommodate a number of children beyond their capacities, and that the proportion of social workers in the institutions' personnel remains low (International Social Services and International Reference Centre for the Rights of the Child Deprived of their Family (ISS/IRC), 2010).

Uganda clearly states the responsibility of parents in relation to their children equally in its Constitution and Children Act. In order to support parents in their task, the Ugandan government has established a national project for the development of the young child, aimed at teaching parents to provide solid foundations for their children.

In the Ugandan legislative framework, the principle is to maintain the child in his nuclear family, where separation is the exception. For that purpose, article 31.5 of the Ugandan Constitution states that 'children may not be separated from their families or the persons entitled to bring them up against the will of their families or of those persons, except in accordance with the law.' In addition, article 4.2 of the Children's Act states that, when a competent authority determines that it is in the child's best interests to be separated from his parents, the child must benefit from the best alternative protection.

The majority of children who are separated from their parent(s) are cared for by extended family members (kinship care/informal foster care). There is no legal requirement for extended family members to notify authorities when they take on a child, making it difficult to ascertain the number of children being cared for by kin.

For children where informal (or kinship) care is not possible, or where a child has been abandoned or removed from their primary care-giver, institutional care is still the primary option available. Many institutions attempt to replicate a family environment whereby a child is placed in a small group setting with one primary care giver. These facilities are often referred to as Children's Villages. Uganda has seen an increase in Children's villages over recent years.

The extended family and community is the most widespread response in cases of orphaned children or of family separation. This traditional means of care is nevertheless declining, as reflected in the increase of the number of street children and child-headed homes. Several governmental and civil society initiatives, however, intend to remedy this trend by developing projects of family reintegration and support to orphans, through the strengthening of communities.

A number of NGOs have started to embrace non-institutionalized Alternative Care such as fostering and adoption but this is limited. In 2011 Uganda launched and Alternative Care Task Force made up of key actors including representatives from across government institutions and civil society. The Task Force appointed an Alternative Care Consultant in July 2011 to assist with the development of a National Alternative Care Framework.

Does the country have the capacity to meet the three primary goals?

In 2006, the United Nations Committee on the Rights of the Child (CRC) made the following comments related to the child protection system in Uganda (CRC, 2005):

"In light of article 4 of the Convention, the Committee urges [Uganda] to prioritize and increase budgetary allocations for children at both national and local levels, e.g. for the work of the District Probation and Welfare Office, to ensure at all levels the implementation of the rights of the child, and in particular to pay attention to the protection of the rights of children belonging to vulnerable groups, including children with disabilities, children affected by and/or infected with HIV/AIDS, children living in poverty and those in remote areas."

Recognizing the level of resources to achieve the goals, Uganda has fully embraced Civil Society Organizations (CSO's) in order to supplement, support and implement the national strategy. While there are undoubtedly resourcing issues Uganda has raised the profile of Alternative Care using some of the worldwide knowledge on Alternative Care in order to leverage the necessary resources to meet the primary goals.

The development of the Alternative Care Framework and Operationalising the Approve Home Regulations has been supported by UNICEF. A part of the Framework is to assess the capacity of different government institutions and civil society at various levels to duly execute their responsibilities with respect to alternative care. Based on findings develop a capacity/gap filling plan and recommendations for validation by all key stakeholders. This exercise, currently being undertaken, will identify the necessary capacity restrictions and resources needed to meet the primary goals of the Alternative Care strategy.

Does the country have laws and policies at the national level to support these goals?
The legislation, national action plans, regulations and guidelines relating to Alternative Care are particularly strong in Uganda and there are currently many initiatives underway to implement and/or strengthen these strategies and plans.

- The Constitution of the Republic of Uganda;
- The Children Act of 2000;
- The Children (Amendment/Draft) Act 2011, which regulates child labour and maintenance and provides for the rights of the child, fostering, adoption, maintenance and ancillary matters concerning children;
- National Council for Children Act of 1996;
- Prevention of Trafficking in Persons Act, 2009;
- The National Strategic Programme Plan of Interventions (NSPPI) For Orphans and Other Vulnerable Children in Uganda, 2010 – 2016;
- Operationalisation of the Approve Children Home Regulations, 2011;
- Alternative Care Monitoring and Evaluation, 2011;
- United Nations Guidelines (A/Hrc/11/L.13 2009) For Alternative Care;
- Operations Manual for Youth and Probation and Social Welfare Officers, 2010;

In addition the revisions to the Children's Act have been amended to include Alternative Care.

The National Alternative Care Framework

The Ministry of Gender, Labour and Social Development (MGLSD) is committed to ensuring that all children in the country are provided with appropriate and adequate care. The National Alternative Care Framework has been developed to ensure that children in need of Alternative Care are provided with care options that uphold established care standards and guidelines. Within the overall framework, the implementation of the Babies and Children's Home Rules and Regulations shall be used as an entry point for de-institutionalization of alternative care, in light of the high numbers of care institutions, many of which continue to operate outside the legal framework provided by government. The framework takes into account the UN Guidelines on Alternative Care and has been developed by the Department of Youth and Children Affairs, MGLSD, through a participatory process involving both governmental and non-governmental actors at national and district level.

The vision of the National Alternative Care Framework is to provide a national framework for delivering and facilitating access to appropriate alternative care options for children deprived of parental care. Its goals are:

- To reduce the number of children in institutional (orphanage) care
- To provide actors at different levels with clear guidelines and placement options for children in need of alternative care based on a defined continuum of care
- To put in place mechanisms to support existing government structures to carry out their statutoryn responsibilities for overseeing the care of children in alternative care

The Alternative Care Framework included the implementation of a hierarchy of prioritized care for vulnerable children and strengthens the necessary support structures to assist in the deployment of the priorities. The Alternative Care Framework prioritizes child welfare interventions based on the best interest of the child and the belief that every child has the right to a safe family environment. All vulnerable children needing social welfare intervention should have a child care plan that includes the priorities below:

1. For a child vulnerable to disruption / displacement

- Support Vulnerable Families
- Abandonment Prevention

2. When a disruption / abandonment occurs emergency care includes:

- Kinship Care / Community Care
- Short Term Foster Care
- Transitional Care (limited period in a child care facility)

3. Priorities for Permanent Child Placements

- Reunification (when possible)
- Long Term Kinship / Community Care
- Domestic Adoption
- Long Term Foster Care
- Inter Country Adoption
- Long Term Residential Care (Children's Village)

National Strategic Programme Plan of Interventions (NSPPI)

Uganda also published a National Strategic Programme Plan of Interventions (NSPPI) for Orphans and Other Vulnerable Children in November 2004 (National Orphans and Other Vulnerable Children Policy, Final Draft, 2004. (Ministry of Gender, Labour, and Social Development, Uganda, 2004). This strategy has at its center four major goals:

- To create an environment conducive for the survival, growth, development and participation of vulnerable children and households.
- To deliver integrated, equitably distributed, and quality essential services to vulnerable children and households.
- To strengthen the legal, policy and institutional frameworks for programs that seek to protect orphans and other vulnerable children and households at all levels.
- To enhance the capacity of households, communities, other implementing agents and agencies to deliver integrated, equitable and quality services for vulnerable children and households.

The NSPPI sets out "vulnerable children needing reintegration into caring adult-headed families" and "vulnerable households" (widow/female-headed households, older person-headed, chronically ill head of household) as priority target groups, and suggests increased attention and interventions to these groups. Finally, the NSPPI says, of the importance of family:

"[T]he family is the basic unit for the growth and development of all children. A strong family united with a caring adult is pre-requisite for the reintegration of orphans and other vulnerable children." Care provision outside the traditional family unit by members of the community, is the second line of defence."

National Implementation Framework

The Ministry of Gender, Labour and Social Development (MGLSD) is the lead agency mandated to ensure that the rights of all children, including orphans and other vulnerable children, are promoted and upheld. The Social Development Sector Strategic Investment Plan (SDIP) provides the framework that has been developed for addressing inequality, vulnerability and exclusion of orphans and other vulnerable children. The SDIP aims at creating an enabling environment for poor and vulnerable groups or persons to develop their capacities and take advantage of opportunities to improve their livelihoods for a gender-responsive sustainable development. The Ministry is supported in this responsibility by the National Council for Children (NCC), other government ministries, agencies, development partners and civil society organizations. The existing implementation framework requires that interventions will be consistent with government policies and plans.

- Does the country have a structure/process for:
- Identification of a child/family in need?
- Reporting or referral of child/family for services?
- Investigation or assessment of need for services?
- Delivery of the intervention?
- Follow up?

District Probation Social Welfare Officers (PWSOs) are responsible for child/family interventions in their districts utilizing current local government structures. All districts have and appointed Senior Probation Officer, Senior Community Development Officer and access to child protection experts.

When an intervention takes place the PWSO will engage, when necessary, with support organizations and refer to other services available in the district.

The Operations Manual (2010) for Youth and Probation and Social Welfare Officers provide guidelines for every aspect of the PWSO's role and responsibilities including:Values Principles of Social Work

- Roles and responsibilities
- UNN Rights of the Child
- Working methods
- Reporting and Monitoring
- Child protection
- Families and children in vulnerable situations
- Follow-up and reporting
- Child trafficking
- Children in conflict with the law
- Children in armed conflict
- Orphans and other vulnerable children
- Promotion of Children and Youth – rights and services
- Child Care Institutions – Assessing, monitoring and evaluation

To strengthen the role of the PWSO's there is currently a training programme being developed to improve the skill levels of PWSO's and also to embed national strategies for OVC's at district level.

A centralized case management system will be developed and rolled out across the country in order that all interventions and cases are recorded, monitored and evaluated.

Does the country have a way to hold system accountable for meeting the goals?

Data

While noting that in the last few years [Uganda] has made remarkable progress in its data collection system, including the creation of a semi-autonomous organization charged by the Uganda Bureau of Statistics with developing statistics in the country, the Committee is nevertheless concerned at the lack of a comprehensive data collection system that gathers data from the villages and sub-county levels and forwards them to the district level for consolidation and analysis.

The Committee on the Rights of the Child encourages [Uganda] to continue to strengthen its system of collecting disaggregated data as a basis for assessing progress achieved in the realization of children's rights and to help design policies to implement the Convention. The Committee also recommends that [Uganda] seek technical assistance from, inter alia, UNICEF.

The Ugandan National Plan for Action also notes that one of the most serious constraints of the National Orphan and Vulnerable Children (OVC) response is the lack of adequate data about the different categories of vulnerable children, the services available to them and the whereabouts of these services. Where data exist, they are often unreliable. Improving the quality of existing information, and acquiring other relevant information about OVC and the systems for national OVC response, is necessary to improve service delivery for these children. This calls for commitment on the part of the government to consider financing research in the above areas, among others. A research agenda will be developed as part of the M&E system.

In addition, all program interventions for OVC in the country shall engage in operational research to identify critical challenges related to the design and/or implementation of OVC interventions. This is necessary for the attainment of key outcomes of this plan.

Evaluation/Standards

The Monitoring and Evaluation Framework – Child Care Institutions and the National Alternative Care strategy (2011) outlines the tools to ensure that child care institutions and PWSO's are providing the necessary information required fully reviewing, report and analyzing on the status of the Alternative Care framework and the required approved home regulations. The monitoring and evaluation process will be implemented in early 2012 and use the existing web-based OVC MIS solution as a platform for the recording and monitoring. The M&E system will monitor and provide an evaluation of the success of the national Alternative Care strategy. It will identify those child care institutions; PWSO's and districts who are and who are not working towards the national Alternative Care strategy.

In summary the M&E system will:

- Monitor the progress of child care institutions with their implementation and adherence to the national strategy for Alternative Care and the approved home regulations.
- Identify the child care institutions, PWSO's and districts where MGLSD need to intervene to assist and strengthen their strategies to better implement the national Alternative Care framework.
- Assess PWSO's in their role of policing, reporting and working with child care institutions to ensure that they are developing and implementing the necessary Alternative Care strategies to support the national strategy.
- Provide a country-wide overview of the number of children in institutional care, the number of children in Alternative Care and the national trend for child abandonment and placements.

Conclusions

CRITICAL INDICATORS (PER INSTITUTION / DISTRICT)	CURRENT	PREVIOUSLY	TARGET	ACTION(S) (PER INSTITUTION / DISTRICT)
What is the overall number of children in intuitional care – is the number increasing or decreasing		+/-		
Total admissions for the period – are admissions into institutional care increasing or decreasing		+/-		
What is the overall number of children in Alternative Care (non-institutional) by district/country?		+/-		
Reunification		+/-		
Kinship Care		+/-		
Community Care		+/-		
Adoption		+/-		
Foster Care		+/-		
Inter Country Adoption		+/-		
Referral		+/-		
Supported in the community		+/-		
Mortality Rate in Institutional care		+/-		
Children in institutional care with an exit strategy		+/-		
Which districts are not exercising institutions in order that they are working towards the implementation of the Alternative Care Framework				
Assessments Undertaken by the PWSO				

The Ugandan government is committed to improving Alternative Care facilities for children throughout the country. The Framework work not only addresses Alternative Care but also the support structures necessary to ensure a successful transition to de-institutionalization. Civil Society organizations are key partners in the deployment and implementation of the national child protection strategies and together with a committed government form a strong coalition capable of delivering the wide-reaching and ambitious child improvement programs. Uganda has also expressed a sincere interest in signing on to the Hague Convention on Intercountry Adoption.

Malawi

General Overview

Recently, UNICEF has reported various problems faced by Malawi's children. As of 2007, there were approximately one million people living with HIV/AIDS and 1.1 million orphaned children, half of them orphaned as a result of HIV/AIDS. There are approximately 91,000 children aged 14 and younger suffering from pediatric disease.

Illnesses among children are not the only hardships they face. Forcibly marrying young girls off to settle family loans, more common in the north of Malawi, is amongst many child protection issues. Others include child labor, child trafficking, and children lacking birth certificates. In 2009, research showed that children as young as five years old were working on Malawi tobacco farms. Due to exposure, they were absorbing the equivalent of 50 cigarettes a day, resulting in severe health conditions.

Beyond these conditions is an even greater issue: children are being deprived of their families. About 20 percent of all children, or 1.3 million, do not live with their families and are primarily in informal care arrangements. Most of these children are not orphans, but have families that lack the resources to adequately provide for them. Formal care options, such as foster care, adoption and residential care, are not readily accessible. Foster care is not well-developed, nor is it a part of the existing Children and Young Person Act. NGOs and faith institutions provide residential care.

In 2005, Malawi developed Standards of Minimum Rules and Regulations for the Establishment and Running of Children Homes and Orphanages in Malawi. These rules and regulations are meant to provide guidelines for inspection, the maintenance of appropriate standards for the care of orphans and vulnerable children (OVC), and the daily operations of these institutions in terms of health, food and accommodation. However, most of these rules and regulations are not in practice. In 2009, the UN Committee of the CRC observed that many orphanages were not being monitored; staff was not properly trained, and some orphanages were taking part in illegal adoptions. Within residential care, there are reformatory schools for street children and those involved in the juvenile justice system; the UN Committee of the CRC wants to be sure that they receive proper care and are not treated like offenders.

These issues of concern have been recognized, and steps are being taken to improve the situation. In 2005, the Government of Malawi launched the National Action Plan (NPA) for orphans and vulnerable children (OVC). It was a five-year plan focused on building and strengthening the capacity of families, communities and the government to scale up their response for the survival, growth, protection and development of orphans and vulnerable children by the end of 2009.

Additionally, in August 2008, the Ministry of Women and Child Development developed Foster Family Guidelines, offering insight on how the care system is run, including issues of placement, criteria, approval of foster homes and monitoring. The Malawi Government also plans to adopt the new Child (Care, Protection and Justice) Bill, which will provide legal recognition for foster homes.

Does the country have the capacity to meet the three primary goals?

In 2006, the United Nations Committee on the Rights of the Child (CRC) made the following comments related to the child protection system in Malawi (CRC, 2009a):

> The Committee encourages [Malawi] to adopt a comprehensive Children's Policy and finalize the NAPC that address fully all the rights of the child enshrined in the Convention, and take into account the outcome document 'A World Fit for Children' adopted by the United Nations General Assembly at its special session on children held in May 2002 and its mid-term review of 2007. The Committee also recommends that [Malawi] provide a specific budget allocation for the implementation of the NAPC and the establishment of an evaluation and monitoring mechanism to regularly assess progress achieved and identify possible deficiencies. The Com-

> mittee encourages [Malawi] to also monitor the implementation of the 'Call for Accelerated Action' adopted during the mid-term review of 'Africa Fit for Children,' held in Cairo in November 2007.
>
> The Committee urges [Malawi] to take into account the recommendations issued by the Committee following its day of general discussion held on 21 September 2007 on 'Resources of the Rights of the Child – Responsibility of States.' In light of article 4 of the Convention, the Committee also urges [Malawi] to prioritize, increase and protect budgetary allocations for children at national and local levels, and in particular to ensure that the Ministry of Women and Child Development receives adequate financial and human resources to carry out its mandate relating to children.
>
> While noting the significant increase in budgetary allocation to the Ministry of Women and Child Development in the past year, the Committee is concerned that the Ministry's budgetary allocations had been steadily declining in the preceding five years.

One area of focus for the CRC has been to promote the development of birth registration systems, a foundational element of a strong child protection system. The committee had the following to say about birth registration in Malawi:

"The Committee welcomes the information that a National Registration Bill shall make mandatory the registration of all births, deaths and marriages and that measures for its implementation are being put in place. Nevertheless, the Committee is concerned that the Bill has not yet been passed into law and in the meantime many children remain without proper proof of age and at risk of exploitation and abuse. The Committee recommends that [Malawi]:

- Expedite the enactment of the National Registration Bill as a matter of priority and strengthen its efforts to ensure birth registration of all children.
- Ensure allocation of adequate financial, human and other resources to registration offices and centres and to take measures to ensure easy access to registration by the population in all parts of the country, particularly in the rural areas.
- Provide for registration, including late registration, of births free of charge."

Does the country have laws and policies at the national level to support these goals?

Formal Statutes

- Constitution of the Republic of Malawi, 1994

NPA/Strategies to address children and families

The Ministry of Women and Child Development: This ministry coordinates child rights-related activities through efforts including the establishment of National Technical Working Groups and networks dealing with specific thematic areas, and has had a significant increase in budgetary allocation in the past year. However, there are challenges, such as:

- Additional human and financial resources are required to ensure an effective coordination at both the national and local levels.
- The Ministry is concerned that competition among the working groups and networks may render coordination ineffective.
- Budgetary allocations had been steadily declining in the preceding five years.

The 2005 National Plan of Action (NPA) for Orphaned and Other Vulnerable Children: Though it has not yet been finalized, and there is no comprehensive Children's Policy based on the Convention, the NPA has six

strategic objectives (Sibale & Nthambi, 2008):

- To enhance access to essential quality services such as education, health, nutrition, water, sanitation and birth registration with increased support from social safety nets.
- To strengthen family and community capacity to care for OVC by providing support to improve their economic security and social and emotional well-being, and to protect them from abuse, exploitation, property dispossession, stigma and discrimination in respect of gender equality.
- To protect the most vulnerable children through improved policy and legislation, leadership, efficient co-ordination at all levels and by facilitating equal and meaningful child participation for both boys and girls.
- To strengthen and build the technical institutional and human resource capacity of key OVC service providers.
- To raise awareness at all levels through advocacy and social mobilization initiatives to create supportive environments for children and families affected by HIV/AIDS and poverty.
- To continuously monitor and assess the situation of OVC and measure between what is being done and what must still be done to adequately fulfill the rights and needs of OVC.

Regulations

- Children's Homes and Orphanages Rules and Regulations in 2005
- National Action Plan for Children (NAPC)
- National Policy on Equalization of Opportunities for Persons with Disabilities
- National HIV/AIDS Policy in 2003
- National Plan of Action to Support the Child Labour Policy

The CRC has noted the following on Malawi's progress to date in bringing forth legislation related to the protection of children:

> The Committee notes with appreciation that [Malawi] has undertaken a Constitutional Review process through the Malawi Law Commission which has been a highly participatory and very inclusive process. Furthermore, the Committee notes with interest the various legislative reforms aimed at harmonizing existing legislation with the provisions enshrined in the Convention on the Rights of the Child and other international instruments, including the Child (Care, Protection and Justice) Bill, the National Registration Bill, the Deceased Estates (Wills, Inheritance and Protection) Bill, the Marriage, Divorce and Family Relations Bill, the Revised Penal Code Bill, the Criminal Procedure and Evidence Bill and Education Act Review. However, the Committee strongly regrets that none of these proposed bills has been enacted into law due mainly to the political situation in [Malawi].
>
> The Committee reiterates its previous recommendation (CRC/C/15/Add.174, para. 7) for [Malawi] to undertake all necessary steps to harmonize existing legislation, including the Constitution, with the Convention on the Rights of the Child. The Committee urges to take, as a matter of urgency, all appropriate measures to expedite the adoption of the above mentioned Bills, with priority to those affecting children, and [to] ensure their compliance with the provisions of the Convention.

- **Does the country have a structure/process for:**
- **Identification of a child/family in need?**
- **Reporting or referral of child/family for services?**
- **Investigation or assessment of need for services?**
- **Delivery of the intervention?**
- **Follow up?**

"The Committee notes with concern the difficulties encountered by a high number of families in meeting their parental responsibilities due to extreme poverty, particularly in rural areas, the precarious situation of single

parent households, child headed households and grandparent headed households due to the impact of HIV/AIDS, lack of protection of orphans' inheritance rights, and the very limited services available in [Malawi]to support these families.

"The Committee recommends, in light of article 18 of the Convention that [Malawi]:

- Strengthen its existing programmes at district and local level and ensure that these reach children in vulnerable families, particularly those affected by HIV/AIDS and families suffering from poverty;
- Provide psychosocial and financial support to extended families that care for children whose parents have died of AIDS;
- Develop at national, district and rural levels family education and awareness, including through training of parents, caregivers and traditional leaders;
- Ensure the protection of property of orphans and their inheritance rights and in this regard enact the Deceased Estates (Wills, Inheritance and Protection) Bill."

The Midterm Review for the NPA for OVC serves to evaluate the progress made towards achieving its aims. According to the review, there has been overall progress in the six strategic areas.

In the First and Second Strategic Objectives, the cash transfer scheme is a major achievement. Though there continues to be some gaps in educational support, overall, there is now improved access to educational support.

- Through CBBC, children can now access healthcare through the establishment of referral systems.
- There is little progress in terms of birth registration; children in urban and most rural areas are being missed.
- There is also poor collaboration and synergy in terms of service provision.
- On the Third Strategic Objective, the Child Protection Bill has not been enacted by Parliament.
- The support to the Ministry by the National Steering Committee, the Technical Working Group, and the TA has improved coordination at the national level, although there continue to be issues, such as governance, functionality and conflict of interests.
- Regarding Fourth Strategic Objective, there are some improvements, but if the government approved and implemented the DA human resources establishment recommendations made by the Ministry of Local Government and Rural Development and the Department of Human Resources and Development in 2003, then much more would have been accomplished.
- There are concerns related to both Strategic Objectives Nos. 4 and 5 because certain tools are not adequately disseminated to users and the general public, as No. 5 focuses on raising awareness through advocacy and social mobilization initiatives.
- Regarding Strategic Objective No. 6, the ministry has developed a monitoring and evolution framework that aims to guide implementation of the OVC NPA, though there serious concerns remain regarding the continuing problem of data availability, weak OVC registration systems, lack of linkages between reporting, and the indicators in the NPA.

The Centre for Development Management proposed six overall recommendations and 30 strategic actions. In general, their recommendations aimed to address six key issues that include the unsupportive political environment that has been brought about by differences between politicians, which has negatively affected progress in the national response. The recommendations are also aimed at addressing and encouraging the government and all stakeholders to raise the quality and quantity of services and support towards OVC in a coordinated manner. They proposed that the government of Malawi work to strengthen the leadership role of the MOWCD, the weak capacity in the ministry, as well as in its implementing partners, as a way of proving quality support to the OVC. Finally, they identified weak monitoring systems and inadequate involvement of civil society in advocacy work as areas for potential improvement. (Sibale & Nthambi, 2008)

Does the country have a way to hold the system accountable for meeting the goals?

Data

In 2009, the CRC made the following comments on Malawi's data systems:

> While noting with appreciation [Malawi's] indication that progress has been made in the domain of data collection for policy makers and planners covering all persons below the age of 18, the Committee remains concerned at the lack of systematic disaggregation, with specific emphasis on those who are in need of special protection.
>
> The Committee encourages [Malawi] to continue to strengthen its data collection system with the support of its partners and to use this data as a basis for assessing progress achieved in the realization of child rights and to help design policies to implement the Convention. [Malawi] should ensure that information collected contains up to date data that is disaggregated, among others, by sex, age and geographical areas on a wide-range of vulnerable groups including children living in poverty, orphans, children with disabilities, children living in the streets and working children. The Committee also recommends that [Malawi] seek technical assistance from, inter alia, UNICEF.

Evaluation/Standards

The following were identified as means for evaluating Malawi's progress in meeting the needs of children:

- Midterm Review of the National Plan of Action for Orphaned and Other Vulnerable Children
- Ministry of Women and Child Development Malawi Fact Sheet: Justice for Children
- International Reference Centre for the Rights of Children Deprived of their Family MALAWI, Protection of the child deprived of, or at risk of being deprived of, the family of origin

Conclusions and Observations

Malawi has improved in some areas since the NPA for OVC has been mandated. Although there are gaps in policy and practice, there is also the hope that change will come, since evaluation has shown that there has been progress. A major issue remains in that many proposed bills and legislation have not been enacted. If the Malawi government can make the enactment of these laws and bills a priority, much more progress will be made. In the meantime, and even after the laws are in place, continuous evaluation is needed to ensure that the policies are in practice.

Rwanda

General overview

In Rwanda globally, 29% of under 18-years of age i.e. approximately 1.26 million of children are considered as OVC (National Institute of Statistics of Rwanda, 2005; Minister in charge of Family Promotion and Gender, Republic of Rwanda, 2006) there are 1.26 million orphans and countless vulnerable children whose rights have been violated as a result of the combined effect of genocide, chronic poverty and HIV/AIDS. It is the vision of the Rwandan government that each of these children "be assisted to reach their full potential and have the same opportunities as other children to active and valued participation in home and community life" (National Policy on Orphans and other Vulnerable Children).

Despite the challenges resulting from war and the 1994 genocide, HIV/AIDS, TB, and poverty in rural areas in particular, there are only 7,674 children currently living outside a family setting in Rwanda, which includes orphanages (3,830), centers for street children (1,070) and centers for disabled children (2,770). A de-institutionalization campaign is underway, aimed at restoring family links between children and their traceable families or relatives and finding alternative family care options for orphaned children. A national assessment of children in all orphanages is being conducted (Ministry of Gender and Family Promotion, 2011).

Tremendous progress has been made since the genocide, with a large number of children outside of family care being reunited with their families or placed in foster or adoptive families. More specifically, the government of Rwanda developed the National Policy for Orphans and Other Vulnerable Children, in which it committed to implement policies and programs to ensure that children in difficult circumstances are integrated into a socially, and economically sustainable community. One of the government's objectives is to identify and strengthen the capacity of families, communities and social service providers to care for and protect vulnerable children. Such identification and strengthening also contributes to the meaningful integration of children into society and to the prevention of separation of children from families and communities of origin.

The implementation of the National Policy on OVC is under the responsibility of Ministry of Gender and Women in Development (MIGEPROF). The Rapid Assessment, Analysis, and Action Plan process, launched in 2004, has culminated in the formulation of a National Plan of Action, which included a short-term plan for OVC that provides a clear framework for the coordination, management, implementation and monitoring of OVC policy. A mid-term review of the National Strategic Plan for OVC has been conducted and the Strategic Plan was updated for a better response to OVC needs.

Rwanda has paid particular attention to the CRC guiding principle of youth participation in the actions and decisions that concern them. In fact, the government has held two National Children's Summits (April 2004; January 2006) and have allowed youth to make some key recommendations that have been used to inform the current National Plan of Action.

The government in cooperation with civil society organizations, national and international NGOs and faith-based organizations is actively involved in these issues. OVC-related interventions include Vision 2020 Umurenge program interventions include Vision 2020 Umurenge and the "One Cow per Poor Household" program. The OVC policy emphasizes that every child should be raised in a family. Campaigns are regularly organized to encourage families to adopt children.

Does the country have the capacity to meet the three primary goals?

According to the National Policy on Orphans and Other Vulnerable Children (2003):

- Despite macro-economic and other constraints on the development process, the principle of a "first call for children" means that high priority should be given to child-related activities in the allocation of resources and in determining development priorities.
- Although the government's access to political, economic and administrative resources makes its participation in this policy a vital necessity, it is equally important to recognize the critical role that non-

governmental, community-based and faith-based organizations have played and should continue to play in the provision of services for orphans and other vulnerable children. Efforts will also be made to enhance the involvement of the private sector in raising resources and providing services.

- Effective consultation through a close partnership will take place at local, district, provincial, national and international levels to ensure that policies and strategies conform to realities on the ground and that lessons learned are shared among stakeholders.
- Inputs from stakeholders at all levels will continue to be sought and used for policy and program development.
- A particularly important component of a decentralization strategy is the development of community-based action, with appropriate local and national support.
- This policy emphasises the role of the children, family and community in taking necessary measures and using the available resources, so that stakeholders and communities themselves become involved in the implementation of programmes. A key element of community-based approaches is the provision of support and resources (i.e., human, financial, technological and environmental) to build, enable and strengthen the capacity of the communities themselves to identify and analyze their problems and take the necessary actions to address them.

In 2004, The CRC had the following to say about children deprived of a family environment:

> The Committee is deeply concerned that one third of the children in [Rwanda] are orphans. The Committee remains deeply concerned at the weakness of family links, at the large numbers of children who have been deprived of a family environment and, in particular at reports regarding the abandonment of children by parents mainly for economic reasons. The Committee is further concerned at the consequent placement of many children in institutions, where they remain in difficult living conditions and for long periods without adequate mechanisms of protection. The Committee is also concerned that placement in institutions is being resorted to in preference to developing alternative care measures (e.g. adoption and foster care).
>
> The Committee recommends that [Rwanda] strengthen and increase its programmes, in collaboration with relevant NGOs, to support families in need, in particular single-parent families and those in difficult socio-economic or other circumstances. The Committee urges [Rwanda] to make every effort to increase support, including training, for parents in order to discourage the abandonment of children. The Committee also recommends that [Rwanda] strengthen its efforts to find substitute families through fostering or adoption. The Committee further recommends that [Rwanda] ensure that the situation of children placed in institutions is periodically monitored and establish an independent and easily accessible complaint-monitoring mechanism for those children.
>
> However, persistent widespread poverty, the HIV infection rates among the population and the increasing reports of child rights abuses call for sustained action in favor of children. The scope of the problem demands a comprehensive framework with the allocation of appropriate financial and human resources. The complexity of the situation charges service providers with the responsibility to constantly reflect on programs and intervention in order to improve the design of programs and to shift emphasis from assistance to economical and financial empowerment so as to enhance their potential to have a sustainable impact on children, their families and their communities (CRC, 2004).

Does the country have laws and policies at the national level to support these goals?

Formal statutes

- Constitution of the Republic of Rwanda (2003); see: Articles 9, 16, 27 and 28
- Law No. 2/98 FARG (Fond d'Assistance aux Rescapés du Génocide)

- Provides assistance to the most needy genocide survivors
- Beneficiaries include orphans, widows, and handicapped individuals
- Assistance for education, health and housing

- Law revising No 27/2001 of 28 April 2001 relating to child rights and protection of children against violence has just been adopted (General Assembly of the Republic of Rwanda, 2011)
- The Presidential Order No 24/01 of 7/5/2010 ratifying the Convention on the Protection of children and cooperation in respect of Inter-country adoption
- The Law No 22/2011 of 28/6/2011 establishing the National Commission for Children and determining its mission, organization and functioning and related implementation Orders.

NPA/Strategies to address children and families

- National Policy for Orphans and Other Vulnerable Children in Rwanda (2004) and its Strategic Plan
- Integrated Child Rights Policy and its Strategic Plan (September 2011)
- Social Protection Policy National Social Protection Strategy (January 2011)
- National Strategic Plan for Family Promotion 2011 - 2015 (September 2011)
- Strategic Plan of Action for Orphans and Other Vulnerable Children 2008 - 2012 (2006). General objectives as they relate to this topic (only relevant objectives listed):
  - Ensure access to health services necessary for the survival and development of children.
  - Ensure access to free nine-year, basic education, as well as continued education (including upper secondary and technical/vocational training) and inclusive education, taking into account the educational needs of children with disabilities.
  - Ensure the provision of psychosocial support to children in difficult circumstances.
  - Identify and strengthen the capacity of families, communities and social
  - service providers to care for and protect vulnerable children. This will contribute to the meaningful integration of children into society and to the prevention of separation of children from families and communities of origin.
  - Reinforce the socio-economic situation of orphans, vulnerable children and their families through support including income-generating activities, access to credit and improved agricultural production.
  - Enhance the coordination of all programs and interventions concerning orphans and other vulnerable children to ensure systematic monitoring and evaluation.
  - The Strategic Plan for Street Children (November 2005)
- National Programme for Poverty Reduction
- National Gender Policy
- National Population Policy for Sustainable Development in Rwanda

The interventions of the Ministry of Local Government (MINALOC) are guided by the following two goals (CRC, 2004 July, Rwanda):

- Develop and foster administration of programs aimed at improving the welfare of citizens so as to ensure social security to all, including programs for balanced growth of the national population;
- Initiate and oversee programs to protect the most vulnerable among the national population, with particular emphasis on juveniles, the handicapped, survivors of genocide, the aged and orphans, with the aim to integrate them into the economic mainstream.

However, persistent widespread poverty, the HIV infection rates among the population and the increasing reports of child rights abuses call for sustained action in favor of children. The scope of the problem

demands a comprehensive framework with the allocation of appropriate financial and human resources. The complexity of the situation charges service providers with the responsibility to constantly reflect on programs and intervention to improve the design of programs and to shift emphasis from assistance to economical and financial empowerment so as to enhance the potential to have a sustainable impact on children, their families and their communities (CRC, 2004).

Regulations

Since 1994, the Government of Rwanda with the assistance of national and international organizations has implemented numerous programs to address the needs of vulnerable children, notably separated children, orphans, child ex-combatants and children suspected of genocide. (ISS/IRC, 2008).

Likewise, the government has issued a number of instructions and guidelines concerning orphans and other vulnerable children, such as:

- Ministerial instructions on the identification of most vulnerable children
- Ministerial instructions governing the functioning of orphanages
- Guidelines on the minimum package of services offered to OVC
- Monitoring & Evaluation framework for the OVC strategic plan
- Guidelines on international adoption

Does the country have a structure/process for:

Identification of a child/family in need?

Yes, there is a process for identifying a child/family in need. The government has developed Ministerial instructions for the identification of most vulnerable children that have been disseminated at village level and an OVC database is under construction.

A study on street children phenomenon has been initiated.

Reporting or referral of child/family for services?

Yes, there is a process for reporting or referring a child/family for services. Service providers submit quarterly and annual reports. Community-based Committees to fight against gender based violence and to protect vulnerable children (GBV CP Committees) are in place across the country from village to national level and each level reports to the immediately upper one. Guidelines concerning the composition and responsibilities or tasks of these Committees have been disseminated.

Investigation or assessment of need for services?

Yes, Rwanda has a process by which it can investigate or assess the need for services. They use in a document entitled "the Monitoring & Evaluation framework" as well as the Child Status Index (CSI) tool that helps to assess OVC status at each step of the intervention.

Delivery of the intervention?

Yes, the country has a means by which it delivers interventions. A mapping of service providers (stakeholders' database) is currently under construction.

Follow up?

Yes, the Ministry of Gender and Family Promotion (MIGEPROF) has a structure according to which it can

follow up with regard to any interventions made on behalf of a child or family. The country can use the Monitoring & Evaluation framework. It uses the Monitoring & Evaluation framework document. Stakeholders are required to provide commitment contracts and annual reports to MIGEPROF. MIGEPROF organizes annual coordination meetings to review achievements and action plans.

There are serious challenges in the implementation of comprehensive and area covering programs. According to the National Policy for Orphans and Other Vulnerable Children in Rwanda (2004), there are a number of constraints to implementing programs and changes:

- Insufficient resources for all programmatic areas
- Difficulty of prioritizing the issues with a set of achievable goals and objectives for all concerns interveners
- Partially developed legal framework
- Inadequate enforcement of existing laws and conventions
- Weaknesses in the coordination among government agencies, as well as with civil society organizations, with regard to vulnerable children
- Lack of monitoring and follow-up systems at all levels
- Understaffing of social affairs units at all levels, ranging from central to decentralized levels

Does the country have a way to hold the system accountable for meeting the goals?

Data

According the UK Department of International Development Vision 2020 Umurenge Programme (VUP) Survey, the percentage of households in the bottom two categories of extreme poverty according to Ubudehe classification were 28.6% (as cited in IMF, 2011); the progress, however, could not be measured by lack of survey data. Of the households eligible for support, the percentage granted public works was targeted at 35%, which was exceeded at 91%.

The percentage of households eligible for support and granted direct support in VUP sectors had reached 100%, already exceeding the target in 2009.

The VUP program is currently covering 90 sectors. The key challenge is the monitoring of graduation from livelihood enhancement schemes, because graduation is not well defined. There is also a need to improve the coordination at both the national and local levels, as well as greater information sharing.

The Rwandan government's progress in reducing poverty is unknown at this time because the second survey did not occur until mid-2009 and the report has not been finalized. Of the households eligible for support, the percentage granted public assistance was 35% (which was also the target rate) whilst the 17,626 registered vulnerable households exceeded the target of 6,390. A key challenge is the monitoring of graduation from livelihood enhancement schemes because graduation is not well defined. There is also the need to improve the coordination at both the national and local levels, as well as promote greater information sharing.

Conclusions and Observations

Rwanda has overcome a number of challenges caused by its violent past and has put several well-founded policies and procedures in place to help its vulnerable children. In order for these reforms to continue to have their intended effect, they must continue to be supported with resources and evaluated for ultimate effectiveness.

Ghana

General overview

(Orphans and Vulnerable Children Care Reform Initiative, Ghana, n.d.a.)

The care of children separated from their families in Ghana has undergone a transformation over a period of a few years. Until recently, like the majority of African countries, the majority of children deprived of their own families were informally cared for by extended families or communities. Socio-cultural changes – in particular, the terrible consequences of HIV/AIDS – have resulted in the system no longer responding to all such needs. In 2005, the country had approximately 132,000 HIV/AIDS orphans (children without a father and/or mother), and it is expected that they will amount to 291,000 in 2015.

These staggering numbers imply a saturation of the traditional care system. Some homes care for up to eight children informally. In this context, institutions for orphaned and abandoned children have increased in number. According to Ghana's written replies to the Committee on the Rights of the Child, in 2006, the country had three state institutions and 41 private institutions. Other sources, however, mention over 100 private institutions, of which less than ten were registered until recently. The majority of institutionalized children in Ghana are aged ten or younger, and the average length of their stay is between ten and twelve years. However, numerous problems linked to institutions have been identified, in particular: the stigmatization of children placed in care, the lack of stimulation of the children, the lack of supervision in the institutions, and the restriction on contact between the children and their families.

However, Ghana has taken many steps towards improving the care of children deprived of their families. The country recently adopted a 2010-2012 National Plan of Action for orphaned and vulnerable children, which establishes the strategies and objectives for the prevention of family separation, the protection of children separated from their families, and the development of the State's capacity and resources in this field. In particular, this plan aims to increase, by 60%, the number of children able to reintegrate into their family; to decrease, by 75%, the number of children placed in institutions; and to increase, by this same percentage, the rate of placement in foster care and double the number of adoptions of children aged five years and older. It also provides for the creation of a database designed to register and monitor every child placed in an institution, as well as for the training of staff and foster families and the development of guidelines for foster care placements.

This Plan follows the 2006-2010 Care Reform Initiative (CRI), which was already working on a reform of the care system and on deinstitutionalization, and which based its action on four pillars:

- The prevention of family separation;
- The priority given to the integration of the child, who has been separated from his family, into his extended family;
- The placement of the child within a foster family, if the previous option is not possible;
- The child's adoption, preferably by a Ghanaian family, when all the previous options are not possible.

Furthermore, Ghana adopted a new Children's Act in 1998, followed by the Regulations on Children's Rights in 2003. More recently, the country also adopted regulations on foster care placement, and has been working on standards for the operation of residential care homes in Ghana. This new legislative framework provides the principles necessary for a clear improvement of the alternative care system for children. In particular, it establishes family courts in every region and stipulates their role, clearly gives priority to foster care placement over institutional placement, and introduces the periodic review of the placement as well as the supervision and training of staff in institutions and foster families. It also concretely and precisely establishes the criteria and procedures to be followed when selecting a foster family, when accrediting an institution, and when defining the latter's role and function.

Does the country have the capacity to meet the three primary goals?

In 2006, the CRC made the following comments related to Ghana's capacity (CRC, 2006a):

> The Committee recommends that [Ghana] expedite its efforts in adopting and effectively implementing a comprehensive National Plan of Action for the full implementation of the rights enshrined in the Convention, taking into account the objectives and goals of the outcome document entitled "A World Fit For Children" of the United Nations General Assembly Special Session for Children. It further recommends that [Ghana] integrate the priorities identified in the NPA into the GPRS and ensure the allocation of adequate financial and human resources.
>
> "The Committee is concerned about the very limited information on budget allocations for the implementation of the CRC. These allocations seem to be insufficient to respond to national and local priorities for the protection and promotion of children's rights. 18. The Committee recommends that [Ghana] pay particular attention to the full implementation of article 4 of the Convention by increasing and prioritizing budgetary allocations to ensure at all levels the implementation of the rights of the child and that particular attention is paid to the protection of the rights of children belonging to vulnerable groups including children with disabilities, children affected or/and infected by HIV/AIDS, street children and children living in poverty. It further recommends that [Ghana] provide specific and detailed information on the allocations of these budgets at the national and district level.

One area of focus for the CRC has been to promote the development of birth registration systems, a foundational element of a strong child protection system. The committee had the following to say about birth registration in Ghana:

> Notwithstanding the remarkable progress achieved in improving birth registration coverage from 28 per cent in 2003 to 51 per cent in 2004, including through the extensive use of mobile registration units, the Committee remains concerned about the many challenges faced by [Ghana] such as poor staffing, inadequate funding and lack of logistics. The Committee is further concerned about the difficulties in ensuring the birth registration of children, particularly in rural areas, and for abandoned children, asylum-seekers and refugee children.
>
> In light of article 7 of the Convention, the Committee recommends that [Ghana] implement an efficient birth registration system, which covers its territory fully, including through:
>
> a) Strengthening its efforts in terms of financial allocations and improved institutional capacities;
> b) Taking appropriate measures to register those who have not been registered at birth
> c) Strengthening the cooperation of the Births and Deaths Registry between the local government and community based institutions;
> d) Increasing the appreciation of the importance of birth registration and providing information on the procedure of birth registration, including the rights and entitlements derived from the registration, to the public, including through television, radio and printed materials; and
> e) Paying particular attention to the improved access to an early birth registration system by abandoned children, asylum-seekers and refugee children.

Does the country have laws and policies at the national level to support these goals?

Formal Statutes

- Constitution of the Republic of Ghana, 1992
- The Children Act No. 560, 1998: Provides for the rights of the child, fostering, adoption and maintenance, regulates child labour and apprenticeship, and for ancillary matters concerning children.
- Ghana Persons with Disability Act, 2006, Act 715

- National Gender and Children Policy (Ministry of Women and Children's Affairs, Ghana): The Ministry has a commitment to promote the welfare of women and children, their survival, development and protection. The formulation of a policy on gender and children to inform the implementation of programmes and activities is derived from the mission of the Ministry.
- Early Childhood Care and Development Policy (Ministry of Women and Children's Affairs, Ghana): The document provides the broad policy goal which is to promote the survival, growth and development of all children (0-8) in Ghana. Key to this is the efforts of the Government to ensure improved standard of living and enhanced quality of life for families in Ghana.

NPA/Strategies to address children and families

- 2010-2012 National Plan of Action for orphaned and vulnerable children
- National Programme of Action, "Ghana Fit for Children"
- Ghana National Poverty Reduction Strategy (GNPRS)

Ghana's poverty reduction strategies have put a strong emphasis on vulnerability reduction. In 2007, a draft National Social Protection Strategy (NSPS) was completed. It is rights-based, child-centered, and gender-sensitive. The policy framework links complementary services, including health, education, social welfare, legal empowerment, cash transfers, etc. (Ministry of Manpower, Youth and Employment, 2007).

Compared to most countries in the region, Ghana has made impressive progress in developing a comprehensive social protection policy framework that has a special focus on children. A range of social protection programs have been established (Jones, Ahadzie, & Doh, 2009 July), including:

- Social assistance programs: The School Feeding Programme, the education capitation grant, and the Livelihood Empowerment Against Poverty (LEAP) cash transfer program (launched in 2008).
- Social insurance schemes: National Health Insurance Scheme (NHIS) established in 2003; it is heavily state-subsidized. To date, 45% of the population has been enrolled.
- Social welfare services, including programs to prevent and respond to child protection problems such as child labor, trafficking and exploitation.
- Social equity measures, including a series of new laws to tackle issues of discrimination and violence (relating to disability, human trafficking, domestic violence, etc.)

Challenges to this framework include:

- The National Social Protection Strategy has yet to be adopted formally by the Cabinet (as of July 2009).
- Fiscal challenges have increased due to the global economic crisis.
- 2009 budget increased expenditure on LEAP, expanded School Feeding Programme, and increased funding for the ECG by 50%, while adding new programs to provide free exercise books and school uniforms to 1.6 million poor children.
- Institutional and organizational constraints and weak interagency coordination makes it difficult to expand and ensure the most effective benefits on the ground.
- NHIS reaches only about half the population, with membership lowest among the poorest people.
- Due to lack of the needed funding, LEAP continues to be a small pilot program, and will only reach about one-sixth of the extreme poor (implementing fee exemptions for all children and pregnant women).
- Social welfare services, highly dependent on donor resources, are small, fragmented and under-funded.

Regulations

- Child Rights Regulations, 2003
- Foster care regulations, Department of Social Welfare, July 2007
- Early Childhood Care and Development Policy

Does the country have a structure/process for:

- Identification of a child/family in need?
- Reporting or referral of child/family for services?
- Investigation or assessment of need for services?
- Delivery of the intervention?
- Follow up?

In 2006, the CRC made the following comments related to Ghana's structure and processes:

> "Notwithstanding the positive steps taken by [Ghana] in the context of the comprehensive legislative reform, the Committee remains concerned about the insufficient implementation creating a gap between law and practice. It is further concerned about the lack of adequate human and financial resources for an effective and systematic implementation of the Children's Act and other laws and regulations relevant for the promotion and realization of child rights.
>
> "The Committee recommends that [Ghana] strengthen its efforts and take all necessary measures, including provision of human and financial resources to guarantee the implementation of all legislation and its commitment towards policy implementation in a focused and systematic manner.
>
> "The Committee recommends that [Ghana] take necessary measures to support and strengthen the capacity of parents, particularly those in difficult circumstances, to perform their responsibilities in the upbringing of their children through family support programmes, and facilitate the work of NGOs in this regard.
>
> "The Committee recommends that [Ghana]:
>
> a) Undertake the necessary measures to fully implement the Guidelines on the care and protection of orphaned and vulnerable children as a matter of priority, inter alia, by strengthening the capacity of the Department of Social Welfare;
> b) Provide active support for a significant increase of the availability of family type of alternative care such as the extended family or foster care in order to make institutional care a matter of last resort;
> c) Ensure that all existing and newly established children's homes and orphanages meet standards of quality and are regularly reviewed;
> d) Ensure that the stay in institutions is for the shortest time possible; and (e) Seek technical assistance and technical cooperation from, inter alia, UNICEF."

A study on the implementation of Children's Act 560 in four Northern districts of Ghana on the establishment of prescribed administrative and institutional structure, the service delivery procedures, and challenges was conducted (there is no date, but based on the references, it has to be after 2008) (Kuvini & Mahama, n.d.a.). The results showed that the established administrative and institutional structures did not provide the type and quality of services for which they were established. Discrepancies between requirements of the legislation and some of the traditional values and practices were identified. Also, there were differences between the requirements and the quality of personnel training, resources available for service

delivery, stakeholder collaboration, and what community members knew about the legislation. One of the main challenges identified was related to the investment in the necessary resources for supporting the work of the implementing agencies. These investments must include efforts aimed at law enforcement agencies, institutional collaboration and public awareness and education.

In reviewing Ghana's structures, it was found that:

- Of the four districts, only one (Tamale) had a residential home in which children could be temporarily placed while problems were resolved or another placement could be found.
- Districts had adequate copies of the Children's Act and other policy and reference documents, but not enough for distribution.
- Child Rights Committees were established in three of the four districts in different schools/communities (pp. 10-11). The main barriers facing implementation of the law were identified as structural (establishment and working of the family tribunals/child panels around case management) and work process (resources including limited annual budget, paper, transport, materials and films, lack of training and shortage of personnel). Apathy at the community level was also raised as a major barrier and concern (p. 14).

A review of training for personnel working with or on behalf of OVC found that all staff at the Department of Social Welfare received some form of training, but it was described as "inadequate": social workers received two weeks of training at the start of policy implementation. Members of family tribunals received one day of training. There was little clarity in what continuing training was available (p. 11).

A review of the type of Child Right, Protection Issues and Identification Procedures found that the most common types of cases reported were child maintenance or neglect, access to education, paternity and custody issues, and child labor cases. Rate of refusal to pay child maintenance was greater in urban than in rural districts; school non-attendance was higher in rural districts. Clients were identified through referrals from teachers, parents, health workers, assemblymen and community members; outreach to markets and schools; and street observations. No systematic approach was identified.

A review of Ghana's Case Management and Collaboration found that there were collaborative systems in place, with certain cases being referred to the Department of Social Welfare (Child Protection); the Domestic Violence Unit; the Ghana Police Service; and the Commission for Human Rights and Administrative Justice. Yet the frequency of case management meetings varied across the districts, depending on the circumstances, the members and availability of members. The frequency of meetings ranged from once a week to once every two months.

A review of Ghana's efforts to promote community awareness and education on child rights found that, although there were radio announcements about the Children's Act and the work of the family tribunals, according to social workers there was limited community knowledge and poor attendance at forums designed to disseminate child rights information.

Does the country have a way to hold the system accountable for meeting the goals?

Data

In 2006, the CRC made the following comments related to the collection of data in Ghana:

"While taking note of the efforts made in improving the data collection systems by the different ministries, departments and agencies, the Committee remains concerned about the lack of a permanent system of data collection with expertise in child rights.

"The Committee recommends that [Ghana] strengthen its system of collecting disaggregated data for all areas covered by the Convention as a basis to assess progress achieved in the realization of children's rights and to help design policies to implement the Convention. The Committee also recommends that [Ghana]

seek technical assistance from, inter alia, the United Nations children's Fund (UNICEF)."

Evaluation

The following are efforts to evaluate Ghana's progress in meeting needs of orphan and vulnerable children:

- Ghana National Plan of Action for Orphans & Children 2010 – 2015 Annual Review June 2011
- Child Frontiers. (2011). Report on the mapping and analysis of Ghana's child protection system. Collaboration between the Department of Social Welfare and UNICEF.
    - This child protection mapping and analysis provides stakeholders a descriptive profile of their existing system and an initial assessment of the appropriateness and relevance to the populations being served within context. The mapping assessed key aspects of the formal child protection system: the legislative and policy framework; structures and organizational arrangements; coordination, planning and information management; services for prevention and response; and human and financial resources. It also provides a snapshot of perceptions and experiences of the child protection system in select communities.
- Ministry of Women and Children. Three Year Action Plan for Implementation of Institutional Re-Engineering (2011-2013).[http://www.mowacghana.net/download/Action%20Plan.pdf]
    - This is a log frame that provides outputs, activities, indicators, means of verification, assumptions and role of partners for the Ministry of Women and Children aimed to promote gender equality and the rights of women and children.
- 2001 Ghana Child Labour Survey provides data on the most harmful forms of child labour, time constraints children face, including time spent in household and farming chores that prevent them from school attendance.
- Ghana Statistical Service (GSS), Ministry of Health, U.S. Agency for International Development and UNICEF. (2006). Multiple Indicator Cluster Survey 2006. Accra: GSS
    - Education: Provides information on primary school attendance and breaks it down into age groups and rural/urban;
    - Exploitation, Violence and Abuse: Measures number of children/situation of child labourers including age, gender and location; early marriage by location and wealth; birth registration; adult and youth literacy; and gender equity.
- Ghana Statistical Service (GSS), Ghana Health Service and ORC Macro. (2009). Ghana Demographic and Health Survey, 2008, Preliminary Report. Accra and Calverton, MD.: GSS and ORC Macro.

Standards

- Foster Care Standards, Ministry of Manpower, Youth and Employment, July 2007
- Basic Education Division, Ghana Education Service, Republic of Ghana (2004) The Development of Education National Report for Ghana, Presentation at the 47th session of the International Conference on Education in Geneva
- Summarizes the structure and standards of the Ministry of Education, Youth and Sports (MOEYS)

Conclusions and Observations

Ghana has made great strides in putting into place legal and policy mechanisms for the protection of children and families and the provision of community-based services. Although many of the mechanisms are in place, data show that there is a gap between policy and practice. This gap results from the difficulties identified in terms of cross-sector collaboration, human capacity resources, implementation of the structures and work processes on the ground. There is a National Plan of Action, yet there seems to be limited capacity to hold local administrative units and traditional community structures accountable.

Kenya

General overview

Kenya is considered by the World Bank to be a low-income economy, with an average GNI per capita of $760 USD in 2009, and 20 percent of the population is estimated to live below the international poverty line of $1.25 USD/day (UNICEF, 2008). The total child population of Kenya is just over 19.6 million (UNICEF, 2008). However, the budget to the Ministry of Gender, Children and Social Development has increased from 0.7% to 1.2% of the overall government budget expenditure between 2008-2009 and 2009-2010 (during a period of economic growth), and the cash transfer system for orphans and vulnerable children is rapidly expanding, covering 375,000 orphans and vulnerable children by July 2011 (World Bank, 2011). The Government of Kenya therefore shows a real commitment to protecting children.

Children in Kenya face a number of issues:

- Only 58% of children live with both parents; 25% live with their mothers only, 3% live with their fathers only, with the remainder living with neither parent.
- Kenya is estimated to be home to 2.6 million orphans, of whom some 1.2 million children are orphaned as the result of HIV/AIDS (DFID, 2009).
- It is estimated that some 180,000 children, and 760,000 women over the age of 15, are living with HIV/AIDS (ibid).
- In 2005, nearly 26,000 children lived in 830 charitable children's institutions.
- Some 300,000 children are estimated to be living and working on the streets (50% in Nairobi) (IRIN, 2007).
- Kenya is host to over 400,000 refugees, mainly from Somalia (UNHCR, 2011), many of who are likely to be children. In addition, the country contains some 300,000 internally displaced persons.
- It is estimated that some 17,500 persons are trafficked annually, of whom half are thought to be children (African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN), n.d.a.).
- Annually, 60,000 children are reported to the Department of Children's Services as being in need of care and protection (Ministry of Gender, Children, and Social Development, Kenya).

Kenya is a party to the UNCRC (CRC – signed 26 January 1990, ratified 30 July 1990), as well as the African Charter on the Rights and Welfare of the Child (ratified 25 July 2000), and has domesticated the provisions of the UNCRC in the creation of its own Children's Act (2001). Kenya has also ratified The Hague Convention on Inter-Country Adoptions, Palermo Protocol, and the Millennium Declaration 2000 on MDGs, as well as the ILO Conventions 138 (relating to minimum age) and 182 (relating to the worst forms of child labor).

Kenya has taken some positive legal steps to address the well-being of children, including the 2001 Children's Act, the 2007 Employment Act, the 2010 Counter Trafficking Bill, the Prisons Act (under review), the Sexual Offenses Act, and the most recent FGM Bill (passed into Law in September 2011). With the help of UNICEF and donors, Kenya has also implemented a cash transfer program for orphans and vulnerable children, which reached over 375,000 children by July 2011 (CT-OVC), in addition to a hunger safety net program in fragile pastoralist arid areas (450,000 beneficiaries) (DFID, 2009).

Does the country have the capacity to meet the three primary goals?

The National Council for Children's Services (NCCS) has the policy mandate for children's services, and the Department of Children's Services, under the Ministry of Gender, Children and Social Development, is its implementing and technical body. In addition, there are Area Advisory Councils at the district, division and locational levels.

The Department has offices at the provincial and district levels of Kenya, as well as running a total of 25 rehabilitation schools, remand centers and rescue centers. Its main mandates include child protection,

alternative family care, statutory institutions and charitable children's institutions.

It is estimated that there are around 900 child care institutions in Kenya, of which 347 have already been registered. The Ministry is working on creating children's services in newly created districts; already 47% of districts are covered by these services.

Kenya has introduced a cash transfer program for orphans and vulnerable children. The coverage of this program has risen from 500 households in 2004 to currently 102,000 households with 375,000 children.

Budgetary information is not available, beyond budget allocations to the Ministry: in the 2008/2009 estimates it was 0.7%, and in the 2009/2010 estimates it was 1.2% (which was allocated to the MoGCSD, covering also Gender and Social Development. This represented a 70%+ increase in the Ministry's share of overall government expenditures).

Does the country have laws and policies at the national level to support these goals?

Formal Statutes

- Marriage Act, 1902
- Prisons Act, 1963
- Children's Act, 2001
- Employment Act, 2007
- Counter Trafficking in Persons Bill, 2010, Sexual Offenses Act
- 2006 Armed Forces Act, 1968
- Education Act, 1968

The government is now working on aligning older pieces of legislation to the Children's Act.

National Plan of Action for Children

The National Plan of Action for children (2007-2010) covers the following Priority Strategic Areas:

1. Strengthen the capacity of families to protect and care for OVC
2. Mobilize and support community-based responses
3. Ensure OVC access to essential services, including but not limited to: education, health care, birth registration, psychosocial support and legal protection
4. Ensure that improved policies and legislation are put in place to protect the most vulnerable children
5. Create a supportive environment for children and families affected by HIV/AIDS
6. Strengthen and support national coordination and institutional structures
7. Strengthen national capacity to monitor and evaluate program effectiveness and quality

The priorities identified in the 2010 child protection systems mapping exercise are:

- Harmonizing laws/regulations/standards/services to ensure that children across the country have access to consistent service provision
- Enhancing capacity of child protection stakeholders
- Further developing alternative care services, including prevention, kinship care and formal and informal foster care
- Develop a child protection strategy/work plan to address the priority gaps over the next four years, including a cost analysis of the implementation of ways to address the gaps

Regulations

Some regulations exist, but implementation faces challenges:

- Adoption Regulations, 2005
- Regulations for charitable children's institutions, 2005

Directives/Guidelines

- National Standards on Children in the Justice System
- (Planned) Guidelines on foster care and guardianship
- Standards for best practices in charitable children's institutions (plus training manual), but those organizations are not registered, and providing such care may work without following the minimum standards

National Policies

- Policy on FGM/C
- Sexual Offences Policy
- Internally Displaced Persons Policy
- Children's Policy
- Legal Aid Policy

However, all of these require further support for implementation. There is a need to develop some further regulations, such as regulations on foster care and guardianship, as well as parental responsibilities.

Does the country have structures and processes?

In general, both prevention and response is the responsibility of the children's officers in the Department of Children's Services, though many response services are provided by civil society organizations. Almost half the country's districts are covered by local offices of the Department of Children's Services, and the government is working on increasing staffing levels. In addition, volunteer children's officers exist. Furthermore, a wide range of actors, including the police, health services, village leaders, etc. can offer various forms of support, including places of safety. Coordination among these actors could benefit from improvement, e.g., through the Area Advisory Committees.

A National Adoption Committee has been set up, and has registered five Adoption Societies. Foster parent registers are also in the process of being established, and standards for charitable childcare institutions have been developed (see section 2d). It is also intended to extend the cash transfer program further to cover more families with orphans and/or vulnerable children.

More specifically, does the country have a process for:

- Identification of a child/family in need?

  The country has a structure/process for identifying children and families in need of cash transfers.

- Reporting or referral of child/family for services?

  As noted earlier, 60,000 referrals per year are made to the child protection system (other than for cash transfers). Some referrals continue to be made informally.

- Investigation or assessment of need for services?

  This is generally carried out by the children's officer in the district.

- Delivery of the intervention?

  Most interventions are delivered by civil society organizations, but it also depends on the area of focus – i.e., the area covered by the civil society organizations, those areas requiring statutory intervention.

Does the country have a way to hold the system accountable for meeting the goals?

Data

Overall, the Ministry of Gender, Children and Social Development is responsible for data collection, together with other ministries and agencies working on specific topics, such as child justice. Currently, two databases exist. One of these is the "children database"; the other is the "Inter-Agency Child Protection Database." Data for the second database are sent by the District Children's Officers in 31 Districts to the Department of Children's services every two weeks.

The Ministry of Gender, Children and Social Development, with support from UNICEF, has redesigned the old child protection database. The new web-based database is about to be piloted and subsequently rolled out in 2012.

There is currently no system to collect data on children in formal care. There is no system in place to collect data on violence against children.

Regarding birth registration, all children should be registered within six months of birth.

Evaluation

Some evaluations appear to have been carried out, since the government has recently contracted a university to carry out a mapping of child protection studies and evaluations. For example, the donor-supported cash transfer program for OVC was evaluated by OPM in 2007 and 2009 (Evaluation of the Kenya CT-OVC Program).

Standards

Kenya has child protection standards relating to charitable childcare institutions, developed in 2005.

Complaints Mechanism

The Secretary for Children's Affairs in the Ministry for Gender, Children and Social Development acts as the ombudsperson for children's issues.

Conclusions and Observations

Overall, while Kenya is taking considerable steps in moving the child protection and family-based care agendas forward, some work remains to be done, particularly in terms of enhancing the capacity of the social welfare workforce to provide adequate prevention and response services.

Ethiopia

General Overview

Ethiopia is the second most populous country in Africa with a population of slightly over 90 million, of which 46.3 percent are children 14 years or younger (Central Intelligence Agency, 2011). The birth rate is 42.99 per 1,000, the sixth highest in the world. The fertility rate was reported to be 5.4 children per woman in 2005; however, the preliminary findings of the 2011 national survey data show that this number is projected to be 4.8 (Ethiopian Central Statistical Agency, 2011).

Over one-third (34.6%) of children under five are underweight (2005 figures), and the under-five mortality rate is among the highest in Africa. Half of infant deaths occur in the first month of life, and one in eight children die before age five (UNICEF, 2011, State of the World's Children). As a child's age increases, the likelihood of him living with both parents decreases. Only 65.2% of 10-to-14-year-olds and 52% of children aged 15 to 17 live with both parents (UNICEF, 2011, State of the World's Children). Lack of parental care and support makes children increasingly vulnerable to problems including food insecurity and chronic malnutrition, lack of protection/shelter, lack of access to education and health care, and physical and sexual abuse. These vulnerabilities can, in turn, increase children's risk for contracting HIV/AIDS (UNICEF, 2011).

While adult HIV infection rates are comparatively low (2.4%) (UNICEF, 2011), according to a single point estimate by the Ministry of Health in 2007, Ethiopia has over 5,441,556 orphans—defined as children under age 18 who have lost one or both parents—of which an estimated 898,350 are due to AIDS (UNICEF, 2011, State of the World's Children). Yet according to data collected at 87 child care institutions nationwide in 2008, a total of 6,503 children were found to be residing in child care centers (excluding facilities housing children en route to intercountry adoption) (Family Health International, 2010). This study will be further discussed later in this report, but these figures suggest that the vast majority of orphaned and vulnerable children are either living within a single parent household, or are being absorbed into informal care systems.

Children living in single parent households and in informal alternative care with kin tend to be impacted more negatively by poverty (Roby, 2011), and poverty was identified as one of the main contributing factors for children being admitted into institutional care in Ethiopia (FHI, 2010). Ethiopia has one of the highest poverty rates, with a per capita GNI of $315 U.S (UNICEF, 2011). Net primary school enrollment/attendance rates are 45% nationally for both boys and girls, while secondary enrollment rates fall to 30% and 23% of male and female students, respectively, nationwide (UNICEF, 2011). There are gender gaps among many indicators, including a 46% adult literacy rate among females, which has implications for family-based care, especially for female-headed households (UNICEF, 2011). The vast majority (83%) of the population lives in rural areas (UNICEF, 2011).

Despite these challenges, as a nation, Ethiopia has much strength upon which to build an infrastructure for preserving and developing family-based care. It has a strong tradition of kin- and community-based care of children, much of which is still actively functioning. There is strong constitutional support for the Convention on the Rights of the Child and other international conventions supportive of the subsidiarity principle. There is an excellent recent trend of deinstitutionalization, and the political will is present to accelerate this movement. Pilot programs for foster care are being implemented and larger-scale models are being developed, taking into account existing cultural mechanisms. Curricula have been approved for paraprofessionals to be embedded in communities, and additional initiatives are being planned to increase the presence of trained social welfare professionals at various levels of the government. These strengths will be useful in addressing many of the service gaps and providing a pathway to further improvements.

In the remainder of this report, we will discuss the country's capacity to increase family-based care, and identify the gaps in needed services as well as existing efforts to narrow these gaps.

Does the country have the capacity to meet the three primary goals?

Ethiopia faces a formidable challenge in addressing the gap between what is needed and what is currently in place in terms of the country's material resources and human capacity to support and increase family-

based care. With almost half of the population under the age of 15, and the challenges of its high fertility rate and numbers living in poverty, it is unlikely that Ethiopia will be able to close that gap very quickly.

The country does possess some major pieces of the legal infrastructure relevant to supporting family-based care, but the actual regulatory tools to implement them on the ground are largely absent. The social welfare infrastructures to provide both universal and targeted services are also roughly laid out at the national and regional levels; however, limited technical and material capacities severely hamper implementation to identify and strengthen at-risk families. In addition, due to the critical shortage of trained professionals at the local and community levels, implementation is extremely limited and only in nascent stages.

There are, however, many promising signs of national political will and impetus to build the needed resources and capacity to promote and strengthen family-based care in both urban and rural areas. International funding is also being obtained to support many of the family-based care initiatives. For example, a $100 million U.S. PEPFAR grant was announced in May 2011, to strengthen local and community groups as well as government structures at zonal, regional and federal levels. Some of the funds will be utilized for developing policy and standards of care for vulnerable families and children, in order to strengthen the work force at the community level and create a national database and evaluation mechanisms. Applied correctly, this grant will play a very important role in supporting the policy, infrastructure and resource needs for family-based care.

The sections below examine the legal and social welfare infrastructures in place, as well as issues of accountability and ways Ethiopia can foster its capacity for strengthening family-based care.

Does the country have laws and policies at the national level to support these goals?

Formal Statutes

Ethiopia has a number of Constitutional provisions, international conventions and national statutes relevant to providing children with family-based care:

Under Article 36 of the Constitution of the Federal Democratic Republic of Ethiopia (Constitution of the FDRE; hereafter referred to as "the Constitution"), the best interest of the child is to be the primary consideration of all actions undertaken by public and private welfare institutions, courts of law, administrative authorities or legislative bodies (FDRE, Constitution, Art. 36). Since the Constitution is the supreme law of the land (FDRE, Constitution, Art. 9.1, 9.2 & 9.3), all legislation, regulation and policies, as well as public and private entities, are subject to the "best interest" requirement even when not explicitly and separately mentioned.

Under Article 36.1(c) of the Constitution, children have the right to know and be cared for by their parents or legal guardians. They also have the right not to be exploited (FDRE, Constitution, Art. 36.1(d)), which can be an issue for children placed in alternative care or adoption.

Under Article 9 of the Constitution, all international agreements ratified by Ethiopia are an integral part of the law of the land (FDRE, Constitution, Art. 36.1(d)). This provides a foundational authority for international instruments impacting families and children, such as the Convention of the Rights of the Child (CRC), to which Ethiopia acceded to in 1991.

Convention on the Rights of the Child (UNCRC): Ethiopia ratified the UNCRC in 1991, and by reference under the FDRE Constitution (see above, section C), it became the law of the land in 1994. Under the UNCRC, children have the right to grow up in a family environment (preamble, para. 6), to know and to be cared for by their parents (Art. 7.1), not to be involuntarily separated from their families (Art. 9.1), to maintain contact with family during separation (Art. 9.3) and to be reunited when it is determined to be in their best interest (Art. 10.1). Families are to be assisted by the government in caring for their children (UNCRC, Art. 18.2). Furthermore, if children cannot remain with or return to their families, they are to be provided with appropriate alternative care (UNCRC, Art. 20.2), and domestic permanency options are to be given due consideration before intercountry adoption is contemplated (UNCRC, Art. 21).

However, Ethiopia has not enacted a comprehensive Children's Code as was urged by the Committee on the Rights of the Child in its concluding remarks in the 2006 review (CRC, 2006, Ethiopia).
Further, the Committee urged Ethiopia to focus on children without parental care by focusing on:

a) Effective support programs for children in vulnerable families, such as those affected by HIV/AIDS, single-parent families and families suffering from poverty;
b) Assistance to extended families that care for children of parents who have died or AIDS, and for child-headed households;
c) Promotion of and support for family-type forms of alternative care for children deprived of parental care, in order to reduce the dependence on institutional care; and
d) Reunification with their birth family when appropriate for children receiving alternative care (CRC, 2006, Ethiopia).

Ethiopia also acceded to the African Charter on the Rights and Welfare of the Child (ACRWC) in 2002. The provisions of ACRWC are similar to the CRC and carry the same weight under the Constitution, and both instruments provide similar protections.

Family Code (Original and Revised): Adoptions are authorized and regulated by the Family Code, with the Revised Family Code specifically permitting intercountry adoptions (FDRE, 2000, Family Code, Art. 193). The provisions of the Code require a "decisive" finding that the adoption is in the best interest of the child, although this requirement seems to only apply to children involved in intercountry adoptions (FDRE, 2000, Family Code, Art. 194.2), and requires evidence that the adoption must be "beneficial" to be proffered by a designated and authorized government entity (FDRE, 2000, Family Code, Art. 193.1) (which, under the Guidelines, has been identified as the Ministry of Women, Children and Youth Affairs—henceforth referred to as MOWCYA).

However, there is no mandate for promoting family preservation or other domestic family placement options prior to considering intercountry adoption. In addition, the Code seems to support the concept of children being adopted through orphanage placements only, although other interpretations are also possible (FDRE, 2000, Family Code, Art. 192). This and other provisions of the Code (e.g., allowing the adoption of a child "merely conceived" [or in utero]; reserving a right of unilateral revocation by the biological mother within six months of birth—which is nearly impossible in cases of intercountry adoption) (FDRE, 2000, Family Code, Art. 187) are problematic and incompatible with both international standards and The Hague Convention, which the country is preparing to ratify.

On the point of adoption, the Committee on the Rights of the Child had several concerns and corresponding recommendations. These were:

a) That domestic adoptions were not reported to the courts, and that children informally adopted may be suffering discrimination; the Committee urged formal domestic adoptions rather than intercountry adoptions;
b) That The Hague Convention had not been acceded to; the Committee urged ratification; and
c) That the adoption laws allow for adoptions to be revoked; the Committee urged amending the law (CRC, 2006b).

National Plan of Action

Ethiopia had a National Plan of Action for OVC, but it expired in 2006. In 2007, a National Task Force on OVC was convened to provide guidance on reestablishing a comprehensive National HIV/AIDS and OVC policy. The team noted that, even with a plan, the capacity of local NGOs/CBOs to carry out a national plan is limited. It also noted that groups at the woreda (district) and kebele (lowest level of government administration) levels were motivated to take action but often lacked the capacity to carry it out and sustain it, given the magnitude of the problem (USAID, 2008). There was a follow-up conference held in 2009

to rewrite the national plan, but, as of October 2011, it has not been drafted.

It should also be noted that the national parliament is slated to consider the passage of a new Social Protection Policy in 2012 to address vulnerable populations, with specific focus on the elderly, those living with disabilities, and vulnerable children and families, broadening the scope of coverage beyond OVC. The Ethiopian Government, led by the Ministry of Labor and Social Affairs, in support of the African Union Social Policy Framework of 2008, and in support of the economic growth goals included the 2010 Growth and Transformation Plan, have highlighted its commitment of human and financial resources to eradicate poverty, increase access to social welfare services, and provide social protection to its poorest and most vulnerable citizens (Ministry of Labor and Social Affairs, 2011).

Directives/guidelines

In 2001, the Ministry of Labor and Social Affairs, the ministry mandated with children's issues at that time, issued the Guidelines for Alternative Child Care Programs that included five guidelines to improve the quality of services delivered to orphans and vulnerable children. The five guidelines focused on Institutional Child Care, Community Based Child Care, Reunification, Foster Family Care and Adoption (ISS/IRC, 2010, Country Situation Report: Ethiopia). This was the genesis of the Alternative Child Care Guidelines, which were modified in 2008 and serve as the government's current blueprint for family-based and alternative care (Ministry of Women's Affairs of the Federal Democratic Republic of Ethiopia, 2009).

Child Family Reunification Guidelines was issued by the Children and Youth Affairs Organization in May 1997 (ISS/IRC, 2010). This was a network of government organizations and NGOs working with families, children and youth. Their guidelines were primarily aimed at assisting children unaccompanied and/or separated from their families due to conflict. This policy guide was also subsumed under the Alternative Care Guidelines.

Alternative Childcare Programs, issued in 2001, was modified in 2009 as Alternative Childcare Guidelines on Community-based Childcare, Reunification and Reintegration Program, Foster Care, Adoption, and Institutional Care Service (hereafter "the Guidelines") (Ethiopian Ministry of Women's Affairs, 2009). The 2009 Guidelines address various forms of alternative (non-parental) care, such as kinship care, community-based sponsorship care, child-headed households, group homes and foster family care. The Guidelines also address the standard of care in institutions; however, they emphasize the need for family-based care alternatives.

While the Guidelines have provided much-needed practice and conceptual parameters, they currently have no legal authority, as they are not regulations. There is impetus to make them into regulations; however, some provisions in the Guidelines are not compatible with international standards such as the CRC and The Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoptions, which the country is contemplating ratifying. For example, the Guidelines provide for adoption arrangements to be made between adoption agencies and orphanages, rather than by a central government authority. We would strongly urge modifications that are compatible with international standards before the Guidelines are adopted as regulations.

Intercountry Adoption Procedures Project: The government of Ethiopia is currently engaged in reforming its intercountry adoption procedures, initiated by the Federal First Instance Court and the MOWCYA, to be completed with the participation of multidisciplinary stakeholders. Under the new proposed guidelines, family strengthening intervention and consideration of domestic family-based permanency options will be required before a child is available for intercountry adoption. The procedures will also discourage the existing partnerships between child care institutions and adoption agencies, in an attempt to stem the tide of children channelled to institutions.

In summary, there is a strong legal foundation embedded in the Constitution to build a solid set of laws based on the "child's best interest" and implementing children's rights. It is encouraging that Ethiopia has ratified the CRC and the ACRWC, is currently contemplating acceding to The Hague Convention, and has

already established the Guidelines and new legal initiatives to regulate intercountry adoptions and encourage family empowerment. The official policy is trending towards family-based care; however, this is a very recent development. Currently, aside from the broad strokes of the Constitution and the CRC, there is no unifying legal framework for implementing the principles of that document.

Building upon the strength of the Constitution, Ethiopia has great potential to create and implement a strong legal framework to protect and support children and their families. Legislation to implement and realize such a vision would have to include a holistic child welfare framework, including measures for family strengthening and preservation, reunification and reintegration, supportive kin care, family-based alternative care and other domestic permanency options. Further, Ethiopia is currently engaged in strengthening intercountry adoption procedures to monitor and screen the appropriateness of using it as an alternative. The Guidelines for Alternative Care set out some helpful concepts and procedures, but modifications would improve them substantively, and raising them up to the standards of regulations would provide them with legal authority. In addition, regional differences need to be addressed to standardize child welfare practices and provide parity in resources between urban and rural areas. Finally, the new Social Welfare Policy, if adopted, will have a major strengthening effect on family-based care.

The Country's Structures for Assisting Children/Families at Risk:

This section deals with Ethiopia's governmental structures for the identification of children/families in need, reporting or referral of children/families for services, investigation or assessment of the need for services, delivery of the needed services, and follow-up mechanisms. It also briefly summarizes community-based and private sector programs.

Government Structures

Two government ministries are relevant to serving the needs of children and families at risk of separation: the Ministry of Women, Children and Youth Affairs (MOWCYA) and the Ministry of Labor and Social Affairs (MOLSA). The distinction between the roles of these two ministries regarding family-based care is somewhat blurred; however, generally speaking, the MOWCYA has the primary responsibility for child welfare, while the MOLSA focuses more on the issues that arise from labor and social vulnerability issues. The most notable overlap between the MOWCYA and MOLSA lies in the MOLSA's Team of Family Welfare Affairs, the Social Welfare Development Directorate and the Directorate of Women's Affairs. Since these two ministries were split only a few years ago, their respective roles are still being clarified. Within the MOWCYA there are several "departments" that cover issues related to child and family welfare, including the adoption department. Below the federal level, the Bureau of Women, Children and Youth Affairs (BoWCYA) addresses child welfare issues under regional directives.

At present there are no BoWCYA workers at the basic community level (the kebele), or at the district (woreda) level; however, there are two health extension workers per kebele for health-related assistance. It falls largely upon these health extension workers to identify children and families who face serious health issues and connect them to relevant and needed services. In some cases, they also make non-health-related referrals, but family preservation has not been articulated as one of their primary missions. In addition, family-based alternative care options have not been systematically instituted, partly due to their current unavailability, although informal networks that play an ongoing, important role separate from government or NGO intervention. Data are not being kept currently, so it is difficult to gauge the volume of cases identified or referrals made, either formally or informally.

Encouragingly, under a new USAID/PEPFAR grant, two "social welfare extension workers" are proposed at each kebele level, and an additional cadre with a supervisory role at the woreda and/or zonal level. A national working group made up of MoLSA, MoWCYA, USAID, UNICEF, University of Addis Ababa School of Social Work, Pact, Buckner and other international NGOs, and the Oak Foundation have been reviewing existing training curricula to determine what can be adapted or built upon. There is also an existing training program supported by Oromia Office of Labor and Social Affairs and an NGO that has been accredited by the Ministry of Education. One of the envisioned roles of these new cadres of social welfare work, espe-

cially at the kebele level, is to identify, refer and support children who might require family-based alternative care, as well as provide for the identification, referral and monitoring of potential caregivers.
It should also be noted that the PEPFAR program in Ethiopia explicitly includes children who live outside of family-based care as part of the larger group defined as "vulnerable children" (USAID, 2008).

The Ministry of Justice has also been actively involved in issues related to family-based care. The MOJ's initiative has led to an ambitious deinstitutionalization initiative, described in more detail below. In addition, the MOJ works with youth in conflict with the law; and in Addis Ababa, the courts hired and provided training to 24 social workers to liaise between the court and youth and their families, and provide counseling and diversion programs that have, in many cases, prevented incarceration and the separation of families (Bogale, 2011).

The law enforcement community plays another key role in child welfare. The police are involved in cases involving domestic violence, child abuse, street children, juvenile delinquents and others. Most relevant to this study, law enforcement officials are first on the scene when a child has been abandoned, and they make the placements into institutions. As such, they are in a key position to determine the placements of these children, and once family-based placements have been established, the plan is that they will be able to make direct placements into family-based care rather than institutions.

Key Government Initiatives Toward Family-based Care:

Deinstitutionalization Project: A 2008 national study conducted by Family Health International (FHI), UNICEF and the Children's Investment Fund Foundation (CIFF) found that approximately 6,500 children were being cared for in 87 registered child are institutions. It was estimated that another 4,000 or more were being cared for in unregistered child care institutions, for a total of 10,500 or more children living in institutions. Some of the children living in unregistered homes may have been en route to intercountry adoption, as 4,400 children were adopted out of Ethiopia in 2009 (Hague Convention website; U.S. State Department website).

In late 2010, the Ministry of Justice conducted another study of 107 child care institutions (both permanent care centers and transition homes) in six regions of the country—Amgara, Oromia, SNNPR, Addis Ababa, Dire Dawa City and Harar. The study revealed several concerns regarding care received in these institutions:

- There was no uniform system of for licensing or monitoring the institutions; 45% were unlicensed or their licenses had expired;
- Only half of the institutions had accounting systems in place; 41 institutions relied solely on funds from intercountry adoption agencies;
- Most institutions provided children with inadequate health care, poor hygienic care and inferior education; and
- Most did not have a reporting system in place or individual files on the children; in one region, 17 out of 78 institutions had no records for the children in their care.

These results spurred an urgent effort to initiate a deinstitutionalization process, targeting the closure of 45 of the institutions included in the study as soon as possible, accompanied with the individual assessment and placement of 900 children, preferably in family settings. There had been a positive precedent in Ethiopia of deinstitutionalizing 1,000 children who had lived up to 15 years in three institutions funded by Jerusalem Association of Children's Homes (Mulgeta & Atnafou, 2000).

The Foster Care Project: As of this writing (October 2011), twelve of the child care institutions targeted for deinstitutionalization have been closed; however, family-based care placements are still in the nascent stages of development. In the Southern Nations, Nationalities and Peoples Region (SNNPR), the children in the targeted child care institutions have been moved to other licensed and monitored care institutions.

Fortunately, USAID has provided initial funding to expedite the creation and strengthening of alternative care options, including foster care, kinship care, support for independent living for adolescents, and other forms of family-based care, and stakeholders agree that the program needs to proceed with full speed (Bunkers, 2011 October). The first foster care initiative will target 397 children being deinstitutionalized in four regions, of which it is assumed that about half can be reunified with their families or kin, and the other half will need permanent or temporary foster care and/or support for independent living. After these children have been settled into family-based care, the target area will be Addis Ababa; to this end, the National Foster Care Forum has been organized to develop tools and standards. These efforts are very encouraging; still, it will take time to implement these plans, which will only aid a small portion of the children in need of such care.

Community-Based and Private Sector Structures and Programs

To a large degree, Ethiopia has retained much of its informal community-based social welfare system. One example of a community-based mutual support organization (CBO) is the idir. These community organizations have been in existence for perhaps thousands of years; until the mid-2000s, the idir was active as a funeral assistance program, but more recently it has evolved into a mutual aid society with more varied functions at the kebele level. An idir collects a small amount of funds per household, and when a family is in a crisis, it is able to receive community assistance. Currently, many idir groups typically focus on orphans and vulnerable children, providing them with school fees, supplies, basic food assistance or even microcredit funding.

At the larger systems level, the NGO community is actively involved with most that have population-specific missions. For example, Catholic Relief Services supports the Missionaries of Charities, which operates homes for people with disabilities in 18 cities across Ethiopia, as well as many therapeutic feeding centers. An emergency food program, with implementation supported by WFP and many of the large international NGOs, is currently providing food to 12 million Ethiopians. The Protective Safety Net Program provides cash grants for six months each year and food during the other six months, and utilizes a model of community-based public works as a medium of exchange. All of these social protection and material assistance programs are examples of family-strengthening methods that can be accessed by families at risk.

More directly related to foster care, the Buckner/Bright Hope Foundation has recruited and trained about 30-40 families to provide foster care with the overarching objective of domestic permanency. Bethany Christian Services is also actively involved in foster care, including kin and community-based families caring for orphaned children. RETRAK, in an effort to expand and support its work to reintegrate street children into families, is in the initial stages of providing long-term foster care for street children for whom reunification is not possible. These NGO initiatives provide pathways to recruiting, selecting, training and supporting foster families, and this experience will prove invaluable as foster care is more widely utilized in the future.

Does the country have a way to hold the system accountable for meeting the goals?

The Committee on the Rights of the Child also expressed concerned about the lack of data tracking, monitoring and evaluative mechanisms in Ethiopia (CRC, 2006b). Some progress has been made as follows:

Data

The Central Statistical Agency of Ethiopia conducts national data collection and analysis, including census, health and demographic data (Central Statistical Agency of Ethiopia, website). The most recent Ethiopian Health and Demographics Survey (EHDS) report was released on September, 15, 2011 (Ethiopian Central Statistical Agency, 2011). Using a national sample, the report surveyed nearly 18,500 households and collected data relevant to family-based care – such as family member educational levels, current fertility rates and trends, marriage or cohabitation status, infant and maternal mortality, and more.

Beyond the EDHS, the CSA also conducts other surveys from which relevant information can be extracted for application to family-based care. In addition, the AIDS Resource Center compiles its annual HIV/AIDS

report including orphan numbers (AIDS Resource Center, 2010), and other studies are commissioned from time to time (FHI, 2010).

One of the primary objectives of the recent USAID/PEPFAR grant is the development of a national database on child well-being, with information collection beginning at the kebele level and continuing up to the federal level. There will be key indicators on child well-being as needed to help inform reports to the CRC, Africa Fit for Children and other reports. It is anticipated that the database will include significant information related to children outside of parental care and those in alternative care placements. There is a technical working group made up of government, UNICEF and key government actors that is developing strategic plans for the creation of this database system.

Standards

Some quality standards were developed and field-tested by the National OVC Task Force, with support from USAID/PEPFAR, under the title of Positive Change: Communities, Children and Care Program (PC3) in 2007. While these standards were developed for children affected by HIV/AIDS, they were created to be general enough to be applied to all orphaned and vulnerable children (OVC). In Ethiopia, an orphan is defined as a child who is less than 18 years old and who has lost one or both parents, regardless of the cause. A vulnerable child is a person who is less than 18 years of age and whose survival, care, protection or development might be jeopardized due to a particular condition, and who is found to be in a situation that precludes the fulfillment of his or her rights. However, it is important to note that, for these standards, a more inclusive definition is used, to include all of the following categories of children:

- A child who lost one or both parents;
- A child whose parent(s) is/are terminally ill and can no longer support the child;
- A child living in the street;
- A child exposed to different forms of abuses (i.e., physical, sexual);
- A child offender;
- A child prostitute;
- A child with disabilities;
- A child whose labor is abused;
- A child unaccompanied due to displacement (external or internal) (AIDS Resource Center, 2010).

Standards were developed in eight key areas:

- Food and nutrition
- Shelter and care
- Legal protection
- Health
- Psychosocial
- Education and work
- Economic strengthening
- Coordinated care (AIDS Resource Center, 2010)

Among the key areas listed above, shelter and care and psychosocial are the most relevant to family-based care, although family-based care is not explicitly listed as a key area of child protection.

Evaluation

The national OVC task force also created a tool for evaluating the work carried out with vulnerable children and families (UNICEF, 2011). These evaluation criteria and their descriptions can also provide a good beginning point to evaluate additional programs specifically targeting family-based care efforts. These are:

- Safety: The degree to which risks related to care are minimized; do no harm
- Access: The lack of geographic, economic, social, cultural, organizational or linguistic barriers to services
- Effectiveness: The degree to which desired results or outcomes are achieved
- Technical performance: The degree to which tasks are carried out in accord with program standards and current professional practice
- Efficiency: The extent to which the cost of achieving the desired results is minimized so that the reach and impact of programs can be maximized
- Continuity: The delivery of care by the same person, as well as timely referral and effective communication between providers when multiple providers are necessary
- Compassionate Relations: The establishment of trust, respect, confidentiality and responsiveness achieved through ethical practice, effective communication and appropriate socio-emotional interactions
- Appropriateness: The adaptation of services and overall care to needs or circumstances based on gender, age, disability, culture or socio-economic factors
- Participation: The participation of caregivers, communities and children themselves in the design and delivery of services and in decision-making regarding their own care
- Sustainability: The degree to which a service is designed to be maintained at the community level, in terms of direction and management as well as procuring resources, for the foreseeable future

Detailed guidelines on each of these evaluation components are offered in the document, and should be helpful in designing more specific program evaluations. In addition to these identified evaluation areas, the OVC task force recommends that individual programs develop their own quality monitoring systems using these parameters, but simplifying them—possibly with the use of checklists (UNICEF, 2011).

Conclusions and Observations

The overall direction of social welfare development toward supporting family-based care in Ethiopia is promising. The CRC and the ACRWC provide strong legal foundations for protecting the right of children to family-based care, upon which implementation legislation still needs to be built. There are many new government and NGO collaborations to create family-strengthening and family-based alternative care options.

There is no current National Plan of Action. Although the new Social Protection Policy to be released cannot negate the need for a NPA, it may impact the well-being of families and children as well as help support the development of a social welfare workforce that is better able to implement the contents of the policy. Sustainable economic development, access to quality education, improved nutrition and health care, development of infrastructures, rural development, and availability of family planning resources are all essential for alleviating poverty and improving the standard of living. In the long run, these improvements could prevent the majority of family disintegrations, so that the need for alternative care will be drastically reduced. In the meantime, Ethiopia needs to be supported in several major ways. As an immediate step, countries receiving Ethiopian children through intercountry adoption can insist on ethical practices by the accredited agencies. This is especially applicable to the United States, which receives more than half of the children leaving Ethiopia through intercountry adoption. Among the many recommended changes, one important

one is to support the MOWCYA in its role as the central authority rather than supporting the current practice, through which orphanages have formed partnerships with adoption agencies to recruit, match and place children via intercountry adoption. Other recommended procedures include strengthening the consent process, as well as the emphasis placed on the child's legal and psychological adoptability through individualized study of the child's best interest based on international standards. The U.S. and other receiving countries can also encourage Ethiopia's accession to The Hague Convention on Intercountry Adoption.

These recommended steps will directly and immediately impact family-based care in Ethiopia, because the current intercountry adoption practices in Ethiopia are "pulling children out of their homes" to be channeled into institutions for the purposes of adoption, including those children who have been abandoned. This dynamic has resulted in the proliferation of institutions that are vying both for children and for the funds that routinely accompany their placement by proactively recruiting them.

Furthermore, Ethiopia requires support in its efforts to establish a holistic national child welfare framework, including the promulgation of implementation legislation for the CRC and accession to The Hague Convention. It also needs assistance in creating and strengthening family preservation and reunification services, domestic solutions for alternative care, and correcting the current procedural problems related to intercountry adoptions. Ideally, universal and targeted services should be more accessible and based on data, monitoring and evaluation.

When all options of the child welfare continuum are being delivered with adequate resources, competence and ethics, more children in Ethiopia will realize their fundamental rights as guaranteed under the CRC. As mentioned earlier, Ethiopia has begun many encouraging initiatives aimed at increasing family-based care, including de-institutionalization, family strengthening measures, and the development of a foster care pilot project. The global community has an exciting opportunity to be a part of this movement and support it, because the government is receptive to the concept of family-based care and has taken some bold steps toward advancing these initiatives.

On the social welfare front, technical and human resources are needed to implement the social welfare mechanisms, with heavy emphasis at the kebele (village) level, where community-based social welfare workers can receive referrals for families at risk of disintegration, assess and assist them, and monitor and refer them for services. In addition, there is a need to increase and enlarge human capacity at the district, zonal, regional and national levels, and to create focused systems for data maintenance and review, mechanisms for promoting and resourcing domestic child welfare options (e.g., nationwide recruiting and training families), and systems for monitoring and evaluations (M&E). Another important infrastructure need is to coordinate the workings of thousands of NGOs so that there is coherence and cooperation among them, so that their resources are used efficiently and effectively to promote family strengthening, family preservation, and/or family-based alternative care.

Afterword

Stephen Ucembe

Founder and Chairman, Kenya Network of Careleavers
Board Member and Youth Committee Member, International Foster Care Organisation
Social Support Team Leader, Feed the Children – Kenya

The Plight of the Orphan

My experiences have taught me that the most important period in one's life is childhood – it's the foundation for our adult lives, and it's the foundation for our attitudes, behaviors and thoughts. In this period you need a person who is caring and loving, a person who will see you grow and tackle the development stages of life. You need a person in whom you will confide your past sorrows, and who will help you triumph over the sad beginnings by opening a new page in life. The most natural way of achieving this is through a family. Children need to grow up in a natural environment, an environment that nurtures their values of identity, belonging and heritage.

Once the foundation is shaky it's hard to repair it when one is an adult. Having lost a period of socialization, I keep struggling to know: What should I do? Am I thinking the right way? Is this normal? Is this what life is all about? Where am I going? Where I do I belong? Who cares?

At around the age of four I was taken to institutional care. I always remember waking up in the morning, being amongst 50 children queuing up to be bathed; I cannot forget how plates were lined up on the floor for us to pick our food. Fights in the nights were commonplace; bullying by the older boys happened often. On weekends we climbed on top of the fences to see the world outside the institution. As time passed, I began to think it was normal: I never thought life was different for other children. When donors came we played and clung on them. We sat down and sang songs to say thank you and sadly saw them leave – each day hoping that the next would bring more visitors.

Looking back the only people who I remember that stuck around my life were the other orphans brought up with me. I had housemothers, but they changed often; some were harsh and impolite, and I remember some who labeled us "lost." The love of a mother I hear of today was foreign, because rarely did I interact with one. The only times I interacted with our housemothers were during meal times and when doing institutional chores. I remember some caregivers screaming at us; I remember my head held underneath the two feet of the disciplinarian of the institution for stealing sweets from the stores and snatching goodies from the visitors.

At the age of eighteen these thoughts started crowding my days and nights. I vividly remember the death of my mother, and wondering why my father had to die. I had never talked to anyone before about my mother; neither did my caregivers ask. I kept it inside. I cried underneath my blankets in the nights. At eighteen I felt lost, confused and without direction. At the same age, I had to start living alone, without other young people whom I thought were a family, without an adult to guide my path in that phase of life. I scarcely knew how to interact with people, let alone how to deal with my emotions. Fear became part of my life. I felt sorry for myself and I felt frustrated and angry by these feelings. I realized, as an orphan, that the hardest battles are fought within – that when you are a child, you do not reflect much about your life, nor care of the harsh realities that are brought to your life or that befall you. But when you are old enough and more mature, things start unfolding about how your past has really affected your present.

Today I am 27 years old and I still struggle to answer these questions: Who am I? Where am I from? Where do I belong? Where am I going?

My experiences have helped me as much as they have wrecked a part of me. Today, I see orphaned children going down the same path I trod, with no one to call "Mum" or "Dad." Some of these children will only speak of their longings and the secret desires of their hearts when they are old and mature enough;

and others will never have avenues to tell of their hopes and dreams when they were children, or tell their life stories, because they will probably have no one in their adult lives they feel close enough to share with. Young people whose childhoods were devastated are walking with their sad stories in their hearts with no one to tell. They live like islands with no one to look up to, to motivate them and help them understand that each day is worth living. The young people fall prey to exploitation; they live in constant struggle, trying to learn to adapt to live in society, and they live with the hope that someone will help them advance their dreams in their education and careers. They want to live a life that is normal. They want to have their own families and, in their later years in life, say, "We lived, not just survived." Young people who have grown up in institutions are finding it difficult to answer the essential questions of life: Who am I? Where do I belong? What is my place in society?

As a result of my interactions with other young people who had exited institutional care, I realized the majority of us shared these same struggles and predicaments. Ten of us began to meet together to share with each other and support each other in a small way. From that small group, today a network has grown of over 80 young people who have left institutional care – Kenya Network of Care Leavers. Each month we invite speakers – some are psychologists who facilitate personal development topics, and others are motivational speakers – to address the group of care leavers. These care leavers who are trained in such a way are also now reaching out with personal development skills to children still in institutional care.

I have had the opportunity to visit countries in Europe, and while I have never traveled to the United States, I have realized that these nations have policies, systems and funding to address the plight of young people in and out of care. This is not the case for Africa. Young people from institutional care are a forgotten agenda. The majority has no family or place to go to when they need help. Kenya Network of Care Leavers is trying to bridge the gap with very little funding. We are raising awareness of the plight of young people from institutional care and striving for supportive policies and systems. We hope that each young person one day will have a chance to enhance their social-emotional skills to cope with life struggles, access medical care and support when they are sick, get legal support when abused or exploited, achieve their educational and career dreams, and – last but not least – to have a voice.

Today as we bring our minds and efforts together for a better today and tomorrow for children and young people, governments, non-governmental organizations and inter-governmental organizations should step up their efforts to ensure that each child has a consistent person who is "mad about them." Let us always remember the words of Mother Teresa: that the hunger for love is greater than the hunger for bread. Young people are not problems to be solved, but assets to be nurtured. Let us ensure that each child and young person has the promise of a shoulder to lean on in times of tears and sorrow, someone to enjoy life's glories with and, last but not least, someone to provide opportunities for them to be the best they can be.

Institutional care will never be the best practice – but, in our de-institutionalization efforts, let us not fail to support the proper growth and development of those children currently in institutions. Let us not lessen our efforts to ensure that young people from the institutions are guided and supported in their journeys to achieve meaning in life.

To policymakers and donors: older youth are as important as younger children; their needs are not less, their dreams are as important, and their potential as the next generation of caregivers must not be underestimated. It is important that we provide funding for policies and systems to meet their needs. Let us also match our words with urgent deeds.

Appendices

Appendix A: Contributor Biographies
Appendix B: Country Narratives
Appendix C: Works Referenced and Consulted

Appendix A: Working Group Contributor Biographies

Working Group 1: Family Preservation and Reunification

Julie Gilbert Rosicky – Chair

Executive Director
International Social Service, USA

Julie is the executive director of the U.S. Branch of ISS, a non-governmental nonprofit agency based in Geneva, Switzerland, with an international federation of intercountry social services providers in 100 countries. Julie is Chair of the ISS Professional Advisory Committee and serves as a board member on the ISS Governing Board. With a Master's Degree in Developmental Psychology from the University of Oregon, her career has focused largely on providing services and advocating for youth and families involved in the U.S. child welfare system. She began her work as a child/family therapist at the Oregon Social Learning Center, and later served at the Oneida Indian Nation. In upstate New York she implemented a Court Appointed Special Advocate (CASA) program in three counties, and later led the agency to triple in size through the provision of alternative dispute resolution and child advocacy services. Her interests shifted to international child migration, and she became the first Director of Multicultural Services at the Mohawk Valley Resource Center for Refugees. Just before joining ISS, Julie spent a year implementing a $3 million dollar capacity building grant from the Office of Victims of Crime to assist underserved victims of crime throughout the U.S.

Nana Araba Apt

Rector, Department of Social Work; Professor of Sociology; Dean of Academic Affairs
Ashesi University

Professor Nana Araba Apt (MSW, PhD) was educated in Ghana and Canada. She is an internationally recognized scholar and expert on human development issues in Africa. Her academic profession is backed by six years of practical experience in Ghana's civil service in the Department of Social Welfare and Community Development. Professor Apt is a frequent consultant to many human development organizations, including UN organizations and African Union's Commission on Social Development. Currently, she is the Dean of Academic Affairs at Ashesi University College, Accra. Before this position she taught at the University of Ghana, Legon, and headed the Departments of Sociology and Social Work. She was responsible for setting up the Centre for Social Policy Studies (CSPS) at the University of Ghana, which she directed for six years before leaving the University. Professor Apt has published widely on social development issues in Africa. Her research and publication record bridges disciplinary applications in gerontology, family relations, child development and women's education. Currently in Ghana, she is a serving member of the Ministerial Advisory Committee for the Ministry of Manpower, Youth and Employment.

Susan Badeau

Director of Cross Systems Integration
Casey Family Programs

Currently serving as Director of Cross Systems Integration at Casey Family Programs, Ms. Badeau is a Senior Fellow with the U.S. Department of Justice. Previously, Ms. Badeau served as Executive Director of the Philadelphia Children's Commission and as Deputy Director of the Pew Commission on Children in Foster Care. She has been a child welfare policy consultant for agencies, universities and court systems. Ms. Badeau has worked for 33 years in child welfare and human services. She has developed curricula on many topics used to train child welfare professionals, adoptive and foster parents, judges, attorneys and youth. She writes extensively on topics related to children and speaks frequently at conferences. Active in many community efforts, she and her husband, Hector, are the lifetime parents of 22 children, two by birth and twenty by adoption. They have served as foster parents for 50 children, and have hosted refugee youth from Sudan, Kosovo and Guatemala. Recently, their 30th grandchild and fourth great-grandchild were born. They have won numerous awards for their work on behalf of adoption and children in foster care, including being recognized by President Clinton with an "Adoption Excellence" award, and by Congress with an "Angels in Adoption" award.

Benson Laurent Kansinjiro
National Coordinator for Child Protection and Social Cash Transfer Programmes
Ministry of Gender, Children and Community Development

Benson Laurent Kansinjiro was born in 1976 in Malawi. He studied Humanities with the University of Malawi. He later obtained a Post Graduate Diploma in Youth Development Work from Zimbabwe Open University and a Master's Degree in Social Work from the University of Fort Hare in South Africa. Benson had a successful career in education before joining the social welfare profession in 2004 under the Ministry of Gender, Children and Community Development. He has served as Deputy Provincial Social Welfare Manager and National Coordinator for Child Protection and Social Cash Transfer Programs. Benson has vast experience in social mobilization, having worked for more than five years with a non-government organization specializing in improving quality education, HIV and AIDS, and environmental conservation. He has worked on several studies commissioned by the Ministry of Gender, Children and Community Development in the areas of child protection and child survival. In 2008, he coordinated a major multi-media campaign on ending child rights abuse. He has taken part in developing training curricula for child protection, orphans and other vulnerable children, and community home-based care. He has taken part in delegations representing Malawi at the African Union and United Nations conferences on child rights.

Fassil W. Marriam
Coordinator, East Africa Child Abuse Programme
OAK Foundation

Fassil W. Marriam received his Bachelor's Degree in sociology from Addis Ababa University in 1984. He has a diploma in Organizational Development (OD) from the United States and is a registered OD consultant. He also earned a Master's Degree in Organizational Leadership (OL) from Azusa Pacific University. Fassil has been involved in program development, management and trainings related to vulnerable children, youth and low income families in the areas of children's rights and protection, community mobilization and micro-financing programs. Previously, he worked with vulnerable children, families and communities at the Ministry of Labor and Social Affairs, International Red Cross Society and Save the Children. In 1995, Fassil co-founded Forum on Street Children-Ethiopia, a leading local NGO, and served as the organization's director until 2003. Fassil later joined Oak Foundation, an international grant-making foundation, as a regional program coordinator for East Africa. Oak Foundation grants are provided to local and international organizations, professional associations and universities to support the prevention, protection and rehabilitation of vulnerable children, particularly those who are sexually abused and exploited. Fassil has published several articles on vulnerable children in Africa, and is a board member of international, regional and local NGOs to which he provides voluntary technical support. He is married and has two daughters and one son.

Diarmuid Ó Néill
Chief Executive Officer
Retrak

Diarmuid Ó Néill is the Chief Executive of Retrak, an organization established in Uganda in 1994. He has now worked in the Voluntary Sector with youth organizations for over a decade. Diarmuid began his career as a research scientist working on global warming projects. Prior to Retrak, Diarmuid worked with a youth agency in the UK addressing the challenges faced by marginalized and excluded young people in inner cities, typically resulting from extreme poverty and family breakdown. At Retrak, Diarmuid currently works with street children in Kenya, Uganda and Ethiopia to enable them to find a viable alternative to street life. This is initially done through sports, street outreaches, education and healthcare, with the ultimate aim of returning them home to their families (resettlement/reunification), if safe and possible to do so. Once the children return home, Retrak works with their family and the community to increase the chances of a successful reunification. Alternatively, children are placed in foster care and/or independent supported living, and provided with education and employment with start-up grants where appropriate.

Douglas Webb

Chief of Section, Adolescent Development, Protection and HIV
UNICEF—Ethiopia

Douglas Webb is a social scientist currently based in Ethiopia with UNICEF. Most recently he was the Chief of the Children and AIDS Section in the East and Southern Africa Regional Office of UNICEF in Kenya (2004-2008). Douglas obtained his PhD from the University of London in 1995; his research examined social responses to HIV and AIDS in South Africa and Namibia in the context of political transitions. He worked as a research officer for UNICEF Zambia (1995-1997) and UNICEF Mozambique (1998), and conducted research with the Southern African AIDS Dissemination Service (SAfAIDS) in 1997-1998. After a consultancy with Save the Children UK in London that focused on HIV and AIDS programme monitoring and evaluation, he become their HIV/AIDS Adviser (2000-2004). While in London he was also the vice chair of the UK Consortium on AIDS and International Development. He has written over thirty articles and book chapters covering issues such as children affected by AIDS, adolescent sexual and reproductive health, and HIV and AIDS and development. He is the author of HIV and AIDS in Africa (Pluto Press, 1997) and co-editor of Social Protection for Africa's Children (Routledge, 2010).

John Williamson

Senior Technical Advisor, Displaced Children and Orphans Fund
USAID

John Williamson is Senior Technical Advisor for the Displaced Children and Orphans Fund (DCOF) of USAID, which supports programs for especially vulnerable children, including those affected by armed conflict, those living on the street, and those without family care. He is one of the organizers of the Better Care Network, the Children and Youth Economic Strengthening Network, and the Washington Network for Children and Armed Conflict. He collaborated in writing "Families, Not Orphanages" (Better Care Network); "The disarmament, demobilization and reintegration of child soldiers: social and psychological transformation in Sierra Leone" (Intervention); A Generation at Risk: The Global Impact of HIV/AIDS on Orphans and Vulnerable Children (Oxford University Press); "Psychosocial interventions or integrated programming for well-being?" (Intervention); Conducting a Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS (USAID); the Children on the Brink series (USAID); and Action for Children Affected by AIDS (UNICEF/WHO). John has worked as a consultant and been on the staff of the Christian Children's Fund and the United Nations High Commissioner for Refugees (UNHCR). He has a Master's Degree in social welfare from the University of California at Berkeley.

Deogratias Yiga

Executive Director
African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN)—Uganda

Deogratias Yiga has 17 years of experience as a child protection, child rights and development practitioner. He has coordinated the development and implementation of several initiatives addressing children's vulnerability to all forms of abuse, neglect, exploitation and deprivation in Uganda. He has also contributed to the enactment and implementation of several progressive child protection laws and policies in Uganda, in addition to undertaking extensive action-oriented research in areas related to child rights. Deogratias has consulted for national, regional and international organizations in the areas of children's rights, gender, disability, organizational development and program evaluations. He has previously worked for the African Union Commission as Consultant of the African Committee of Experts on the Rights and Welfare of the Child. He has also served on the boards of human rights-oriented organizations at local, national and international levels. He is currently the Executive Director of the ANPPCAN Uganda Chapter, which is the leading child protection and child rights advocacy non-governmental agency in Uganda. Deogratias holds a B.A. in Social Work and Social Administration, an M.A. in Social Sector Planning and Management, and an M.Sc. in Development Management, with a Post Graduate Diploma in Children's Rights/Youth and Development.

Working Group 2: Interim Care Alternatives and Foster Care

Professor Lorraine Sherr – Chair

Head of Health Psychology Unit, Research Department of Infection & Population Health
Royal Free and UC Medical School

Professor Lorraine Sherr is Professor of Clinical Psychology at University College, London, UK. She has a long record of book and journal publications in HIV/AIDS, reproduction, children and family. Professor Sherr is the editor of three international journals: AIDS Care; Psychology, Health and Medicine; and Vulnerable Children and Youth Studies. She has over 170 publications in peer reviewed journals and has written numerous chapters and texts. Professor Sherr co-chaired the working group on Family in the recent Joint Learning Initiative on Children and AIDS (JLICA), and has been a member of the World Health Organization Strategic Advisory Committee on HIV and AIDS, and the British Psychological Society group on HIV/ AIDS, as well as a British HIV Association (BHIVA) executive. Her research, both national and international, includes women and children. She has consulted for various international organizations such as UNICEF, The World Bank, USAID, Save the Children, NORAD (Norway), ANRS (France), Hong Kong University (China) and AIDSFonds (the Netherlands). She has held research grants looking at policy and provision from the European Union. She sits on the steering group of the Coalition on Children affected by AIDS (CCABA). Prof Sherr has been awarded a Churchill Fellowship for work on Mothers and Babies.

Dr. Jane Aronson

Founder
Worldwide Orphan Foundation

Dr. Aronson is a pediatrician with a solo practice in Manhattan that specializes in adoption medicine. She has evaluated well over 10,000 adopted children and has traveled to orphanages in Russia, Romania, Bulgaria, China, Vietnam, Ethiopia, Haiti, and Latin America on medical missions. Dr. Aronson also provides direct services to orphaned children through her foundation, Worldwide Orphans Foundation (WWO). WWO began its work by creating a "peace corps" for orphanages by commissioning university students and healthcare professionals to support orphans by becoming "Orphan Rangers." WWO was in Haiti right after the earthquake to study the crisis for orphans and to provide policy advice and support. Dr. Aronson is also a Clinical Assistant Professor of Pediatrics at both Weill Medical College of Cornell University and Columbia University. Dr. Aronson received an Angel in Adoption Award in 2000 and was honored by Glamour magazine on November 9, 2009, as one of 10 Women of the Year. She is also a proud parent through adoption.

Hope Cooper

Vice President for Public Policy
Child Trends

Hope Cooper joined Child Trends in February 2009 with more than fifteen years of public policy experience. In this position, she directs policy and communications activities to ensure that Child Trends' research on child development is available to inform decision makers and the public. Under her leadership, Child Trends created and hosts the FosteringConnections.org project, a collaborative online clearinghouse of tools and information to support the implementation of federal child welfare changes enacted by the Fostering Connections to Success and Increasing Adoptions Act of 2008. Prior to joining Child Trends, Hope served as a senior program officer at The Pew Charitable Trusts where she designed and managed public policy and communications initiatives. She was the director of Pew's foster care reform initiative, which served as a key catalyst in advancing sweeping changes to federal child welfare policy. Hope spent ten years on Capitol Hill and held senior policy positions, including on the Senate Finance Committee. Ms. Cooper has also worked as an independent consultant and spent one year in a senior government relations position at the national headquarters of the American Red Cross.

Ghazal Keshavarzian
Child Protection Consultant
Maestral International

Ghazal Keshavarzian, MA, is a child protection consultant with Maestral International. She joined Maestral in September 2011. Prior to joining Maestral, Ghazal was the Senior Coordinator of the Better Care Network (BCN). BCN is an interagency network facilitating information exchange on the issue of children without adequate family care. Ghazal has experience working in the field of child protection, women's health, conflict resolution, and human rights in the United States as well as the republics of Georgia and Azerbaijan. She has worked on women and children's health and education issues as both a researcher and development practitioner. Prior to joining BCN, she worked with JSI Research & Training Institute's Healthy Women in Georgia project implementing the health and conflict resolution component targeting the conflict zones and internally displaced persons. Prior to working with JSI, Ghazal managed the Rural Inclusive Education Program in Azerbaijan, which integrated children with disabilities in the school system.

Judy Ndungu
Senior Assistant Director of Children
Ministry of Gender, Children and Social Development, Government of Kenya

Ms. Ndungu is a social scientist and child specialist. Since 1989, she has worked in various stations and positions in the Government of Kenya's Department of Children's Services, a central government department handling a wide variety of work including child rights, protection issues, and programs. She has risen through the ranks to her present position where she is in charge of Alternative Family Care (including foster care guardianship and adoption services). One of the five sections of the Ministry that Judy works in is at the national level and she also serves on the board of the Secretariat to the Adoption Committee, Kenya's designated Central Authority on Adoptions. Judy, a mother of 3, was born and raised in rural Kenya before moving to Nairobi and obtaining a Bachelor's degree in Sociology and Linguistics from the University of Nairobi in 1988. She is currently enrolled in a master's program in medical sociology at the University of Nairobi.

Dr. Charles Nelson
Professor in the Department of Society, Human Development and Health
Harvard School of Public Health

Dr. Nelson is Professor of Pediatrics and Neuroscience and Professor of Psychology in Psychiatry at Harvard Medical School and a Professor in the Department of Society, Human Development and Health, Harvard School of Public Health. In addition, he is the Richard David Scott Professor of Pediatric Developmental Medicine Research at Children's Hospital Boston and Director of Research in the Division of Developmental Medicine. He serves on the steering committees of both the Harvard Center on the Developing Child and the Harvard Interfaculty Initiative on Mind, Brain, and Behavior. Dr. Nelson was educated at McGill University, and the Universities of Wisconsin, Kansas and Minnesota. Recognized internationally as a leader in the field of developmental cognitive neuroscience, Dr. Nelson has achieved numerous breakthroughs in broadening scientific understanding of brain and behavioral development during infancy and childhood. Over the last two decades, Dr. Nelson has focused his research efforts on the development and neural bases of memory; recognition and processing of objects, faces, and emotion; and neural plasticity. He has a particular interest in how early experience influences the course of development, and in this context has focused on the effects of early biological adversity and early psychosocial adversity.

John Okiror

Head, ORPHANS AND VULNERABLE CHILDREN National Implementation Unit
Ministry of Gender, Labour and Social Development, Government of Uganda

Mr. John Okiror is a Ugandan, currently working as the Head of the National Implementation Unit for Orphans and Other Vulnerable Children, Ministry of Gender, Labour and Social Development. He holds a Masters degree in Arts (Economic Policy and Planning) and has 15 years working experience in formal development work employment in public, private and civil society sectors. His key areas of specialization include: policy and strategic programme plan formulation and review, development of child welfare frameworks including orphans and other vulnerable children programming; community HIV/AIDS and poverty eradication programming; organizational assessment and strengthening and social welfare workforce; and designing monitoring and evaluation frameworks. Mr. Okiror has actively participated in the development of a National Policy and Strategic Program Plan for Orphans and Vulnerable Children (ORPHANS AND VULNERABLE CHILDREN) for Uganda as well as mainstreaming gender in the national planning frameworks of Government. He has also participated in designing and implementing community HIV/AIDS initiatives and has been involved in organizational strengthening of the social welfare workforce in public sector, civil society organizations, private sector associations and community networks for improved service delivery.

Vianney Rangira

Country Director
Hope and Homes for Children Rwanda

J.M. Vianney Rangira is Rwandan and was born in 1969. He is currently the Country Director of a UK based organization in Rwanda, Hope and Homes for Children (HHC-Rwanda). He holds a Masters Degree in Development Studies and a Degree in Economics with a philosophy background. He has extensive experience in non-governmental organizations with various trainings, especially in de-institutionalisation. He sometimes works as a freelance consultant. Rangira is married and has four young children—two boys and two girls.

Working Group 3: Permanency - Kinship, Guardianship, and Domestic and International Adoption

Jean M. Geran, Ph.D. – Chair
Founder and President
Each, Inc.

Jean Geran has worked in many capacities on international child protection and related policy issues. She is currently launching a social enterprise called Each, Inc. to provide capacity building support through new technology to child care practitioners globally. She has been a Member of the Secretary's Policy Planning Staff at the U.S. Department of State responsible for issues including human rights, trafficking in persons, child protection, refugee policy and governance. She also served as the Director for Democracy and Human Rights on the National Security Council, an Advisor on United Nations Reform, and an Abuse Prevention Officer on the U.S. Disaster Assistance Response Team in Iraq. Her academic and professional work has focused on human rights, child protection and sustainable development in Asia, Africa and Latin America. She received her B.S.B.A. in business administration from Georgetown University, her M.S. in rural development from Michigan State University, and her Ph.D. in development studies from the University of Wisconsin-Madison.

Helena Obeng Asamoah
National Coordinator, Care Reform Initiative
Department of Social Welfare, Government of Ghana

Helena, a native of Akim Awisa in the Eastern Region of Ghana, began supporting disadvantaged families at the age of seven. She trained for basic social work at the School of Social Work in Accra, and earned diplomas at the University of Ghana Legon and the University of Cape Coast. Her past employment includes the Effiia Nkwanta General Hospital, Pantang Psychiatric Hospital, Girls Vocational Centre (Director), Women and Children Services (Central Regional Supervisor), Day Care Centers (Supervisor), and the Osu Children's Home (Director). In 1980 she began working for the Department of Social Welfare, and is currently the National Coordinator of the Care Reform Initiative Unit. Her duties include organizing and training social workers and staff of residential homes for children in good practices. Helena is married with two children, and is currently adopting one child and fostering five others. Her hobbies include writing, reading and organizing support for needy families.

Elizabeth Bartholet
Morris Wasserstein Public Interest Professor of Law
Harvard University

Elizabeth Bartholet is the Morris Wasserstein Public Interest Professor of Law at Harvard Law School, and Faculty Director of the Child Advocacy Program (CAP). She teaches civil rights and family law, specializing in child welfare, adoption and reproductive technology. Before joining the Harvard Faculty, she was engaged in civil rights and public interest work, first with the NAACP Legal Defense Fund, and later as founder and director of the Legal Action Center. Professor Bartholet's publications include: Nobody's Children: Abuse and Neglect, Foster Drift, and the Adoption Alternative (Beacon Press, 1999); Family Bonds: Adoption, Infertility, and the New World of Child Production (Beacon Press, 1999); "International Adoption: The Human Rights Position," 1 Global Policy 91 (2010); "The Racial Disproportionality Movement in Child Welfare: False Facts and Dangerous Directions," 51 Ariz. L. Rev. 871 (2009); "International Adoption: Thoughts on the Human Rights Issues," 13 Buff Hum. Rts. L. Rev. 151 (2007); "Where Do Black Children Belong? The Politics of Race Matching in Adoption," 139 Penn L. Rev. 1163 (1991); and "Beyond Biology: The Politics of Adoption & Reproduction," 2 Duke J. Gender L. & Pol'y 5 (Spring 1995). Professor Bartholet has won several awards for her writing and related advocacy work, including a "Media Achievement Award" and the Radcliffe College Humane Recognition Award.

Amanda Cox

Coordinator, Faith to Action Initiative
Better Care Network

Amanda Cox, Coordinator of the Faith to Action Initiative since 2007, is a consultant specializing in the care and protection of orphans and vulnerable children. Amanda began her career as a case manager working with refugee minors in the New York State foster care system. The children's stories from conflict-affected areas inspired her to pursue a Master's Degree in international development, with a focus on child protection. Consultancies prior to the Faith to Action Initiative include assessing the impact of early childhood development programs on children affected by HIV/AIDS in Uganda and post-tsunami locations, and reunification of separated migrant children in southern Thailand. Working closely with children in crisis has informed Amanda's passion for promoting family-focused and community-based care. As part of her work with the Faith to Action Initiative, Amanda conducts informative workshops for and provides resources to churches and organizations interested in working with children in Africa (particularly in HIV/AIDS-affected communities). Amanda holds a B.A. from Bethel University in St. Paul, MN, and an M.A. from The George Washington University in Washington, DC. She currently lives in Denver with her husband and daughter.

Randy Daniels

Vice President of Global Initiatives
Buckner International

Randy Daniels is the Vice President of International Operations for Buckner Children & Family Services, a position he has held for more than five years. Randy began his career with Buckner 20 years ago as the Director of one of its children's homes. He served in that position for 12 years before transferring to the corporate office, first as Director of Domestic Operations, and later moving to International Operations. He holds a Master of Social Work degree from Our Lady of the Lake University in San Antonio, earned while working for the Texas Child Protective Division as a social worker. He is a credentialed Social Worker, and has written several articles, including "It Takes a Village to Raise a Child" and "The Power of Women to Change the World (A Generational Approach to the World's Orphan Problem)." He has two sons, aged 23 and 27; the oldest married, living in Alaska, and the youngest living in Frisco, Texas.

Dana E. Johnson, M.D., Ph.D.

Professor of Pediatrics
University of Minnesota

Dr. Johnson is a Professor of Pediatrics and member of the Divisions of Neonatology and Global Pediatrics at the University of Minnesota, where he co-founded the International Adoption Program in 1986. His research interests include the effects of early institutionalization on growth and development of and outcomes for internationally adopted children. An invited speaker worldwide, Dr. Johnson is a Senior Research Fellow in the Evan B. Donaldson Adoption Institute, serves on the editorial boards of Adoption Quarterly and Adoptive Families Magazine, and has authored over 200 scholarly works. He received the Distinguished Service Award from Joint Council for International Children's Services, the Friend of Children Award from the North American Council on Adoptable Children, and the Harry Holt Award from Holt International. He serves on the board of directors of Joint Council on International Children's Services, Half The Sky Foundation, and SPOON Foundation. He is the father of three children, including an adopted son from India.

Laura Martinez-Mora

Coordinator, Technical Assistance Program
Hague Conference on Private International Law

Laura Martínez-Mora Charlesbois is a lawyer (University of Valencia, Spain) with a Master of Laws in International Law (University of London, UK) and a diploma in Child Protection and Juvenile Justice (University Diego Portales, Chile). She currently works as a legal officer and Adoption Technical Assistance Programme Coordinator at the Permanent Bureau of the Hague Conference on Private International Law in The Netherlands. Among her responsibilities in this role, she participates in missions to offer legal and technical assistance and trainings to experts and professionals in different countries. In the past she worked for several years for the International Social Service (Geneva, Switzerland) and UNICEF (Chile). She has also worked on children's issues for short periods at the European Commission in Brussels (Belgium) and the Council of Europe in Strasbourg (France).

Tendai Masiriri
International Services Manager for Africa Programs
Bethany Christian Services Global, LLC

Tendai is a native of Zimbabwe. He holds a Master's Degree in social work from Indiana University and a Master's Degree in public and nonprofit administration from Grand Valley State University. Before joining Bethany Christian Services Global, Tendai served as an outpatient therapist working with families and individuals. He also coordinated the substance abuse division of Kent County, Michigan. Since March 2009, Tendai has developed and managed Bethany's international programs in Africa and Haiti, leading in the development of the first formalized family-based (foster) care program in partnership with local government agencies, non-governmental organizations and community groups in Ethiopia. Bethany was invited to partner with the Ghana Department of Social Welfare to develop a domestic system of family-based care for orphans and vulnerable children in Ghana. Tendai leads a consortium of local community groups, governmental agencies and non-governmental organizations to recruit and train Ghanaian families to care for children without parental care, and also manages other programs on the continuum of child welfare services. He successfully developed and integrated other family-focused interventions to prevent family disintegration and keep children within their families of origin in Africa and Haiti. These programs include family preservation, family and community empowerment through micro-enterprise.

Dr. Benyam D. Mezmur
Researcher, Community Law Centre
University of the Western Cape

Dr. Benyam Dawit Mezmur is a researcher from Ethiopia currently based at the Community Law Centre, University of the Western Cape (UWC) in Cape Town, South Africa. At present, he is the convener of the LLM Module on Children's Rights and the Law at UWC and a Mellon Foundation Research Fellow at the Community Law Centre. In addition, he serves part-time as an Assistant Professor at the Addis Ababa University, in Addis Ababa, Ethiopia. Dr. Mezmur is also a member and 2nd Vice-Chairperson of the treaty body of the African Union – the African Committee of Experts on the Rights and Welfare of the Child. He has widely published in areas pertaining to children's rights. His book, entitled Intercountry Adoption in Africa: A Legal Perspective, will be published by Intersentia Publishers in the latter half of 2011.

Francesca Stuer
Technical Expert Alternative Child Care
Family Health International

Francesca Stuer is a program management specialist with a strong background in public health and social welfare programming. She has more than fifteen years' experience designing and managing large, complex public health programs in HIV/AIDS prevention, care and treatment; household economic development; and care and protection for vulnerable children and youth. She has been working as Country Director with Family Health International since 1998, initially in Cambodia and since 2001 in Ethiopia, where she manages a large and diversified portfolio of technical assistance provisions for social welfare and public health development and associated research. FHI/Ethiopia's current team of 45 technical and programming experts have provided technical assistance to in-country partners including 270 CBOs, 15 local NGOs, 540 health facilities of the public health sector, and one local research institution. Before joining FHI, Ms. Stuer worked for Médecins Sans Frontières (MSF) in Cambodia as Project Coordinator for the Cambodia Urban Health Care Association. Prior to becoming involved in international public health, Ms. Stuer worked in clinical practice as a nurse for fourteen years. Ms. Stuer received her Master's Degree in Business and Financial Services at the Business College of the University of Saint-Ignatius in Belgium. She is fluent in Dutch, English and French.

Elizabeth Styffe, RN MN
Director, HIV/AIDS & Orphan Care Initiatives
Saddleback Church

Elizabeth Styffe is the director of Global Orphan Care Initiatives of the PEACE Plan at Saddleback Church. Elizabeth founded this initiative and is a recognized leader in developing innovative and sustainable solutions to the global orphan crisis with an emphasis on permanency for every child. She specializes in helping churches launch effective, church-initiated responses that are focused on ending the orphan crisis. Elizabeth's strong and compassionate voice for orphans has been featured on Focus on the Family, Family Life Today, UNICEF Faith-Based Council, and the White House Roundtable for Orphan Care. A pediatric nurse, Elizabeth graduated from Biola University and earned a Master's Degree in Administration from UCLA. Prior to joining the PEACE Plan, she co-founded the HIV Initiative, and was an executive in healthcare for over a decade, as well as a nursing professor. She has authored and co-authored multiple articles, including a text on Quality Management. Elizabeth helped launch and leads the network of churches that make up the web-based Purpose Driven community, which champions the church as God's hope for the orphan (www.OrphansandtheChurch.com). Married for 28 years, Elizabeth and her husband Glenn have seven children, three of whom were adopted from Rwanda.

Bep van Sloten
Consultant, Better Care Network, The Netherlands
Consultancy & Training in Child Care and Child Protection

Bep van Sloten works as an Independent Consultant and Trainer in Child and Youth Care Issues specializing in alternative care. From 1980 to 2001, she worked in the field of policymaking in foster care in The Netherlands for the International Foster Care Organization. She has managed projects and provides consultancies for organizations such as UNICEF, USAID and the European Union in different countries throughout the world, including Romania, Croatia, India, Latin America and Namibia over the past two years. In Namibia, she served as a consultant for the Ministry of Gender Equality and Child Welfare in the development of standards and guidelines for the Residential Child Care Facilities, Foster Care, Kinship Care and Family support programs. She was one of the external advisors on the new Child Care and Protection Act in Namibia. A teacher by profession, Bep has developed training and support programs for foster parents, caregivers and social workers, delivered training for trainers, and advised NGOs, FBOs and governments about policies and support programs for children without parental care and their extended families. She is the coordinator of the Dutch chapter of the International Better Care Network.

Working Group 4: Legal, Government and Social Infrastructure

Kathleen Strottman – Chair
Executive Director
Congressional Coalition on Adoption Institute

Kathleen Strottman comes to her role as the Executive Director of the Congressional Coalition on Adoption Institute (CCAI) after serving for nearly eight years as a trusted advisor to Senator Mary L. Landrieu (D-LA). As the Senator's Legislative Director, Kathleen worked to pass legislation such as the No Child Left Behind Act, The Medicare Modernization Act, The Inter-Country Adoption Act, The Child Citizenship Act of 2000, The Adoption Tax Credit and the Family Court Act. Together with the Senator, Kathleen worked to increase the opportunity for positive dialogue and the exchange of best practices between the United States and sending countries such as China, Romania, Russia, Guatemala, Honduras, El Salvador and India. Prior to joining the Senator's staff, Kathleen attended Whittier Law School's Center for Children's Rights were she graduated with honors and received a state certified specialty in juvenile advocacy. A member of the Whittier Law Review, Ms. Strottman published an article entitled "Creating a Downward Spiral: Transfer Statutes as Answers to Juvenile Delinquency." Kathleen received her bachelor's degree in political science from the College of the Holy Cross and went on to serve as a Jesuit Volunteer. She and her husband, Matt, are the proud parents of three children, Grace, Noah and Liam.

Gretchen Bellamy
Co-Chair, Africa Committee
American Bar Association

Ms. Bellamy is currently serving her second term as Co-Chair of the American Bar Association's Section of International Law's Africa Committee, where she leads the strategic development of the 400+ member committee. She is a graduate of the Duke University School of Law where she earned a J.D. and an LL.M. in international & comparative law with a specialization in African Legal Studies. Ms. Bellamy has experience in working, living, and studying in central, eastern, and southern Africa, with her first experience on the African continent being as a Peace Corps Volunteer in Banganté, Cameroon. Ms. Bellamy has also worked as a consultant for an international organization in Zimbabwe on human rights, specifically children's rights and child protection laws. Ms. Bellamy is a Maryland-barred attorney and has two years experience as a corporate associate.

Hervé Boéchat
Director
International Social Services—International Reference Centre for the Rights of Children Deprived of their Family

Hervé Boéchat is a Swiss lawyer currently working as Director of the International Reference Centre for the Rights of Children Deprived of their Family, a program of International Social Service in Geneva (ISS/IRC). He obtained his Law degree from Neuchâtel University in 1995 and became a Solicitor in 1998. He carried out two field missions for the International Committee of the Red Cross in Afghanistan (2000) and Southern Sudan (2001). He was then employed as Scientific Collaborator at the Federal Office of Justice of Switzerland, in charge of the implementation of the Hague Convention on Protection of Children and Co-operation in respect of Intercountry Adoption, and the Hague Convention on the Civil Aspects of International Child Abduction. He completed a Master of Advanced Studies in Children's Rights in 2003 at Fribourg University, and published research works about international adoption. He carried out several adoption assessment missions on behalf of UNICEF as an independent expert in Moldova, Azerbaijan, Kazakhstan, Kyrgyzstan, Vietnam, Guatemala and Ivory Coast.

Mariama Cisse

Secretary to the African Committee of Experts on the Rights and Welfare of the Child
African Union Commission, Department of Social Affairs

After obtaining her LLM at the University of Niamey in 1986, Mrs. Mariama Cisse was admitted to the Magistrate School in Paris where she was graduated as a Magistrate in 1989. At the end of her study and during the same year, she was recruited by the Ministry of Justice of Niger where she served for 14 consecutive years, holding the positions of Deputy Prosecutor, Judge at the tribunal of Niamey, then Advisor at the Appeal Court and President of the Criminal Chamber of the Appeal Court. Along with her duties as magistrate, Mariama served for over 5 years as Secretary General of the Women Lawyers Association of Niger, whose objective is to promote and protect women and children rights. She was also Vice President of the Human Rights National Commission of Niger from 1996 to 1998. Mariama then worked at the European Union Delegation in Niger for more than 4 years before joining the African Union in 2007, where she is serving as the Secretary/Coordinator of the African Committee of Experts on the Rights and Welfare of the Child. She is from Niger, is married and a mother of 4 children.

Dr. Rebecca Davis

Director and Lecturer, Center for International Social Work Studies
Rutgers University

Dr. Rebecca Davis, Director and Lecturer, Center for International Social Work at Rutgers University School of Social Work, has primary teaching responsibilities in social work practice with children and families in the international context. Dr. Davis's nineteen years of international experience in social work began in 1992 as a Fulbright Scholar in social work at the University of Bucharest, Romania. Later, she was involved in USAID-funded initiatives in child welfare reform and social work education across the former Soviet Bloc. Dr. Davis has completed four evaluation studies for USAID's Social Transition Team, E & E Bureau on community based social services and social work practice and education in the former Soviet Bloc Countries. More recently she completed a study on Human Capacity within Child Welfare Systems: The Social Work Workforce in Africa. The emerging issue is the capacity of the social work workforce and outcomes for vulnerable children and families across the globe. Dr. Davis's career has included various clinical, management, and educational positions in the U.S. and internationally. She is a Licensed Clinical Social Worker in New Jersey and North Carolina and was recently awarded a Lifetime Achievement Award by the National Association of Social Workers New Jersey Chapter.

Kendra Gregson

Senior Advisor, Social Welfare & Justice Systems
UNICEF

Kendra Gregson, M.Sc., B.A., C.Y.W., is a Senior Advisor with the Child Protection section at UNICEF HQ responsible for promoting the social welfare and justice systems aspects of child protection. Prior to this, she was Chief of Child Protection in UNICEF Georgia. Ms. Gregson is a child protection practitioner, working predominantly in the areas of social welfare and justice for children. Her focus has been on connecting policy and practice at micro and macro levels, reviewing institutional structures and systems, and developing protection policy and programs. She supports government and third sector organizations in the analysis of the benefit structures, beneficiary identification, fiscal costs, budget analysis, administrative and legal frameworks, and service delivery options, as well as assessment of vertical and horizontal linkages within and between organisations to determine the effectiveness and efficiency of social programme delivery. Her career has taken her to Canada, Argentina, the Balkans, Tanzania, oPT, Sierra Leone, and Cambodia working with NGOs, IFIs, government, and multi-lateral organizations.

Hyacinth Kulemeka

Director, Child Development Affairs
Ministry of Women and Child Development, Government of Malawi

Ms. Hyacinth Kulemeka graduated from the University of Malawi in 1981with a Bachelor of Education Degree majoring in Linguistics, Education, and English. In 2003, she qualified for a Master of Education Degree, specializing in Early Childhood Development at the University of Melbourne in Australia. Ms. Kulemeka has vast experience in education, Early Childhood Development and child welfare services, spanning twenty-six years. Since 2008, she has served as Director of Child Development Affairs in the Ministry of Gender, Children, and Community Development. As Director, she has not only led in developing strategies around children, but she has also led facilitating policy and legal reforms and mobilizing resources for improving the well-being of children in Malawi. Prior to her appointment as Director, Hyacinth was Deputy Director and Head of Operations at the Malawi National Commission for UNESCO. Her work included Management of the social and scientific program planning, development, implementation and supervision. Utilizing her experience in social research and preparation of winning project proposals, Ms. Kulemeka has done consultancy work for United Nations agencies. Ms. Kulemeka has also attended seminars and workshops, presenting papers in Africa and overseas. Apart from her recent training in Australia, Thailand, and Spain, she has also represented Malawi at the United Nations and the African Union.

Faith Malka

Strategic and Policy Unit
Office of the President of Rwanda

Faith Malka is a Senior Policy Analyst in the Social Cluster, with the Strategy and Policy Unit, Office of the President, Rwanda. Prior to this she worked at a Research Fellow in the governance and social domain for the Institute of Policy Analysis and Research-Rwanda, a Rwandan based think tank. Further experience extends to her work in the NGO sector on health, gender and conflict management/mitigation projects. Shehold a BA in Politics and International Relations from the University of Southampton and a Masters in International Development: Poverty, Conflict and Reconstruction from the University of Manchester.

Jacqueline Adhiambo Oduol

Secretary of Children Affairs
Ministry of Gender, Children and Social Development, Government of Kenya

Jacqueline Adhiambo Oduol has been the Secretary for Children Affairs in the Ministry of Gender, Children and Social Development in the Republic of Kenya since April 2008. She is the lead government officer responsible for the development, review, and monitoring of appropriate policies, regulations, and procedures for the protection, care, and development of children. Her duties include organizing high level policy dialogue for relevant government ministries, implementing agencies and development partners to familiarize themselves with government policies, operations, and their role as leaders in the delivery of public services. She has defined the establishment of a functional child protection framework as government priority in 2008-2013 and is currently implementing a program that seeks to build the capacity of officers from the Judiciary, Probation, Prisons, Police and the department of Children Services. Before her appointment, she served as faculty at the United States International University (USIU) in Nairobi. Jacqueline also has a wealth of experience in program design, review, and evaluation for national governments at an international level in Rwanda, Ethiopia, Malawi, and Djibouti.

Jini Roby, JD, MSW, MS

Associate Professor
School of Social Work, Brigham Young University

Jini L. Roby, an attorney and social worker, has three decades of professional experience working with children, women and families. She is a former adoption social worker, president of the Utah Adoption Council, founder and director of an agency to prevent and treat child abuse, and a court-appointed attorney for children in the public child welfare system in the United States. Currently she is an associate professor of social work at Brigham Young University, where she researches and teaches global issues of children at risk, including those for whom alternative care becomes necessary. She has researched many aspects of global child welfare issues, and has published widely on the needs of children at risk. She was the principal drafter of the adoption laws in the Republic of Marshall Islands, and a government consultant from 2000 to 2004. She served in 2009 as a consultant to Cambodia to help establish the nation's child welfare infrastructure, regulations and procedures. In Africa, she has conducted child-welfare related research in Kenya, Mozambique, South Africa, Botswana and Uganda. Her work is widely published and utilized by governments and NGOs.

Solomon Areda Waktolla

Vice President
Federal First Instance Court of Ethiopia

Solomon Areda Waktolla holds a Bachelor's Degree in Law from the Addis Ababa University, and an LLM from Amsterdam University in International Economic Law. Justice Waktolla served as a judge for 13 years in the Ethiopian judiciary, including regional and federal positions. He served as a Federal High Court Judge from 2003-2009, Federal First Instance Court Judge from 2001-2003 and High Court Judge in the Oromiya Regional Court from 1997-2001. He has also served as a part-time lecturer in universities. Currently he is the Vice President of the Federal First Instance Court of Ethiopia. Justice Waktolla is playing a significant role in implementing, monitoring, evaluating and coordinating the court reform activities in the Ethiopian judiciary. He is working through the child justice reform programme to revise the system to take into account the best interests of the child as well as introducing an innovative, child-friendly court system for all children entering the court system. He is responsible for coordinating various projects with NGOs and government offices on these initiatives. In an international conference on the rights of children, held in Geneva on 12th and 13th of November 2009, Justice Waktolla shared this Ethiopian experience and got a rewarding feedback.

Fred Wulczyn

Senior Research Fellow
Chapin Hall

Fred Wulczyn is a Senior Research Fellow at Chapin Hall at the University of Chicago. In addition, he serves as a special advisor to Bryan Samuels, the Commissioner of the Administration for Children, Youth, and Families at the U.S. Department of Health and Human Services. He is the 2011 recipient of the James E. Flynn Prize, which is awarded to individuals who through their research have had a profound effect on policies and practices affecting vulnerable populations. He is also a past recipient of the National Association of Public Child Welfare Administrators' Peter Forsythe Award for leadership in public child welfare. He is also lead author of Beyond Common Sense: Child Welfare, Child Well-Being, and the Evidence for Policy Reform (2005) and coeditor of Child Protection: Using Research to Improve Policy and Practice (2007).

ETHIOPIA

Ethiopia is located in Eastern Africa and borders Djibouti, Eritrea, Kenya, Somalia and Sudan (CIA, 2010 Oct.). This country occupies a total area of 1,104,300 square kilometers and has a population of 85,237,338 (CIA, 2010, July 2010 estimate). Children 14 years of age or younger account for 46.1% of the population (CIA, 2010, 2010 estimate), and 38.7% of the population is below the poverty line (CIA, 2010, FY 2005/2006 estimate). People living with HIV/AIDS number 980,000; the rate of prevalence of HIV/AIDS among adults is 2.1% (CIA, 2010, 2007 estimates). Ethiopia has faced many challenges, including war, drought, poverty, and disease, all of which have contributed to Ethiopia's orphan crisis.

In 2005, Ethiopia had the fourth largest orphan population in sub-Saharan Africa (Tsegaye, 2008, p. 20). More than five million children aged 17 or younger, more than 6% of the total population, were one-parent or double orphans (FHI, 2010, p. 21). Approximately 2.4 million were maternal orphans, 3 million were paternal orphans, and more than 600,000 were double orphans (Tsegaye, 2008, p. 20). AIDS-related deaths accounted for 530,000 maternal orphans and 465,000 paternal orphans (Tsegaye, 2008, p. 20). Approximately 77,000 households were headed by children (FHI, 2010, p. 22). Estimates based on numbers from a 2000 Ethiopia Demographic Health Survey suggest that "18% of all Ethiopian households are caring for at least one orphan" (FHI, 2010, p. 21).

A devastating drought in 1984-85 prompted the development of institutions as a means of accommodating the needs of Ethiopia's vast numbers of suddenly orphaned or abandoned children (FHI, 2010, p. 24). At that time, 106 institutions provided care for approximately 21,000 children (FHI, 2010, p.24). Beginning in 1986, the government attempted to deinstitutionalize many of the children through a reunification and reintegration program (FHI, 2010, p.25). The Ethiopian government has since moved away from that approach, and now discourages institutionalization as an intervention in the ongoing orphan crisis. NGOs and faith-based organizations continue to address the needs of orphans through institutionalization, however, and the development of such institutions outpaces the development of alternative means of care (FHI, 2010, p. 44). As of 2008, 87 long-term child care institutions (orphanages) were home to 6,503 children (FHI, 2010, p. 24). This number does not include all child care institutions. "The study did not assess institutions for children whose permanent plan was intercountry adoption" (FHI, 2010, p. 24).

In 2009, Ethiopia's Ministry of Women's Affairs revised and updated the country's alternative care guidelines. The general objective of the guidelines is "to establish a regulatory instrument on childcare systems with a view to contribute towards improving the quality of care and service provided by governmental and nongovernmental organizations involved in childcare and advance the welfare of the orphans and other vulnerable children (ORPHANS AND VULNERABLE CHILDREN) in the country" (Federal Democratic Republic of Ethiopia, Ministry of Women's Affairs, 2009 June, p. 6). To that end, the Ministry identifies the proper role of institutional care as being a short-term option and a last resort, and seeks to promote community-based care, reunification and reintegration, foster care and adoption (Federal Democratic Republic of Ethiopia, Ministry of Women's Affairs, 2009 June, pp. 14, 21, 28, 38).

Caring for orphans has traditionally been a responsibility taken up by extended family members, but the government of Ethiopia did not officially recognize the practice of adoption until 1960 (FHI, 2010, p. 23). Two hindrances to domestic adoption are that the relevance of the practice is not clearly understood and that the process is perceived to be "cumbersome and intimidating" (FHI, 2010, p. 45). According to the Ministry of Women's Affairs, "local adoption seems largely neglected or utterly out of the focus of attention of many adoption service provider organizations" ((Federal Democratic Republic of Ethiopia, Ministry of Women's Affairs, 2009 June, p. 38). Intercountry adoption is another intervention used to address the orphan crisis. A study of 23 receiving states revealed that between the years 2003 and 2009, approximately 17,774 Ethiopian children were adopted by citizens of other countries (Selman, 2010 Dec., p. 2).

GHANA

Ghana is located in Western Africa and borders Burkina Faso, Cote d'Ivoire and Togo. This country occupies a total area of 238,533 square kilometers (CIA, 2010) and has a population of 23,887,812 (CIA, 2010, July 2010 estimate). Children 14 years of age or younger account for 37.2% of the population (CIA, 2010, 2010 estimate). Poverty has declined significantly over the last two decades ("Overall poverty has declined from 52% in 1992 to 28% in 2006, and Ghana is on course to exceed the 2015 Millennium Development Goals of halving her poverty") (Ministry of Employment and Social Welfare, 2010 June, p. 4), but 28.5 % of the population lives below the poverty line (CIA, 2010, 2007 estimate). People living with HIV/AIDS number 260,000; the rate of prevalence of HIV/AIDS among adults is 1.9% (CIA, 2010, 2007 estimates). HIV/AIDS and poverty are two major challenges to the well-being of Ghana's children.

According to a 2006 Multiple Indicator Cluster Survey (MICS), 7.7% of Ghana's children aged seventeen or younger were one-parent or double orphans (Ghana Statistical Service et al., 2006, p. iv). Projections made in 2004 suggested that 10% of all children in Ghana would be orphans by 2010 (UNAIDS, UNICEF, & USAID, 2004 July, p. 30). According to a 2007 estimate, the number of one-parent and double orphans, aged seventeen or younger, from all causes was 1,100,000 (UNICEF, n.d.). AIDS-related deaths accounted for 160,000 one-parent and double orphans.

Responses to the orphan crisis have included informal foster arrangements with extended family members and institutional care. Informal foster arrangements with extended family members are common for orphans and non-orphans (Jones, Ahadzie, & Doh, 2009 July), p. 38). For example, statistics from the 2006 MICS showed that 11.2% of children with both parents living were not living with their parents (Jones et al., 2009, p. 38), and because poverty has led to many cases of child abandonment, institutional care has been utilized as a means of caring for both orphans and non-orphans. One of the challenges associated with the institutional care system, according to Ghana's Department of Social Welfare, is "the large number of non-orphans who are simply needy children being kept in children's homes permanently, with little or no prospects for adoption or re-integration" (Orphans and Vulnerable Children Care Reform Initiative, Ghana, n.d.a.). Additionally, a 2003 survey of 2,314 street children revealed that three-quarters of them had both parents still living, which implicates poverty as the cause of their homelessness (Ministry of Employment and Social Welfare, 2010, p. 17).

Approximately 4,500 children are cared for in 110 private homes, and 440 children are cared for in five homes managed or subsidized by the government of Ghana (Ministry of Employment and Social Welfare, 2010, p. 16). Formal foster care is another option, but numbers are quite low; for example, in 2004, there were only thirteen foster care orders made (Ministry of Employment and Social Welfare, 2010, p. 17). In 2006, the Department of Social Welfare handled 197 domestic relative adoption cases and 58 non-relative domestic adoption cases (Ministry of Employment and Social Welfare, 2010, p. 17). Intercountry adoption offers another means for providing care for the orphans of Ghana. A study of 23 receiving states revealed that between the years 2003 and 2009, approximately 412 Ghanaian children were adopted by citizens of other countries (Selman, 2010 Dec., p. 2).

Ghana has implemented the Care Reform Initiative to help better address the needs of orphans and vulnerable children. The four main components of that initiative are:

- Prevention, which emphasizes support for families and avoidance of the need for outside care for children;
- Reintegration with extended family, which looks to kinship care when children are separated from parents;
- Fostering, which promotes foster care when kinship care is not available; and
- Adoption, which provides a permanent home for children who have no prospects of being reunited with their families (Orphans and Vulnerable Children Care Reform Initiative, Ghana, n.d.a.).

The goal of the Care Reform Initiative is "the establishment of a more consistent and stable approach to caring for vulnerable children in Ghana so that each child will be assured of a permanent home in a supportive and loving family" (Orphans and Vulnerable Children Care Reform Initiative, Ghana, n.d.a.).

KENYA

Kenya is located in Eastern Africa and borders Ethiopia, Somalia, Sudan, Tanzania and Uganda. This country occupies a total area of 580,367 square kilometers (CIA, 2010) and has a population of 39,002,772 (CIA, 2010, July 2010 estimate). Children 14 years of age or younger account for 42.3% of the population (CIA, 2010, 2010 estimate), and 50% of the population is below the poverty line (CIA, 2010. 2000 estimate). Poverty tends to be worse in rural areas than in urban areas (Ministry of Gender, Children and Social Development, Department of Children Services, 2008, p. 8). People living with HIV/AIDS number 1.2 million; the rate of prevalence of HIV/AIDS among adults is 6.7% (CIA, 2010, 2003 estimates). The prevalence of HIV/AIDS has declined since reaching a high of 10% in the 1990s (Ministry of Gender, Children and Social Development, 2008, p. 9.), but the disease continues to have a devastating impact on the children of Kenya.

Approximately 15% of Kenya's children are one-parent orphans, and 2.5% are double orphans (Joint Council on International Children's Services, 2009, p. 1). According to a 2007 report, Kenya had 2,430,000 orphans: 1,282,000 maternal orphans, 1,591,000 paternal orphans, and 443,000 double orphans (National AIDS Control Council, Office of the President, Kenya, 2008, p. 15). AIDS-related deaths accounted for 1,149,000 orphans: 692,000 maternal orphans, 750,000 paternal orphans, and 349,000 double orphans (National AIDS Control Council, 2008, p. 15). Estimates indicate that between 200,000 and 300,000 children live on the streets (Ministry of Gender, Children and Social Development, 2008, p. 10).

One of the ways Kenya has responded to the orphan crisis is by seeking to provide support for family members so they are able to better care for children (Ministry of Gender, Children and Social Development, 2008, p. 15). This support includes cash subsidies to households caring for orphans (Biemba et al., 2009 August, p. 3). Additionally, the government has sought to promote domestic adoption, guardianship and foster care (Joint Council on International Children's Services. 2009, p. 1). The government of Kenya "recommends that children should only be placed in institutional care as a last resort" (Ministry of Gender, Children and Social Development, 2008, p. 15).

Intercountry adoptions account for about 10% of all adoptions in Kenya (Joint Council on International Children's Services, 2009, p. 2). A study of 23 receiving states revealed that between the years 2003 and 2009, approximately 310 Kenyan children were adopted by citizens of other countries (Selman, 2010 Dec., p. 2).

The government of Kenya adopted a new constitution in late 2010, creating the need for hundreds of pieces of new legislation to implement the constitution and slowing the work done to pass legislation that would bring Kenya into full compliance with the Hague Convention. In the meantime, Kenya's Department of Children Services is able to process intercounty adoptions that comply with the Hague Convention, but, as the U.S. State Department warns, "until Kenya's international adoption laws are finalized, serious delays, expense, uncertainty, and difficulties could still arise with the Hague adoption process. The Department of State therefore advises American citizens to proceed with caution when deciding whether or not to adopt from Kenya" (U.S. Department of State, Bureau of Consular Affairs, 2011, March 2).

MALAWI

Malawi is located in Southern Africa and borders Mozambique, Tanzania and Zambia. This country occupies a total area of 118,484 square kilometers (CIA, 2010) and has a population of 15,028,757 (CIA, 2010, July 2010 estimate), making it one of sub-Saharan Africa's most densely populated countries (U.S. Department of State, Bureau of African Affairs, 2010 Sept.). Children 14 years of age or younger account for 45.4% of the population (CIA, 2010. 2010 estimate), and 53% of the population is below the poverty line (CIA, 2010, 2004 statistic). People living with HIV/AIDS number 930,000; the rate of prevalence of HIV/AIDS among adults is 11.9% (CIA, 2010, 2007 estimates). Poverty and HIV/AIDS are two major challenges impacting Malawi's children.

According to a 2004 Demographic and Health Survey, approximately 21% of Malawi's 6.4 million children aged 17 or younger were orphans: 6% were maternal orphans, 12% were paternal orphans, and 4% were double orphans (Dunn & Parry-Williams, 2008, pp. 3, 40). AIDS-related deaths account for approximately half of all orphans in Malawi (Dunn & Parry-Williams, 2008, p. 39).

Institutional or residential care is one intervention used in dealing with the orphan crisis. According to estimates, there are 40 children's homes in Malawi that provide care for 2,507 children (Dunn & Parry-Williams, 2008, p. 43). Seven of those homes are "babies' homes" and provide care for 204 children under two years of age (Dunn & Parry-Williams, 2008, p. 44). Apart from turning to institutional care out of necessity, some families choose to send maternal orphans to children's homes rather than allowing the father to care for them, because of a cultural belief that children belong to the mother's family (Dunn & Parry-Williams, 2008, p. 45).

Some families also turn to institutional care because of poverty. According to a 2008 report, "Poverty is a major factor that undermines parents' and relatives' ability to care for children and makes them resort to residential care" (Dunn & Parry-Williams, 2008, p. 3). To address the issue of poverty, the government of Malawi instituted a program that provides financial support to those who are "ultra poor" and "labor constrained" (Dunn & Parry-Williams, 2008, p. 8). "Ultra poor" is defined as living "below the lowest expenditure quintile and below the national ultra-poverty line (take one meal per day, and own no valuable assets)" (Dunn & Parry-Williams, 2008, p. 8). "Labor constrained" is defined as "a household that has no able-bodied member between 19 and 16 years old fit for work (i.e. household members are chronically sick, disabled, elderly, or the household is child-headed); or has a member who is fit but has a dependency ratio of more than three dependents per producer" (Dunn & Parry-Williams, 2008, p. 8).

Approximately 10% of Malawi's households fall into one of those categories, and "more than 60% of the members of these households are children, 80% of them orphans" (UNICEF, n.d.). The program, which began in 2006 and has been implemented in seven districts, has "reached 28,000 households, comprising 106,000 individuals, including 68,000 children" (Chinyama & Siu, 2010 Oct.).

Informal fostering is another intervention used in Malawi, and "20% of Malawian households take care of one or more orphans" (Dunn & Parry-Williams, 2008, p. 39). Additionally, 20% of children are not living with either parent, and 11% of children with both parents still alive are not living with their parents (Dunn & Parry-Williams, 2008, p. 39). Foster care by relatives is not formalized, and few non-relatives enter into formal fostering arrangements (Dunn & Parry-Williams, 2008, p. 15).

Adoption is rare. According to estimates, fewer than ten adoptions took place in 2006 (Dunn & Parry-Williams, 2008, p. 16). According to Dunn & Parry-Williams (2008), Malawi does not "have national statistics on adoption" (p. 16). A study of 23 receiving states revealed that between the years 2003 and 2009, approximately 23 Malawian children were adopted by citizens of other countries (Selman, 2010 Dec., p. 2).

RWANDA

Rwanda is located in Central Africa and borders Burundi, the Democratic Republic of the Congo, Tanzania and Uganda. This country occupies a total area of 26,338 square kilometers (CIA, 2010), and has a population of 10,746,311 (CIA, 2010, July 2010 estimate), making it the most densely populated country in Africa (CIA, 2010). Children 14 years of age or younger account for 42.7% of the population (CIA, 2010. 2010 estimate). This country is one of the poorest countries in the world (Minister in the Prime Minister's Office of Gender and Family Promotion, 2008 June, p. 1), with 60% of its population below the poverty line (CIA, 2010, 2001 estimate). People living with HIV/AIDS number 150,000; the rate of prevalence of HIV/AIDS among adults is 2.8% (CIA, 2010. 2007 estimates). After the genocide of 1994, Rwanda had the "highest proportion of orphan children in the world" (Minister in the Prime Minister's Office, 2008, p. 3).

According to 2007 estimates, 24.3% of Rwanda's 3.4 million children aged 17 or younger were orphans: 15.4% were maternal orphans, 58.5% were paternal orphans, and 26.1% were double orphans (Minister in the Prime Minister's Office, 2008, p. XVII). In 2007, AIDS-related deaths accounted for 22% of all orphans (Minister in the Prime Minister's Office, 2008, pp. XVII, XVIII), but projections suggest that, because Rwanda has experienced some success in dealing with the HIV/AIDS crisis, the number of children orphaned due to AIDS-related parental deaths will decline from 22% in 2007 to 15% by 2012 (Minister in the Prime Minister's Office, 2008, p. XVIII). Also, by 2012, all orphans from the genocide of 1994 will have turned 18, leading to a further decline in the number of Rwandan orphaned children (Minister in the Prime Minister's Office, 2008, p. XVII).

Institutional care is one intervention used to address the orphan crisis, but numbers from a 2008 government report indicated that 29 registered orphanages were providing care for only 0.5% of all orphans (Minister in the Prime Minister's Office, 2008, p. 22). Informal foster arrangements provided for a much larger percentage of the orphans; estimates suggest that there were 240,204 households caring for orphans in 2008 (Minister in the Prime Minister's Office, 2008, p. 38). A 2007 survey of caregiving households revealed that family members, neighbors or other caregivers informally took in 66.1% of double orphans, that 27.4% of double orphans had been fostered, and that 6.5% of double orphans had been adopted (Minister in the Prime Minister's Office, 2008, p. 33).

A study of 23 receiving states revealed that between the years 2003 and 2009, approximately 158 Rwandan children were adopted by citizens of other countries (Selman, 2010, Dec., p. 2). Currently, however, Rwanda is preparing for accession to the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption, and has suspended all new applications for intercountry adoptions (U.S. Department of State, Bureau of Consular Affairs, 2011 Sept.).

UGANDA

Uganda is located in Eastern Africa and borders the Democratic Republic of the Congo, Kenya, Rwanda, Sudan and Tanzania. This country occupies a total area of 241,038 square kilometers (CIA, 2010), and has a population of 32,369,558 (CIA, 2010, July 2010 estimate). Children 14 years of age or younger account for 50% of the population (CIA, 2010, 2010 estimate), and 35% of the population is below the poverty line (CIA, 2010, 2001 estimate). People living with HIV/AIDS number 940,000; the rate of prevalence of HIV/AIDS among adults is 5.4% (CIA, 2010, 2007 estimate). Besides HIV/AIDS and poverty, armed conflict has also had a devastating effect on the children of Uganda (Uganda Ministry of Gender, Labour and Social Development, 2007, p. 5).

According to 2004/2005 estimates, approximately 14.59% of Uganda's children aged seventeen or younger were orphans: 2.84% were maternal orphans, 8.89% were paternal orphans, and 2.71% were double orphans (Mishra & Bignami-Van Assche, 2008 Sept., p. 18). In 2003, AIDS-related deaths accounted for approximately 48% of all orphans (UNICEF, n.d.). In a 2004 policy document, the government of Uganda estimated that 10,000 street children were living in the country's cities (Uganda Ministry of Gender, Labour and Social Development, 2004 Nov., p. 17).

A 2006 survey showed that one in four households in Uganda were caring for orphans (Borda & Datta, 2008 Dec., p. 1). But extended family members and communities have been heavily impacted by poverty and HIV/AIDS and are relying more and more on civil service organizations to support the children (Kalibala & Elson, 2010, Jan., p. 71). Additionally, "the conflict in northern and eastern Uganda has been a major contributor to the breakdown of family and traditional structures, loss of productive assets and livelihoods, and an increase in child-headed households with consequent disruption in the provision of basic social services" (Uganda Ministry of Gender, Labour and Social Development, 2007, pp. 5-6). Approximately 1.7 million people were "displaced from their homes in Northern Uganda," and "almost 80% of these are women and children" (Uganda Ministry of Gender, Labor and Social Development, 2007, p. 5).

As early as the 1990s, the government of Uganda began to address the orphan crisis by instituting policies to encourage families and communities to care for the orphans and to relegate institutional care to "last resort" status (Kalibala & Elson, 2010, p. 10). "Re-integrating children living in institutions . . . into caring families and communities," and "reducing the bureaucracy related to fostering, guardianship and adoption procedures" (Uganda Ministry of Gender, Labour and Social Development, 2004, p. 11), were two courses of action identified by Uganda's government in 2004 as requiring "increased focus and attention." In a 2007 report, however, the government of Uganda noted that "despite the impressive array of supportive policies and instruments... effective implementation still remains a challenge" (Uganda Ministry of Gender, Labour and Social Development, 2007, p. 12).

A study of 23 receiving states revealed that between the years 2003 and 2009, approximately 238 Ugandan children were adopted by citizens of other countries (Selman, 2010 Dec., p. 2).

SECTION 1
FAMILY PRESERVATION AND REUNIFICATION

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APPENDIX B: COUNTRY NARRATIVES

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The Congressional Coalition on Adoption Institute is a nonprofit, nonpartisan organization dedicated to raising awareness about the millions of children around the world in need of permanent, safe, and loving homes and to eliminating the barriers that hinder these children from realizing their basic right of a family.

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