

**USAID's Displaced Children and Orphans Fund
MONITORING VISIT: ETHIOPIA
February 6 -17, 2012**



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Administrative Regions and Zones of Ethiopia



All boundaries are approximate and unofficial
Graphic produced by UN Emergencies Unit for Ethiopia, March 2000

LIST OF ACRONYMS

BOWCYA	Bureau of Women, Children and Youth Affairs
CHSA	Charities and Societies Association
DCOF	Displaced Children and Orphan Fund
GoE	Government of Ethiopia
FFIC	Federal First Instance Court
HAPCO	HIV/AIDS Prevention and Control Office
ICA	Intercountry Adoption
IDFTRR	identification, documentation, family tracing, reunification and reintegration
MOE	Ministry of Education
MOFED	Ministry of Finance and Economic Development
MOH	Ministry of Health
MOLSA	Ministry of Labor and Social Affairs
MOWCYA	Ministry of Women, Children and Youth Affairs
PIO	Public International Organization
SNNPR	Southern Nations, Nationalities, and People's Region
USAID	United States Agency for International Development
USG	United States Government

Amharic Terms Used in the Report

Iddirs	Community-based mutual aid groups that traditionally served as funeral societies. Many focus on providing support to those who are especially vulnerable.
Kebele	A neighborhood, the smallest governmental administrative area.
Woreda	An administrative area of local government composed of a number of kebeles.

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EXECUTIVE SUMMARY

Background

There are at least 7,000 children living in 149 residential child care facilities in Ethiopia. A 2010 assessment of residential care by Ethiopia's Ministry of Justice (MOJ) assessed 149 institutions in relation to Ethiopia's *National Guidelines for the Alternative Care of Children*. It found 45 institutions were significantly out of compliance and should be closed. Institutions slated for closure in most regions have been verbally notified but not informed in writing.

UNICEF, concerned that institutions might simply be closed and children moved to higher standard orphanages, recommended that the Government of Ethiopia (GoE) use the opportunity to move as many children as possible into family care (reunification with one or both parents, kinship care, local adoption, foster care) or independent living for older adolescents. In November 2010, UNICEF approached USAID's Displaced Children and Orphans Fund (DCOF) about providing emergency funding to support a deinstitutionalization process. DCOF has provided UNICEF with \$2,461,000 in funding to provide technical assistance and support to the Ethiopian Government for this process for the period January 2011-December 2013. Key targets for the project include 900 children to be deinstitutionalized, 7,000 children to be documented and individual case plans developed, a management information system established for children in care, and strengthened GoE institutions. The Ministry of Women, Children and Youth Affairs (MOWCYA) is in charge of the deinstitutionalization process, and other ministries and bureaus are actively involved. In each of the six regions where the deinstitutionalization project is being carried out, UNICEF has assigned a master's degree level IDFTRR (identification, documentation, family tracing, reunification, and reintegration) specialist to the ministry's regional office. Statistics available as of February 2012 are presented in the table below.

Region	Number of Institutions Assessed in 2010	Number of Children in Institutions Assessed in 2010	Number of Institutions Designated in 2011 for Closure	Number of Children in Institutions Designated in 2011 for Closure						
				Total	Male	Female	0-5 Years	6-10 Years	11-15 Years	16 years & Over
Addis Ababa	41	Not available	12	643*	246	397	106*	148*	258*	131*
Amhara	24	1,335	9	38	19	19	18	19	1	-
Dire Dawa	9	92	2	30	16	14	14	-	-	-
Harrar	9	360	1	55	33	22	14	?	?	?
Oromiya	30	702	Not yet decided	**	**	**	**	**	**	**
SNNPR	36	642	23***	315	173	142	288	16	-	11
TOTAL	149	3,231****	42	1,783						

* Statistics apply only for three State-run institutions.

** The number of children in institutions designated for closure in Oromiya has not been made available. Statistics provided for children in care in this region are as follows: 236 children (132 male and 104 Female) living in foster care, 43 children (25 male 18 Female) who were deinstitutionalized from in one institution (Tsege Taddesse) to their families, kinship care, and independent living, and 423 children residing in 29 child care institutions assessed in 2010.

*** 23 facilities were already closed in September 2011 and 305 children moved to other institutions pending alternative placement.

**** Partial, does not include Addis Ababa, for which statistics are only available for 3 State-run institutions.

Regional Visits

The DCOF team met with Alternative Care Task Force members and IDFTRR officers in five of the six regions where the project is being carried out.

In **SNNPR** the DCOF team met with Alternative Care Task Force members and UNICEF IDFTRR personnel in Awassa and in Walayita and Dilla towns. The regional and zonal Alternative Care Task Forces in SNNPR appear to be working diligently to address the issue of unlicensed and substandard institutions. In September 2010, the region's Alternative Care Task Force assessed conditions in 35 residential care facilities housing 694 children. Ninety-five percent of these facilities assessed were focused on intercountry adoption, primarily serving as transit points prior for transfer of children to institutions in Addis Ababa. Documentation on the backgrounds of children in these facilities was generally very poor, and in some cases false. Federal and regional officials decided that conditions in 23 of the 35 facilities were so bad that they should be closed. This was done in June and July 2011, and 305 children were transferred to 13 other institutions with higher standards of care, pending family reunification or alternative placement. Eighty-four percent of the children from the 23 institutions closed were age five or younger. By February 2012, a total of 51 (36 boys and 15 girls) these children had been reunited with their families.

Addis Ababa has the largest concentration of orphanages in the country. Based on the assessment led by the Ministry of Justice in August 2010, it was decided that 12 institutions should eventually be closed, though they have not been notified, and UNICEF had not been given the names of the institutions nor the statistics on the children living in them. Seventy-six percent of the institutions assessed had a major focus on intercountry adoption. The Addis Ababa Alternative Care Task Force had not yet been established, but terms of reference for it have been presented to the mayor and were awaiting his approval. The only government-run institutions in the country are in Addis, and the initial focus of deinstitutionalization in Addis was on these three institutions:

- Kebebe Tshaye, which provides care for children under eight years of age (135 in February 2012)
- *Kechene*, caring for girls eight years and above and some younger siblings (324 in February 2012)
- *Kolfe*, which is for boys eight years and above (184 in February 2012).

By February 2012, 37 children had been reunited, and an additional 55 were ready to be reunified. A total of 550 children had been documented. The social workers estimated that at least an additional 150 children would eventually be reunified. Also, domestic adoption of young children (primarily abandoned infants for whom tracing is considered impossible) had increased, with 36 having been adopted domestically in the previous six months.

In **Dire Dawa** in June 2012, an assessment team from the Alternative Care Task Force assessed conditions in 22 residential care facilities, and nine of these, housing 190 children (157 females, 33 males), were selected for review based on their links to intercountry adoption. Of the nine institutions, two were designed to close, six passed with recommendations to improve and one was given a warning. There was a lack of documentation and no reliable system of recording. Two of the child homes were used a transit centers for intercountry adoption (ICA). A system of monitoring has been set up and monthly visits are made by the BOWCYA social worker to those homes requiring improvement. Child homes that were warned not to add children had added four and had been given another warning. Dire Dawa has worked on two reunifications. In one case, the closest relative is in Canada, and in another the

family was reunited. Since the first round of assessments, another three child homes have legally opened in Dire Dawa; two related to intercountry adoption. Clearly, intercountry adoption is a driving force even in this region even with a much lower number of institutions than SNNPR or Addis Ababa.

In **Harar**, oversight of child care facilities is developing slowly, and at the time of the visit the Office of Women, Children and Youth Affairs was acting without the collaboration of other offices. Despite that, the team is motivated and making progress. Of the nine institutions assessed in the Harari region, 342 children were identified and documented. In the 2010 assessment that was conducted by the Alternative Care Task Force, one institution was slated for closure and one passed without comment. Another four institutions were given written warnings and told not to accept any new children until improvements were made. The Task Force often found poor living conditions, lack of health and education for the children, and incomplete or non-existent documentation.

In **Oromiya** in December 2009 (prior to the current deinstitutionalization process), an assessment of 30 child care institutions in Oromiya was conducted, and 11 of them, which were found to be operating below standard, were closed. Seventy-nine children from those institutions were moved to what were considered better performing institutions. Experience from this process has informed not only the current approach in the region, but the whole deinstitutionalization initiative that UNICEF is assisting the government to implement. Oromiya is now taking a slower approach to closing more recently assessed facilities. In November 2011, it established a regional Alternative Care Task Force, and 18 zones and six city administrations in the region had also done so.

Another assessment of 32 child care institutions was conducted in December 2011 by the Regional Taskforce, which found that 720 children (417 boys and 303 girls) were living in those facilities. The assessment also determined that four care facilities with a total of 11 children should be closed, two were being allowed to continue with a final warning, and two were continuing with close supervision by the Regional Taskforce. Domestic adoption appears to be increasing in the region, though not necessarily of children in residential care. Within the region, a total of 685 children had been formally adopted in the last year. In addition, 18 zones in the region reported that more than 2,000 children had been informally adopted. The promotion of domestic adoption is the regional government's primary strategy for children without adequate family care. MOWCYA has facilitated visits by representatives of other regions (Amahara, Tigray, Harar and Addis Ababa) to learn from Oromiya's experience with family preservation, alternative care arrangements made by *iddrs* and other community-based mutual aid groups, and deinstitutionalization.

OTHER DEVELOPMENTS RELATED TO CARE REFORM

The **Yekokeb Berhan Project** of USAID/Ethiopia aims to benefit 500,000 highly vulnerable children. The five-year project (April 2011 – April 2016) is funded by USAID/Ethiopia with a total budget of \$100 million. The DCOF-funded deinstitutionalization project complements this much larger project. Yekokeb Berhan includes two components. The larger (\$92 million) is managed by Pact, with activities to be implemented together with FHI360, ChildFund, and 50 local partner organizations. The project is also complemented by activities carried out by UNICEF with a budget of \$8 million, including the \$2.4 million provided by DCOF. Along with the Government's Alternative Care Task Forces, the Yekokeb Berhan partners will be able to help monitor the situation of reunited children and link their families with support to be able to provide adequate care. The project will directly support the regional BOWCYA

offices to strengthen structures for coordination of care and support to highly vulnerable children. UNICEF, with funding from the DCOF-funded deinstitutionalization project, has been working to strengthen these offices, so close coordination between the two projects is essential.

The Embassy's Working Group on Highly Vulnerable Children met during the DCOF visit, and the team attended and described the purpose of its visit. The meeting involved discussion of ways to better inform the Ethiopian public about ICA, including the provision of informed consent by families and countering fraudulent information that has influenced some families to give up children. There is potential to collaborate with UNICEF on this issue.

The **Ethiopia Alternative Care Network** is a public-private partnership. At the time of the visit about 23 bodies were participating in the Network, including MOWCYA and both Addis Ababa and Oromiya BOWCYA. It was due to be launched formally on March 5, 2012. Participating NGOs are involved with implementation and governmental members have responsibility for policies, standards, and oversight. The Steering Committee is chaired by MOWCYA and includes representatives of GoE, UNICEF, the Oak Foundation, and both national and international NGOs. Half of the Network's initial budget of \$100,000 has been provided by the Oak Foundation and half by UNICEF with DCOF funds. The secretariat of the Network is to be based at MOWCYA. It is anticipated that the Network will complement and strengthen the process of deinstitutionalization that the GoE is implementing with UNICEF support, particularly concerning the development of family-based alternative care.

KEY ISSUES

On the whole, it seems that some progress is being made and over time Ethiopia's system of care may become more coherent, integrated and effective. The following are issues that the DCOF team found important to highlight.

Improvement is needed in the approach to economic strengthening. Extreme household poverty is a driving force behind the institutional placement of children and for children being relinquished to be adopted internationally. It is also a major factor affecting the possibility of sustainable family reintegration for children when family tracing is successful. Based on the limited number of home visits that the team was able to make, it appeared that a more varied set of approaches is needed for economic strengthening to support children's sustainable reintegration into families. Sustainable reintegration with a family requires an approach to economic strengthening that is appropriately tailored to each household's particular circumstances. In SNNPR it appeared that the government personnel caring out the family reunification process are using a one-size-fits-all approach of a specific progression of assistance over four months, then a loan of 3,500 birr. This approach seems likely to have a high rate of failure, with significant risk to the reintegrated children.

The kind of approach that is needed depends on the particular circumstances and capacities of a family and how deep in poverty they are. The households that the team visited in southern Ethiopia appeared to need sustained cash transfers to stabilize their situation instead of loans. Access to a savings opportunity might be a subsequent step. That might be followed by training in a skill relevant to the labor market or local business opportunities. Access to credit might be an eventual follow-on step. Information cited from USAID's LIFT program and the CGAP-Ford Foundation Graduation pilot projects suggest the kinds of approach that are needed.

An integrated approach is needed to ICA and Family-based care. What can be achieved regarding deinstitutionalization and the reform of alternative care in the country is strongly influenced by ICA practices from the level of families to the national level. ICA came up in almost every conversation that the team had and is a major influence on what is happening regarding vulnerable children and families, including the provision of alternative care. The report cites key observations of Dr. Jini L. Roby that she had prepared during a consultancy for UNICEF Ethiopia.

The lack of adequate regulation of ICA, particularly at the “entry” points of alternative care, is highly problematic. ICA is a major secondary force driving placements of children into residential care, poverty being the primary underlying factor. Effective care reform in the country requires an integrated mix of approaches, such as prevention of unnecessary family separation, institutional care, foster care, local adoption, ICA, and other forms of care. However, the fragmentation of authority, the conflicts between different levels of government and the government's apparent ambivalence toward NGOs, as well as the underlying dynamic of extreme poverty make this difficult to do. The situation is complicated by popular misperceptions about ICA. The impression given is that ICA, which should be part of a national strategy to ensure care for children without adequate family care, functions independently, driven by a substantial amount of resources. If Ethiopia is going to have a sustainable approach to ICA, it must be ethical, well-regulated, and integrated with the development and strengthening of family-based care.

The “**best interests of the child**” must be considered every time a placement decision is made. UNICEF has developed appropriate guidelines for making such decisions for individual children, for example, when a decision needs to be made whether to reunify a child with a family that has been traced, place the child in kinship or foster care, facilitate adoption, or keep the child in institutional care. In SNNPR, it appeared that some additional training may be needed in how to apply these guidelines. The team had the impression that some frontline workers may be so strongly convinced that children belong with their parent(s) that this conviction may override realistic assessment of the capacity, if not the willingness, of a parent to provide care. Conducting periodic training and discussions among personnel involved with making such “best interests” determinations can help ensure that good decisions are made about each child’s placement.

An **operations research** component could help inform the deinstitutionalization project through measuring the outcomes for children of reunification and reintegration activities and feeding this information back to the project.

Some **systems issues** need to be addressed. UNICEF has developed effective working relationships with MOWCYA and the other governmental bodies involved in documentation, tracing, family reunification, and alternative care placements. The inter-governmental Alternative Care Task Forces appear to be a good mechanism for planning and implementing this process. UNICEF has developed effective tools to for the work being done. Its approach of embedding social work staff appears to be effective. However, civil society involvement and the technical expertise that it could contribute are lacking.

USAID expects that there will be an effective collaboration between the deinstitutionalization process that UNICEF is supporting with DCOF funds and the Yekokeb Berhan project. The social welfare workforce strengthening component of Yekokeb Berhan may provide a means for helping regional governments to find ways to sustain such work over time. It will be necessary for UNICEF to facilitate a working relationship between Yekokeb Berhan’s Ethiopian partner NGOs and Alternative Care Task

Forces. It will be important for both USAID-funded projects to support without supplanting local capacities (of *kebeles*, CBOs, and other mechanisms) for reintegrating children and strengthening families.

In Dire Dawa and Harrar, the issue of staff turnover (government or Alternative Care Task Force members) was significant. For instance, the team dismissed the possibility of tracing the families of young children. Coordination is lacking between among the federal and zonal levels. The work in Addis Ababa is largely being done by social workers employed by UNICEF, and it appears to be progressing well. It is not clear, though, whether the work is going to move beyond the three State-run child care institutions.

RECOMMENDATIONS

1. In consultation with BOWCYA and BOLSA in SNNPR, UNICEF should arrange for technical support from an organization with demonstrated effectiveness in Ethiopia with economic strengthening of extremely poor households. With the aim of supporting the reintegration of separated children, the focus should include both developing an approach more tailored to the assessed needs and capacities of vulnerable households and training in how to implement this approach effectively. Experience in developing such an approach in SNNPR should subsequently inform work in other regions.
2. UNICEF and the U.S. Government should collaborate in supporting the Ethiopian Government to develop and implement an integrated and ethical approach to ICA and family-based care (family preservation, family reunification, and alternative care).
3. UNICEF should work with SNNPR BOWCYA to develop and pilot training for making best interests determinations for children. Once developed and tested, the training should be offered in other regions.
4. UNICEF should explore the addition of a monitoring research component to inform and improve the process of deinstitutionalization.
5. UNICEF should collaborate closely with USAID and Pact to establish a mechanism to ensure effective coordination among deinstitutionalization activities, monitoring of reunited children, and development of an integrated national system of family-based care.

BACKGROUND

Ethiopia's population this year is estimated to be approximately 93.8 million,¹ with just over half being children under age 18.² There are at least 7,000 children living in 149 residential child care facilities in Ethiopia. In 2008, Family Health International (FHI) did a study that identified approximately 6,500 in 87 registered institutions³; however, that study did not include either unregistered institutions or transit homes linked to intercountry adoption. Taking into account the figure from FHI and recognizing that over 4,300⁴ children were adopted internationally from Ethiopia in 2009 and that almost all of these children came through residential care facilities considered transit homes, UNICEF has said that the current number of children in residential facilities (including transit homes) likely falls in the range of 7,000 – 11,000.

In 2010, Ethiopia's Ministry of Justice (MOJ) carried out an assessment of residential care in the country. This process included 149 institutions, assessing them in relation to Ethiopia's *National Guidelines for the Alternative Care of Children*. That process classified child care facilities into three categories:

1. In compliance with the *Guidelines*,
2. Not in compliance and warned that specific improvements were needed, and
3. Significantly out of compliance and to be closed.

There were 45 institutions in the third category.⁵ While institutions slated for closure in most regions have been verbally notified, they have not yet received official letters to this effect.

UNICEF, concerned that institutions might simply be closed and children moved to higher standard orphanages (as had been done in Oromiya in 2009), recommended that the Government of Ethiopia (GoE) use the opportunity to move as many children as possible into family care. In November 2010, UNICEF informally approached DCOF about providing emergency funding to support deinstitutionalization and placement of an estimated 900 children into family care or independent living. The placement options would include reunification with one or both parents, kinship care, local adoption, foster care, or independent living for older adolescents. Successive proposals and technical comments were exchanged, and since September 2011, USAID's Displaced Children and Orphans Fund (DCOF) has provided UNICEF with \$2,461,000 in funding to support this process for the project, Deinstitutionalization of Children through Increasing Family-Based Care for Children in Ethiopia. This funding has been provided through two channels, a global Public International Organization (PIO) grant with UNICEF headquarters (\$1,070,000) and USAID Ethiopia's PIO with UNICEF Ethiopia (\$1,391,000).

¹ International Programs, U.S. Census Bureau, <http://www.census.gov/population/international/data/idb/country.php>

² State of the World's Children: Special Edition, Statistical Tables, UNICEF, November 2009, pp. 8 & 28.

³ *Improving Care Options for Children in Ethiopia through Understanding Institutional Child Care and Factors Driving Institutionalization*, Family Health International, June 2010.

⁴ Jini L. Roby, "Intercountry Adoption in Ethiopia: Procedures & Tools," First Draft, July 30, 2011, prepared for UNICEF Ethiopia, p. 1.

⁵ The Government of Ethiopia has provided UNICEF some regional totals of children enumerated during this process, but no total figure. As indicated later in this report, some residential care facilities were not included in the 2010 enumeration process, and it is anticipated that they will be assessed, as well.

In February 2012, the DCOF team of Cathy Savino and John Williamson, visited Ethiopia February 6 – 17, 2012, to review the progress of the deinstitutionalization process and UNICEF’s support to it. They met with personnel at the U.S. Embassy and USAID/Ethiopia, and together with UNICEF, they met with the Minister of Women and Children’s Affairs Zenebu Tadesse W/Tsadik and GoE Alternative Care Task Force members in SNNPR, Addis Ababa, Dire Dawa, Harrar, and Oromiya. Their travel and meetings in Ethiopia were facilitated by Ibrahim Sesay, senior child protection officer of UNICEF Ethiopia. Their itinerary is included in Attachment 1 and their primary contacts are listed in Attachment 2.

OVERVIEW OF THE DEINSTITUTIONALIZATION PROJECT

The final version of the UNICEF Ethiopia project proposal was for the three-year period, January 2011 – December 2013. The basic approach is for UNICEF to “provide technical assistance and support to key government institutions in their efforts to deinstitutionalize children and increase placement in family-based care.” The projected outcomes are:

- Decrease in the number of children in institutional care;
- Increase in the use and availability of family-based alternative care such as reintegration, kinship care, foster care and domestic adoption; and
- Parents and policy makers more aware of the risks associated with placing children in institutional care.

The three strategy areas are:

1. Strengthen the social welfare sector around community based alternative care options
2. Strengthen and promote community based alternative care in line with international best practice
3. Enhance national and community awareness to protect children

The project has four objectives:

1. Improve technical and management capacity of the MOWCYA, MOJ and other GoE partners to provide child protective and community based alternative care services for approximately 7,000 to 11,000 children living within 149 child care institutions
2. Increase institutional and operational capacity of GoE institutions, child care institutions, CSOs⁶ and communities to improve the standard of care and protection of 7,000 children in 149 child care institutions and access to family and family-based alternative care and reintegration services
3. Increase technical and institutional capacity of GoE institutions and partners to effectively inform parents, communities and local leaders about the value of family based care and the risks of out of home placement through targeted public awareness campaigns and information sharing
4. Build and strengthen information management and data collection systems of GoE partners to allow for better tracking of children within the care system and informed policy and

⁶ Community service organizations

programming responses, as well as improved local and national reporting on alternative care and child protection progress and outcomes.

The key results to be achieved are:

1. A minimum of 900 children are deinstitutionalized from 45 child care institutions in six regions of the country – Addis Ababa (city administration); Oromiya; Amhara; Southern Nations, Nationalities, and People’s Region (SNNPR); Harar; and Dire Dawa (city administration) – and they are reunified with families, placed in foster care or kinship care, or are adopted domestically.
2. Approximately 7,000 children living in 149 child care institutions in six regions of the country are documented with individualized case plans. An unknown number of these children will be reunified or placed in alternative care settings or transition into independent living. This number may range from several hundred to thousands.
3. GoE institutions mandated with family support, child protection and alternative care oversight abilities in the area of alternative care strengthened.
4. Key GoE ministries and regional counterparts have increased capacity, knowledge and skills to appropriately inform colleagues, partners, and parents about basic children’s rights, the negative effects of institutional care on children and the emerging family-based alternative care system.
5. Management information and tracking of children within the care system and national reporting on alternative care and child protection progress and outcomes improved.

In its report submitted in October 2011, UNICEF proposed changing the target for the number of children to be deinstitutionalized, saying, “An estimated 900 separated children in 45 institutions were included in the DCOF project proposal but actual number of separated children verified after the actual documentation process stands as 397, less than previously expected as initial numbers were estimates.” DCOF has not formally responded to this proposed change.

MOWCYA is in charge of the deinstitutionalization process, and other ministries and bureaus are actively involved. With the encouragement of UNICEF, MOWCYA established an inter-ministerial working group to collaborate on children’s issues. Participating ministries include the MOJ, the Ministry of Labor and Social Affairs (MOLSA), the Ministry of Finance and Economic Development (MOFED), the Ministry of Education (MOE), the Ministry of Health (MOH), and the HIV/AIDS Prevention and Control Office (HAPCO). At the regional level, UNICEF has assigned a master’s degree level IDFTRR (identification, documentation, family tracing, reunification, and reintegration) specialist in each BOWCYA office in each of the six regions where the deinstitutionalization project is being carried out.

The statistics available from the regions and other administrative areas in which UNICEF is currently supporting government efforts to deinstitutionalize children are presented in the table below.

Region	Number of Institutions Assessed in 2010	Number of Children in Institutions Assessed in 2010	Number of Institutions Designated in 2011 for Closure	Number of Children in Institutions Designated in 2011 for Closure						
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*** 23 facilities were already closed in September 2011 and 305 children moved to other institutions pending alternative placement.

**** Partial, does not include Addis Ababa, for which statistics are only available for three State-run institutions.

The family placement process is most advanced in SNNPR and Addis Ababa. As of February 2012, 90 children had been reunified, 15 adopted locally, three placed in foster care, and more placements were in process.

Documenting Children in Institutions

The 2010 GoE assessment of institutions found that documentation on children typically ranged from non-existent to very limited. To address this need UNICEF in collaboration with MOWCYA developed an extensive set of forms to document the family background and case histories of children in residential care and to be used in making alternative placements. UNICEF is supporting the preparation of a six-page documentation form on each child in residential care in the six regions and administrative areas where the project is working. As of August 2011, this form had been completed for a total of 3,060 children (three hard copies for each child), and of this total 2,496 had been entered into a national electronic database. Hard copies of files are used for casework.

The documentation system that has been developed for children in residential care has the potential to be adapted and applied more widely. It could be used, for example, to document street children and other highly vulnerable children as part of a case management process addressing solutions for them. The lessons learned in developing and implementing this system are being applied to the development of the much larger database of children to be served through USAID's much larger project, Yekokeb Berhan (see description below, on page 15).

REGIONS VISITED

The DCOF team met with Alternative Care Task Force members and IDFTRR officers in five of the six regions where the project is being carried out. The two-week visit to the country did not allow sufficient time for a trip to Amhara, and the work is not as advanced there as in other regions. An overview of each of the regions visited is provided below.

SNNPR

This region has a population of approximately 15 million with 56 different ethnic groups. The DCOF team visited SNNPR February 8 – 11. In the regional capital of Awassa, the DCOF team met with members of the Regional Task Force for IDFTRR, Alternative Care Arrangement and Independent Living and the regional IDFTRR specialist. The Regional Task Force operates under the authority of the Regional President's office. We also met with members of zonal-level Alternative Care Task Forces in Wolaita Soddo of Wolaita Zone.

Regional and zonal Alternative Care Task Forces in SNNPR appear to be working diligently to address the issue of unlicensed and substandard institutions. In September 2010, led by the Ministry of Justice, the region's Alternative Care Task Force assessed conditions in 35 residential care facilities housing 694 children. These facilities, which at the time represented 41 percent of the total in the region, were selected for review based on complaints that government offices had received about the quality of care. The assessment found that 95 percent of the facilities assessed were focused on intercountry adoption, primarily serving as transit points prior to the transfer of children to institutions in Addis Ababa. We were informed by the regional Task Force that approximately 80 percent of all the children adopted internationally from Ethiopia come from SNNPR. The assessment found that most of the orphanages assessed either had no certificate to operate or their certificate had expired. Documentation on the backgrounds of children in these facilities was generally very poor, and in some cases false.

Federal and regional officials decided that conditions in 23 of the 35 facilities were so bad that they should be closed, and this was done in June and July 2011, approximately nine months after the assessments were done. A total of 305 children were transferred to 13 other institutions with higher standards of care, pending documentation, tracing, and either family reunification or alternative placement. The government pays 620 birr (\$36.47) per month per capita to these orphanages to support the care of these children. The age profile of these children was quite young, since most of these children had been brought into care by organizations focused on intercountry adoption (ICA). Eighty-four percent of the children from the 23 institutions closed were age five or younger.

By February 2012, a total of 51 (36 boys and 15 girls) children had been reunited with their families. There are also an additional 10 children (3 boys and 7 girls) who had been placed in supervised guardianship in Arbaminch. The families of an estimated 150 additional children are being traced for possible family reunification. Apparently quite a few parents who have been traced are not willing to accept their children for reunification due to sheer poverty and the sense that children will be better off in an institution. BOWCYA estimated that an additional 32 children will be placed in foster care.

With the exception of 23 orphanages in SNNPR that were closed in September 2011 by the Bureau of Women, Children, and Youth Affairs (BOWCYA) and the regional Alternative Care Task Force, the others have been allowed to remain open pending the development of family-based alternative placements. In SNNPR, a total of 305 children (171 boys and 134 girls) were moved from the 23 facilities

that were closed to other institutions in the region. A total of 21 children (8 boys and 13 girls) had been taken by the Federal Instance Court for ICA. A measles outbreak killed 13 children (6 boys and 7 girls).

There are 50 orphanages in the region that have not yet been assessed by the Task Force. In addition to addressing issues in orphanages, the Alternative Care Task Force has been engaged in community sensitization about problems associated with ICA and the benefits of preserving families.

UNICEF indicated that organizations have established around 20 community care coalitions in the region. This is a self-help approach that has been adapted from Tigray, where it is reported to have worked well. These community groups raise funds and generate resources locally to respond to needs among the most vulnerable community members, both children and adults. In some other regions, like Oromiya and Dire Dawa, existing community structures, like *iddirs* (traditional burial societies that have transitioned into groups that support the especially vulnerable) have been strengthened and their scope broadened to support vulnerable community members. Such community mechanisms potentially can prevent unnecessary family separation and support family reunification.

During our discussion with the Regional Task Force, we were informed that staff members of some of the closed institutions were harassing families of children who had been taken into those facilities and discouraging them from taking their children back. Though we could not confirm the information, we were informed that brokers representing some intercountry adoption agencies make payments (a range of 500 – 7,000 birr was cited; \$28 – \$400) to families that relinquish their children for adoption. We were also told that some adoption agencies pay brokers 50,000 – 70,000 birr (\$2,870 – 4,018) per child brought into one of their facilities.

The situation in SNNPR and elsewhere in the country where the age profile of children in care is very young presents particular challenges for family tracing and deinstitutionalization. Older children are able to provide information on their family and place of origin. Because “orphanage” placements in Ethiopia have to a large extent been related to intercountry adoption, a large percentage of the children in sub-standard institutions that are to be closed are very young. Many are unable to provide detailed information on their backgrounds. In SNNPR, we were told that when documentation on children in these facilities is available, it is often based on false information with incorrect names of children and families and locations of origin. Identifying children and establishing their exact ages is hampered by the very limited registration of births in Ethiopia. Only seven percent of children under five years of age in the country have had their births registered.⁷ The lack of birth registration also facilitates the falsification of data on individual children. Consequently, such documents are not only useless for tracing family members, they delay the process unnecessarily. Also, pursuing false information consumes the time of front line personnel as well as the resources needed for their travel. See box, “Resources for Tracing the Families of Young Children.”

⁷ *State of the World's Children 2012*, UNICEF, pp. 120 & 123.

Resources for Tracing the Families of Young Children

Guidance on tracing family members of young children is provided in *The Lost Ones: Emergency Care and Family Tracing for Separated Children from Birth to Five Years*, Marie de La Soudiere, Jan Williamson and Jacqueline Bott, UNICEF, 2007.

<http://www.unhcr.org/refworld/docid/468e2f632.html>

Two documents available through the USAID/DCOF website give particular guidance on tracing the families of young children:

- *Family Reunification, Alternative Care & Community Reintegration of Separated Children in Post-Conflict Rwanda*, Brigette DeLay, International Rescue Committee, 2003.
- *Mobility Mapping and Flow Diagrams: Tools for Family Tracing and Social Reintegration Work with Separated Children*, Brigette DeLay, 2003

http://transition.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/irc.html

Walayita Zone

In Walayita town, on February 9, the team met with members of the zonal Alternative Care Task Force and Woreda-level personnel of Women, Children and Youth Affairs. They reported that 10 institutions in the Zone had been assessed and 10 had been closed. Reasons for closing facilities mentioned included poor health conditions, overcrowding, sending children for adoption when this was not their stated purpose. Of the 63 children in those facilities, the families of 33 had been traced and 14 had been reunited. Radio, television, and posters with photos of children were all mentioned as tools used in tracing families. Another 19 family reunification cases were in process.

Of the children who were in the institutions that were closed, 30 were already in process of being adopted internationally prior to the closures. Following an exchange between regional and federal authorities, the adoptions of those children were allowed to proceed. We were told by members of the Task Force that three of the families of these children had indicated that they wanted their children back, but the adoption process was allowed to proceed.⁸ Three additional institutions remain to be assessed in Walayita.

The Task Force said that often the children in orphanages in the area had been abandoned. Some of these children were apparently born to young, unmarried women who had come to the town area to look for work and who were living without family support. Other children were born to women whose husbands had left to look for work and not returned. The zonal Task Force was organizing community conversations to increase awareness about the causes and consequences of family separation and the importance of family planning. When asked about other possible solutions, they described providing support for agricultural improvement, including making available tools and inputs as well as organizing cooperatives. They also saw a need for greater opportunities to access credit to small business activities.

⁸ These may have been cases where there was a difference of opinion between the Alternative Care Task Force and the Federal First Instance Court, but this is not clear.

Visits to Reunited Children and Parents in SNNPR

Together with regional and zonal Alternative Care Task Force members in SNNPR, the DCOF team visited three households in which children had been reunited. The situation of the three households is described briefly below.

In Awassa town, we talked with a mother whose 7 year old son had been reunited with her. She also has a 9 year old son. Previously, when she lived in Dilla, she had been approached by someone she knew who was working with an orphanage. This friend knew that she was poor and told her that she could send her younger child abroad, and that he could have a good life and return when he was 18 years old. She agreed for her son to be taken into the facility, where three children were living. Later, the mother heard a radio report that a child in an orphanage had died and was afraid that it was her son. She went to the police for help in tracing him. While she was searching for her son, she was contacted by the regional Bureau of Women, Children and Youth Affairs and was told that they would return him to her. She described receiving items in the standard reintegration kit (mattress, pillows, sheets, clothes, sandals, and 1,000 birr).

The mother and child appeared to be happy and the older son was glad that his brother had returned. The younger child, currently age 7, goes to school half days, while his brother goes all day. The mother is away about 12 hours per day while she works in a greenhouse. We were concerned about the child's care while the mother was away.

In Walayita town, we visited the outdoor coffee stall of a young woman whose child had been reunited with her. Her son was 7 and had been in an orphanage for a year before it was closed. She had given him to an orphanage because she had not been able to earn enough to support them. While her son was in the institution, she was working 12 hours a day baking *injera* (traditional Ethiopian bread) for a monthly salary of only 199 birr (\$7.37). Government personnel had come to tell her that the orphanage had been closed and that there was a reunification program. Initially, she was not receptive because she felt that an orphanage could provide better opportunities for the child's health and education. However, they eventually convinced her of the disadvantages of orphanage care, and she decided to take her child back. She had been given a loan of 3,925 birr (\$230.88) from a revolving fund and used that to begin selling coffee. The business training program for the loan program had already been completed for the current cycle, so unlike others, she was given the loan without training. We were told that in the next cycle she would be trained. Although her first loan payment of 180 Birr (\$10.59) was due in two weeks, she had not been able to save any money. Her income was 15 – 20 birr (\$0.88 – 1.18) per day. She said that she sold about 20 cups per day and 2 birr per cup.

In Dilla town, the mother of one of the reunited children attended the meeting with the Task Force and talked with us there and then later at her house. She said that she had been in conflict with her family because she had become pregnant without being married. She sent her son to an institution when he was 6 months old. She was told that she would become rich because her child would be going to America. He lived there for nine months, and she was not allowed to see him. He was a year and a half old at the time of our visit. She and her child live with her mother who helps take care of the child. The mother is working as a cook and going to school at night. They are in discussion with the *Woreda* about how they would use a loan for a business activity. She said that a friend of a woman who worked at the institution was harassing her, telling her that the mother was "standing on her bread" (i.e., undermining her livelihood) by taking back the child.

Dilla

The following day, in Dilla town we met with the Alternative Care Task Force of the zone. In September 2010, five institutions were assessed, and in June and July 2011, four of them were closed due to poor sanitation and health care and other violations of the national standards of care, falsification of documentation on children's (e.g., identifying them as orphans when they had parents). The fifth was given a warning that it would have to improve certain aspects of its care. The assessment team included zonal-level staff members of Women, Children and Youth Affairs, Finance and Economic Development, the Charities and Societies Agency (CSA, which is responsible for registering NGOs, including residential care facilities), and others.

There had been a total of 36 children in the institutions closed, and of them, only three were old enough to provide much information to be used for tracing. The information on the children from the institutions was generally found to be false. The children had been taken to Awassa for interim care in other orphanages of better quality. At the time of the visit, four children had been reunified. Eight children had been placed permanently with the SOS Children's Village because it had not been possible to trace their families, and five are expected to be placed in foster care.

Tracing was being carried out for the families of the other children. Three parents have been located, but they did not want to take their children, saying that conditions in an institution would be better. The Task Force plans to contact relatives to see if they would be willing to take in the children. Local adoption may be a possibility for children not reunited and foster care may be possible if it is not. The Task Force said that while there was interest in local adoption, families were reluctant to adopt because the adopted children would acquire inheritance rights (which would reduce what their biological children would inherit).

Addis Ababa

The largest concentration of orphanages in the country is in Addis Ababa. Based on the assessment led by the Ministry of Justice in August 2010, it was decided that 12 institutions should eventually be closed, though they have not been notified and UNICEF had not been given the names of the institutions nor the statistics on the children living in them. Seventy-six percent of the institutions assessed had a major focus on intercountry adoption. The Addis Ababa Alternative Care Task Force had not yet been established, but terms of reference for it have been presented to the mayor and were awaiting his approval.

The only government-run institutions in the country are in Addis, and BOWCYA in consultation with the mayor's office, decided that the initial focus of deinstitutionalization in Addis would be the three institutions run by BOWCYA of the City Government of Addis Ababa (with total residential caseload of 643 in February 2012). These are:

- Kebebe Tshaye, which provides care for children under eight years of age (135 in February 2012)
- *Kechene*, caring for girls eight years and above and some younger siblings (324 in February 2012)
- *Kolfe*, which is for boys eight years and above (184 in February 2012).

UNICEF, in collaboration with BOWCYA, has assigned three social workers to each of these facilities to do IFDTRR work. On February 13, John Williamson met with Zaid Tesfay Fitwi, deputy director of Addis Ababa BOWCYA, and Mesfin Gebremariam, Addis Ababa BOWCYA IDTFRR expert, and on February 15, he met with three social workers, one from each of the State-run institutions.

These social workers began the documentation process in late November 2011. They had found that the large majority of the children come from outside of Addis; consequently, tracing for most families had been done in collaboration with BOWCYA and the Alternative Care Task Forces in other regions. By February 2012, 37 children had been reunited, and an additional 55 were ready to be reunified. A total of 550 children had been documented and the forms of 307 had been uploaded to the electronic database. Social workers from the three institutions estimated that at least an additional 150 children would eventually be reunified.

A common pattern among children who had been reunified was that of having been sent to Addis to live with relatives who had agreed to send them to school, and the children were to do some domestic work for their relatives. Children were not sent to school, but were expected to work, and many had run away because of maltreatment and abuse and were eventually picked up by the police, who took them to one of the State institutions. Meanwhile, the parents did not know where their children were, and some thought that they likely were dead.

Reunifications had been carried out in collaboration with BOWCYA offices at regional, zonal, woreda, and *kebele* levels. The social workers said that the documentation process needed to provide adequate information for tracing is a labor-intensive process. Often four or five interviews are required to help children recall sufficient information for tracing to begin. They accompany children who are being reunited and noted that all of the families were happy to receive their children. The social workers noted that to improve the process of reunification, better pre-reunification counseling was needed and the efficiency of the process needs to be improved to reduce the length of time children have to wait once their family has been located.

Reunited children and their families are provided the standard reunification kits and 1,000 birr, and a loan to enable families to carry out income-generating activities. Loans are provided by the regions receiving the children through existing programs funded by UNICEF. There was some concern on the part of the social workers based in Addis about the situation into which some of the children have been reunited. They saw a need for increasing the capacity of regional Alternative Care Task Force members who are tracing and assessing families and for there to be para-social workers at the community level who can follow up and support reunified children and families.

Recently domestic adoption of young children (primarily abandoned infants for whom tracing is considered impossible) from the *Kebebe Teshaye* orphanage had increased, a positive development that has been encouraged by BOWCYA.⁹ This was initially supported by The US adoption agency, America World Adoption. A total of 36 had been adopted domestically in the previous six months. A public information campaign was planned to promote domestic adoption.

The social workers recognized that it will not be possible to trace the families of some children, and domestic adoption is likely to be an option only for very young children. For others, foster care, with the aim of the relationships becoming permanent, is seen as the most likely option. Three national NGOs (Mary Joy Development Association, Forum on Sustainable Child Empowerment, and Hiewot Integrated Development Association) had been identified to develop foster care services, but it was not evident

⁹ Up to 85 percent of the infants admitted to *Kebebe Teshaye* are babies who were found abandoned at hospitals and other places.

that actual program development had begun. A request had been submitted to the mayor's office to establish an Alternative Care Task Force in Addis Ababa.

A Reunited Child in Addis

On February 14, we visited one of the two children who had been reunited in Addis. The location was in Woreda 7, Yeka Sub-city. A 10 year old boy has been reunified with a woman with whom he had lived most of his life, the boy's mother never having been able to provide adequate care for him. The reunited child's mother is thought to be working illegally in Qatar. The household includes the boy's guardian, her sister and two of her children.

About 13 months prior to the visit, the mother (who was planning to leave the country to work) sent the boy to live with relatives, who took him to a rural area. They did not provide adequate care, and a court placed him in *Kolfe* Orphanage. He ran away to the house of the guardian. She took him to the BOWCYA office and was told that he had to return to the orphanage. Within a few days, the social workers arranged for him to be placed with the guardian. She is arranging for him to start school. On the day of our visit, the Addis Ababa BOWCYA IDTFRR expert provided her with the form that she needed to sign to become the boy's legal guardian.

She supports the household baking *injera* with an electric oven that she purchased with money that she has earned. She has been recommended to be given a loan, with which she says she will be able to expand her business and better support the household. Both the boy and guardian appeared to be happy to have been reunited.

Dire Dawa

The region has a population of approximately 377,000 with about 36 percent children under the age of 15. Approximately 6,700 orphans and 29,000 vulnerable children were estimated in the last HIV-AIDS Control Office assessment. Ms. Kedija Zeinu of UNICEF and Cathy Savino of DCOF met with 10 members of the Alternative Care Task Force on February 14, 2012 in Dire Dawa.

The Alternative Care Task Force, formed in 2010, has a diverse membership including representatives from local government, justice, police, labor and finance. (It is worth noting that turnover on the task force itself has been high. None of the members had been on any of the assessments, and only one member had received some of the UNICEF training. This high turnover rate was identified as a significant issue that prevented progress.) After a brief powerpoint presentation, some of Dire Dawa's unique challenges emerged. The municipality has 47 *kebeles* of which nine are urban (68 percent of the population) and 38 *kebeles* are rural. However the rural populations is scattered across such a broad area, it presents social workers with a daunting task.

In June 2012, a team from the Alternative Care Task Force assessed conditions in 22 residential care facilities and nine of these, housing 190 children (157 females, 33 males) were selected for review based on their links to intercountry adoption. The other facilities did not offer adoption and seemed to be devoted to a single category of children, such as children with HIV-AIDS, or children of prisoners. They were not considered in the first round of assessments, but future assessments of these facilities is planned.

Of the nine institutions, (commonly referred to as child homes), two were designed to close, six passed with recommendations to improve and one was given a warning. All had legal certification from the Charities and Societies Agency and signed operational agreements. However, most were in poor condition with inappropriate facilities for children, such as poor education and health services, and limited hygiene and sanitation. There was a lack of documentation and no reliable system of recording. Two of the child homes were used a transit centers for ICA. On a positive note, a system of monitoring has been set up and once a month visits are made by the BOWCYA social worker to those homes requiring improvement. For the first time, the committee felt knowledgeable about the child homes. However, since monitoring visits began, child homes that were warned not to add children had in fact added four. They had been given another warning. The paperwork from the Ministry of Justice to force closure of failed child homes had not been completed and there seems to be little that the region could do to make it happen. At the same time, they noted that there were no immediately available placement options either for reuniting these children or placing them in family-based care, though there were plans to develop such options. UNICEF was planning to award a grant to a local NGO to begin the process.

Dire Dawa had worked on two reunifications: in one case, the closest relative is in Canada, and in another the family was reunited. Poverty remains a permanent issue for these families. Often, social workers struggle with what is really best for the child.

Since the first round of assessments, another three child homes had legally opened in Dire Dawa; two related to intercountry adoption. Clearly, intercountry adoption is a driving force even here in this region with a low number of institutions (9) compared to 39 in SNNPR or 41 in Addis Ababa. Though the paperwork for these new facilities had been found to be in good order, without stronger leadership at both the federal and local level on child protection priorities, and real options for placements, new residential facilities that support intercountry adoption are likely to continue.

One promising community resource in Dire Dawa is called *Kebele 20 Hibret Meredaja Iddir*. An *iddir* is a traditional community organization whose members assist each other during the mourning process. Members make monthly financial contributions forming the *iddir's* fund. They are entitled to receive a certain sum of money from this fund, whose rate varies based on how close the deceased is to the *iddir* member. The purpose for such payment is to help cover funeral and other expenses associated with deaths. This *iddir*, started in 1980 in response to the HIV and AIDS crisis, currently has 401 members and they contribute six birr per month (.34 USD). The organization has built up a cash reserve over time, they fundraise and with the proceeds, they have expanded their good works beyond funeral expenses and support the community in myriad ways. The *iddir* pays school fees, health care costs, provide for elders and because of the loyalty the *iddir* engenders, members tend to stay involved for long periods of time.

Harari

The Harari region, whose capital is Harar, is in the Eastern part of Ethiopia and has always been a major trade route. It has 19 urban and 17 rural *kebeles* with a population of 184,000. An estimated 38 percent of the population is children under the age of 14.

With the reorganization of ministries, oversight of child care facilities moved from the Ministry of Labor (MOLSA) to the Ministry of Women, Children and Youth Affairs (MoWCYA). In Harar, this change is taking place slowly, and thus while in each of the other regions there is a Bureau of Women, Children and Youth Affairs, in Harar, the designation is still just the Office of Women, Children and Youth Affairs.

This has the effect of not carrying the weight and seriousness of the task at hand and more practically, means that staff and budgets are severely constrained. It also affects specific processes like the closure of child care institutions. Despite that, the team is motivated and making progress.

Of the nine institutions assessed in Harari, 342 children were identified and documented. In the 2010 assessment that was conducted by the Alternative Care Task Force, one institution was slated for closure and one passed without comment. Another four institutions were given written warnings and told not to accept any new children until improvements were made. The Task Force most often found circumstances that matched the conditions of children's homes in other regions: poor living conditions, lack of health and education for the children, and incomplete or non-existent documentation. Two institutions required further study and no determination has been made.

Harari has its own unique conditions that contribute to weak child protection mechanisms. The population is very transient and the Task Force noted cases of mothers on the move who come through Harar, abandon their child and move onto Somalia or elsewhere. It is less a situation of baby brokers enticing mothers to give up their children, then mothers abandoning their children either in the hopes that they would be better off elsewhere or because they have no family and no means to support a child. Tracing also becomes very difficult in these circumstances. Of the two tracing cases being investigated, one relative has been identified in Canada and another was in Somalia. Social workers agree that a strong advocacy campaign is needed to change the communities thinking.

Oromiya

The team met with and was briefed by members of the Oromiya Alternative Care Task Force and the UNICEF IDTFRR expert at the regional office of the Bureau of Women and Children Affairs (BOWCA), which is in Addis. Oromiya is the largest region in the country and has a population of approximately 27.8 million. There are 21 residential care facilities and 29 transitional homes mainly established for ICA.

In December 2009 (prior to the current deinstitutionalization process), an assessment of 30 child care institutions in Oromiya was conducted, and 11 of them, which were found to be operating below standard, were closed. Seventy-nine children from those institutions were moved to what were considered better performing institutions. Experience from this process has informed not only the current approach being taken in the region, but the whole deinstitutionalization initiative that UNICEF is assisting the government to implement. Some of the outcomes and lessons from that process included:

- The importance of courts and police being involved in the evaluation of children to be placed in care;
- The process of assessment resulted in the improvement of care in institutions and their operating in keeping with the alternative care guidelines;
- Community-based care has increased;
- Domestic adoption has increased;
- The opening of new institutions for ICA has been discouraged; and
- Public awareness of the realities of ICA (e.g., what the termination of parental rights means) has increased.

Also as a result of the experience of closing institutions and relocating children, Oromiya is now taking a slower approach to closing more recently assessed facilities. It had not yet moved to close institutions that were designated for closure, as it did in 2009. In November 2011, it established a

regional Alternative Care Task Force, including the Bureaus of Finance and Economic Development; Justice; Women and Children Affairs; Labor and Social Affairs; and Youth and Sports, as well as the Police. In addition, 18 zones and six city administrations in the region have also formed Alternative Care Task Forces. Their primary roles include assessing and monitoring child care institutions, identifying social care provisions for vulnerable children, strengthening community level alternative care, estimating the number of children in need of alternative care, and mapping social services.

In December 2011 a one-day workshop on alternative care was held involving key government offices and civil society organizations. Five towns with large numbers of vulnerable children (Bishoftu, Adamma, Sebeta, Burau, and Sashshemene) were trained on family preservation and community care. We were informed that work on community-based care is being done in these cities with *iddirs* and NGOs, such as providing economic support and educational materials for vulnerable children.

To develop a regional database for alternative care, three professionals in BOWCYA and two in the Bureau of Labor and Social Affairs have been trained. Documentation of children in 16 institutions has been completed, and data for a total of 702 children had been entered in the database by the time of the visit.

Another assessment of 32 child care institutions was conducted in December 2011 by the Regional Taskforce. It which found that 720 children (417 boys and 303 girls) were living in those facilities, 75 percent of whom were double orphans, 18 percent were in school (presumably indicating that others are younger than school age), five percent were HIV positive, and three percent had disabilities. Also, collectively these institutions provide sponsorship support to an additional 1,149 children in the community, so their focus is not exclusively residential care. Since these facilities were established (the range of dates was not specified), a total of 929 children (461 boys and 468 girls) have been adopted internationally from them. The assessment also determined that four care facilities with a total of 11 children should be closed, two were being allowed to continue with a final warning, and two were continuing with close supervision by the Regional Taskforce.

The preparation of children's files continues in the institutions which have been assessed, as do family tracing efforts. Reintegration support is provided to reunified children and families. *Kebele* and community-level support for vulnerable children and alternative care is being strengthened. An unspecified number of additional child care institutions in the region have not yet been assessed.

Domestic adoption appears to be increasing in the region, though not necessarily of children in residential care. We were told that 685 children had been formally adopted within the region in the last year. In addition, 18 zones in the region reported that more than 2,000 children had been informally adopted. It seems that these cases primarily involved children adopted by extended family or community members who had a previous connection to a child's family, in keeping with the traditional adoption practice, *gudifecha*. The government is emphasizing that such care arrangement should be approved and formalized by a *woreda* court. The promotion of domestic adoption is the regional government's primary strategy for children without adequate family care.

MOWCYA has facilitated visits by representatives of other regions (Amahara, Tigray, Harar and Addis Ababa) to learn from Oromiya's experience with family preservation, alternative care arrangements made by *iddrs* and other community-based mutual aid groups, and deinstitutionalization. Oromiya has shared its experience on how community organizations identify and respond to vulnerable children and how the government is coordinating such efforts.

OTHER DEVELOPMENTS RELATED TO CARE REFORM

Yekokeb Berhan

The DCOF-funded deinstitutionalization project complements USAID/Ethiopia's much larger Yekokeb Berhan Project being implemented by Pact. Along with the Government's Alternative Care Task Forces,

Overview of Yekokeb Berhan

The five-year project (April 2011 – April 2016) is funded by USAID/Ethiopia with a total budget of \$100 million. It includes two components. The larger (\$92 million) is managed by Pact, with activities to be implemented together with FHI360, ChildFund and 50 local partner organizations. The project is also complemented by activities carried out by UNICEF with a budget of \$8 million, including the \$2.4 million provided by DCOF. Through the 50 local implementing partners and the Government of Ethiopia (MOWCYA and other line ministries), the project aims to benefit 500,000 highly vulnerable children. Its goal is to reduce vulnerability and increase resiliency among highly vulnerable children and their families by strengthening systems and structures to deliver quality essential services. Family-centered care management is at the heart of service delivery to children. This approach recognizes that the well-being of a child is linked to and depends upon the well-being of other household members. Key expected results are:

- Strengthened capacity of regional and local government and civil society to collaboratively provide, manage, and monitor integrated, comprehensive care to highly vulnerable children and their families;
- Highly vulnerable children and their families have increased access to health and social services;
- Community members and households caring for vulnerable children have increased and on-going capacity to meet their basic needs; and
- Strengthened shared learning and evidence base is developed to improve programming and inform policy and program investment.

the Yekokeb Berhan partners will be able to help monitor the situation of reunited children and, as appropriate, link their families with support to be able to provide adequate care.

Yekokeb Berhan, as does UNICEF, takes a systems development approach and builds on existing strengths at the family, household, community, and government levels to support the needs of highly vulnerable children. The project works at regional and lower levels and MOWCYA creates and supports linkages between regional bureaus of Women, Children and Youth Affairs with the project to ensure that its work addresses both federal and regional priorities for children. It will work in all 11 regions and administrative areas in the country. The project will directly support the regional BOWCYA offices to strengthen structures for coordination of care and support to highly vulnerable children. UNICEF, with funding from the DCOF-funded deinstitutionalization project, has been working to strengthen these offices, so close coordination between the two projects is essential. In addition, Yekokeb Berhan collaborates with HAPCO offices and Bureaus of Health and Labor and Social Affairs.

USG Working Group on Highly Vulnerable Children

On the second day of our visit, February 7, the DCOF team attended a meeting of the Embassy's Working Group on Highly Vulnerable Children, which was initiated during a visit to Ethiopia of the U.S. Government's previous special advisor¹⁰ on highly vulnerable children, Gary Newton. Participants included representatives of the Embassy's Consular Section, the Centers for Disease Control, Public Affairs Section, PEPFAR Ethiopia Coordination Office, Peace Corps, the Office to Monitor and Combat Trafficking in Persons, and USAID. The DCOF team was invited to describe the focus of its visit. The remainder of the meeting involved discussion of ways to better inform the Ethiopian public about ICA, including the provision of informed consent by families and countering fraudulent information that has influenced some families to give up children. In a subsequent e-mail to the Working Group in response to the draft minutes, we noted that UNICEF is supporting public information efforts that address such issues and that there could be opportunities to collaborate.

Ethiopia Alternative Care Network

This is a public-private partnership that has developed out of the Foster Care Working Group organized by UNICEF in 2010. Initial participants were NGOs involved with foster care programming in the country, but the focus and membership expanded to include alternative care generally. At the time of the visit about 23 bodies had been participating in the Network, including MOWCYA and both Addis Ababa and Oromiya BOWCYA. It was due to be launched formally on March 5, 2012. Participating NGOs are involved with implementation and governmental members have responsibility for policies, standards, and oversight. The Steering Committee is chaired by MOWCYA and includes representatives of GoE, UNICEF, the Oak Foundation, and both national and international NGOs, including Retrak, Pact, and Bethany Christian Children's Services. Half of the Network's initial budget of \$100,000 has been provided by the Oak Foundation and half by UNICEF with DCOF funds. The secretariat of the Network is to be based at MOWCYA.

The terms of reference of the Taskforce describe its purpose as to:

Facilitate active information exchange; promote best practice within alternative care that is reflective of international and national legal frameworks (UN CRC, ACRWC¹¹, UN Guidelines for the Alternative Care of Children, National Alternative Childcare Guidelines); advocate for increased access to, oversight of, and programming of family-based alternative care; and collaborate and coordinate with key government institutions involved in child welfare. The Ethiopia Alternative Childcare Taskforce will promote multi-disciplinary and public/private collaboration on these issues and advocate for technically sound policy and programmatic action at the national level in order to:

- Identify and share specific models, approaches and promising practices in planning, developing, and supporting appropriate alternative care programs for children without family and adequate care
- Stimulate coordination among relevant stakeholders to develop strategies and take actions that will strengthen policy development at the federal level and program implementation at all levels to support the protection of children in need of care

¹⁰ The role of a Special Advisor was mandated by Public Law (PL) 109-95: Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005.

¹¹ African Charter on the Rights and Welfare of the Child

- Identify and share critical resources, tools, and sources of support for the strengthening of alternative child care reform initiatives
- Generate actionable advocacy efforts that will strengthen appropriate alternative care based on the “best interest of the child” principle.¹²

It is anticipated that the Network will complement and strengthen the process of deinstitutionalization that the GoE is implementing with UNICEF support, particularly concerning the development of family-based alternative care.

KEY ISSUES

On the whole, it seems that some progress is being made and over time Ethiopia’s system of care may become more coherent, integrated and effective. The following are issues that the DCOF team found important to highlight.

Improvement Needed in the Approach to Economic Strengthening

An estimated 39 percent of the population of Ethiopia lives below the international poverty line of \$1.25 per day.¹³ Extreme household poverty is a driving force behind the institutional placement of children in Ethiopia and for children being relinquished to be adopted internationally, and it is major factor affecting the possibility of sustainable family reintegration for children when family tracing is successful.

Based on the limited number of home visits that the team was able to make (and our assumption is that these were positive examples of family reunification) it appeared that a more varied set of approaches is needed for economic strengthening to support children’s sustainable reintegration into families, where that is found to be a viable option in the child’s best interests.

Economic Support to Vulnerable Families Accepting Children for Reunification in SNNPR

An existing program is used to provide loans judged capable of managing an enterprise (e.g., a small business, vegetable gardening, backyard poultry). The loan ceiling is the same for all participants, but the disbursement plan is determined by a local committee based on previous experience and current plans of each recipient. Subsequent disbursements are made based on performance. Cash grants can be provided to households unable to manage a business. Grants for school materials and uniforms provided to some children. Households with reunified children have access a loan and cash grants for six months.

¹² “Terms of Reference for the Ethio Alternative Childcare Network, Secretariat and Resource Centre,” pp. 2&3.

¹³ State of the World’s Children: Special Edition, Statistical Tables, UNICEF, November 2009, pp. 8 & 28.

¹³ Improving Care Options for Children in Ethiopia through Understanding Institutional child care and Factors Driving Institutionalization, Family Health International, June 2010, p. 32.

Sustainable reintegration with a family requires an approach to economic strengthening that is appropriately tailored to each household’s particular circumstances. In SNNPR it appeared that the government personnel caring out the family reunification process are using a one-size-fits-all approach of a specific progression of assistance over four months, then a loan of 3,500 birr. Approaches are needed that are better tailored to the depth of poverty and capacities of each household, and this will require some specialized technical expertise.

In addition to a good assessment of a family’s circumstances and commitment to a child and a process of determining a child’s best interests in discussion with them, sustainable reintegration with a family requires an effective approach to household economic strengthening. Such factors as the following need to be considered: the household’s existing sources of income and livelihood support, economically relevant knowledge and skills, access to resources, capacities, and constraints. In SNNPR family reintegration support included a reintegration kit (mattress, pillows, clothes and some other items), a cash grant of about \$60, monthly grants of about \$8 for three months, then a loan of a bit more than \$200 to start a business activity. This standardized approach risks having a high rate of failure, with significant risk to the reunited children.

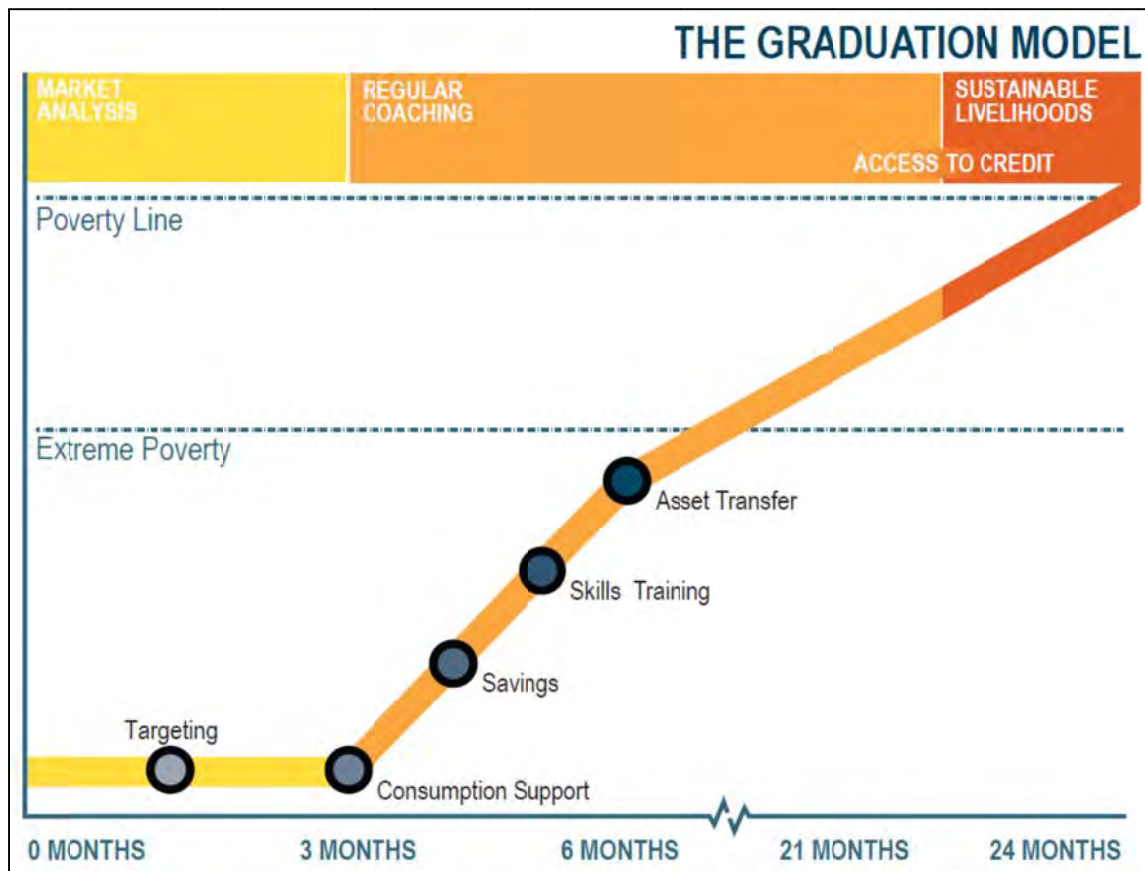
The chart below from the assessment of USAID’s LIFT program suggests the kinds of approaches that are needed. The economic assistance to a household needs to be conditioned upon how deep in poverty they are and their particular circumstances. The households we visited in southern Ethiopia did not appear to need loans as much as they needed sustained cash transfers to stabilize their situation. Access to a savings opportunity might be a subsequent step. That might be followed by training in a skill relevant to the labor market or local business opportunities. Access to credit might be an eventual follow-on step.

LIFT’s Conceptual Framework for Livelihoods and Vulnerability

		HOUSEHOLD STRATEGIES	ES OBJECTIVES	ES INTERVENTIONS		
<div style="text-align: center;"> <p>Less Vulnerable</p> <p>↑</p> <p>More Vulnerable</p> </div>	Income and asset growth	Higher economic risk/return activities	<div style="text-align: center;"> <p>Promotion</p> <p>↑</p> </div>	Expand household income and consumption	Workforce development; business development services (BDS); Micro, small and medium enterprise development	Formal credit and savings
		Low economic risk/return activities; diversifying income sources; building productive assets			Smooth income and promote asset growth	
	Risk reduction	Asset depletion; wage and migratory labor; reduce spending and consumption; borrowing; drawing on social assets	<div style="text-align: center;"> <p>Protection</p> <p>↑</p> </div>	Smooth income and manage cash flow	Strengthen social networks; financial literacy; cost reduction	Informal credit and savings
	Loss management	Asset depletion; reduce spending and consumption; borrowing; drawing on social assets		Build self-insurance methods and protect assets	Access to safety nets; financial literacy; cost reduction	
	Distress	Depending on charity; breaking up household; migrating under stress; reducing food intake	<div style="text-align: center;"> <p>Provisioning</p> <p>↑</p> </div>	Recover assets and stabilize consumption	Access to social services; cost reduction	Asset transfers

Scott Arche, Lisa Parrott, Benjamin Rinehart, Jim Dempsey, Ben Fowler, and Joan Hall, *Assessment of USAID/PEPFAR's Economic Strengthening Programs in Ethiopia: August 2010 - October 2010*, LIFT project for USAID, p. 14.

The CGAP-Ford Foundation Graduation pilot projects are based on a similar concept: providing a sequence of safety net support, livelihood assistance, and micro-loans to enable extremely poor households to graduate from poverty (<http://graduation.cgap.org/>). The Ethiopia CGAP-Ford Foundation Graduation Pilot might offer some examples of approaches that could be adapted to support poor households reintegrating children: <http://graduation.cgap.org/pilots/ethiopia-graduation-pilot/>.



From CGAP-Ford Graduation Project website: http://graduation.cgap.org/wp-content/uploads/2011/04/Graduation_Model_Chart_Native-file-revised2.pdf

The CGAP-Ford Foundation pilot project in Tigray might offer examples that could be adapted to strengthening poor households that decide to reunite with their children: <http://graduation.cgap.org/pilots/ethiopia-graduation-pilot/>

We would like to emphasize that giving loans is not necessarily the wrong approach; it just needs to be matched to the right household at the right time. For example, we visited a household in Addis, where a reunification had taken place, which appeared to be a potential candidate for a loan (See box, "A Reunited Child in Addis"). In this case, the guardian already has a business baking the local bread.

She bought the oven that she is using with money that she had saved on her own. With some additional cash, she saw how she could increase her business. The social worker from the Woreda office of Women, Children, and Youth Affairs said that they anticipated that a loan was going to be available to her through a HAPCO program.

An Integrated Approach Is Needed to ICA and Family-based Care in Ethiopia

The focus of our visit was DCOF's funding for deinstitutionalization, which is largely being implemented at the regional level and below, with guidance from MOWCYA, and the DCOF team did not attempt to explore the country's current system of intercountry adoption. However, ICA came up in almost every conversation that we had and is a major influence on what is happening regarding vulnerable children and families and the provision of alternative care. What can be achieved regarding deinstitutionalization and the reform of alternative care in the country is strongly influenced by ICA practices from the level of families to the national level.

The following excerpts from "Systemic Assessment of the Intercountry Adoption Process in Ethiopia" that Dr. Jini L. Roby prepared during a consultancy for UNICEF Ethiopia succinctly describe key issues that are particularly relevant to the care reform issues that DCOF funding seeks to address:

Another key element is the working arrangement between ASPs [adoption service providers] and orphanages. The current flow of any ICA case requires that adoption agencies work with orphanages in order to get access to adoptable children, and this presents perhaps the single-most challenging dynamic in the ICA process. For example, admission to an orphanage is often based on the desirability of the child for ICA rather than genuine need for family-based care. Conversely, about half of the orphanages rely solely on funding from adoption agencies....

Thus far, the overall national child welfare system has largely developed around responding to the demands for ICA, with little government investment in developing a holistic child welfare infrastructure. This has combined with the tremendous "market" forces exerted by powerful ICA-agencies to culminate in the current crisis. This is by no means unique to Ethiopia and in fact is quite predictable....

The difficulties with the ICA process in Ethiopia has developed quite naturally under predictable forces: the impact of AIDS and wide spread poverty, combined with lack of a domestic child welfare system, weak legal and procedural infrastructure, shortage of human and resource capacity, and opportunistic market forces. The ICA process cannot be 'fixed' in isolation of all other systemic components; however, establishing a clear set of ICA standards and procedures will be an important first step. In addition, the accession to the Hague Convention and creating a beginning framework for a national child welfare system are urgent priorities.¹⁴

From the visits made by the DCOF team, it seems clear that the regional and lower level government bodies are taking action regarding family preservation, deinstitutionalization, and family reunification within their areas of responsibility, but there is no evident coordination with any national strategy with regard to ICA.

ICA has increased fairly rapidly in Ethiopia. The total number of children adopted internationally from Ethiopia increased from 227 in 2000 to over 4,300 in 2009. Of those children, the number sent to

¹⁴ Prepared in connection with a consultancy carried out in 2001.

the United States increased from 95 in 2000 to 2,511 in 2010. The U.S. is receiving the largest number of children adopted internationally from Ethiopia.¹⁵

The lack of adequate regulation of ICA, particularly at the “entry” points of alternative care, is highly problematic. ICA is a major secondary force driving placements of children into residential care, poverty being the primary underlying factor. We were told that more than 60 different organizations from 14 different countries are involved in ICA in Ethiopia. From multiple sources, particularly from actors at regional and sub-regional levels, we were given the impression that while some operate in keeping with high ethical standards, others do not.

It seems clear that effective care reform in the country requires an integrated mix of approaches, such as prevention of unnecessary family separation, institutional care, foster care, local adoption, ICA, and other forms of care. However, the fragmentation of authority, the conflicts between different levels of government and the government’s apparent ambivalence toward NGOs, as well as the underlying dynamic of extreme poverty make this difficult to do.

International adoption is a responsibility of the federal government, specifically the Federal First Instance Court, while alternative care and domestic adoption are being addressed by MOWCYA and other bodies at the federal level as well as by governmental actors from the regional to the *kebele* levels. As was described during our visits to SNNPR and Oromiya, it appears that there is a lack of coordination in the implementation of these governmental responsibilities. This is problematic because the country needs an integrated care system. Popular misperceptions about ICA (e.g., that sending your child for international adoption will eventually result in economic benefits not understanding that formal adoption means the termination of parental rights) and the resources associated with ICA have a significant impact at the local level (e.g., the establishment of residential care facilities and competition between the strategies of encouraging families to give up their children for ICA and that of strengthening family capacities to prevent unnecessary separation). The impression given is that ICA, which should be part of a national strategy to ensure care for children without adequate family care, functions independently, driven by a substantial amount of resources.

ICA has a role to play in ensuring care for Ethiopian children without adequate family care. However, the current disconnect between ICA and other efforts from the national to local level to address children’s need for family care ultimately does not serve anyone’s interests, least of all children in need of care. As has been seen in other countries, inadequately regulated and monitored ICA results in the process becoming distorted and some families being misled into relinquishing their children. This pattern can generate a negative public response, criticism of the government, and eventually a severe limiting or shutdown of ICA. Examples of this pattern have been seen in Romania, Guatemala, Cambodia, and Vietnam. If Ethiopia is going to have a sustainable approach to ICA, it must be ethical, well-regulated, and integrated with the development and strengthening of family-based care.

Best Interests Decisions on Placements

The “best interests of the child” must be considered every time a placement decision is made. UNICEF has developed appropriate guidelines for making such decisions for individual children, for example, when a decision needs to be made whether to reunify a child with a family that has been traced, place the child in kinship or foster care, facilitate adoption, or keep the child in institutional care.

¹⁵ Jini L. Roby, “Inter-country Adoption in Ethiopia: Procedures & Tools,” First Draft, July 30, 2011, prepared for UNICEF Ethiopia, p. 1.

In SNNPR, it appeared that some additional training may be needed in how to apply these guidelines. One concern of the team was the possibility that some parents who lack adequate capacity to provide care may be pressured too strongly to accept the return of their children. We had the impression that some frontline workers may be so strongly convinced that children belong with their parent(s) that this conviction may override realistic assessment of the capacity, if not the willingness, of a parent to provide care.

We recognize that family mediation is an appropriate part of a reintegration process. As other programs have shown (e.g., with street children or former child soldiers) it is common for there to be an initial reluctance of families to accept the return of children due to their own poverty or the belief that children would be better off in an orphanage or an alternative placement. It is good practice to talk these issues through with family members, sometimes through a series of discussions. Ultimately, an informed judgment is required about whether family reunification or another placement is in a child's best interests, and these are often difficult, complicated decisions to make. There may be advantages and disadvantages to a child of each available option, with each having long-term consequences. Conducting periodic training and discussions among personnel involved with making such "best interests" determinations can help ensure that good decisions are made about each child's placement.

UNICEF has developed appropriate guidelines for making best interests decisions, which are incorporated into the form, "Case Plan- Pre Reunification and Reintegration Plan" (see excerpt in Attachment 5). However, it appeared that some additional training in how to apply these guidelines would be important.

Research for Project Monitoring

It would be useful to consider adding to the deinstitutionalization project an element of operations research to measure the outcomes for children of reunification and reintegration activities and feeds this information back to the project.

The Center for AIDS Research at Duke University plans to implement a study in Ethiopia linked to specific orphans with a goal "To examine the positive and negative physical and mental health trajectories of children and young adults transitioning out of residential facility care for a variety of reasons, including residential facility closures, aging out and self-other initiated departures."¹⁶ This research is not linked specifically to the deinstitutionalization that the Government is carrying out with UNICEF support, and it does not seem that this research would provide to the project the kinds of feedback that would help revise and refine its approaches and methods. John Williamson and Ibrahim Sesay met with staff members of Stand for Vulnerable Organization (SVO), which is the in-country link for Duke's Center for AIDS Research related to orphans and abandoned children.

System Issues

UNICEF has developed effective working relationships with MOWCYA and the other governmental bodies involved in documentation, tracing, family reunification, and alternative care placements. The inter-governmental Alternative Care Task Forces appear to be a good mechanism for planning and

¹⁶ From a one-page overview of the study provided by the lead researcher, Dr. Sumedha Gupta Ariely.

implementing this process. Civil society involvement and the technical expertise that it could contribute are lacking, however.

The DCOF team was impressed with the tools that UNICEF has developed to support the effective implementation of the deinstitutionalization and family placement process. UNICEF's approach of embedding social work staff to support or implement key action appears to be effective. The social welfare workforce strengthening component of Yekokeb Berhan may provide a means for helping regional governments to find ways to sustain such work over time.

USAID expects that there will be an effective collaboration between the deinstitutionalization process that UNICEF is supporting with DCOF funds and the Yekokeb Berhan project that is managed by Pact. It will be necessary for UNICEF to facilitate a working relationship between Yekokeb Berhan's Ethiopian partner NGOs and Alternative Care Task Forces. Both initiatives seek to develop and strengthen a sustainable child protection system, including and integrating both formal and non-formal mechanisms. With their significant resources, it will be important for both projects to support without supplanting local capacities (of *kebeles*, CBOs, and other mechanisms) for reintegrating children and strengthening families. This will require a careful balance that ensures local mechanisms have the space to do what they can for child safety and well-being, while providing a safety net for children where local mechanisms may fall short.

In Dire Dawa and Harrar, the issue of staff turnover (government or Alternative Care Task Force members) was significant. For instance, the team dismissed the possibility of tracing the families of young children. There was no sense that they were familiar with that specific range of skills and technical approaches that could be used to trace the families of young children (See box, above, "Resources for Tracing the Families of Young Children").

Three new residential care facilities (2 ICA and 1 child care institution) have been opened in Dire Dawa since the first assessment. There is a system in place now to monitor these institutions, but this has not resulted in the hoped for coordination among the federal and zonal levels.

The work in Addis Ababa is largely being done by social workers employed by UNICEF, and it appears to be progressing well. It is not clear, though, whether the work is going to move beyond the three State-run child care institutions.

RECOMMENDATIONS

1. In consultation with BOWCYA and BOLSA in SNNPR, UNICEF should arrange for technical support from an organization with demonstrated effectiveness in Ethiopia with economic strengthening of extremely poor households. With the aim of supporting the reintegration of separated children, the focus should include both developing an approach more tailored to the assessed needs and capacities of vulnerable households and training in how to implement this approach effectively. Experience in developing such an approach in SNNPR should subsequently inform work in other regions.

2. UNICEF and the U.S. Government should collaborate in supporting the Ethiopian Government to develop and implement an integrated and ethical approach to ICA and family-based care (family preservation, family reunification, and alternative care).

3. UNICEF should work with SNNPR BOWCYA to develop and pilot training for making best interests determinations for children. Once developed and tested, the training should be offered in other regions.

4. UNICEF should explore the addition of a monitoring research component to inform and improve the process of deinstitutionalization.

5. UNICEF should collaborate closely with USAID and Pact to establish a mechanism to ensure effective coordination among deinstitutionalization activities, monitoring of reunited children, and development of an integrated national system of family-based care.

ATTACHMENT 1: DCOF TEAM ITINERARY

DATE	LOCATION and PURPOSE	
Feb 6	USAID Mission meetings DCM Molly Phee: Pact, USAID, and UNICEF UNICEF Meeting with management and Protection team	
Feb 7	<ul style="list-style-type: none"> - Meeting of Embassy Working Group on Highly Vulnerable Children, US Embassy - Meeting with UNICEF Protection team - Meeting with Zenebu Tadesse W/Tsadik, Minister of MOWCYA 	
Feb 8	<ul style="list-style-type: none"> - Travel to SNNPR/Awassa - Meeting with SNNPR BOWCYA and Alternative Care Task Force in Awassa Town 	
Feb 9	Wolayita Sodo Town	
Feb 10	Dilla Town	
Feb 11	Debriefing at UNICEF office for BOWCYA Return to Addis	
Feb 12	Sunday – off	
Feb 13	Cathy Savino and Kedija Zeinu Project Officer, ADPH	John Williamson and Ibrahim Sesay
	Travel to Dire Dawa Dire Dawa and Harrar Meetings & Visits	Meeting with AA/BOWCYA Meeting with JeCCDO staff Meeting with Stand for Vulnerable Organization (a group involved with Duke University study)
Feb 14		Visit to Addis Ababa BOWCYA office and reunited child. Social Welfare Workforce Task Force meeting at MOLOSA office
Feb 15	Return to Addis	Discussion with Patrizia DiGiovanni, UNICEF Deputy Representative Meeting with 3 UNICEF social workers assigned to State-run institutions in Addis
Feb 16 Thursday	<ul style="list-style-type: none"> - Meeting with Oromiya BOWCYA and Alternative Care Taskforce - USG debriefing 	
Feb 17	<ul style="list-style-type: none"> - UNICEF debriefing - Lunch with USAID, DCOF, UNICEF team at Hilton Hotel Departure	

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ATTACHMENT 3: FORMS

Forms for IDFTRR

UNICEF provided DCOF with paper and electronic version of forms that it has developed together with MOWCYA:

- Child Profile Form
- Child Registration Form
- Tracing Action Taken Form
- Child Verification Form
- Adult Verification Form for Separated Children
- Case Plan- Pre Reunification and Reintegration Plan
- Child Placement Form
- Handover / Reunification Certificate
- Reintegration Follow-up Form

In addition, UNICEF provided the team with:

- IDFTRR training tools
- Deinstitutionalization Tools
- Tools and forms related to accreditation of child welfare institutions
- Foster Care Tools
- Tools related to Intercountry adoption

ATTACHMENT 4: IRREGULARITIES IN INTERCOUNTRY ADOPTIONS

Excerpt of Jini L. Roby, “Intercountry Adoption in Ethiopia: Procedures & Tools,” First Draft, July 30, 2011, prepared for UNICEF Ethiopia, Irregularities in Intercountry Adoptions

Recent reports of adoption irregularities in Ethiopia have been the focus of many governmental, media and interest groups. Typical concerns expressed have included the following:

- Difficulties in determining the child’s eligibility for intercountry adoption due to perceived fraud, misrepresentation and malfeasance;
- Shortcomings in due diligence efforts by adoption service providers (ASPs—or adoption agencies) to investigate the child’s availability for adoption, and in some cases evidence of solicitation;
- Lack of informed consent, e.g., no counseling process prior to obtaining parental consent for adoption;
- Possibility of ‘induced’ consents through money or other forms of coercion applied to birth families;
- ‘Per child’ remunerations between ASPs and orphanages;
- ‘Exclusive’ relationships between ASPs and orphanages with ‘turfs’ established between ASPs;
- Increased levels of ‘abandonment’ to avoid more stringent relinquishment requirements
- Reliance on questionable information: e.g., use of strangers as witnesses in establishing a family’s petition for destitution;
- Missing information—e.g., ‘unknown’ fathers, missing birth and death certificates;
- Inconsistent procedures and standards used at various levels of the MOWCYA and courts;
- Confusion of roles between the MOWCYA and the Federal First Instance Court (FFIC), resulting in difficult work flow and inefficiency;

ATTACHMENT 5: BEST INTERESTS OF THE CHILD

Best Interests of the child segment of the form, “CASE PLAN- PRE REUNIFICATION AND REINTEGRATION (RR) PLAN”

The best interests of the child The best interests’ principle should be considered in the deinstitutionalization of children without parental and adequate care. It applies to decisions that affect groups of children, as well as individuals.

Article 3: The best interests principle, United Nations Convention on the Rights of the Child (UNCRC)

“In all matters concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the children shall be a primary consideration.”

In summary, any best interests decision should take into account the entire range of the child’s needs and rights (physical, psychological, social, cultural, spiritual, developmental, legal, etc.), the outcome of any assessments, and the immediate and long-term implications of each possible alternative. Determining the best interests of each child requires consultation with the child and all key individuals and parties who know or are involved with the child and who have a contribution to make in terms of the child’s future. Examples of these would include: extended family members, siblings, *Kebele* administration, social workers and NGO staff representatives from foster care placement agency, potential careers, etc. Any decision needs to be based on the child’s long- and short-term best interests and not solely on immediate solutions. Decision-making should also take into account the protection and development of the child, and be firmly based on the rights of the child. However, the child’s participation throughout the process should be ensured.

Guidelines to enable decision-making in children’s best interests

- Decision-making should be individualized.
- An assessment of the child’s situation should be undertaken.
- Make approaches more flexible and responsive (tailor the approach to children’s needs and abilities).
- Ensure children have access to adequate and appropriate information to make informed decisions.
- Ask the child. Child participation is critical, but it does not mean the child always achieves the outcome he or she wants. Consider children’s capacity to participate.
- Involve people around the child and consider their views.
- Consider children’s needs and not just those of adults. Organize discussions between children and adults.
- Get advice or guidance from other sources (international best practice).
- Consider both long-term and short-term impact on children.
- Assess the potential impact on children of proposed decisions. Disaggregate potential impact by age, capacity and maturity.
- Recognize there is not always a ‘best’ or ‘obvious’ solution (in individual cases).
- Consider/offer other options – be creative.
- Consult local laws (legal advice).
- Consider child-centered and child-sensitive approaches (e.g., in cases of court procedures for custody cases, for child abuse cases, for juvenile justice cases, etc.).
- Go in stages – process is important for involving children and supporting them to understand the decision finally taken.