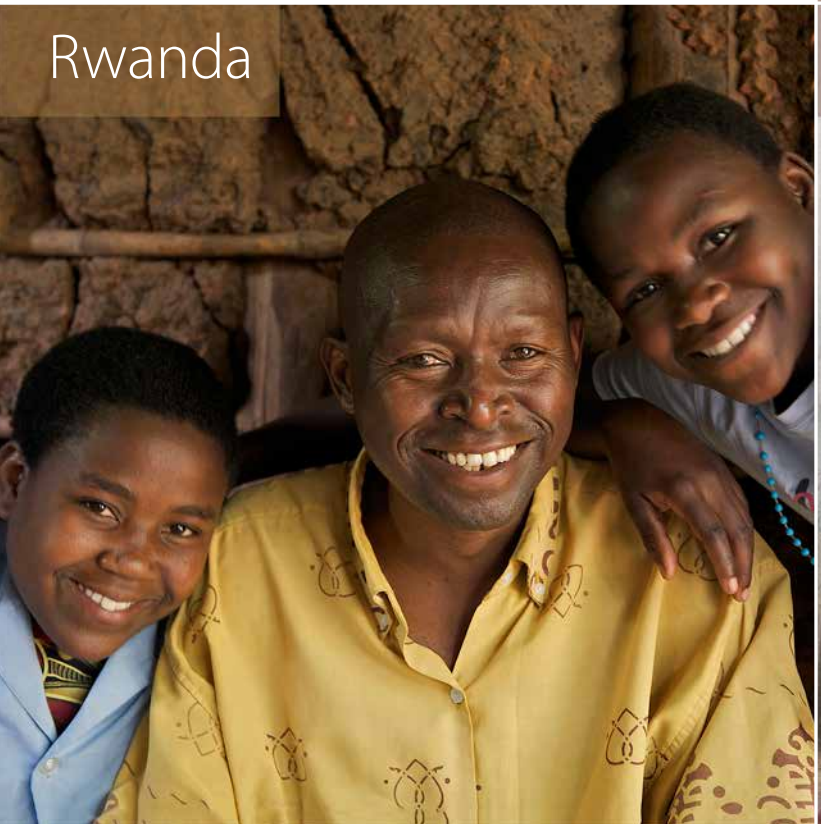
An Analysis of Child-Care Reform in Three African Countries

Summary of Key Findings March 2015



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The three country profile studies – for Ghana, Liberia and Rwanda – are available in full, along with this general summary report, on the BCN website: <www.bettercarenetwork.org>. The reports are intended to promote information exchange and learning within the region, and to reinforce and encourage care reform in other countries.

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Acronyms and abbreviations

CBO	community-based organization
CRC	UN Convention on the Rights of the Child
CRI	Care Reform Initiative (Ghana)
DCOF	Displaced Children and Orphans Fund
DSW	Department of Social Welfare (Ghana)
ECD	early childhood development
FBO	faith-based organization
HIV	human immunodeficiency virus
ICA	inter-country adoption
IRC	International Rescue Committee
MIGEPROF	Ministry of Gender and Family Promotion (Rwanda)
MGC&SP	Ministry of Gender, Children and Social Protection (Ghana)
MoHSW	Ministry of Health and Social Welfare (Liberia)
NCC	National Commission for Children (Rwanda)
NGO	non-governmental organization
P.E.A.C.E Plan	**P**romote reconciliation, **E**quip servant leaders, **A**ssist the poor, **C**are for the sick, **E**ducate the next generation (Rwanda)
UN	United Nations
UNICEF	United Nations Children's Fund
UNMIL	United Nations Mission in Liberia
USAID	United States Agency for International Development
YASS	Young Adult Support Services (Ghana)

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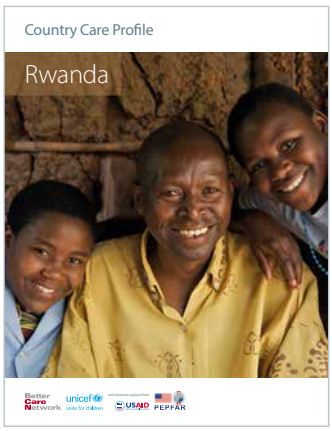
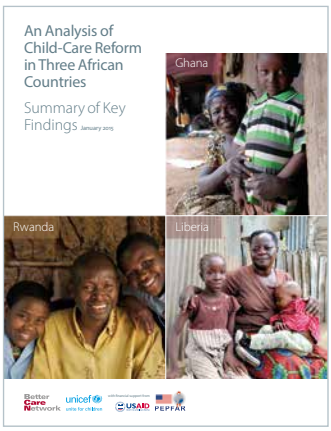
1 Introduction

Many countries across the African sub-continent are witnessing fast-growing economies, improved governance and infrastructure, rising life expectancy rates, better school attendance, and are increasingly becoming hubs for modern technology and direct foreign investment.[1] While many countries in Africa are rapidly moving forward socially and economically, the work is not complete, especially for future generations of Africans. Children and young people benefit from these advances, but can also bear the brunt of the growing inequities that sometimes result from development.

One of the most pressing issues facing sub-Saharan Africa is the care and protection of vulnerable children and their families. Despite positive socioeconomic achievements, countries across the region are continuing to face migration and demographic shifts, endemic poverty, conflict and civil unrest, disease, environmental disasters, and countless other socioeconomic challenges and inequities. These factors and others have increased the vulnerability of a substantial proportion of families. While across the continent communities continue to rely on well-established family – and community-based care arrangements, traditional support structures are being overburdened and children may be exposed to increased risks of violence, abuse, exploitation and neglect, and of losing family care. There has also been an unprecedented increase in privately run and often unregulated residential care. In many contexts, child protection violations such as child abuse and neglect, exploitative labour and family separation place a significant strain on nascent and/or fragile child protection systems, including social welfare services and structures.





Recognizing this child welfare crisis, a number of countries in the region have begun to address the trends by initiating reform processes to better respond to children at risk of separation from parents and children already outside of family care. The issue of care of children, especially those living in residential care, has received increasing attention over the past decade at the global level, as well as within the African continent. This has been influenced by several factors, including a strong evidence base demonstrating that residential care can cause long-term and sometimes permanent detrimental effects on children's cognitive, physical, intellectual and social–emotional development,[2] as well as by the rapid expansion of private residential care in Africa.[3] A 2009 conference on family-based care in Africa, prompted by these trends, reflected a widespread recognition across the continent of the need to shift toward ensuring that children have family care. This was a landmark forum for key actors in childcare and protection to address these issues affecting the continent and what needs to be done. It prompted several countries in the region to initiate national care reforms.[4]

1.1 Purpose and objectives

This report summarizes the care-reform process of three sub-Saharan African countries – Ghana, Liberia and Rwanda. The review covers the key components of the reform including the legal and policy framework, programmes and service delivery, advocacy and networking. The purpose of this document is to increase the visibility of these country examples and provide useful information about their processes, successes, as well as challenges, in order to support further exchange and learning in the region and reinforce and encourage care reforms in other countries.

This report draws from findings of the detailed care profiles of each of the three countries. All three country profile reports are available on the BCN website: <www.bettercarenetwork.org>. These country care profiles provide a more comprehensive overview of key lessons learned, including successes, challenges, gaps identified and promising practices for child-care reform. For more specific information about the approach and tools used, refer to Annexes 1 and 2. For more information about the

lessons learned from each country experience across the different components of the care reform, refer to the three country profiles themselves.

This report and the three country care profiles build on the momentum generated by child-care reform and child protection systems strengthening initiatives, deinstitutionalization efforts, and country-level child protection and care networks in the region. They are intended for governments, non-governmental agencies/organizations (NGOs), community – and faith-based organizations (CBOs, FBOs) and donors. Thus the care profiles can facilitate increased collaboration among national and regional actors who are contributing to, supportive of and advocating for care reform, strengthening child protection systems and family-based care options for children.

1.2 Country care profiles

Ghana, Liberia, and Rwanda were selected as the three countries for this analysis to reflect the geographic, cultural, demographic and socioeconomic diversity of the region. The three countries represent East (Rwanda) and West Africa (Liberia and Ghana). They also represent lower (Liberia and Rwanda) and middle-income status (Ghana). The countries vary in population size: from 4.1 million (Liberia), 11.5 million (Rwanda) to 25 million (Ghana).[5] The poverty levels range from two-thirds of Liberia's population living below[6] the poverty line to one-third of Ghana's population (according to government figures).[7] Rwanda falls in between with a poverty rate of 44 per cent.[8] Liberia and Rwanda have also experienced conflicts, which as highlighted in the accompanying detailed care profiles, have resulted in particular hardships and issues related to childcare and its reform in both countries. Key child-care and HIV indicators for the three countries are compiled in Table 1.[9]

Table 1

Key child protection indicators in Ghana, Liberia and Rwanda

Indicator	Ghana	Liberia	Rwanda
Birth registration (%)	63%	3.6%	63%
Adult prevalence of HIV (% of population)	1.5%	1%	2.9%
Number of children living with HIV	31,000	5,000	27,000
% of children living with both parents	56%	48.9%	64.5%
% of children who have lost one parent	6%	6.5%	9.1%
% of children who have lost both parents	0.5%	0.7%	1.1%

There are similarities in both the contexts and child-care reforms among the three countries. The profile and reasons for children being without parental care and the important reliance on informal care mechanisms for children, in particular kinship and community-based care, are common to all three countries. Reform actions that are similar include child rights-based legal and policy frameworks, a guiding strategy for the reform process and an identified lead government body. In addition, in all three countries there is involvement of all key stakeholders in the reform process – including government authorities at the national, subnational and community levels, international organizations, i.e. UNICEF and other United Nations (UN) organizations, donors, international and local NGOs, FBOs, academics, the social welfare workforce, the media, caregivers and children.

There are also significant differences among the countries. Their contextually varied experiences provide learning opportunities for other countries interested in implementing care reform. Each context is different in terms of the unique role and specific functions that the stakeholders play in the reform, as further described in the following sections. In all three contexts, the timing of the reform process differs. Rwanda's current reform process is relatively nascent, only beginning in 2010, but builds upon the learning generated from reform initiatives that occurred following the genocide. Ghana started the process in 2007, while Liberia initiated its reform in 2009. All the countries consider the reform process to be ongoing, but at the same time all provide helpful examples to other countries and contexts in terms of what has been accomplished, what has worked and what some of the challenges have been within the care reform to date.

Table 2 provides a summary of the shared successes and challenges of the three countries. These will be discussed in detail in this report.

2 What is child-care reform?

For the purposes of this report child-care reform is defined as: the actions by government and other recognized actors to bring about changes to social welfare institutions mandated with child welfare and protection, and practices to improve out- comes for children who are especially vulnerable to risks, such as those living outside of family care. For the purpose of this document and the country care profiles, the focus is on children at risk of losing family care or without family care. In essence, child-care reform can offer an opportunity to strengthen an existing – but often fragile – child protection system.

Table 2

Key child protection indicators in Ghana, Liberia and Rwanda

Shared successes	Shared challenges
• A government body has been identified to lead the care reform. • A national directive, strategy or policy prioritizing child-care reform, including key benchmarks and calls for action, has been issued. • There are strong, child rights-based legal and policy frameworks prioritizing family-based care. • There is a wide range of actors at all levels of the system, including networks and coalitions, actively involved in different elements of the care-reform process. • Donors, in particular USAID, have played an important role in pushing forward care reform and in providing one of the initial impetuses for change.	• Challenges have been experienced in the implementation and enforcement of the laws, policies, regulations and standards related to childcare. • Weak or dispersed data collection and information management systems exist for care reform generally and alternative care more specifically. • There are significant gaps in the numbers, roles, functions and capacity of the social welfare workforce at all levels and among all cadres. • There is limited regulation, inspection and oversight of residential care facilities, despite the reform efforts and legal measures now in place. Closure of residential care facilities continues to be slow and informal, while unregistered residential care facilities continue to open.
• Deinstitutionalization is being utilized as an entry point into larger care reform.	• Although deinstitutionalization is being utilized as an entry point, care reforms are initially centred on residential care – with a narrow view of the issues and concerns surrounding alternative care. • Linkages between care reform and social protection are limited.
• Traditional care responses have been recognized and built upon in the reform process to promote and expand family care.	• There is a lack of mechanisms in place to prevent, detect and respond to cases of abuse, exploitation and neglect in informal arrangements. • The focus on children with disabilities within the care reform is limited, despite the urgent need to provide care and protection for this population group.
• Family tracing and reintegration of children into their families via counselling, mediation, economic empowerment and family support have been prioritized in government strategies.	• There is limited evidence of the outcomes for child well-being as a result of the care reform and the effectiveness of reintegration of children from residential care. • Guidelines are lacking for family reintegration as well as appropriate monitoring and family support, with the child's best interest at the centre of all the work, to ensure reintegration is carried out carefully. • Progress on services for children and young people leaving care is limited. This group remains underserved within the care-reform process.
• Advocacy and public awareness campaigns on the importance of family-based care make up a core component of the care reform.	• Challenges remain in changing the knowledge, attitudes and practices around childcare generally and alternative care more specifically.
• Some successes have been achieved in inter-country adoption reform by developing guidelines, halting adoption if there are ethical concerns, building capacity, and putting steps in place to develop a centralized authority and other mechanisms.	• The focus and investment in domestic adoption is limited.

2.1 Impetus for child-care reform

The governments of Liberia, Ghana and Rwanda have all led concrete actions to reform and strengthen their child-care systems in order to improve the well-being of children and strategies, reflecting the country-specific context and culture as well as the driving factors leading to reform.

Care reforms were prompted by **concerns on the part of governments and civil society actors about a significant expansion of residential care facilities, perceived unethical practices, and increased numbers of children placed in inter-country adoption** (ICA) in the case of Ghana and Liberia, **informed by national assessments and studies.**

In addition, in Rwanda, **concerns voiced by children about care issues and pilot projects** illustrating elements of the care reform, such as piloting the **deinstitutionalization** of selected residential care facilities, were also contributors to the process.

In Liberia and Ghana, care reform resulted directly from investigative assessments and research studies conducted by government, the UN, donors, civil society and journalists between 2006 and 2008.[10] Both documented shifting alternative care patterns, with a significant expansion of residential care facilities. These assessments also found many children's homes to be acting as transit points for children for illegal ICA. In the case of Liberia, the shifts in alternative care practices were greatly influenced and shaped by the 14-year civil war (1989–2003).

Rwanda's reform involved several steps that led eventually to the official reform process. These included a national study of residential care, which created a census of both the number and types of residential care facilities across the country and the number, ages and genders of children in care.[11] This study provided a baseline to inform the planning and implementation of reform actions and to measure the impact of the care reform. Secondly, children involved in the January 2011 National Children's Forum identified childcare as a concern they wanted their government to address. Finally, there was a pilot deinstitutionalization project led by Hope and Homes for Children, with government support and oversight, which helped demonstrate that – with a concrete strategy, appropriately trained social workers and potential alternative care options such as formal foster care – children could leave residential care for family-based options.[12] Key milestones in the reform process for all three countries are illustrated in Table 3.

The residential care assessments and stakeholder reactions were critical in motivating governments to initiate and lead reform processes in all three countries. The assessments found that the majority of facilities lacked proper records, care plans and exit strategies, gatekeeping mechanisms, and did not follow existing regulations in terms of licensing, registration, monitoring and provision of quality services, resulting in major child-rights violations. Despite a general perception that most children in residential care are orphans, the country assessments also found that a significant number – in some cases a majority – of these children had one or both parents living. In Ghana and Liberia, the main 'pull and push' factors for the placement of children in such facilities were: access to education and basic services, food aid, endemic poverty, migratory patterns and family breakdown. In Rwanda, in addition to these problems, the death of a parent was also identified as a major reason for placement.[19] The findings of the assessments, in particular the trends and practices that violated children's rights (in many cases putting them at extreme risk), galvanized civil society and brought the harm being done to many children in residential care to the attention of government officials.

Although also greatly influenced by studies showing the increasing rate of residential care and vulnerability of children living outside of family care, Rwanda's most recent

Textbox 1

Impetus for child-care reform – trends in residential care and inter-country adoption

- **Ghana:** In the late 1990s and early 2000s the number of children's homes or residential care facilities grew steadily, from 10 in 1998 to 148 in 2006. Despite the closure of dozens of these facilities, many new – and mostly unregistered – homes have opened and the number of children living in residential care has increased from 3,388 in 2006 to 4,432 in 2012. Ghana is also now ranked as one of the top seven African countries for inter-country adoption (ICA). According to UNICEF data, between 2009 and 2011 a total of 1,179 children were adopted through inter-country and domestic processes, with a majority (823) adopted inter-country and to the United States (540).[16]
- **Liberia:** Before the war began in 1989, according to reports from the Ministry of Health and Social Welfare (MoHSW), there were only 10 orphanages in Liberia, ICA was not widely practised, and orphaned children were traditionally cared for by extended family members or through informal community arrangements. The war led to an increased national focus on residential care (114 orphanages in 2008) and ICA (1,399 cases between 2003 and 2011) as the primary responses to children deprived of adequate family care. This shifted national resources away from more appropriate family-based alternative care models.[17]
- **Rwanda:** Before the genocide in 1994, 37 residential care facilities (referred to as 'centres' or 'orphanages' in documentation of this period) cared for 4,800 children. This number increased to 55 centres caring for 10,381 children soon after the end of the genocide, reaching a peak of 77 centres caring for 12,704 children in April 1995. As a result of tracing and reunification efforts, as well as an expansion in foster care for children who could not be reunified, this number decreased to 38 centres caring for 5,343 children in 1998; by April 2000, 37 centres housed fewer than 5,000 children. The 2012 national assessment of institutional care for children found that 3,323 children and young adults were living in 33 registered residential care facilities. More than a quarter of all residents were over 18 years of age; while approximately 30 per cent of all children had resided more than ten years or longer in the facility – thus illustrating that exit plans and case management were weak.[18]

Table 3

Key milestones in care reform in Ghana, Liberia and Rwanda

Ghana[13]

2004–2008
- 2006: Government, with support from non-governmental partners, commissions an assessment of children's homes in Ghana due to the rapid increase in number of residential care facilities established between 1996 and 2006.
- 2007: Government, with support from UNICEF and OrphanAid Africa, initiates the Care Reform Initiative, within the Department of Social Welfare (DSW), to strengthen the legal framework for alternative care and push forward deinstitutionalization.

2010
- Approval of National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana.
- Approval of National Action Plan for Orphans and Vulnerable Children, with provisions for child and family welfare.

2013–2014
- The recently appointed Minister of Gender, Children and Social Protection makes public statements calling for reform of the national adoption system and ratification of the Hague Convention for the Protection of Children and Co-operation in Respect of Intercountry Adoption.
- On 20 May 2013, the Government of Ghana issues a moratorium on all domestic and inter-country adoptions and begins taking major steps to reform the national adoption system.
- In 2014, Minister of Gender, Children and Social Protection makes a statement announcing extensive closures of unlicensed residential homes.

Liberia[14]

1989–1991
- Rapid increase of residential care facilities (from 10 in 1989 to 121 in 1991) and ICA due to the civil war.

2004–2008
- Government, UN and international organizations commission assessments of orphanages and ICA in Liberia due to the rapid increase in numbers of residential care facilities established during and following the civil war.

2009
- Government, led by the Ministry of Health and Social Welfare (MoHSW) and with support from USAID, UNICEF and NGOs, begins the process of deinstitutionalization.
- A separate office (Deinstitutionalization and Alternative Care Planning Division) is established within the MoHSW's DSW, to lead the national deinstitutionalization strategy.
- Government issues a moratorium on ICA.

2010
- Approval of Regulations for the Appropriate Use and Conditions of Alternative Care for Children.

2012
- Approval of Children's Act. Key objectives are to: coordinate and stipulate which alternative care services are appropriate if biological parents are unsuitable, deceased or absent and the child cannot be raised either in a kinship or foster-care arrangement; and establish standards for the accreditation of care facilities and provision of family-based alternatives as a priority over residential care.

Rwanda[15]

1994–1998
- Foster care, reunification andreintegration efforts happen on large scale, as a response to high numbers of unaccompanied children and orphans post-genocide.
- Rapid establishment of residential care facilities in response to genocide.
- 1996: Government declares a 'One Child-One Family' Campaign on Day of the African Child to promote family-based care for unaccompanied children and orphans post-genocide.

2010
- Hope and Homes for Children signs a Memorandum of Understanding (MoU) with the Ministry of Gender and Family Promotion (MIGEPROF) to begin a pilot deinstitutionalization effort in Mpore Pefa residential child-care facility.
- Integrated Child Rights Policy approved.

2011
- Children's Summit takes place in January 2011: 800 children representing all areas of the country say they want care for children in families to be prioritized.
- Approval of Law 22/2011 establishing the National Commission for Children.
- Approval of Law 54/2011 on Rights and Protection of Children.
- Adoption of the Strategic Plan for the Integrated Child Rights Policy.

2012
- 622 children leave residential care. Several different actors are involved in this process, which includes both 'spontaneous' reintegration and planned reintegration, such as that involved in the pilot project of Mpore Pefa.
- (January) President makes public remark about commitment to close 'orphanages'.
- (March) Cabinet approves National Strategy for the Child.
- (July) The Hague Convention for the Protection of Children and Co-operation in Respect of Intercountry Adoption enters into force.
- (November) National study on institutions for children is published.
- (November) Development and approval of child-care reform framework (TMM).

2013–2015
- Using different methods, government and NGO actors support the deinstitutionalization of 986 children.
- A national-level coordination team is established, with terms of reference (ToR) developed and approved.

child-care reform trajectory has been slightly different to those of Ghana and Liberia. Rwanda is unique in that it has gone through different phases of child-care reform over the past several decades. The first phase occurred immediately after the 1994 genocide, when organizations such as Save the Children, the International Committee of the Red Cross, the International Rescue Committee (IRC) and International Social Service (ISS) were actively engaged in processes to help identify, trace and reunify separated and unaccompanied children.[20] These successful efforts were a response to the significant increase in new residential child-care facilities that began following the genocide. Both Rwanda and Liberia have utilized, in their current reform processes, the **lessons learned from their crises, especially family tracing and reintegration procedures in emergencies.**[21]

2.2 Stakeholders and strategies involved in care reform

Strong government action and leadership, with the support of a diverse group of actors, is central to the reform and restructure of a child-care system and undertaking sustainable changes to social welfare institutions, practices and general perceptions and understandings of childcare. The three countries illustrate their respective course of action, with both similarities and differences.

First, all three governments issued a **national directive,** strategy or policy prioritizing child-care reform, which included key benchmarks and calls for action. **Donor resources** supported these processes. The national strategies called for strengthening of legal frameworks, emphasizing the importance of family- based care arrangements, reforming and closing residential care facilities, supporting vulnerable families to prevent separation, and expanding family-based alternative care options. The national strategies were further supported by institutional and workforce **capacity-building initiatives** and the formation of government-led **task forces or technical working groups.**

All three country profiles illustrate the importance of **mobilizing and ensuring continued government leadership, political support and buy-in** for deinstitutionalization, family reunification, adoption reform and other measures to take place. While the level of government commitment varied across the countries, they all illustrate the importance of bringing on board, at minimum, the ministry mandated with child and family welfare. The evidence of shifting alternative care patterns and human rights violations helped galvanize the support needed from the respective ministries. The case of Rwanda highlights how care reform has been taken up at the highest government level and how that support has had a knock-on effect, generating momentum and interest through the

numerous administrative levels to the community/grassroots level. On several occasions in public forums, the President of Rwanda has mentioned the government's commitment to care reform.[22] The directive to prioritize care reform, including deinstitutionalization, expressed at the highest government level, was also communicated, implemented and monitored via *Imihigo,*[23] at all levels of government.

Following Ghana's 2006 alternative care assessment, the government identified child-care reform as an area of major concern and a priority issue. To this end, in 2007 it initiated the Care Reform Initiative (CRI) under the leadership of the Ministry of Employment and Social Welfare's (MESW) Department of Social Welfare (DSW), to strengthen the legal framework for alternative care and push forward deinstitutionalization. The CRI is a national strategy to transform the care sector by closing residential care facilities and promoting family reintegration, kinship care and foster care.[24] More recently, the new Minister of Gender, Children and Social Protection has publically called for reform of Ghana's national adoption system, as well as closure of unlicensed residential homes.

Second, in all three countries change has been brought about by the **active involvement of a wide range of actors, government, UN agencies and civil society, at all levels of the system.** In all countries, the care-reform process has been led by a key government ministry/department and has been supported by: UN agencies, international and local NGOs, donors, academic institutions, FBOs, community groups, children's forums or parliaments, caregivers, and national and international media, among others. This involvement has provided human and financial resources towards public awareness, service delivery, piloting of alternative care options, deinstitutionalization and

reunification efforts, and capacity building for caregivers, the social welfare workforce and other key stakeholders. Cross-sectorial coordination is crucial in this respect, not for only child-care reform, but also as an approach to strengthen the broader child protection system.

For example, in Liberia an active group of UN agencies and civil society organizations, which included the United Nations Mission in Liberia (UNMIL), UNICEF and Save the Children, worked with the government to prioritize child-care reform, including reforming the adoption system, between 2007 and 2010. Through regular meetings with the MoHSW, the coalition of stakeholders presented data, trends and findings on alternative care practices. These meetings and findings helped provide a detailed picture of the situation on the ground and mobilized support within the government.[25] The national and international media also played an integral role in raising awareness of the human rights violations of children living in residential care or adopted fraudulently overseas.[26]

The Government of Liberia has also worked with a wide range of committees and technical working groups to carry out the actions of the national deinstitutionalization strategy, for example: the Technical Working Group on Deinstitutionalization of Children, Independent Accreditation Committee, Union of Orphanages, and the Inter-Religious Council of Liberia. It is important to note that the MoHSW has recently expanded its monitoring and awareness-raising groups to include two influential networks, the Union of Orphanages and Christian Aid Ministries, in order to increase understanding about the need to reform institutional care, close poor-quality facilities and shift to a family-based care approach. Both networks are extremely influential in Liberia and this partnership *"has helped in building trust in the process and awareness raising, since it's no longer perceived as [a] 'Government' process."* [27] In 2013, the Christian Aid Ministries, which funds approximately 80 per cent of orphanages in Liberia, released a message from its head office indicating a shift from an institutional care-based strategy to one that is more family oriented.[28]

In Rwanda, in addition to UNICEF, international NGOs like Hope and Homes for Children and Global Partnerships (formerly the Cooperative Housing Foundation) have taken a prominent role in supporting the government's care-reform process.[29] The faith-based community also provides significant support – as with P.E.A.C.E. Plan, a network of FBOs. P.E.A.C.E. Plan is supporting the reform process by taking key care-reform messages and incorporating them into faith-based sermons, lectures and readings[30] to help build awareness of and involvement in the reform process among members of their church.

3 Shared successes

Each country presents unique and interesting successes in promoting effective change of the child-care system. Based within the framework reflective of the 'Guidelines for the Alternative Care of Children',[31] this section examines these successes and provides specific examples from the countries across the key components of the care-reform process and the provision of alternative care services.

3.1. Enactment and implementation of the legal and policy framework

In all three countries, one of the hallmarks of the child-care reform has been **strengthening the legal and policy framework** so that it is rooted in the child rights principles of the UN Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child and the 'Guidelines for the Alternative Care of Children'. In Rwanda, the 1993 Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption helped inform the care-reform process.[32] The assessments and studies in all three countries highlighted the need to **develop standards and regulations** in order to: improve the conditions in residential care facilities; expedite closure procedures; set protocols for the provision of

Table 4

Legal and policy framework in support of care reform

Ghana	• Approval of National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana (2010) • Approval of the National Action Plan for Orphans and Vulnerable Children with provisions for child and family welfare (2010) • Draft domestic and inter-country adoption regulations
Liberia	• Approval of Regulations for the Appropriate Use and Conditions of Alternative Care for Children (2009) • Approval of the Children's Law (2012)
Rwanda	• Approval of integrated Child Rights Policy (2010) • Approval of Law 22/2011 establishing the National Commission for Children (2011) • Approval of Law 54/2011 on Rights and Protection of Children (2011) • Adoption of the Strategic Plan for the Integrated Child Rights Policy (2011) • Draft guidelines on alternative care (foster care and adoption)

family-based care; and develop a framework for prevention and family support services. Each of the governments improved their national legal and policy framework by developing relevant strategies, standards, regulations and guidelines on specific forms of alternative care. These provide an important foundation for the promotion of, and commitment to, family-based care and the establishment of a range of care options.

See Table 4 for a list of laws, policies, strategies, standards, regulations and guidelines developed during the respective care-reform periods for each of the three countries.

3.2. Institutional strengthening and capacity building

A key element of each care reform has been the **establishment or designation of a government body** responsible for overseeing the process and the **associated institutional strengthening required** for that authority to fulfil its mandated responsibilities of coordination and oversight.

In Ghana, the Department of Social Welfare, under the Ministry of Gender, Children and Social Protection (MGC&SP), is leading the care reform. Although there are challenges such as limited funding, there is also a renewed commitment – led by the minister of that department, appointed in 2013 – to make care reform a priority.[33] In Rwanda since 2011, the reform process has by passage of Law 22/2011 established the National Commission for Children – under the Ministry of Gender and Family Promotion (MIGEPROF) – whose mandate it is to protect and promote the rights of children in Rwanda. UNICEF, partner organizations and donors have provided technical support to the National Commission for Children (NCC), while capacity-building needs were identified through a capacity audit conducted in 2013.[34]

In Liberia, the Ministry of Health and Social Welfare (MoHSW) and line ministries have increased capacity and understanding of alternative care via national training of staff on: child protection, utilization of new laws and regulations, prevention of family separation, promotion of family-based care, family tracing and reintegration, and behaviour change.[35] At the time of writing, the trainings had been rolled-out in seven counties using a training of trainers approach.[36] In addition, a capacity needs assessment of MoHSW staff has been conducted, while continuous coaching and mentoring is ongoing.

In Rwanda, specific training programmes and capacity-building activities have targeted key actors involved in the process including: NGOs and FBOs; several different cadres of social workers at every administrative level; academic and training institutes; and alternative family-based caregivers. At the time of writing this report, teams of social workers and psychologists were receiving pre-service training to prepare them for their new positions within 30 district-level government offices. These teams of mid-level professionals will be responsible for casework and oversight of the deinstitutionalization process and will gradually take on a broader range of social welfare responsibilities, including addressing issues of other vulnerable populations like the elderly and persons with disabilities, in addition to this and alternative care work.

Ensuring well-organized and aggregated data collection and use is an essential aspect of any system, including the care system. Although not a strong focus in Ghana's care reform, Rwanda and Liberia have recognized that they needed to strengthen this area and both have initiated specific actions to improve their data collection and management systems. In Liberia, MoHSW with support from UNICEF has initiated a national data system for children in residential care. The database has been developed to monitor alternative care providers and the number and profile of children in residential care. Save the Children, with support from USAID, has also set up county-level databases in six counties with links to Liberia's national database. There has been notable progress in the collection and use of data on children residing in residential care as a result.[37]

In Rwanda, the NCC is mandated to develop, in partnership with the National Institute of Statistics of Rwanda, a data management system for regular status reports on children and their rights. To date several different mechanisms have been used to collect information related to child protection and care; however, at the time of writing these had yet to be integrated into one central database. In response to the situation, a mapping exercise on existing information management systems was conducted. Findings and recommendations were validated in July 2013 and will be used to inform the ongoing process of establishing a comprehensive information management system within the NCC.[38]

3.3. Preventive and family support services

As outlined in the 'Guidelines for the Alternative Care of Children', the foundation of any child-care system is family support services aimed at preventing separation of children from their families and addressing child-care issues within the family, including abuse and neglect, unless it is not in the best interests of the child to remain there. These family support services should be provided as part of a holistic child welfare system designed to address a wide range of child protection issues.

In all three countries, the majority of children have been placed in residential care because of factors such as inadequate access to education, a socioeconomic crisis at home, family breakdown, family violence, being in conflict with the law, a breakdown of traditional child-care mechanisms due to the impacts of war (as in Liberia and Rwanda), teenage pregnancy and other problems. Thus, family support services are an important component of the national care system. Such support can include: economic empowerment and livelihood strengthening, psychosocial support, provision of daycare, early childhood education, family mediation, substance abuse treatment, legal assistance, respite care, family planning, parenting, counselling, nutrition programmes, access to education and health services, and services for children with special needs, among others.[39] Social protection schemes are a particularly useful way of addressing poverty and providing economic safety nets for families. These types of interventions exist in all three countries to a greater or lesser degree, although, as noted in the country profiles, the linkages between social protection and care reform are still nascent.

The Government of Liberia has begun to shift the focus of its alternative care system to place more emphasis on supporting families, as illustrated by the Children's Law, Regulations for the Appropriate Use and Conditions of Alternative Care for Children, the National Social Welfare Policy, and the Essential Package of Social Services.[40] The Children's Law and the National Social Welfare Policy, in particular, place strong focus on strengthening the family unit. The government and NGOs are also piloting social protection schemes.

The Government of Ghana has strengthened its family support and prevention legal framework with the National Plan of Action for Orphans and Vulnerable Children (NPA OVC) and National Social Protection Strategy, which outlines Ghana's social assistance and social insurance programmes.[41] The conditional cash transfer programme, Livelihood Empowerment Against Poverty (LEAP), is Ghana's main scheme aimed at protecting and supporting vulnerable families (targeting the bottom 20 per cent of poor households). The process of reforming the entire child protection system – which began with the mapping of the system in 2010 and led to the process of developing a Child Welfare Policy (due to be validated in 2014) and a Child Justice Strategy (also to be finalized in 2014) – will lead to significant changes in the functioning of the system and the services offered to families.

Rwanda, meanwhile, has enacted a robust legal and policy framework that includes prevention of separation and provision of targeted support to families. Law 54/2011, relating to the Rights and Protection of the Child and

adopted in June 2012, provides an enabling legal framework which recognizes the family and family-based care as not only necessary, but in the best interests of vulnerable children. This law is supported by the Integrated Child Rights Policy and Strategic Plan (2011) and the National Strategic Plan for Family Promotion (2011). In addition, social protection initiatives include the country's national health insurance plan, covering between 85 and 96 per cent of the population.[42] Rwanda is recognized as having an extensive and globally recognized community health worker programme, which has been instrumental in helping Rwanda meet or exceed several health-related Millennium Development Goals (MDGs). Additionally, early childhood development (ECD) has just been identified as a national priority for the country.[43] Actors involved in care reform and ECD are coordinating efforts with the aim to linking families at risk of separation and/or reintegrated children with ECD services.

3.4 Availability and range of family-based alternative care services

In recognition of the 'Guidelines for the Alternative Care of Children', one of the main components of the national care reforms is to place family-based care at the centre of each respective care system. In all three countries, government has **identified existing endogenous care practices and utilized them to promote and expand family-based care.** These models of care allow for a child to continue living in a family environment, rooted in their own culture and traditions. For example, the Manya Krobo Queen Mothers Association (MKQMA) in the Eastern Region of Ghana promotes community-based fostering.[44] In Rwanda the *Malaika Mulinizi* ('Guardian Angels') programme promotes community-based foster care and will be utilized in recruitment and training efforts for formal fostering practices.[45] In Liberia, the Shiata Women of Faith Project is a community-driven response to support teenage mothers in continuing to raise their children while going to school and receiving guidance and mentorship from community elders.[46]

Regarding formal family-based alternative care,[47] all three countries are in the early stages – although there has been some utilization of formal foster care in both Rwanda and Ghana. In Ghana, two NGOs (Bethany Christian Services and OrphanAid Africa) are supporting pilot programmes for formal foster care and kinship care to a small number of children. Between October 2011 and May 2013, Bethany Christian Services registered 82 foster parents and placed 10 or 11 children in foster care.[48] As of September 2013, OrphanAid Africa had registered 33 children in family-type care: both special needs (16) and non-special needs (17) and 11 foster parents (all on a salary).[49]

3.5 Residential care and deinstitutionalization

In all three countries, **deinstitutionalization has been utilized as an entry point into larger care reform.** The deinstitutionalization component of the care reform seeks both to increase the number of children leaving residential facilities as well as reduce the number of children entering residential care in the first place.

One of the biggest issues facing all three countries (as well as the region as a whole) is the growth of unregistered and unlicensed residential care facilities. As part of care reform the countries have placed particular importance upon the implementation of **accreditation and licensing of such centres, as well as the closure of those that are significantly below national standards.** Although this process is ongoing, Rwanda and Liberia have documented a reduction in both the number of residential care facilities and the overall population of children in care. In Liberia, monitoring and inspection mechanisms were set up for residential care facilities between 2009 and 2013. With the assistance of a multi-sectorial national Independent Accreditation Committee, the MoHSW is now accrediting residential care facilities across the country. At the time of writing this report, 88 orphanages had provided documents to apply for accreditation using the Regulations for the Appropriate Use and Conditions of Alternative Care for Children as the framework. A four-member Independent Accreditation Committee team visited 48 residential care centres; of these, 18 were set for accreditation, 20 for six-month probation and 10 homes were due to be closed. As of September 2013, a total of 26 facilities had been closed through this process.[50] Additionally, Liberia and Rwanda have also learned from the positive experiences of Eastern Europe and Central Asia region[51] and have begun to close residential care facilities by encouraging them to **transform into community- based care, day-care or early childhood-care centres.**

All governments have prioritized the reduction of the number of children either entering or remaining in residential care, along with **family reintegration and gatekeeping** reforms. Strategies of the three governments prioritize family tracing and reintegration of children back to their families via counselling, mediation, economic empowerment and family support. Estimates at the time of writing show that a combined total of almost 3,000 children from all three countries have been reintegrated from residential care through the deinstitutionalization process since 2009, although there still remains a gap in the collection and analysis of data related to child outcomes. Experience, especially that of Hope and Homes for Children in Rwanda, has shown that for reintegration to be effective it needs to be carefully planned, centred around the child's needs and best interests, and that ongoing monitoring and family support are likely to be needed for at least six months. Evidence from the Rwanda pilot project of Hope and Homes for Children showed that of the 51 children that transitioned into family-based care from Mpore Pefa pilot institution, none have returned to residential care or ended up on the streets.[52] Effective reintegration nonetheless remains a challenge.

Liberia and Rwanda have highlighted the importance of gatekeeping in key legal and policy documents, strategies and/or guidelines, but actual implementation is still relatively nascent. In Rwanda, Hope and Homes for Children has piloted community-based gatekeeping committees, known as child-care networks, which are made up of local leaders who review cases of children where care is inadequate. Between 2011 and March 2015, 750 children had been diverted from placement in residential care through gatekeeping mechanisms and family strengthening interventions.[53] In Liberia, gaps in gatekeeping have been identified and Save the Children has supported the MoHSW in creating pilot child placement committees in six counties to shift the decision-making away from the capital to the county level. The committees convene on a quarterly basis to monitor the institutions, review the needs of children outside of family care, develop individual child-care plans, and recommend placement options based on the needs and best interest of the child. The committees include Child Welfare Committee members and are chaired by MoHSW and the Ministry of Gender and Development (MoGD). The members are trained in the CRC and 'Guidelines for the Alternative Care of Children'.[54]

The countries also exhibit some **targeted efforts to support children leaving care.** In Liberia, for example, the MoHSW (De-Plan Office) is involved in discussions to form an Association of Reunified Children, which will be a support network for adolescents and young adults who have grown up in out-of-home care and have requested the MoHSW to support them in reintegrating back with their families and communities. However, the formation of this association is a challenge for the MoHSW, since the staff have no experience or a model upon which to base support for these children.[55] Ghana has one youth/care-leavers association: the NGO, OrphanAid Africa, has organized a youth-led support group – Young Adult Support Services (YASS) – which at the time of writing served 77 adolescents and young adults, most of whom have aged out of institutional care. YASS supports the young people through education, vocational training, life skills training, rent, and general counselling and support services.[56]

3.6 Domestic and inter-country adoption

Adoption is an important component of the continuum of care. All three countries have shown some successes in implementing change by **developing guidelines, ratifying international instruments, halting adoption when there are ethical concerns, building capacity and putting in place steps to develop central authorities** and other mechanisms. Although there have been some recent developments in domestic adoption in the region,[57] progress in all three countries has been limited.

The number of inter-country adoptions (ICA) in Rwanda is low, primarily because the government halted ICA while the country domesticated the contents of the 1993 Hague Convention for the Protection of Children and Co-operation in Respect of Inter-country Adoption (which entered into force on 1 July 2012). This involved developing, approving and rolling-out guidelines on domestic and inter-country adoption,[58] and will eventually support clear and more centralized processes and procedures – including the collection of relevant data on eligible children and families pre- and post-adoption.

For Ghana, which is ranked as one of the top seven African countries for ICA, change has been slow. However, recently there have been positive actions: in early 2013, the recently appointed Minister of Gender, Children and Social Protection made a series of public statements calling for reform of the national adoption system, and ratification of the 1993 Hague Convention. On 20 May 2013, the Government of Ghana issued a moratorium on all domestic and inter-country adoptions and has begun taking significant steps to reform its national adoption system. This includes the drafting of both domestic and inter-country adoption regulations, which are linked to the wider child protection systems strengthening that is underway in the country.[59]

Inter-country adoption was an important issue for Liberia at the start of the care-reform process: at that point the

country was experiencing some of the highest numbers of ICA globally. Then between 2007 and 2009, a strong network of civil society organizations used evidence gathered from research and testimonies on ICA fraudulent practices and trends, to advocate for reform of the adoption system. This advocacy led the Government of Liberia to call for a suspension of all ICA on 26 January 2009, a moratorium that was still in effect at the time of writing. At the time of writing, ICA was only legally available for children with severe medical conditions. The government also established an Inter-Ministerial Commission to conduct a comprehensive assessment of the laws, policies and practices of ICA and to make recommendations to address existing loopholes. As part of the care-reform process the Government of Liberia has revised the legal framework, with the new Children's Law (2012) laying down a supportive environment to address illicit and irregular activities related to ICA.

3.7 Public awareness and advocacy

A key element of the change strategy in care reform has **been advocacy and public awareness campaigns on the importance of family care.** Ghana, Rwanda and Liberia have all utilized mass media, social media, community-based messaging and other creative means to increase awareness of the care-reform process, with a particular focus on the benefits of family-based care. **Involvement of key actors such as the media, faith-based communities, children's parliaments and community-based organizations appears to have resulted in positive changes in knowledge, attitudes and practices with regard to residential care, adoption and family-based care.**

In Liberia, one of the core components of the national deinstitutionalization strategy has been the launch of national awareness and advocacy campaigns to combat misunderstandings. For many Liberians, the general perception has been that residential care and ICA are avenues for children to access education. The MoHSW, in partnership with UNICEF and Save the Children, has developed regional campaigns and has conducted capacity-building activities with government staff, orphanage directors, community members, parents and children to raise awareness and knowledge on alternative care-related issues. This has led to some success: according to the recent Knowledge, Attitude and Practice (KAP) survey, 95 per cent of caregivers and 83 per cent of children agreed that children should only be sent to residential care facilities if they have no family to care for them. However, 21 per cent of caregivers said they would send their own children to such a facility if required.[60]

Rwanda has utilized several public awareness campaigns in connection with care reform. In 1996, the Rwandan government declared a 'One Child-One Family' Campaign on the Day of the African Child to promote family-based care for unaccompanied children and orphans post-genocide. The most recent care-reform process has also recognized the usefulness of spreading key messages and has utilized several different forums (for example, mass media outlets, community meetings and faith -based organizations) to convey information to the public – including from the highest levels. In June 2013, President Kagame made a clear statement about the reform process, noting: *"You don't get up in the morning and you say we are closing institutions. It is not a matter of closing institutions as you can imagine. There is a process to this that starts by assessing and then following-up each case. We need to see how children will be in families. Behind this what we want is the well-being of children in families. Every step is monitored to ensure the well-being of children."* [61]

4 Shared challenges

Given the multiple actors, often limited resources and competing interests involved in the care-reform process, there were also common challenges faced in each country. These are not insurmountable barriers to successful reform, rather significant obstacles that require attention, specific responses and, in some cases, long-term consideration.

4.1 Strengthening the care system

In terms of overall strengthening of the care system in the three countries, several challenges remain, require additional attention or have not been addressed through the reform process.

Although some progress has been made in terms of establishing improved data-collection processes, this remains a challenge. **Centralized information management systems** containing national-level data related to childcare **continue to be weak,** while there are **minimal data concerning informal care** in the study countries, as well as globally.

Care-reform initiatives and deinstitutionalization efforts have tended to begin with a narrow view of the issues and concerns surrounding care. **The focus and entry point in reforming the care system has been centred on residential care,** while there is a need to look at the broader picture and the 'push and pull' factors for why children are separated from families, as well as capacity shortcomings of the care and protection systems to respond to these appropriately. Governments and implementing partners have not taken a holistic, systematic approach from the start. They have also primarily focused on response

measures, while focusing less on prevention – including the establishment of gatekeeping mechanisms, provision of family support services and ensuring linkages with existing interventions such as social protection schemes. A wider baseline assessment on alternative care practices is necessary, one that not only focuses on residential care but also includes informal, endogenous care. It is important to note that broader reflections of this kind have occurred in Ghana as a result of the mapping of the child protection system and the recent development of a comprehensive Child Welfare Policy (in draft at the time of writing); these, in turn, are informing current and future care-reform initiatives.

At the same time, children in informal placements may face a wide range of conditions – ranging from highly supportive to exploitative. Currently there is little evidence to gauge conditions of care, although a 2005 study published by UNICEF raised significant concerns about children in informal fostering and domestic labour in Ghana.[62]

Although strengthening the child welfare workforce has been an important component of the three care-reform efforts, there remain **significant gaps in the numbers and capacity of the existing social welfare workforce** at all levels and among all cadres. All three countries have initiated recruitment, training and deployment initiatives as part of care and child protection reform, but this is an ongoing process and remains a challenge. Ensuring necessary human and financial resources, improving retention of staff, finding the appropriate balance of volunteers with professionally-trained cadres, strengthening university and training programmes for social workers, and installing appropriate supervisory structures are all issues that continue to require attention within the ongoing reform process. Lastly, one of the main obstacles in care reform across all countries is a lack of a solid case management as the foundation of the child protection system.

Children with disabilities have received only limited attention within the care-reform process. Global evidence demonstrates that children with disabilities are at greater risk of being separated from their parents and placed in residential care.[63] Specific interventions to prevent unnecessary separation of children with disabilities, as well as children who have medical issues, including HIV,[64] to reunify children with disabilities and to create appropriate alternative, family-based care placement options that respond to their unique needs have been very slow in the three countries. Although there are some pilot programmes, such as family- based care in an assisted environment for children with disabilities in Ghana,[65] most actions aimed at preventing separation and responding to the unique needs of children with disabilities have been limited.

4.2 Enactment and implementation of the legal and policy framework

The care-reform experiences of Ghana, Rwanda and Liberia illustrate that an important component of reforming the child-care systems is the strengthening of the legal and policy framework. While the passage of child-rights policies and laws is essential, this is not enough to effect sustainable, long-term change. Despite the development of strong laws, policies, regulations and standards related to childcare, **operationalization, enforcement and implementation were noted as being particular challenges.** This is especially due to limited awareness of the legal framework among stakeholders (except in Rwanda) and inadequate human and financial resources to ensure implementation and enforcement. Additionally, monitoring and accountability mechanisms to measures outcomes remain weak.

In both Ghana and Liberia, there were also challenges to mobilizing a holistic, systematic government response and commitment to child-care reform. Although key government bodies were mandated with the reform process, successful reform requires support from a range of government bodies, in particular high-level institutions

such as Cabinet, Parliament and the President or Prime Minister's Office. Such far-reaching/high-level support was noted to be lacking or minimal in both countries.

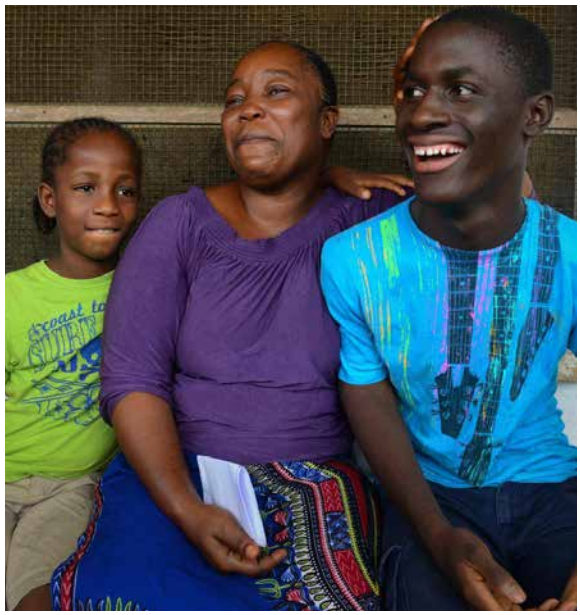
4.3 Preventive and family support services

One area of the reform process that requires significant attention for all three countries is in the **provision of preventive and family support services.** In general, the prevention side has received less focus than the response within the care-reform initiatives and broader child welfare systems. In order to address this gap, major shifts in social worker training, job descriptions and roles need to be made to transform their work from reactive case management into organising and delivering more holistic preventive and family support services. This change is beginning to happen in the region with the strengthening of child protection systems.

Child protection services in all three countries are centred on response rather than prevention. There is a recognized lack of mechanisms or referral systems to prevent, detect and respond to cases of abuse, exploitation and neglect in at-risk households and within alternative care arrangements (both informal and formal). This is an area that is vital, but that has been largely overlooked in the development of programming – even in contexts with documented high rates of domestic violence or substance abuse. Abuse and neglect, especially when chronic, can have long-term developmental impacts on children. In addition, due to the limited scope of baseline assessments at country level, there is a significant lack of regular, standardized data collection and analysis regarding the main drivers for institutionalization in each country. In turn, countries continue to struggle in developing strategies to prevent the need for alternative care.

While laws and policies for supportive services have been put in place in all three countries (as discussed above), there are still significant gaps in these being implemented due to **a lack of available services, funding and mechanisms. There is also the need to shift workforce attitudes from conducting desk-based case management towards hands-on outreach and prevention and family strengthening work.**

While all three countries have implemented social protection schemes, there are a number of shortcomings. First, **effective linkages are lacking between social protection schemes and the children and families targeted by care reform,** including children reintegrated into families or placed in alternative family care. Second, there is the need for more effective social protection policies to support vulnerable families to care for their children adequately,



which may help to prevent unnecessary separation and institutionalization. Hence, social protection schemes need to be better linked to preventive services, family strengthening initiatives and the education sector. In general, inter-ministerial collaboration within the care-reform effort is relatively limited and ministries frequently work in parallel rather than coordinating their efforts.

4.4 Residential care and deinstitutionalization

In all three countries there has been a strong focus on reforming residential care facilities, with some success – in Liberia and Rwanda in particular. However, the countries continue to face **challenges in improving conditions in residential care facilities via accreditation and licensing.** For example, while Ghana has made some progress in licensing and monitoring, the regulation, inspection and oversight of residential care facilities continue to be weak – with informal and unregistered facilities still opening across the country. In addition, inspection and closures of residential facilities has been slow and ineffective in many areas. This is partly due to the fact that, in all three countries, the majority of funding for residential care continues to come from external, Western donations and sponsorship, in particular from the faith-based community.[66] The influence of external funding hampers deinstitutionalization and continues to support a culture of institutionalization.

One of the core components of an effective care system is strong gatekeeping. However, apart from a few promising practices (see above), **the development and implementation of gatekeeping mechanisms remain a challenge** in all three countries and globally, as discussed in the

forthcoming BCN and UNICEF Gatekeeping Paper.[67] In Ghana, gatekeeping mechanisms are non-existent – an issue the care reform needs to address if it is to achieve long-term success.

While there has been perceived success in the numbers of children being reintegrated from residential care back to their families, there is insufficient evidence from the three countries regarding the well-being of those children. Deinstitutionalization alone is not an adequate goal, especially when it is 'numbers- driven', and runs the risk of putting children at further risk and perpetuating the cycle of returns to residential care. Hence **effective reintegration of children remains a challenge** across all three countries. In this respect it is important to distinguish between reunification and reintegration – the latter being a process that requires an extended period of both preparation and follow-up for each child and family members.[68] In both Ghana and Liberia, where more than 2,000 children have been reintegrated back with their families, government and non-governmental actors noted that the success rate of the efforts was *"unclear,"* with the fear that many children may be back in the residential care facilities, in remand homes or on the streets.[69] This is due to a lack of or weak services and interventions. For example, tracing, case management, pre-reunification assessment of family context, post-reunification follow-up and case closure all tend to be inadequate. In the study countries the care-reform process has yet to develop these services, to develop guidelines for reintegration or ensure that reintegration is carried out carefully with the child's best interest, safety and well-being at the centre of the work. Rwanda has recently conducted a rapid analysis of 150 cases of reunification, with the results of that study helping inform this gap, but more could be done.[70]

Follow-up research looking at both short- and longer-term outcomes for children reintegrated with their families as well as placed in foster care and kinship care is limited. There is an opportunity for these care-reform processes to produce an evidence base that will help inform such reform in other countries. Furthermore, there are examples from emergency contexts where studies of family, tracing and reunification have occurred and could help with lessons learned and best practice.[71]

While some progress has been made in better preparing and supporting **care leavers,** this group of children and young adults **still remains underserved** in all three countries. There is a **general lack of capacity, knowledge and understanding** in working with this group. **Programming is needed to address the needs of older children aging out of the residential care and child welfare systems.** This includes: life-skills training (including sexual/reproductive health education); provision of vocational and educational opportunities; establishing family/community ties with the formation of or links to community-based support networks or mutual aid associations; and allocating independent living resources for youth in transition out of the system. In addition, care leavers could be involved in research and advocacy where their experience could enhance understanding of how to improve care and the reform process.

4.5 Availability and range of family-based alternative care services

One of the cornerstones of the 'Guidelines for the Alternative Care of Children', and in turn of reforming the child-care system, is the availability of a broad range of formal family-based care alternatives. However, in all three countries this is an area requiring attention.

In Ghana and Liberia, the range of alternative care is limited, and the formal alternative care system is residential-care based rather than being family-based. **Formal family-based care options are underdeveloped and under-resourced.** With respect to **informal care,** while this continues to be the primary form of alternative care in all three countries, it **needs to be further strengthened** to better protect children by building on existing positive practices and developing better support mechanisms. A process of connecting alternative care to other parts of the care continuum is only beginning to be considered.

Thus, in order to effectively implement change there is a need in both Liberia and Ghana for further attention to strengthening the range of family-based care options available to children, including: foster care (interim and long term), kinship care, supported independent living arrangements and domestic adoption. Rwanda is moving forward quickly with deinstitutionalization and relying a great deal on alternatives to residential care, but there is concern that if this is carried out too hastily there could be poor outcomes for children, leading to negative fallout. Although formal foster care and independent living arrangements have been piloted in the reform efforts, there remains a need to develop and approve guidelines to help ensure standardized practice and appropriate monitoring and oversight.

4.6 Domestic and inter-country adoption

While there is growing attention to reforming ICA practices and all three countries are at an important crossroads in terms of reforming their adoption systems, there is a need for targeted actions such as the **ratification of the 1993 Hague Convention (for Ghana and Liberia) and creating oversight mechanisms (Liberia, Rwanda and Ghana).**

In respect to domestic adoption, a review of all three countries shows that limited attention has been paid to this issue, despite strong recommendations from the CRC Committee and other stakeholders.[72] This is one of the major shortcomings in the care-reform initiatives in all three countries, since it is a key piece of the care system. In general, national adoption needs to be strengthened in all three countries and linked with the wider care-reform and child protection systems strengthening initiatives.

4.7 Public awareness and advocacy

Public awareness activities have utilized creative means to change attitudes, knowledge and practice towards residential care, family-based care and adoption, but there are **still decision-makers, service providers, community members and caregivers that believe residential care is good for children and that it should be a prioritized placement option.** Part of the awareness-raising campaign also needs to address **existing vested financial incentives** that are sometimes present. For example, when private owners operate residential care facilities, this can be perceived as a cost saving for governments – who may have concerns about the cost of providing alternative care services in the absence of privately-funded residential care facilities. Additionally, confusion remains around different alternative care options and information related to ICA practices. In all three countries, there **is considerable work to be done to effectively implement change in knowledge, attitudes and practice around childcare and to shift social norms.**

For example, in Liberia, recent studies and surveys have shown that confusion around ICA, institutional care, and the benefits of foster care and family-based care continues to prevail at the community level. More needs to be done to educate the public about the legislative framework and benefits of the care reform.[73] In Ghana, one of the biggest challenges in reforming the care system continues to be the public's perception of the role of residential care, family-based care and adoption. The general public continues to be in favour of residential care since it provides education, health services and food, and appears to keep children out of poverty and poor living conditions. In addition, there is a need to raise awareness outside of Ghana about the importance of funding to support family-based solutions rather than children's homes. A number of stakeholders recommended that information about alternative care should be repackaged and properly marketed to attract the interest and attention of mass media, high-profile public figures and the donor community.[74]

5 Key areas of learning for care reform in sub-Saharan Africa

1. Robust legal and policy frameworks, a leading government body, a specific reform strategy and appropriate resources to implement the laws and polices form a critical foundation for the care-reform process. All three countries have robust, child rights-based legal and policy frameworks. There has been significant progress over the past decade by governments, with support from UNICEF, to strengthen the legal and policy framework, with particular emphasis on promoting family-centred care in line with the UNCRC and the 'Guidelines for the Alternative Care of Children'. The care-reform process in these countries has also demonstrated that policies and strategies must be funded, operationalized, enforced and overseen if they are to be effective. In line with this, in all three countries there has been demonstrated commitment to and leadership by one key government ministry or department to move the care reform forward and keep it high on the national agenda. The development of a core strategy providing a framework for the care-reform process was also noted to be a key factor in the development of many care-reform efforts.

2. Care reform requires multi-sector involvement by government and is strengthened by the active engagement of civil society. Government, as the mandated duty bearer in the provision of care and support to children and families, must lead the effort and ideally involve not just the lead ministry but other line ministries or government departments with a role in childcare and protection. This is essential in particular for the provision of preventive and family-support services, which is one area in the reform process requiring significant development for all three countries (although in Liberia and Rwanda, there was

significant cross-ministerial collaboration that helped support the momentum for change). In addition, the care-reform process is strengthened and enhanced by the active engagement of civil society, including NGOs, FBOs, community groups, the mass media, academia, caregivers and children.

3. The utilization of evidence to inform advocacy is essential to gain support and buy-in around the care-reform process. In Liberia, child protection stakeholders and the media collected and utilized evidence-based data and research to advocate for necessary care reform. In Rwanda, a pilot deinstitutionalization project with one residential care facility was documented and the information was utilized to promote and advocate for wider deinstitutionalization. In Ghana, evidence gathered during national residential care mappings identified gaps and challenge and led to the national Care Reform Initiative (CRI). In addition, national-level residential care studies in all three countries were conducted; these provided evidence to promote deinstitutionalization as an entry point to larger care reform.

4. Transformation of residential care facilities into non-residential, child-centred, community-based services is possible. In all three countries, directors, staff and funders of residential care expressed fears about closing institutions, as they provide job opportunities and represent private investments in many situations. As such, being sensitive to this issue and finding creative, cost-effective and inclusive ways to transform these facilities is important. Liberia has done so in the case of day-care centres, while Rwanda provides several examples including community centres, day-care and early childhood and parenting support centres.

5. A realistic, progressive and time-bound approach that is in keeping with available resources needs to be considered at the beginning and throughout the reform process. Where possible, child-care reform needs to be linked into broader reform processes of national child welfare/protection and child justice systems. Reform does not happen immediately and therefore requires time and appropriate planning, resources and reasonable goals. Building upon existing endogenous models of positive care and adapting international models to be in line with the local context and wider child protection initiatives support this approach. The reform process in Liberia has been in place since 2007, and, although there have been notable changes, there is still progress to be made. The same can be said of Ghana. In Rwanda, initial plans to deinstitutionalize on a national level within a two-year period were changed following concerns about the potential harm that rushing the process could have on children and families. In order for the reform processes to take hold, stakeholders need to take a holistic, systematic and long-term approach.

6. While large numbers of children have been placed in families in the three countries, it is not yet clear how well they have been reintegrated. It appears that there was limited consistent **understanding of the family context before reunification or family placement, and of monitoring and support afterwards. In addition, the range of family-based care alternatives remains limited.** It is important for countries to ensure that they have rigorous, national guidelines on reintegration and appropriate monitoring and family support services in place before undertaking large-scale reintegration of children. Further analysis is also necessary to evaluate the child well-being outcomes for children who have been placed in family care.

7. Policy-makers and practitioners should be mindful of the real-life obstacles of operationalizing deinstitutionalization care reform, which is evident not only in these three countries but also in other contexts around the world. First, a significant obstacle in fully implementing deinstitutionalization is the individuals and institutions that have a stake in maintaining the status quo, especially in residential care. This includes 'orphanage tourism' or 'voluntourism'.[75] Many of these efforts are actually contrary to the main goals of care reform. Second, there are obstacles in operationalizing care reform. For example, laws, policies, systems and administrative processes may be in place, but there could be challenges in accessibility – especially for target beneficiaries. For instance, a social protection system might exist, but if the number of social workers is limited, referral systems are fragile or even if there are associated costs such as for copying documents, these could present barriers that make the service inaccessible to the people who need them most. These types of identified challenges are further examined in the individual country care profiles, available at: www.bettercarenetwork.org.

6 Endnotes

1 *The Economist,* 'Aspiring Africa: Pride in Africa's achievements should be coupled with the determination to make even faster progress', 2 March 2013, <www.economist.com/news/leaders/21572773-pride -africas-achievements-should-be-coupled-determination-make-even -faster>, accessed 2013.

2 Johnson, D.E. and M.R. Gunnar, 'Growth Failure in Institutionalized Children', Abstract, *Monographs of the Society for Research in Child Development,* vol. 76, issue 4, December 2011, pp. 92–126. doi: 10.1111/j.1540-5834.2011.00629.x, <http://onlinelibrary.wiley.com/doi/10.1111/mono.2011.76.issue-4/issuetoc>, accessed 2013; Dobrova-Krol, N.A., M.H. Van IJzendoorn, M.J. Bakermans-Kranenburg, F. Juffer and C. Cyr, 'Physical growth delays and stress dysregulation in stunted and non-stunted Ukrainian institution-reared children', *Infant Behavior and Development,* Abstract, 31, 2008, pp. 539–553, <www.sciencedirect.com/science/article/pii/S0163638308000404>, accessed 2013.

3 Csaky, C. and Save the Children UK, 'Keeping Children out of Harmful Institutions: Why we should be investing in Family-Based Care', 24 November 2009, available via BCN website, <www.bettercarenetwork.org/BCN/details. asp?id=21471&themeID= 1003&topicID=1023>, accessed 2013; Family Health International, Children's Investment Fund and UNICEF, *Improving Care Options for Children Through Understanding Institutional Child Care and Factors Driving Institutionalization,* Family Health International, 2010, <www.bettercarenetwork.org/BCN/details.asp?id=22847&themeID= 1001&topicID=1006>, accessed 2013; Riley, Mark, 'Uganda's Official Alternative Care Framework. Situation Analysis and Response', presentation, 04 December 2013, *Children without Appropriate Care in Uganda Workshop,* Kampala, Uganda; Ministry of Gender and Family Promotion, Republic of Rwanda (MIGEPROF) and Hope and Homes for Children, *National Survey of Institutions for Children in Rwanda,* 2012, p.10, <http://bettercarenetwork.org/BCN/details.asp?id=31605&themeID= 1001&topicID=1011>, accessed 2013.

4 ANPPCAN and Conference Delegates, *First International Conference in Africa on Family Based Care: Conference Declarations and Recommendations,* 30 October 2009, available on the BCN website: <http://bettercarenetwork.org/BCN/details.asp?id=21241&themeID= 1003&topicID=1023>, accessed 2013.

5 The World Bank, 'Country Profile, Ghana', <http://data.worldbank.org/ country/ghana>, accessed 7 June 2013; World Bank Country Profile, Liberia, <http://www.worldbank. org/en/country/liberia/overview>, accessed 7 June 2013; World Bank, 'Data: Rwanda', <http://data.worldbank.org/country/rwanda>, accessed 23 September 2013. Note total population for 2012 in Rwanda was 11,460,000.

6 Government of the Republic of Liberia, Ministry of Health and Social Welfare, Essential Package of Social Services, 2011–2012, p. 25.

7 Ministry of Women and Children's Affairs and UNICEF Ghana, *A Situational Analysis of Ghanaian Children and Women: A Call for Reducing Disparities and Improving Equity,* October 2011, p. xi–xii.

8 World Bank, 'World Development Indicators for Rwanda', <http://data.worldbank.org/country/rwanda#cp_wdi>, accessed 22 September 2013.

9 UNICEF, 'Data: At a Glance: Ghana', <www.unicef.org/infobycountry/ghana_statistics.html>, accessed 2013; UNICEF, 'Data: At a Glance: Liberia', <www.unicef.org/infobycountry/liberia_statistics.html>, accessed 2013; UNICEF, 'Data: At a Glance: Rwanda', <www.unicef.org/infobycountry/rwanda_statistics.html>, accessed 2013; National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda] and ICF International, *Rwanda Demographic and Health Survey 2010,* NISR, MOH and ICF International, Calverton, Maryland, 2011, as referenced in The Way Forward Project, *The Way Forward Project Report,* Congressional Coalition on Adoption Institute (CCAI), 2011, <http://www.bettercarenetwork.org/BCN/ details.asp?id=31077&themeID=1003&topicID=1020>, accessed 10 September 2012; Better Care Network, compiled and analysed data from Demographic Household Survey (DHS) reports for Ghana, Liberia and Rwanda, 2013, utilizing MEASURE DHS STATcompiler, <http://www.statcompiler.com>, accessed 2013.

10 The key assessment reports in Liberia were the following: United Nations Mission in Liberia (UNMIL), Human Rights in Liberia's Orphanages, March 2007; Parwon, Sophie, *Orphanage Assessment Report* for Ministry of Health and Social Welfare, 2006, <http://bettercarenetwork.org/BCN/details.asp?id=17242&theme ID=1003&topicID=1023>, accessed 2013; and Holt International, *An Assessment of The ICA Laws, Policies, Practices in Liberia,* a joint consultancy between UNICEF and Holt International Children's Services: Final Report, 2007, <http://bettercarenetwork.org/BCN/details.asp?id=19199&themeID=1001&topicID=1010>, accessed 2013. The key assessment report in Ghana was undertaken by the Ministry of Employment and Social Welfare's Department of Social Welfare in 2006, the findings of which are referenced in the UN Children's Fund (UNICEF), Child Frontiers, Crrecent and Government of Ghana, *Mapping and Analysis of Ghana's Child Protection System,* 2012.

11 MIGEPROF and Hope and Homes for Children, *National Survey of Institutions for Children in Rwanda.*

12 Key informant interviews with Hope and Homes for Children and the National Commission for Children (NCC); programme summary documentation received from Hope and Homes for Children.

13 Source: Ghana Country Profile Report.

14 Source: Liberia Country Profile Report.

15 Source Rwanda Country Profile Report.

16 Sources: UNICEF et al., *Mapping and Analysis of Ghana's Child Protection System;* Selman, Peter, 'Intercountry Adoption from Africa 2003–2011', presentation, 2012 (on file with consultant); Department of Social Welfare (DSW) collection of adoption data, with support from UNICEF Ghana, 2013 (on file with consultant).

17 Sources: UNMIL, Human Rights in Liberia's Orphanages; Parwon, *Orphanage Assessment Report.*

18 Sources: Doná, *The Rwandan Experience of Fostering Separated Children;* MIGEPROF and Hope and Homes for Children, *National Survey of Institutions for Children in Rwanda.*

19 MIGEPROF and Hope and Homes for Children, *National Survey of Institutions for Children in Rwanda.*

20 International Rescue Committee (IRC), *Protecting Children and Adolescents Before and After Conflict. Innovative Approaches and Practices. Family Reunification, Alternative Care and Community Reintegration of Separated Children in Post-Conflict Rwanda,* 2003; Doná, *The Rwandan Experience of Fostering Separated Children.*

21 Lessons learned in care and protection practices during the aftermath of the Liberian and Rwandan civil wars are well documented, and are discussed in detail in the country care profiles. See: Abdullai, Miatta, Edwin Dorbor and David Tolfree, *Case Study of the Care and Protection of Separated Children in the Sinje Refugee Camp, Liberia,* Save the Children, 2002, <http://bettercarenetwork.org/BCN/details.asp?id= 8613&themeID=1005&topicID=1033>, accessed 2013; Delap, Emily, *Fighting Back: Child and Community-led Strategies to Avoid Children's Recruitment into Armed Forces and Groups in West Africa,* Save the Children UK, London, 2005, <http://bettercarenetwork.org/BCN/ details.asp?id=8813&themeID=1004&topicID=1026>, accessed 2013; Doná, *The Rwandan Experience of Fostering Separated Children;* IRC, *Protecting Children and Adolescents Before and After Conflict.*

22 YouTube, 'President Kagame at Rwanda Day, London, 18 May 2013', <www.youtube.com/watch?v=bllkJSD9E5w>, accessed 6 June 2013, translated by NCC.

23 *'Imihigo'* are contracts between the President of Rwanda and government agencies detailing what the respective institution has set itself as targets on a number of governance, justice, economic and social indicators. The stated objective of *Imihigo* is to improve the speed and quality of execution of government programmes, thus making public agencies more effective. It has been noted that the *Imihigo* is a tool for planning and is utilized to accelerate progress towards economic and developmental goals.

24 Department of Social Welfare, Ghana, The National Plan of Action for Orphans and Vulnerable Children Website, The Care Reform Initiative, <www.ovcghana.org/what_is_cri.html>, accessed 2013.

25 Key informant interviews with UNICEF, USAID, and Save the Children during the Liberia field visit, 21–26 April 2013. An illustration of the advocacy efforts during this period is the ICA Fact Sheet produced by the child protection network during this period: Fact Sheet: Intercountry Adoption – Liberia, West Africa (on file with consultants).

26 Between 2006 and 2009, a number of media outlets published articles about the state of affairs for Liberia's children. These articles included: Ghouri, Nadene, 'Liberia's orphan trade', BBC News, November 2008, <http://news.bbc.co.uk/2/hi/programmes/crossing_continents/7726687.stm>, accessed 2013; IRIN News, 'Liberia Orphanages Accused of Child Trafficking', 2006, <www.irinnews.org/Report/58262/LIBERIA-Orphanages-accused-of-child-trafficking>, accessed 2013; Houreld, Katherine, 'Liberian orphanages steal, exploit children', RedOrbit, November 2005, <http://www.redorbit.com/news/health/295116/liberian_orphanages_steal_exploit_children/>, accessed 2013; humantraffiking.org, 'Orphanages Accused of Child Trafficking', 17 August 2006, <http://www.humantrafficking.org/updates/406>, accessed 2013.

27 Key informant interview during the Liberia field visit, 21–26 April 2013.

28 Key informant interview with Save the Children during Liberia field visit, the 21–26 April 2013.

29 Key informant interviews with NCC, Hope and Homes for Children and Global Partners.

30 Key informant interviews with P.E.A.C.E. Plan.

31 The 'Guidelines for the Alternative Care for Children' were welcomed by the UN General Assembly in 2009. The guidelines are a framework to guide governments and partners to promote, facilitate and guide the progressive implementation of the Convention on the Rights of the Child in this particular area of concern. For more information visit: <http://bettercarenetwork.org/BCN/initiatives.asp>, accessed 2013.

32 Rwanda is the only country of the three that has ratified the 1993 Hague Convention.

33 Key informant interview with UNICEF during the Ghana field visit, May 2013.

34 Ministry of Gender and Family Promotion, *Strategic Plan for Integrated Child Rights Policy,* 2011, <http://www.unicef.org/rwanda/events_9616.html>, accessed from UNICEF Rwanda website, 'Key Government documents', accessed 2013; NCC and UNICEF, *'Tubararere Mu Muryangyo!;* United Nations Committee on the Rights of the Child, Concluding Observations Rwanda, CRC/C/ISR/CO/2-4, 2013, <www.crin.org/docs/CRC-C-RWA-CO-3-4.pdf>, accessed 7 July 2013.

35 UNICEF, *Liberia – Final Report for Displaced Children and Orphans Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems,* January 2012a. See also: UNICEF, *Liberia – Fifth Progress Report for Displaced Children and Orphans Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems,* January 2012b.

36 Zaway, Victoria, Presentation by the Alternative Care/De-Institutionalization Plan Project Director during the consultant's visit to Monrovia, Liberia, on file with the consultant.

37 UNICEF, *Liberia – Final Report for DCOF. See also: UNICEF, Liberia – Fifth Progress Report for DCOF; Save the Children, USAID – Educating and Protecting Vulnerable Children in Family Settings in Liberia: Mid-Term Review,* prepared by Rebecca Smith, Children without Appropriate Care Adviser, Save the Children UK, August 2013.

38 Key informant interviews with international organization, government and consultant during field visit to Rwanda.

39 United Nations, 'Guidelines for the Alternative Care of Children', paras 32–38.

40 The Essential Package of Social Services is the new evidence-based strategy for social programming. The three core packages of services include: community welfare (psychosocial services, case management); family welfare (promotion of family-based care and reunification); and rehabilitation services (physical, mental health). At the time of writing, the MoHSW was working on defining what these services would cost through costing an 'Essential Package of Social Services'. This document could then be used to advocate for more funding from the Ministry of Finance. This was due to be a major step towards the sustainability of the programme.

41 The four categories of programmes are: social assistance programmes (education grants, public work programmes, agriculture support and microfinance); social insurance programmes, including the flagship National Health Insurance Scheme (which covers 60 per cent of the population); social service programmes (e.g. targeted school feeding, supplementary feeding for pregnant and post-partum women and infants, and a community-based rehabilitation programme); and the conditional cash transfer programme (Ministry of Women and Children's Affairs and UNICEF Ghana, *A Situational Analysis of Ghanaian Children and Women: A Call for Reducing Disparities and Improving Equity,* October 2011, p. 26–27).

42 *The New York Times*, 'A Poor Nation, With a Health Plan', June 2010, <www.nytimes.com/2010/06/15/health/policy/15rwanda.html?_r=1&>, accessed 2013; Harvard School of Public Health, 'Rwanda's health insurance program has improved care utilization, reduced household spending' June 2012, <www.hsph.harvard.edu/news/hsph-in-the-news/rwanda-health -insurance-maternal-child-care/>, accessed 2013; *The New York Times*, 'Health Care Coverage that Eludes the US', July 2012, <http://opinionator.blogs.nytimes.com/2012/07/03/rwandas-health-care-miracle/>, accessed 2013.

43 The first early childhood development and family centre was launched in July 2013. The UNICEF website provided the following information: *"UNICEF has collaborated with the Imbuto Foundation to model a facility for integrated family and child services in the district of Kayonza. This Centre will provide in-house services three afternoons per week and home visits will be undertaken regularly. The caregivers were trained on quality parent–child relationships, particularly the importance of fathers' involvement."* See: <http://www.unicef.org/rwanda/media_13042.html>, accessed 2013. Key informant interviews with government and foundation. Additional information provided by the NCC noted that funds have been mobilized to support the establishment of 90 early childhood development and family (ECD&F) centres within the country (three per district), with priority given to the former child-care residential facilities willing to and interested in providing ECD&F services.

44 Ayerteey, Ellen B.D., Stephen Afranie, Paul Andoh, Danial Doh, Thomas Antwi Bosiakoh, Edward Amponsah-Nketia and Mavis Dako-Gyeke, 'Telling the Untold Story: A Study on the Situation of Orphans and Vulnerable Children in Ghana', Centre for Social Policy Studies, University of Ghana, report submitted to Department of Social Welfare, Sponsored by UNICEF Ghana Office, August 2011, p. 84.

45 Key informant interviews with NCC, UNICEF and the Imbabazi Foundation during field visit to Rwanda.

46 Visit to Shiata Women of Faith project during field visit to Liberia.

47 The Guidelines for the Alternative Care of Children (para. 29a[iii]) define formal family based care as: "all care provided in a family environment which has been ordered by a competent administrative body or judicial authority."

48 Key informant interview with Bethany Christian Services during the Ghana field visit.

49 Key informant interview with OrphanAid Africa during the Ghana field visit and follow-up personal communication.

50 Save the Children, *USAID – Educating and Protecting Vulnerable Children in Family Settings in Liberia.* See also key informant interview with Save the Children during Liberia field visit and follow-up personal communication.

51 EuroChild, 'De-institutionalisation and quality alternative care for children in Europe: Lessons learned and the way forward', EuroChild Working Paper, March 2012.

52 Personal communication, Hope and Homes for Children.

53 Key informant interview and presentation from NCC, March 2015.

54 Save the Children, *USAID – Educating and Protecting Vulnerable Children in Family Settings in Liberia.* See also key informant interview with Save the Children during Liberia field visit, 21–26 April 2013.

55 Key informant interview with Department of Social Welfare (DSW) during the Liberia field visit, 21–26 April 2013.

56 OrphanAid Africa, 'Protecting Children Through Care Reform', OrphanAid website <www.oafrica.org/front_content.php?idcat=193>, accessed 2013; Lisa Lovatt-Smith, President of Orphan Aid Africa, personal communication,18 September 2013.

57 See: The Child Adoption Network – East Africa, The First Adoption Conference in East Africa, 8 July 2013, <www. bettercarenetwork.org/BCN/details_news.asp?ID= 31350&themeID=1002&topicID=1014>, accessed 2013.

58 US Department of State, Bureau of Consular Affairs, 'Alert: Suspension of new applications – Intercountry Adoptions: Rwanda', 3 September 2010, <http://adoption.state.gov/country_information/country_specific_alerts_notices.php?alert_notice_type=alerts&alert_notice_file=rwanda_1>, accessed 15 June 2011.

59 Key informant interview with UNICEF Ghana during field visit and follow-up personal communication.

60 Ruiz-Casares, Monica, *Child Protection Knowledge, Attitudes and Practices (KAP) Study,* Draft Final Report, submitted to Save the Children, September 2011.

61 YouTube, 'President Kagame at Rwanda Day, London, 18 May 2013'.

62 Apt, Ana Araba, *A Study of Child Domestic Work and Fosterage in Northern and Upper East Regions of Ghana,* Centre for Policy Studies, University of Ghana, Legon, and UNICEF, 2005.

63 Better Care Network and EveryChild, *Enabling Reform: Why Supporting Children with Disabilities Must Be at the Heart of Successful Child Care Reform,* Better Care Network, New York, 2012, <www.crin.org/docs/Enabling%20Reform_March2012.pdf>, accessed 2013.

64 Recent global studies have found that worldwide, insufficient attention has been paid to develop options for alternative care, especially for HIV-affected children. HIV-affected children appear to have restricted and poorer care choices and while they are in need of specific medical treatment, this is often not available to them – in particular in residential care facilities. See: Mann, Gillian, Sian Long, Emily Delap and Lucy Connell, *Children Living with and Affected by HIV in Residential Care: Desk-Based Research,* UNICEF, 2012, <www.crin.org/docs/HIVandResCare_FinalWeb%20(2).pdf>, accessed 2013. While the Ghana, Liberia and Rwanda care profiles do not examine this issue in detail, the desk review and field visits did highlight that this population group is often neglected in care-reform discussions and more needs to be done.

65 Key informant interview with OrphanAid Africa during Ghana field visit.

66 Key informant interviews during field visits in Ghana, Liberia and Rwanda.

67 BCN and UNICEF, *Working Paper on Gatekeeping* (working title), New York, 2014.

68 Wedge, Johanna, Abby Krumholz and Lindsay Jones (2013), 'Reaching for Home: Global Learning on family reintegration in low and lower-middle income countries', 2013, <www.bettercarenetwork.org/BCN/details.asp?id=32061&themeID=1005&topicID=1033>, accessed 2013.

69 Key informant interviews with government and NGOs in Ghana and Liberia during field visits.

70 Key informant interviews with NCC and UNICEF; Terms of Reference for Rapid Assessment of Children Reintegrated from Orphanages (see Annex 5, Rwanda Country Profile).

71 See: Wedge et al., 'Reaching for Home'.

72 In Liberia example, the CRC Committee placed particular emphasis on reforming domestic adoption practices in its recommendations. See: UN CRC, Concluding Observations, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, CRC/C/LBR/CO/2-4, 11 December 2012; UN CRC, Concluding Observations, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, 36th Session, CRC/C/15/Add.236, 1 July 2004. These recommendations were also stressed by Holt International in its assessment report: Holt International, *An Assessment of The ICA Laws, Policies, Practices in Liberia,* a joint consultancy between UNICEF and Holt International Children's Services: Final Report, 2007, <http://bettercarenetwork.org/BCN/details.asp?id=19199&themeID=1001&topicID=1010>, accessed 2013.

73 Ruiz-Casares, *Child Protection KAP Study.*

74 Key informant interviews during Ghana field visit.

75 Richter, Linda M. and Amy Norman, 'AIDS orphan tourism: A threat to young children in residential care', *Vulnerable Children and Youth Studies,* vol. 5, no. 3, 2010, pp. 217–229; Betteridge, A., 'Orphanage tourism: cute kids, cashed up tourists, poor outcomes', DevPolicyBlog, Development Policy Centre, 2013, <http://devpolicy.org/orphanage-tourism-cute-kids-cashed-up-tourists-poor-outcomes-20130501/>, accessed 2013; Higgins, E, (2013). Voelkl, H.T., 'Developing an understanding of the experience of children with international short-term volunteer tourists – a case study of an orphanage project in Ghana', master's thesis, 2012, <www.bettercarenetwork.nl/content/17382/download/clnt/42992_Dissertation-Voluntourism-Ghana.pdf>, accessed 2013; Birrell, Ian, *The Guardian,* 13 November 2010, <http://www.theguardian.com/commentisfree/2010/nov/14/orphans-cambodia-aids-holidays-madonna>, accessed 10 May 2013.

76 McCall, R., M. Van Ijzendoorn, F. Juffer, C. Groark and K. Groza (2011), 'Children without permanent parents: Research, practice and policy', *Monographs of the Society for Research in Child Development,* vol. 76 no. 4, <http://onlinelibrary.wiley.com/doi/10.1111/mono.2011.76.issue-4/issuetoc>, accessed 2013. See also: The Leiden Conference on the Development and Care of Children without Permanent Parents, 'The Development and Care of Institutionally Reared Children', *Child Development Perspectives,* vol. 6, 2012, pp. 174–180, doi: 10.1111/j.1750-8606.2011.00231.x.

7 Bibliography and reference materials for summary report

Bibliography and reference materials for global literature

ANPPCAN and Conference Delegates, *First International Conference in Africa on Family Based Care: Conference Declarations and Recommendations,* 30 October 2009, available on the BCN website: <http://bettercarenetwork.org/BCN/details.asp?id=21241&themeID=1003&topicID=1023>, accessed 2013.

Better Care Network (BCN) and EveryChild, *Enabling Reform: Why Supporting Children with Disabilities Must Be at the Heart of Successful Child Care Reform,* Better Care Network, New York, 2012, <www.crin.org/docs/Enabling%20Reform_March2012.pdf>, accessed 2013.

Better Care Network (BCN) and UNICEF, *Working Paper on Gatekeeping* (working title), New York, 2014.

Betteridge, A., 'Orphanage tourism: cute kids, cashed up tourists, poor outcomes', DevPolicyBlog, Development Policy Centre, 2013, <http://devpolicy.org/orphanage-tourism-cute-kids-cashed-up-tourists-poor-outcomes-20130501/>, accessed 2013.

Csaky, C. and Save the Children UK, 'Keeping Children out of Harmful Institutions: Why we should be investing in Family-Based Care', 24 November 2009, available via BCN website, <www.better carenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023>, accessed 2013.

Dobrova-Krol, N.A., M.H. Van IJzendoorn, M.J. Bakermans-Kranenburg, F. Juffer and C. Cyr, 'Physical growth delays and stress dysregulation in stunted and non-stunted Ukrainian institution-reared children', *Infant Behavior and Development,* Abstract, 31, 2008, pp. 539–553, <www.sciencedirect.com/science/article/pii/S0163638308000404>, accessed 2013.

The Economist, 'Aspiring Africa: Pride in Africa's achievements should be coupled with the determination to make even faster progress', 2 March 2013, <www.economist.com/news/leaders/21572773-pride-africas-achievements-should-be-coupled-determination-make-even-faster>, accessed 2013.

EuroChild, 'De-institutionalisation and quality alternative care for children in Europe: Lessons learned and the way forward', EuroChild Working Paper, March 2012.

Family Health International, Children's Investment Fund and UNICEF, *Improving Care Options for Children Through Understanding Institutional Child Care and Factors Driving Institutionalization,* Family Health International, 2010, <www.bettercarenetwork.org/BCN/details.asp?id=22847&themeID=1001&topicID=1006>, accessed 2013.

Johnson, D.E. and M.R. Gunnar, 'Growth Failure in Institutionalized Children', Abstract, *Monographs of the Society for Research in Child Development,* vol. 76, issue 4, December 2011, pp. 92–126. doi: 10.1111/j.1540-5834.2011.00629.x, <http://onlinelibrary.wiley.com/doi/10.1111/mono.2011.76.issue-4/issuetoc>, accessed 2013.

Mann, Gillian, Sian Long, Emily Delap and Lucy Connell, *Children Living with and Affected by HIV in Residential Care: Desk-Based Research,* UNICEF, 2012, <http://www.bettercarenetwork.org/BCN/details.asp?id=29188&themeID=1004&topicID=1025>, accessed 2013.

Richter, Linda M. and Amy Norman, 'AIDS orphan tourism: A threat to young children in residential care', *Vulnerable Children and Youth Studies,* vol. 5, no. 3, 2010, pp. 217—229.

Riley, Mark, 'Uganda's Official Alternative Care Framework. Situation Analysis and Response', presentation, 04 December 2013, *Children without Appropriate Care in Uganda Workshop,* Kampala, Uganda.

Ministry of Gender and Family Promotion, Republic of Rwanda (MIGEPROF) and Hope and Homes for Children, *National Survey of Institutions for Children in Rwanda,* 2012, <http://bettercarenetwork.org/BCN/details.asp?id=31605&themeID=1001&topicID=1011>, accessed 2013.

United Nations, 'Guidelines for the Alternative Care of Children', 2009, <www.unicef.org/protection/alternative_care_Guidelines-English. pdf>, accessed 2013.

Voelkl, H.T., 'Developing an understanding of the experience of children with international short-term volunteer tourists–a case study of an orphanage project in Ghana', master's thesis, 2012, <www.bettercarenetwork.nl/content/17382/download/clnt/42992_Dissertation-Voluntourism-Ghana.pdf>, accessed 2013.

Wedge, Johanna, Abby Krumholz and Lindsay Jones (2013), 'Reaching for Home: Global Learning on family reintegration in low and lower-middle income countries', 2013, <www.bettercarenetwork.org/BCN/details.asp?id=32061&themeID=1005&topicID=1033>, accessed 2013.

Bibliography and reference materials for Ghana

Apt, Ana Araba, *A Study of Child Domestic Work and Fosterage in Northern and Upper East Regions of Ghana,* Centre for Policy Studies, University of Ghana, Legon, and UNICEF, 2005.

Ayerteey, Ellen B.D., Stephen Afranie, Paul Andoh, Danial Doh, Thomas Antwi Bosiakoh, Edward Amponsah-Nketia and Mavis Dako-Gyeke, 'Telling the Untold Story: A Study on the Situation of Orphans and Vulnerable Children in Ghana', Centre for Social Policy Studies, University of Ghana, report submitted to Department of Social Welfare, Sponsored by UNICEF Ghana Office, August 2011.

Birrell, Ian, *The Guardian,* 13 November 2010, <http://www.theguardian.com/commentisfree/2010/nov/14/orphans-cambodia-aids-holidays-madonna>, accessed 10 May 2013.

Department of Social Welfare (DSW) collection of adoption data, with support from UNICEF Ghana (2013) (on file with consultant).

Department of Social Welfare, Ghana, The National Plan of Action for Orphans and Vulnerable Children Website, The Care Reform Initiative, <www.ovcghana.org/what_is_cri.html>, accessed 2013.

Government of Republic of Ghana, Children's Act (Act 560), 1998.

Government of Republic of Ghana, National Plan of Action for Orphans and Vulnerable Children, June 2010–2012, <www.crin.org/docs/GHANA%20OVC%20NPA.pdf>, accessed 2013.

Government of Republic of Ghana, Department of Social Welfare, National Standards for Residential Homes for Orphans and Vulnerable Children in Ghana, 2010.

Government of Republic of Ghana, Department of Social Welfare, Orphans and Vulnerable Children Care Reform 2006–2011: The Care Reform Initiative, Accra, Ghana, <www.ovcghana.org/what_is_cri.html>, accessed 2013.

Government of Republic of Ghana, Ministry of Manpower, Youth and Employment, *The National Social Protection Strategy: Investing in People,* March 2007, <www.thewayforwardproject.org/file_uploads/G10NationalSocialProtectionStrategy.pdf>, accessed 2013.

Government of Republic of Ghana, Ministry of Women and Children's Affairs, Early Childhood Care and Development Policy, n.d. <http://www.bettercarenetwork.org/BCN/details.asp?id=32521&themeID=1001&topicID=1006>, accessed 2013.

Government of Republic of Ghana, Ministry of Women and Children's Affairs, National Gender and Children Policy, n.d., <http://www.bettercarenetwork.org/BCN/details.asp?id= 32721&themeID=1001&topicID=1006>, accessed 2013.

Ministry of Women and Children's Affairs and UNICEF Ghana, *A Situational Analysis of Ghanaian Children and Women: A Call for Reducing Disparities and Improving Equity,* October 2011.

OrphanAid Africa, 'Protecting Children Through Care Reform', OrphanAid website <www.oafrica.org/front_content.php?idcat=193>, accessed 2013.

Selman, Peter, 'Intercountry Adoption from Africa 2003–2011', presentation, 2012 (on file with consultant).

UN Children's Fund (UNICEF), Child Frontiers, Crrecent and Government of Ghana, *Mapping and Analysis of Ghana's Child Protection System,* 2012.

The Way Forward Project, 'The Way Forward Project Report', Congressional Coalition on Adoption Institute (CCAI), 2011, <http://www.bettercarenetwork.org/BCN/details.asp?id=310 77&themeID=1003&topicID=1020>, accessed 10 September 2012.

The World Bank, 'Country Profile, Ghana', <http://data.worldbank.org/country/ghana>, accessed 7 June.

Bibliography and reference materials for Liberia

Abdullai, Miatta, Edwin Dorbor and David Tolfree, *Case Study of the Care and Protection of Separated Children in the Sinje Refugee Camp, Liberia,* Save the Children, 2002, <http://bettercarenetwork.org/BCN/details. asp?id=8613&themeID=1005&topicID=1033>, accessed 2013.

Delap, Emily, *Fighting Back: Child and Community-led Strategies to Avoid Children's Recruitment into Armed Forces and Groups in West Africa,* Save the Children UK, London, 2005. <http://bettercarenetwork.org/BCN/details.asp?id=8813&themeID=1004&topicID=1026>, accessed 2013.

Fact Sheet: Intercountry Adoption – Liberia, West Africa (on file with the author).

Ghouri, Nadene, 'Liberia's orphan trade', BBC News, November 2008, <http://news.bbc.co.uk/2/hi/programmes/crossing_continents/7726687.stm>, accessed 2013.

Government of the Republic of Liberia, Ministry of Health and Social Welfare, Children's Law, 2012.

Government of the Republic of Liberia, Ministry of Health and Social Welfare, Essential Package of Social Services, 2011–2012.

Government of the Republic of Liberia, Ministry of Health and Social Welfare, Social Welfare Policy, revised, 2011.

Government of the Republic of Liberia, Ministry of Health and Social Welfare, Regulations for the Appropriate Use and Conditions of Alternative Care for Children, 2010, <http://bettercarenetwork.org/BCN/details.asp?id=22443&theme ID=1002&topicID=1017>, accessed 2013.

Holt International, *An Assessment of The ICA Laws, Policies, Practices in Liberia,* a joint consultancy between UNICEF and Holt International Children's Services: Final Report, 2007, <http://bettercarenetwork.org/BCN/details.asp?id=19199&themeID=1001&topicID=1010>, accessed 2013.

IRIN News, 'Liberia Orphanages Accused of Child Trafficking', 2006, <www.irinnews.org/Report/58262/LIBERIA-Orphanages-accused -of-child-trafficking>, accessed 2013.

Parwon, Sophie, *Orphanage Assessment Report* for Ministry of Health and Social Welfare, 2006, <http://bettercarenetwork.org/BCN/details.asp?id=17242&themeID=1003&topicID=1023>, accessed 2013.

Ruiz-Casares, Monica, *Child Protection Knowledge, Attitudes and Practices (KAP) Study,* Draft Final Report, submitted to Save the Children, September 2011.

Save the Children, *USAID – Educating and Protecting Vulnerable Children in Family Settings in Liberia: Mid-Term Review,* prepared by Rebecca Smith, Children without Appropriate Care Adviser, Save the Children UK, August 2013.

Selman, Peter, 'Intercountry Adoption from Africa 2003–2011', presentation, 2012 (on file with consultant).

UN Committee on the Rights of the Child, Concluding Observations, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, CRC/C/LBR/CO/2–4, 11 December 2012.

United Nations Committee on the Rights of the Child, Concluding Observations, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, 36th Session, CRC/C/15/Add.236, 1 July 2004.

UNICEF, *Liberia – Final Report for Displaced Children and Orphans Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems,* January 2012a.

UNICEF, *Liberia – Fifth Progress Report for Displaced Children and Orphans Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems,* January 2012b.

UNICEF, *Liberia – Fourth Progress Report for Displaced Children and Orphans Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems,* July 2011.

United Nations Mission in Liberia (UNMIL), Human Rights in Liberia's Orphanages, March 2007.

World Bank Country Profile, Liberia, <http://www.worldbank.org/en/country/liberia/overview>, accessed 7 June 2013.

Zaway, Victoria, Presentation by the Alternative Care/De-Institutionalization Plan Project Director during the consultant's visit to Monrovia, Liberia, on file with the consultant.

Bibliography and reference materials for Rwanda

Doná, G., *The Rwandan Experience of Fostering Separated Children,* Save the Children, 2001.

Global Social Service Workforce Alliance, Better Care Network, UNICEF Moldova, Hope and Homes for Children and Partnership for Every Child, *Deinstitutionalizing the Alternative Care System for Children: Implications for the Social Service Workforce with Learning from Moldova and Rwanda,* December 2013, <www.socialserviceworkforce.org/webinar-14-deinstitutionalizing-alternative-care-system-children-implications-social-service?utm_source=BCN+Newsletter+December+2013%2F+January+2014+&utm_campaign=BCN+Newsletter&utm_medium=email>, accessed 2013.

Government of Rwanda, Cabinet of Ministers, 'Cabinet Brief: Strategy for National Child Care Reform', 2012, <http://ncc.gov.rw/IMG/pdf/STRATEGY_FOR_NATIONAL_CHILD_CARE_REFORM.pdf>, accessed 2013.

Hague Conference on Private International Law, <www.hcch.net/upload/statmtrx_e.pdf>, accessed 23 September 2013.

Harvard School of Public Health, 'Rwanda's health insurance program has improved care utilization, reduced household spending' June 2012, <www.hsph.harvard.edu/news/hsph-in-the-news/rwanda-health-insurance-maternal-child-care/>, accessed 2013.

Imbabazi a Home for Hope, *Imbabazi Insider,* 'Reunification in Rwanda', vol. 3, issue 1, December 2012–June 2013.

International Rescue Committee (IRC), *Protecting Children and Adolescents Before and After Conflict. Innovative Approaches and Practices. Family Reunification, Alternative Care and Community Reintegration of Separated Children in Post-Conflict Rwanda,* 2003.

Ministry of Gender and Family Promotion, Republic of Rwanda, *National Integrated Child Rights Policy,* 2011, <http://www.unicef.org/rwanda/events_9616.html>, accessed from UNICEF Rwanda website, 'Key Government documents', accessed 2013.

Ministry of Local Government, Republic of Rwanda, *National Social Protection Strategy,* 2011, <www.unicef.org/rwanda/events_9616.html>, accessed 2013 from UNICEF Rwanda website.

Ministry of Gender and Family Promotion, *Strategic Plan for Integrated Child Rights Policy,* 2011, <http://www.unicef.org/rwanda/events_9616.html>, accessed from UNICEF Rwanda website, 'Key Government documents', accessed 2013.

Ministry of Gender and Family Promotion, Republic of Rwanda, *Strategic plan for orphans and other vulnerable children,* 2007–2011, 2006, <http://www.thewayforwardproject.org/file_uploads/R09%20Rwanda%20Strategic%20Plan%20for%20OVC%202007-11.pdf>, accessed 2013.

Ministry of Gender and Family Promotion, Republic of Rwanda (MIGEPROF) and Hope and Homes for Children, *National Survey of Institutions for Children in Rwanda,* 2012, <http://www.crin.org/docs/NATIONAL%20SURVEY%20OF%20INSTITUTIONS%20FOR%20CHILDREN%20IN%20RWANDA_FINAL.pdf>, accessed 2013.

Ministry of Gender and Family Promotion and UNICEF, 2012, <http://www.migeprof.gov.rw/IMG/pdf/integrated_child_rights_policy_approved_by_the_cabinet_on_30092011.pdf>, accessed 2013.

National Commission for Children and UNICEF, *'Tubararere Mu Muryangyo!* Let's Raise Children in Families!', November 2012.

The New York Times, 'A Poor Nation, With a Health Plan', June 2010, <www.nytimes.com/2010/06/15/health/policy/15rwanda.html?_r=1&>, accessed 2013.

The New York Times, 'Health Care Coverage that Eludes the US', July 2012, <http://opinionator.blogs.nytimes.com/2012/07/03/rwandas-health-care-miracle/>, accessed 2013.

Prickett, I., I. Moya, L. Muhorakeye, M. Canavera and L. Stark, 'Community-Based Child Protection Mechanisms in Refugee Camps in Rwanda: An Ethnographic Study', Child Protection in Crisis Network, draft.

UN Children's Fund (UNICEF), 'Terms of Reference for an International Consultancy on Child Care Reform', UNICEF Rwanda, 2012.

UNICEF Rwanda website: <http://www.unicef.org/rwanda/children.html>, accessed 2013.

UNICEF, 'Analysis of the Reintegration of Demobilized Child Soldiers in Rwanda', 2003, <www.crin.org/docs/Analysis_Reintegration_Rwanda.doc>, accessed 2013.

United Nations Committee on the Rights of the Child, Concluding Observations Rwanda, CRC/C/ISR/CO/2-4, 2013, <www.crin.org/docs/CRC-C-RWA-CO-3-4.pdf>, accessed 7 July 2013.

US Department of State, Bureau of Consular Affairs, 'Alert: Suspension of new applications – Intercountry Adoptions: Rwanda', 3 September 2010, <http://adoption.state.gov/country_information/country_specific_alerts_notices.php?alert_notice_type=alerts&alert_notice_file=rwanda_1>, accessed 15 June 2011.

YouTube, 'President Kagame at Rwanda Day, London, 18 May 2013', <www.youtube.com/watch?v=bIlkJSD9E5w>, accessed 6 June 2013, translated by NCC.

Annexes

1 Methodology of country profile study, including data collection matrix.

2 Initial tool to identify existence of key components of child-care reform.

Annex 1

Methodology of country profile study

The research team undertook the following detailed methodology to develop the country care profiles.

A Framework documents

The international and regional child rights-based instruments that framed the documentation of the care profiles included: the UN Convention on the Rights of the Child (CRC); 'Guidelines for the Alternative Care of Children' (UN, 2009); African Charter on the Rights and Welfare of the Child; and the 1993 Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption.
All definitions of the range of alternative care options were informed by these key international and regional framework documents. Additionally, efforts were made to ensure the literature review and in-country research included active involvement of children and caregivers, in order to gain a deeper understanding of the views of these key stakeholders. Sound ethical research design, such as ensuring consent, referrals where appropriate and following child participation guidelines, was used to ensure the safeguarding of participating children and their caregivers.

B Overview of process and steps to collecting information

Identifying countries

The first step in the process was identifying countries in sub-Saharan Africa that have implemented significant child-care reform efforts. The consultants first conducted an initial assessment of sub-Saharan Africa and identified 13 countries that are or have been involved in child-care reform initiatives. The team used a four-topic matrix, which included the following components of child-care reform:

1 Presence of legal and policy framework for child protection, childcare and alternative care;
2 Completion of systems mapping or child-care assessments;
3 Presence of networks, inter-sectorial collaboration; and
4 Presence of concrete actions related to child-care reform.

The 13-country list included countries representative of: East and Southern Africa and West and Central African regions, a range of socioeconomic status, emergency and non-emergency settings, and Anglophone and Francophone countries. The matrix was sent to UNICEF East and Southern Africa and West and Central Africa Regional Offices as well as Save the Children Africa Regional Office for review and selection of four to eight countries. Based on feedback from UNICEF, Save the Children and BCN, the consultants narrowed the initial list to seven countries: Kenya, Rwanda, Ghana, Liberia, Sierra Leone, Benin and Cote d'Ivoire.

The second step consisted of a literature review of relevant documentation of the seven selected countries. This included a comprehensive review of:

- Published literature, including peer-reviewed journal articles;
- Grey literature; national and regional policy, standards and legislative documents; and conference materials, presentations and outcome documents (e.g., the 2011 'Way Forward' conference, 2011 US Government 'Evidence Summit on Children Outside of Family Care', 2010 Leiden 'Conference on the Development and Care of Children without Permanent Parental Care',[76] 2009 Nairobi 'Family-Based Care Conference', 2009 'Wilton Park Conference', 2012 'Inter-country Adoption Conference' in Addis Ababa, and the 2012 'Conference on the Strengthening of Family and Alternative Care in the French-speaking sub-Saharan Africa');
- News articles from international and national media outlets; and
- Country child-care and child protection systems assessments conducted by universities, UN agencies, NGOs, the CRC Committee and Hague Secretariat.

The literature review was supported by Internet searches, a call for grey literature via the BCN, OVC Support, the Coalition for Children Affected by AIDS (CCABA), the Inter-Agency Task Team (IATT), Child Rights International Network (CRIN),

Child Protection in Crisis Network (CPC) Network, Faith to Action Initiative and other information exchange platforms, and communication with key actors/organizations working in alternative care including UNICEF country office staff, the BCN Steering Committee and Advisory Group members, NGOs, donors, academics and researchers.

In order to guide the literature review and the process of mapping the childcare reform in each country, the consultants developed a country analysis matrix. The matrix includes over 50 childcare-related themes and topics (see below). The matrix helped identify the available information in regards to the country's legal and policy framework, childcare/protection system, preventive services, formal and informal alternative care services, adoption (domestic and inter-country), care during an emergency situation, and public awareness, advocacy, and networking around family strengthening and alternative care.

A general checklist and a brief synthesis were also developed to help in summarizing the care-reform situation in each country. The following core child-care issue areas, which are linked to and influenced by the 'Guidelines for the Alternative Care of Children' (UN, 2009), framed the checklist:

1 Enactment and enforcement of the legal and policy framework;
2 Preventive services;
3 Availability and range of family-based alternative care services;
4 Domestic adoption;
5 Inter-country adoption;
6 Networks and partnership; and
7 Public awareness and advocacy.

Based on the analysis, three countries were selected for the country profiles: Rwanda, Ghana and Liberia. These countries showed the most information and evidence of promising policies and practices in the region. While the three countries were selected as the initial countries to be documented, it is foreseen that additional countries will be documented within the region and other regions in the future.

Collecting country information and data

Once the three countries were identified, a more detailed literature review was conducted, including: published and 'grey' literature; documentation, data and reports from government, BCN, UNICEF and relevant organizational and technical specialists across the three countries; a review of all relevant country laws, policies, standards and regulations; and a review of alternative care tools and training materials. The materials were drawn from BCN, UNICEF, country-level alternative care networks, internet searches, as well as the resources indicated above in use for the global scan. The literature review built upon pre-literature review findings and informed the country field visits. Telephone consultations with key global and regional-level stakeholders and technical experts with in-depth knowledge of the country context supplemented the literature review.

Once the desk review and key informant interviews were finalized, a five-day field visit to each country was conducted in order to meet with key stakeholders and undertake focus group discussions (FGDs) and key informant interviews with country-level child-care actors to expand on the initial information gathered through interviews and literature review. The key informants included representatives from the respective government ministries, foster-care and adoption agencies, non-governmental organizations, faith-based and community organizations, care associations and networks, and academic institutions, as well as children, families and caregivers.

The objectives of the country visit included the following:

- Confirm information collected during the desk review;
- Collect updated data on specific issues related to child-care reform;
- Review recently published documentation, resources, guidelines, tools, and information on key actors that might not have been included in or were inaccessible during the desk review phase;
- Hold focus group discussions and key informant interviews with key stakeholders to collect their views on specific aspects of the care-reform process, including children and caregivers;
- Create opportunities to hear voices not necessarily represented in the documentation (e.g., care leavers, caregivers, children and families, faith-based groups, community members); and
- Attempt to gather information that was identified as knowledge 'gaps' during the desk review.

Following the country field visits, a detailed country profile was developed for each country documenting, summarizing and analysing the core components of the alternative care system and care-reform initiatives.

Data collection matrix

Description and purpose of the matrix:
Child-care reform process: The questionnaire will help identify the available (as well as missing) information in regards to the country's legal and policy framework, child-care/protection system, preventive services, formal and informal alternative care services, adoption, care during an emergency situation, and public awareness, advocacy and networking around this issue. The starred questions are core questions that we hope to answer for each country.

Sources used to develop the matrix: 'Guidelines for the Alternative Care of Children' (UN, 2009); The Assessment Tool for the Implementation of the UN 'Guidelines for the Alternative Care of Children' (Nigel Cantwell, for SOS Children's Villages International, 2012); Child Protection System Mapping and Assessment Toolkit (Maestral International, LLC for UNICEF, 2010).

Availability of reports, research and general information about alternative care			
	Question	List and describe	Sources
1*	Are there country-level child protection systems or child-care assessments; reports, studies, research, websites on alternative and childcare available for the country?		
2*	If reports are available what are the main issues, challenges and successes highlighted in the reports about child-care reform in the country?		

Country-level legal and policy framework			
	Question	List and describe	Sources
3*	Has the country ratified key child protection human rights instruments (CRC, Hague Convention etc.)? Please list the instruments and dates of ratification.		
4*	Are there laws, policies, guidelines and regulations and standards specific to childcare and alternative care?		
5*	In general, is the country's legal and policy framework in line with the CRC and Alternative Care Guidelines principles (i.e., best interests of the child)?		
6*	Does the legal and policy framework reflect the Hague Convention for the Protection of Children and Co-operation in Respect of Adoption, especially the subsidiarity of inter-country adoption to domestic family-based care options?		
7*	Is there a government-approved strategy for bringing about deinstitutionalization of the alternative care system? — In general — For children under 3 to 5 years — With a target timeframe		
8*	Are there existing efforts to reform the child-care/alternative care policy and legal framework?		
9	Does legislation require the implementation of specific measures and services to prevent family separation?		
10	Does legislation require the implementation of given processes and measures to ensure that the suitability of family-based alternative care for a child is considered before envisioning placement in a residential facility?		
11	Is the process of leaving and aftercare supported in the law?		

Description of child protection/child-care system

Question		List and describe their roles and responsibilities in service delivery, advocacy and networking	Sources
12*	Description of the population of children living outside of family care or at risk. This should include description of the particular threats to children and families that lead to children living outside of family care (i.e., HIV, disability, armed conflict, disaster, trafficking, labour, abuse etc.).		
13*	Description of the key social welfare workforce groups/cadres and service providers of children in alternative care, including government, NGOs, FBOs, for profit. Also mention if these service providers work together and if there are collaborative mechanisms in place for this type of coordination.		
14*	Description of other actors involved in alternative care: alternative care networks; youth or care leavers network; foster parents association; etc.		
15	Are children and caregivers actively engaged in policy and programming that directly affect them and does the legal and policy framework support this?		
16	Description of key donors supporting child protection and alternative care.		
17	Describe the political will and commitment of the government in relation to child-care/alternative care. E.g., Executive Branch leadership; alternative care in national development plans etc.		
18	Does the national budget include line item on child protection and specifically alternative care?		
19	Is there a national information management system specific to child protection, in particular collecting data on children in alternative care?		

Preventive services

Question		List and describe	Sources
20*	Describe the range of services and the quality of services that are available to prevent family breakdown and separation, e.g., cash transfers, daycare, respite care, income-generating activities, PSS, etc.		

Formal alternative care services

Question		List and describe	Sources
21*	Are there data or credible estimates of the number of children placed in formal alternative care? E.g., residential care, formal foster care, small group homes, etc.		
22*	How many children are in residential care versus family-based alternative care (i.e., formal foster care, formal kinship care)?		
23*	What is the range of formal alternative care options available to children?		
24*	Are there legally recognized alternative care options specifically for: emergency care; short-term care, long-term care?		
25*	Are there national reform efforts in place to try to strengthen and expand family-based alternative care service provision?		

Formal alternative care services

Question		List and describe	Sources
26	In general what is the capacity of government and non-government actors to properly carry out various forms of alternative care service delivery?		
27	Are there trainings and capacity-building initiatives to address capacity/skill gaps for the social welfare workforce and for caregivers?		
28	What are the main reasons/driving factors for placement in alternative care? How and who has documented this?		
29	Are there clear gatekeeping mechanisms and admission policies and procedures in place for residential care? Foster care? Other types of alternative care?		
30	Are children given clear care plans and monitored throughout placement? Residential care? Foster Care? Other types of alternative care?		
31	To what extent are children in alternative care being reintegrated into their families or communities of origin?		
32	Are children/youth provided with preparation and support upon leaving/exiting care? Please include who provides this preparation and support, if known.		
33	Are formal alternative care facilities authorized, registered, inspected, and monitored by authorizing bodies on a regular basis?		
34	Are there standards of care developed, disseminated and utilized in the formal alternative care facilities?		
35	What types of formal alternative care services are available for children with special needs?		
36	What is the quality of formal foster care in general?		
37	What is the quality of residential care in general?		
38	Are there general and widespread concerns about rights violations of children in formal care settings?		

Informal alternative care services

Question		List and describe	Sources
39*	Are there data or credible estimates of the number of children placed informally outside the parental home? E.g., with grandparents, with other relatives, with local community, in sibling groups (child-headed households) etc.		
40*	Has the state taken any initiatives to establish or improve support or oversight of informal arrangements? E.g., — Voluntary registration of informal carers — Provision of financial allowances — Making available/increasing access to support services — Combating exploitative practices		

Adoption (domestic and inter-country)

Question		List and describe	Sources
41	Are there general and widespread concerns about rights violations of children in informal care settings?		
42*	Are there data or credible estimates of number of children placed in domestic adoption? Inter-country adoption?		
43*	How widely is domestic adoption practised? If practised widely, what are the reasons and good practices? If not practised widely, what are the challenges?		
44*	How widely is ICA practised? What are the main issues and concerns in terms of ICA?		
45*	If there are concerns with adoption practices, are there reform efforts to address these issues?		

Care during an emergency

Question		List and describe	Sources
46*	Has the country recently experienced an emergency? If so, how has it responded in terms of alternative care? Challenges? Successes?		
47*	Has the emergency resulted in child-care reform efforts? If so, please describe.		

Public awareness and advocacy

Question		List and describe	Sources
48*	What are the key child-care advocacy initiatives in place?		
49*	Is there any national awareness-raising campaign specific to childcare? If yes, please describe.		
50*	What is the role of media in childcare and awareness raising? Role of government? Civil society?		
51	Has the government and/or civil society organized conferences or workshops on this issue for key stakeholders?		
52	What is the general public perception on child-care provision, role of residential care, availability and acceptance of other alternative care options, etc.?		
53	Have there been any documented and publicized abuse, exploitation and neglect of children in alternative care?		

Annex 2

Initial tool to identify existence of key components of child-care reform

Country	Legal and policy framework exists for child protection, childcare and alternative care (laws, policies, standards, guidelines)	Systems mapping or child-care assessments have been completed	Presence of networks, inter-sectorial collaboration (government and civil society), partnerships	Concrete actions related to child-care reform
Burundi				
Ghana				
Kenya				
Liberia				
Malawi				
Mozambique				
Namibia				
Rwanda				
Sierra Leone				
South Africa				
Tanzania				
Uganda				
Zimbabwe				

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