

Terms of Reference

Funding stream analysis of residential care Cambodia, Nepal, Uganda

Introduction

Elevate Children Funders Group (Elevate Children) is dedicated to a vision of society in which all sectors and constituencies prioritize or “elevate” solutions to prevent violence and family separation. As a group of independent funders, Elevate Children is able to leverage the unique advantages of private investment to focus on three core objectives:

- Support the development and use of evidence to learn about what is effective in preventing violence and family separation.
- Strengthen the position of leaders addressing these challenges.
- Leverage new funding commitments for children.

Working with program implementers, Elevate Children offers a focused and unique contribution to advocacy efforts to support policy reform by promoting best practice initiatives, gathering evidence, identifying gaps and funding initiatives to address these gaps.

Rationale for Conducting a Funding Stream Analysis of Residential Care

The UN Guidelines for Alternative Care (2010) clearly state that residential care should be used as the last option and only when it is assessed as in the best interest of the child. Poverty in itself should not be the reason for placing a child in care. Instead, state parties should strive to develop preventive measures and support vulnerable families in order to ensure that children are not separated from their families unless it is in their best interest. If a child needs to be placed in care, alternative family placements should be prioritized.

There is a substantial amount of research clearly demonstrating residential care to be damaging to children, particularly for the youngest children during the critical early years of development¹. The UN Guidelines therefore recommend that institutional placements should be totally avoided for all children below the age of three, unless there are strong reasons for an exception. Children growing up in institutions are more likely to suffer from poor health, physical underdevelopment and deterioration in brain growth, developmental delays and attachment disorders². Some researchers claim that institutional care is structurally inadequate to meet the needs of small children due to the fact that children raised in institutions seldom get the possibility to develop a stable attachment to one or a few caregivers³. They argue that this structural deficiency leads to a high risk for attachment

¹ Berens, A. E., & Nelson, C. A. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children?. *The Lancet*.

² Browne, K. (2009). *The risk of harm to young children in institutional care*. Save the Children.

³ Bakermans-Kranenburg, M.J., Steele, H., Zeanah, C.H., Muhamedrahimov, R., Vorria., P., Dobrova-Krol, N.A., Steele, M., van IJzendoorn, M.H., Juffer, F. & Gunnar, M.R. (2011). Attachment and Emotional

disorders among children raised in institutions which affect their ability to develop positive and supportive relationships through their whole life span.

Furthermore, studies have shown that well over 90% of children living in "orphanages" have at least one living parent⁴. It has also been shown that residential care is about six times more expensive than providing social services to vulnerable families and about three times more expensive than professional foster care¹. Pinheiro stresses that when large sums are spent on residential care it is likely to result in a lack of funding for preventive efforts and development family-based care⁵.

Despite these facts, residential care remains highly prevalent, especially in Eastern Europe and in low-income countries: an estimated 8 million children are currently growing up in institutions⁶. The lack of comparable data and the fact that many institutions are not officially registered makes the estimates quite uncertain.

The practice of institutional care is still widely used as the common response to poverty and lack of educational opportunities and to "protect" children from harm and "rescue" them from poor and inadequate parenting. Some studies suggest that the existence of institutions can actually be the reason why some children are separated from their families. For some poor parents, abandoning their children to institutions may be a rational strategy and the decision is made in hope that it will give them education, material safety and a better future.⁷

There is anecdotal evidence that external and private funding actually acts as a main driver of unnecessary residential care over more appropriate forms such as family and community based care, particularly in countries where care is largely unregulated. Key donors are assumed to be faith based groups, schools, other private donors, and businesses. Most donors are believed to be unaware of the risks associated with institutional care and are unaware of alternatives ways to support children in need of care.

Elevate Children wants to commission a funding stream analysis in three low-income countries in order to verify these assumptions and get a clearer understanding for the role private and government funding plays in promoting (versus discouraging) different forms of family and alternative care. The three countries are selected among priority countries for Elevate Children members and represent various types of challenges and opportunities.

Development in Institutional Care: Characteristics and Catch Up. *Monographs of the Society for Research in Child Development*, 76(4), 62-92.

⁴ Carter, R. (2005). Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union. *London: Everychild* and Browne, K. D., Vettor, S., & Dejanovic, V. (2006). Final Consultancy Report to UNICEF and the Government of Serbia on deinstitutionalising and transforming services for children in Serbia. *Belgrade: UNICEF, 18th July* and Tobis, D. (2000). *Moving from residential institutions to community-based social services in Central and Eastern Europe and the Former Soviet Union*. World Bank Publications.

⁵ Pinheiro, P.S. (2006). *World Report on Violence against Children*. Geneva: ATAR Roto Presse SA.

⁶ Carter, R. (2005). Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union. *London: Everychild*.

⁷ See for example Tolfree, D. (1995). *Roofs and Roots: The care of Separated Children in the Developing World*. Aldershot: Arena and With the best intentions... A study of Attitudes towards Residential care in Cambodia Unicef, 2011

In 2006, a policy on Alternative Care was adopted by the Government of Cambodia with the aim to strengthen community based and family based care. The policy stipulates that residential care shall be used as a last resort and a temporary solution.⁸ However, a study commissioned by Unicef and Cambodia's Ministry for Social Affairs, Veterans and Youth Rehabilitation showed that there was actually a 75% increase in the number of residential care facilities between 2005 and 2010. The number of children placed in care increased from 6 254 to 11 945 children, the majority of which have living parents. The report further shows that both donors and local decision makers as well as families themselves saw residential care as a solution for children from poor families and children who lacked educational opportunities.

Increased use of residential care is not in line with the government policy and there are also a fear that this development will erode the traditional informal placements of children in the community through kinship care & extended families. Cambodia is a popular destination for growing volunteering and orphanage tourism and number of tourists have tripled between 2005 and 2013⁹. Several national and international child rights organizations are advocating against this practise and claim that short-term volunteering and tourist visits to orphanages put the children at risk and may also lead to unnecessary placement of children in residential care¹⁰. Several influential stakeholders, including Unicef and Global Alliance for Children are now committed to de-institutionalisation and development of alternative community based solutions for children at risk in Cambodia which is likely to increase funding for alternative care. Cambodia therefore offers both a challenging environment with unregulated private orphanages and widespread orphanage voluntourism as well as a strong network of child rights organizations and government policies committed to development of family based care.

Nepal

Nepal is ranked as one of the most economically disadvantaged countries in the world, nearly 25% of the population lives under the international poverty line. While the government's official statistic for 2010-11 reveal that there are 759 registered children's homes caring for 15 095 children with 58% of those children having at least one living parent, Right4Children, Terre des Hommes and UNICEF estimates the real number of institutions in Nepal to be closer to 1400 with estimated 85% of children had parents.¹¹

The national Child Policy adopted in 2012 states that residential care shall be used as a last resort in Nepal and the Central Child Welfare Board responsible for registration and monitoring of residential care centers has developed minimum standards for children's homes but does not have sufficient capacity to adequately enforce them.¹² There are anecdotal evidence (and a number of convictions of orphanage directors) indicating corruption, abuse and unnecessary placement of children in Nepalese orphanages.

For Nepalese families, sending their children to boarding schools for education has been a common practise for many years, mainly as a solution to the lack of access to schools in rural areas. During the civil war, sending children to boarding school through middle-men that families often paid a fee

⁸ With the best intentions... A study of Attitudes towards Residential care in Cambodia Unicef, 2011

⁹ Better Volunteering, Better Care: Country Focus Cambodia. Better Care Network

¹⁰ See for example : <http://thinkchildsafe.org/thinkbeforevisiting/>, <http://www.orphanages.no/>, <http://www.thinkchildsafe.org/thinkbeforedonating/>

¹¹ Better Volunteering, Better Care. Country focus: Nepal. Better Care Network

¹² Better Volunteering, Better Care. Country focus: Nepal. Better Care Network

was an opportunity to place them in safer conditions and escape forced recruitment by the Maoist rebels¹³. This tradition continues in a revised form and families are still paying a fee to place their children in boarding schools/residential care centers. In recent years, orphanage voluntourism has quickly grown in Nepal which some organizations claim creates a demand for orphanage children. According to Next Generation Nepal, the majority of orphanages (90%) in Nepal are located in the top five tourist areas and several child rights organization argue that children are recruited from poor families to orphanages in order to get funding from overseas donors and volunteers.¹⁴

After the recent earthquake in Nepal with international aid flowing into the country, there is a fear that this will lead to further institutionalisation of children. In the aftermath of the tsunami in Aceh and the earthquake in Haiti international aid led to an increase in unnecessary placements in residential care. The current development in Nepal is therefore an interesting starting point for funding analysis.

Uganda

Over the last years, Uganda has witnessed a sharp increase in the number of Baby and Children's Homes which provide institutional care for children. A survey carried out by the Alternative Care Taskforce in 2011 under the Ministry of Gender(MGLSD), Labor and Social Development highlighted that 78% of homes covered in the survey do not have MGLSD Approved Homes Status while 30% have major concerns which require further investigation.

Another survey carried out by ANPPCAN Uganda² among 29 child care institutions in the three districts of Jinja, Kampala and Wakiso indicated that a total of 1,282 children were living in the child care institutions at the time of the survey. About 45% of children were aged 0-3 years at the time they were placed in the institutions while 15 per cent of children were placed into institutions before attaining six months. 32% of the children in these institutions had already lived there for the last four years at the time of the survey. This indicates that many of the children will spend a significant part of their life in the institutions which will have detrimental effect on various aspects of their development. Most children in these institutions and in many others around the country have families who sometimes come to visit them. Poverty is one of the key reasons for families putting their children in institutions and many families perceive child care institutions as opportunities for improving the wellbeing of their children through the provision of regular meals and access to education services.

Understanding key drivers and funding streams will serve as a basis for evidence-based and effective interventions. While efforts are underway to better understand global funding streams, these geographically focused case studies have the potential to reveal concrete information to inform advocacy, policy and practice on a local level and set a precedent for other locations. It is likely that countries with high rates of institutional care actually lack the capacity - and mechanisms - to track external and private funding sources themselves. And though information on funding might be difficult to access, sufficient information should be available to provide a good enough picture of Who, How and What is supported.

¹³ The Paradox of Orphanage Volunteering. Combatting Child Trafficking through Ethical Voluntourism. Next Generation Nepal 2014

¹⁴ The Paradox of Orphanage Volunteering. Combatting Child Trafficking through Ethical Voluntourism. Next Generation Nepal 2014 and Better Volunteering, Better Care. Country focus: Nepal. Better Care Network

Strategic Objectives

- 1) To develop and pilot a model for tracking and documenting national and international funding practices within a defined country.
- 2) To assess and document national and international funding practices of family and alternative care in Nepal, Cambodia and Uganda.
- 3) To increase advocates, governments and donors understanding how care is funded, at what scale, what types of care are supported (and percentage of investments), and the local and international oversight mechanisms for private and government financial contributions.

Purpose of the Assignment

We seek a consultant to conduct a funding stream analysis in order to understand the role private and government funding plays in promoting (versus discouraging) different forms of family and alternative care in Nepal, Cambodia and Uganda and whether current funding streams are in line with international standards, mainly the UN Guidelines for Alternative Care.

The consultant is expected to clarify the following questions:

Overarching Questions:

Do the current funding practices promote institutional care over more appropriate forms of family and community based care? Does funding act as a driver of institutional care?

Sub-questions:

- Who have been the main funders of institutions, family and community based care over the last 5 years?
- What is the relative amount of investment in different forms of care?
- What is the nature and mechanism of funding in each country (private, public, internal and external)? What amount of it flows into registered vs. unregistered institutions?
- What are the fundraising practices and motivations for giving?
- What are the national systems in place that track funds flowing into institutional care? How accountable and transparent are orphanages/other NGO's providing care?
- What are the most appropriate and effective mechanisms to influence funding practices (national? international?). What might this look like?

.Tasks

1. Refine the ToR and guiding questions with Elevate Children Careworking group
2. Identify types of care that this analysis can feasibly track and provide a definition for the local context of different types of care.
3. Develop an outline of the report and a list of potential sources of information for review and comment by the DI working group
4. Draft a methodology guide - and share with the Care working group for review and comment
5. Finalize the Methodology.
6. Conduct research on the care and funding practices and policies in the target countries
7. Prepare a draft report for review and comments
8. Finalize report and methodology guide

9. Conduct up to one in person briefing with donors, and three via distance with constituencies in the target countries

Final Deliverables

The final deliverables should include the following:

- 1) 30-40 page narrative report on funding practices in Nepal, Cambodia, and Uganda (including an executive summary and separate country briefs). This may include,
 - Systematic review of relevant publications and evidence on funding streams
 - Review of policies on residential care in the three target countries
 - Overview of existing residential care practices in the target countries
 - Report on the findings of funding stream analysis, focusing on the ToR's questions
 - Conclusions and recommendations to inform advocacy messages targeted at donors and to inform policies, opportunities to redirect funding, What are the most appropriate and effective mechanisms to influence funding practices (national? international?). What might this look like
 - Documentation of Lessons learned in tracking funding
- 2) A ppt summarizing of the key findings
- 3) Open source guide on the methodology for tracking funding streams into residential care- Tested model/methodology for tracking funding around residential care
- 4) Presentation of results at Elevate Children Annual General Meeting in 2016
- 5) 3-4 Convenings of key actors to share findings and to explore next steps (at the country and international level)

Letter of Intent

If interested, please respond to this request for proposal by September 30 2015 with a letter of intent, including description of your approach to this assignment, a detailed work plan, as well as milestones and timelines, deliveries, a budget and the CV of the applicant(s) to document competence, including contact details.

The consultant will have 9 months to deliver the final product and an estimated budget up to 150'000 Euro within a competitive bidding process

Please send your proposal to the following email addresses:
ariel.carroll@elevatechildren.org

² Walakira, E.J., Dumba-Nyanzi I, Bukenya B. (2015). Child Care Institutions in Selected Districts in Uganda and the Situation of Children in Care: A Baseline Survey Report for the Strong Beginnings Project. Kampala: Terres des Hommes Netherlands