

Assessment of Community- and Family-Based Alternative Child-Care Services in Ethiopia





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1 INTRODUCTION

Children without parental care are more likely to suffer discrimination and abuse, have inadequate care and a host of unmet development needs. Countries in sub-Saharan Africa, such as Ethiopia, are ill equipped to meet the needs of orphans and vulnerable children (OVC) and their caregivers [2]. The problem in Ethiopia is exacerbated by inadequate information regarding OVCs, which undermines the application of the continuum of care for those children without parental care. Institutional care, which is supposed to be the last resort, is being offered to children without adequately exploring other options. This has given rise to a growing global interest in community- and family-based alternative child-care options.

FHI 360 has initiated this study to assess the scale and quality of formal community- and family-based, alternative child-care services in Ethiopia to inform policy makers and practitioners towards evidence-based policy and programming. This study is based on Ethiopia's Alternative Childcare Guidelines and the UN Guidelines on Alternative Child Care, upon which this study's qualitative and quantitative research tools draw heavily. Both guidelines contain five child-care options in the continuum of care: community-based care, foster care, adoption, reunification/reintegration and institutional care. Ethiopia's Alternative Childcare Guideline in particular promote the following [5]:

- Quality and effective care and support that ensure the best interests of the child
- Minimum conditions on the delivery of alternative childcare services, so that organizations can apply them in the context of the objective reality of their regions
- A participatory approach of dealing with the care of and support for OVC
- A code of ethics and the design for monitoring and evaluation systems for organizations to follow when applying the alternative child-care guidelines

1.1. PROBLEM STATEMENT

An earlier study conducted by FHI 360 suggested that a quarter of child-care institutions in Ethiopia had no practical experience in implementing alternative child-care services, and the majority of those practicing alternative care depend mainly on the inter-country adoption as the only alternative placement, along with residential care. These drawbacks were mainly attributed to limited experiences and the dearth of practical information on the existing family-based child-care services[4]. Even when family-based alternative child-care services are implemented, there is paucity of comprehensive data on the best practices achieved and challenges encountered by these organizations.

1.2 OBJECTIVES OF THE STUDY

This study attempts to address this problem and generate data on agencies that provide formal community- and family-based alternative child-care services in five geographic locations in Ethiopia (Addis Ababa, Afar, Amhara, Oromia and SNNP regions). The study had four specific objectives:

- To identify, list and quantify all community and family-based alternative child-care services in five studied regions in Ethiopia at the time of study implementation
- To describe the extent and quality of existing alternative child-care services and identify gaps to be addressed
- To investigate existing quality-assurance mechanisms and tools and their use in monitoring family-based alternative child-care services
- To inform the development of practical recommendations on action to be undertaken to address the identified gaps

2 METHODOLOGY

2.1 STUDY DESIGN

The methods used in the cross-sectional assessment were designed to generate quantitative data about the quality, scale and distribution of community- and family-based alternative child-care services; as well as qualitative data to provide an in-depth understanding of the perceptions of community members, former beneficiaries and stakeholders towards these services, as well as their experiences with them.

2.2 STUDY SETTING

The assessment was conducted within the setting of five selected regions in the country: Addis Ababa; Afar; Amhara; Oromia; and Southern Nations, Nationalities and Peoples Region (SNNPR). The five regions were selected purposively to capture the diversity of geographic location, population size and culture in Ethiopia.

2.3 STUDY POPULATIONS

The populations for the quantitative assessment were child-care agencies that provided foster care, adoption, kinship care, reunification and family-preservation services (FPSs). The source populations for the qualitative study included the following diverse categories:

- Former beneficiaries of the different community- and family-based alternative child-care services
- Guardians, caregivers or parents of OVC who received either the community- or family-based alternative child care
- Community representatives, such as leaders of local government and heads of religious organizations
- Heads of child-focused organizations involved in family-based child-care services
- Key informants (representatives and experts) from relevant government and nongovernment institutions (the authorities or regulatory bodies)

METHODOLOGY *CONTINUED*

2.4 RESEARCH INSTRUMENTS

The development of research instruments was informed mainly by the National Alternative Childcare Guidelines and the National Standard Service Delivery Guidelines for OVC developed by Ministry of Women Affairs (MOWA) in 2009 and in 2010, respectively, and the UN Guidelines for the Alternative Care of Children. Data collection tools included a structured questionnaire, semi-structured interviews and discussion guides.

These tools were designed to generate a wide range of qualitative information dealing with the experiences and perceptions of participants about agencies and the quality of services they provide. The tools were reviewed by relevant FHI 360 staff and pre-tested in and around Addis Ababa with some volunteer child-care organizations and then refined based on feedback. Some of the amendments included omitting ambiguous questions, adding new questions, clarifying concepts and rearranging the order of questions.

TABLE 1 - Category of participants and research tools used for the study

NO.	RESEARCH INSTRUMENT	CATEGORY OF PARTICIPANTS	SAMPLE
1	Quantitative instrument (Structured Questionnaire)	Heads of childcare organizations	184
2	Key informant interview	Relevant authorities or regulatory bodies	25
3	In-depth individual interview	Representatives of childcare agencies (heads or senior staffs)	65
4	Focus group discussion guide	Community Representatives Parents/caretakers	110 111
5	Case studies	Former beneficiaries (youths and adults who received alternative care)	13
Total			508

2.5 SAMPLING

2.5.1 SAMPLING - QUANTITATIVE STUDY

The quantitative assessment was based on multi-stage sampling from the agencies providing formal community- and family-based alternative childcare services. A sampling

frame of formal agencies providing these services in the country was constructed in consultation with the staff of FHI 360; the Ministry Women, Children and Youth Affairs; and other relevant stakeholders from selected regions. The sampling frame comprises a total of 354 institutions spread across the five regions: Addis Ababa, Oromia, Amhara, SNNPR and Afar. The regions are starkly distinct from each other in terms of population and geographic size, main means of livelihood, culture and language, or level of development.

In the absence of information about the prevalence of agencies providing the various community- and family-based alternative child-care services, prevalence rate was set to be 0.5 to yield the maximum sample size. Hence, a sample size of 184 was determined with 95 percent confidence level, and 5 percent confidence limit. The sample size was distributed proportionally across the regions, and a stratified random sampling technique was used to draw the agencies participating in the national assessment.

TABLE 2 - Sampling frame and distribution of sample agencies across geographic locations

REGIONS	POPULATION	SAMPLE	PERCENTAGE
Addis Ababa	150	78	42
Amhara	131	68	37
SNNPR	39	20	11
Oromia	23	12	6
Afar	11	6	3
TOTAL	354	184	100

2.5.2 SAMPLING – QUALITATIVE METHODS

Using purposive sampling, in consultation with the regional Bureaus of Women, Children and Youth Affairs, and the criterion of theoretical/conceptual saturation, 324 individuals were selected for the focus group discussions (FGDs), in-depth individual interviews and key informant interviews.

METHODOLOGY *CONTINUED*

Table 3 - Method, number and type of interviews conducted

DATA COLLECTION METHODS AND TOOLS	SAMPLE PER REGION				
	ADDIS ABABA	AMHARA	OROMIA	SNNPR	AFAR
In-depth Individual interview with representatives of childcare agencies	10	11	20	16	8
Key Informants Interview with regulatory bodies	2	2	3	4	3
Number of FGDs with community representatives	2	2	3	4	4
Number of FGDs with Parents and caretakers	5	5	5	5	5
Case Study guide for former beneficiaries	3	2	3	2	3

2.6 DATA COLLECTION

Twenty data collectors and five supervisors collected data from October 31 to November 30, 2012. The overall process involved a set of activities including training, pilot testing the instruments, deployment of the data collectors and gathering data in the field. Quantitative data were gathered from agencies involved in family-based alternative child-care services through self-administered and structured questionnaires.

2.7 DATA ANALYSIS

Qualitative and quantitative data were analysed concurrently, and the results were compared with each other to ensure rigor, depth and scope of analysis by seeking convergence and complementarity of data across method and data sources.

2.7.1 QUANTITATIVE DATA ANALYSIS

- The quantitative data analysis focused on the magnitude and distribution of agencies, and the quality of community-and family-based alternative child-care services they

provide. Variables were compared across different categories. This data analysis followed three phases:

- Ensuring data integrity by checking for any inconsistencies, errors introduced at data collection or capturing stages, and missing responses
- Conducting descriptive analysis for relevant questions regarding quality and coverage
- Conducting comparisons across and within groups through selected statistical tests

IBM SPSS Statistics 21 was used for the statistical analysis. Tables and graphs coupled with narrations were used to present data. Data from the regions of Amhara, SSNPR, Oromia and Afar were merged because of their relative similarity with each other and the scarcity of agencies in these four as compared to Addis Ababa.

2.7.2 QUALITATIVE DATA ANALYSIS

The qualitative data analysis was entirely descriptive. Its purpose was to gain in-depth insight about the nature and status of services and the perception and experiences of children and targeted communities. The analysis focused on the different forms of alternative child-care options and quality of services. Researchers used identified themes to search for patterns and linkages in information gathered from different sources, by different data-collection methods.

3 FINDINGS/RESULTS

In this section major findings from the quantitative and qualitative components of the assessment are presented.

3.1 PROFILE OF AGENCIES PROVIDING COMMUNITY- AND FAMILY-BASED ALTERNATIVE CHILD-CARE SERVICES

The following table depicts the magnitude and distribution of institutions operating across the five regions. Overall, the assessment depicted the skewed geographical distribution of organizations providing formal family- and community-based child-care services in the five regions.

Table 4 - Magnitude and distribution of agencies across geographic locations

REGIONS	POPULATION	PERCENTAGE
Addis Ababa	150	42
Amhara	131	37
SNNPR	39	11
Oromia	23	6
Afar	11	3
Total	354	100

Findings from the qualitative assessment conducted across the country also highlighted the uneven distribution of institutions providing community- and family-based alternative child-care services across the regions. A similar imbalance was also reported between urban and rural parts of the regions. Many participants of the qualitative assessment underlined the lack of equity in accessing these services, whereby most if not all agencies providing formal family-based alternative care services are being concentrated in urban centres, leaving the majority of needy children in rural areas with little access to these services.

Table 5 - Proportion of agencies offering different types of services, by location

	ADDIS ABABA (N=78)%	OTHER REGIONS (N=104)%	TOTAL (N=182)%
Community-based care services for highly vulnerable children	88.5	92.3	90.7
Family-based alternative care services for children without parental care			
Adoption total	48.7	31.7	39.0
Inter-country adoption only	81.6	57.6	70.4
Provide both local and international adoption	18.4	42.4	29.6
Foster care	9.0	10.6	9.9
Reunification	37.2	50.0	44.5

3.1.1 COMMUNITY-BASED CARE

The distribution of services depict that nine in every 10 institutions provide community-based/FPS, with the proportion for Addis Ababa slightly lower than the combined average for the other regions. Overall economic strengthening and educational support were the most popular FPS, reported by 87.3 percent and 85.5 percent of the institutions, respectively. The second most popular categories of services include provision of health care (69.7 percent), parenting skills and competencies (55.8 percent), food/nutrition (57.0 percent), and psychosocial support (57.6 percent). Other relatively less common forms of FPS include provision of legal protection (26.1 percent) and shelter and care (29.7 percent). Across regions, the provision of services like health care and legal protection was significantly higher in the regions than in Addis Ababa.

FINDINGS/RESULTS *CONTINUED*

Table 6 - Proportion of agencies offering different family preservation/strengthening services provided

TYPE	ADDIS ABABA (N=69)%	OTHER REGIONS (N=96)%	TOTAL (N=165)%
Economic strengthening	88.4	86.5	87.3
Parenting skills and competencies	60.9	52.1	55.8
Conflict management skills	13.0	14.6	13.9
Food/Nutrition	52.2	60.4	57.0
Shelter and care	27.5	31.3	29.7
Health care	60.9	76.0	69.7
Education	85.5	85.4	85.5
Psychosocial support	53.6	60.4	57.6
Legal protection	17.4	32.3	26.1
Life skills/vocational training for OVC	4.3	3.1	3.6

3.1.2 FAMILY-BASED ALTERNATIVE CARE

In terms of family-based alternative care services, reunification was the most prevalent service reportedly provided by about half of the agencies (44.5 percent), and foster care placement was reportedly provided by 11.0 percent of the institutions. Adoption placement was the second most popular family-based alternative care service provided by close to two-fifths of the institutions, with the proportion of such institution being far more in Addis Ababa than the combined proportion for the other regions (48.7 percent and 31.7 percent, respectively). The vast majority of the organizations provide inter-country adoption alone. Only 29.6 percent combine inter-country and domestic adoption.

The qualitative assessment found that the general public favoured inter-country adoption over domestic, as it is considered beneficial to the children and thereby beneficial to the families in terms of future support. Community representatives who participated in the FGDs indicated that the growing number of local agencies facilitating inter-country adoption played a role in the popularity and positive perception towards this form of care.

The practice of formal (legal) domestic adoption was reported by FGDs to be rare in all the regions, primarily because of the issue of inheritance. A formally adopted child is entitled to claim inheritance just as a biological child would. Even when the potential adoptive parents want to go this route, they are pressurized against it by close family members. Key informants (KIs) asserted the same explanation for the low uptake of formal domestic adoption.

Overall, in-depth interview informants reported that cultural barriers (fear of being labelled infertile), lack of awareness about local adoption procedures, reluctance to face the legal process, fear of inheritance matters, lack of awareness of the community and limited economic capacity to raise additional children as some of the challenges that hamper domestic adoption.

Discussion with community representatives indicated that informal adoptions are common. Ethiopian families appear to be willing to provide care and support to orphaned nieces and nephews and other OVC, as long as a formal agreement is not insisted upon. This practice seems to account for the lions share of care for OVC. The popularity of this practice was also affected by the culturally-associated beliefs that adopting/caring for an abandoned child helps with fertility.

There are also some other encouraging developments in domestic adoption and community ownership of OVC.

3.1.3 COMMUNITY-BASED CARE SERVICES

Stark differences prevail in the distribution of institutions providing community-based care services for highly vulnerable children and family-based alternative care services for children

FINDINGS/RESULTS *CONTINUED*

without parental care in Addis Ababa and other regions across ownership and affiliation. For every international organization, there were three local institutions. Compared to the combined proportion of other regions, Addis Ababa has a higher proportion of foreign/international institutions and a smaller proportion of faith-based organizations.

In contrast, the distribution of institutions across funding sources was at a par across regions, and 95.7 percent of the agencies rely on external funding. The pervasive reliance of external support coupled with low fund-raising capacity locally have been underscored in the qualitative assessment by various groups of participants as a major threat undermining sustainability of support and care for OVC.

3.1.4 FAMILY-BASED ALTERNATIVE CARE SERVICES

Adoption: Local institutions accounted for 64.8 percent of organizations providing adoption services, 35.2 percent of which were international ones. The proportion of international organizations was far higher in Addis Ababa than in other regions. The spread of the institutions across affiliation seems at a par in Addis Ababa and the other regions. With respect to funding sources, 95.7 percent rely on external funding.

Foster care: Across ownership categories, the distribution of institutions providing foster care was 2:1 in favour of local institutions. The proportion of local institutions engaged in foster placement was higher in Addis Ababa than in the other regions, unlike community-based care and adoption-service providing agencies. Other regions have a higher proportion of faith-based organizations. When it comes to funding sources, there is little difference, because all institutions across regions depend on external funding.

Reunification: Patterns of distribution of institutions providing reunification show that Addis Ababa has higher proportion of foreign institutions. Unlike other services, the

proportion of faith-based organizations was a bit higher than it is in the other regions. The distribution across funding source was more or less equivalent across regions.

3.2 QUALITATIVE ASSESSMENT OF COMMUNITY- AND FAMILY-BASED ALTERNATIVE CARE SERVICES AND AGENCIES

3.2.1 NUMBER AND CAPACITY OF STAFF INVOLVED IN THE PROVISION OF THE SERVICE

The quality of services provided is closely related to the availability of an adequate number and mix of qualified personnel with the appropriate skills and qualification. The table above provides the personnel capacity of the institutions studied and depicts the wide practice of employing staff with minimal qualifications. When it comes to availability of staff with specialized qualifications, 52 (64.2 percent) institutions have three social workers, 36 (44.4 percent) institutions have either one or two psychologists, 46 (56.8 percent) institutions have four health workers, 19 (23.4 percent) institutions have one lawyer, 12 (14.8 percent) institutions have one business and administration staff, on average. Three in every 10 agencies (30.4 percent) also reported that they consider shortage of qualified personnel as one of the major challenges they are facing in providing reunification services.

In the qualitative assessment, informants indicated that quality of care is undermined by issues related to personnel, including lack of capacity, lack of motivation, high work load and high staff turnover. Factors attributed to this scenario include dissatisfaction in salaries and benefits, and massive workload. One in every three agencies also reported that they consider shortage of qualified personnel as one of the major challenges they are facing in providing service to OVC or their caregivers.

FINDINGS/RESULTS *CONTINUED*

TABLE 7 - Number and capacity of staff

NUMBER AND QUALIFICATION OF STAFF STAFF	TYPE OF SERVICE			
	FPS TOTAL (N=165) %	AVERAGE STAFF NO.	ADOPTION TOTAL (N=71) %	AVERAGE STAFF NO.
Program staff	98.2	18.0	95.8	22.3
Admin. support staff	95.8	11.2	94.4	8.3
Educational level				
High school Certificate	70.9	10.3	80.3	12.7
Diploma	94.5	7.4	95.8	6.0
First degree	93.3	5.7	85.9	3.7
Second degree or above	37.0	2.2	31.0	2.7
Under high school	52.7	9.8	62.0	8.9
Specialized qualifications				
Social work	53.3	2.8	53.5	1.9
Psychologist	32.7	1.5	33.8	1.3
Health worker	49.7	3.5	56.3	3.1
Lawyer	18.8	1.2	32.4	1.0
Economics, management, business administration, accounting	17.0	1.0	14.1	1.0

TYPE OF SERVICE (continued)				GEOGRAPHIC LOCATION			
FOSTER CARE		REUNIFICATION		REGIONS		TOTAL	
TOTAL (N=18) %	AVERAGE STAFF NO.	TOTAL (N=81) %	AVERAGE STAFF NO.	ADDIS ABABA (N=78) %	OTHER REGIONS (N=104) %	TOTAL (N=182) %	AVERAGE STAFF NO.
94.4	35.0	96.3	23.4	94.9	99.0	97.3	17.9
88.9	21.6	96.3	14.9	94.9	97.1	96.2	11.1
88.9	19.4	80.2	11.7	76.9	65.4	70.3	11.0
88.9	16.2	95.1	9.1	92.3	95.2	94.0	7.18
88.9	6.8	87.7	6.9	88.5	89.4	89.0	5.6
44.4	4.9	39.5	2.8	53.8	21.2	35.2	2.1
61.1	17.1	64.2	12.2	60.3	48.1	53.3	9.5
61.1	2.3	64.2	3.0	57.7	46.2	51.1	2.7
50.0	1.5	44.4	1.6	34.6	28.8	31.3	1.6
55.6	5.3	56.8	4.1	59.0	40.4	48.4	3.5
50.0	1.1	23.5	1.47	26.9	12.5	18.7	1.2
16.7	1.0	14.8	1.0	3.8	26.0	16.5	1.0

FINDINGS/RESULTS *CONTINUED*

3.2.2 STAFF CAPACITY-DEVELOPMENT PRACTICES

Child-care agencies are expected to avail opportunities for their personnel to improve their capacity to deliver services to target children in child-friendly and sensitive manner [5]. Representatives of institutions were asked to share the practice in their respective institutions in this regard.

Community-based care services: Systems/strategies to improve staff capacities include conducting periodic capacity and performance assessments, providing on-the-job trainings, organizing experience-sharing visits, short courses and workshops. Provision of partial or full scholarships to allow staff to pursue advanced studies was another reported strategy. Differences in the application of these strategies were evident across regions. The most prevalent of these generally appeared to be periodic capacity and performance assessments and on-the-job training. The least prevalent strategy was educational scholarships. Percentages varied across regions.

Family-based alternative care services: With regard to adoption agencies, foster care services, and reunification service, differences in the application of these strategies were evident across regions. More institutions in Addis Ababa claimed to organize short courses and workshops than the other regions. In contrast, institutions in other regions seemed to fare better than Addis Ababa when it comes to provision of educational scholarships.

3.2.3 AVAILABILITY/APPLICATION OF PROCEDURES/MECHANISMS TO ENSURE ACCESS TO SERVICES

This assessment examined the extent to which child-care agencies apply certain procedures or tools to screen target children and host families to confirm eligibility; document relevant information; and assess the condition of host families prior to, during or after placement. Procedures related to recruiting target children are important in order to avoid unnecessary family separation and ensure the most needy and highly vulnerable children have access to child-care services [1]5]. When demand for services is high, the availability and application of proper procedures and mechanisms becomes all the more important.

TABLE 8 - Procedures/mechanisms to ensure access to community-based care services

ACCESS	ADDIS ABABA (N=69) %	OTHER REGIONS (N=96) %	TOTAL (N=165) %
Eligibility criteria for recruiting target children/families	75.4	87.4	82.3
Assessment tools used to document eligibility			
Case study	36.2	35.4	35.8
Baseline/need assessment	75.4	70.8	72.7
Medical records	33.3	14.6	22.4
Feedback from committee	7.2	4.1	5.4
Feedback from relevant government organization	4.3	4.2	4.2
Physical observation/assessment of home or child	4.3	10.4	7.9
Parties involved in recruitment			
Joint committee of stakeholders	39.1	50.0	45.5
Relevant government Authority	89.9	83.3	86.1
Head of the organization	33.3	31.3	32.1
Parents/relatives	24.6	12.5	17.6
Children	7.2	6.3	6.7
Child right committees	8.7	5.2	6.7
Volunteer committee or task group	8.6	30.2	21.2
Staff of the organization, social worker, project coordinator, project officer	14.4	7.3	10.3
Idir leaders, Idir members	2.9	2.1	2.4

FINDINGS/RESULTS *CONTINUED*

TABLE 8 - Procedures/mechanisms to ensure access to community-based care services (continued)

ACCESS	ADDIS ABABA (N=69) %	OTHER REGIONS (N=96) %	TOTAL (N=165) %
Targeted groups			
OVC in general	75.4	94.8	86.7
Economically disadvantaged families	85.5	89.6	87.9
Conflict-prone families	14.5	16.7	15.8
Families prone to substance abuse	11.6	8.3	9.7
Disabled children	1.5	3.1	
HIV infected and affected families (chronically ill parents)	7.2	10.4	
Services			
Facilitate free access to health services to OVC	60.9	69.5	65.9
Access to safe and conducive environment for interaction and play	63.8	67.4	65.8
Facilitate access to special educational needs of children with disabilities	40.6	42.1	41.5
Services for children with special needs(with disabilities) ¹	50.7	56.8	54.3
SERVICES PROVIDED TO OVC WITH SPECIAL NEEDS	ADDIS ABABA (N=35) %	OTHER REGIONS (N=54) %	TOTAL (N=89) %
Creating Mobility access	37.1	36.2	36.6
Appliance support	51.4	53.2	52.4
Life skills Training	51.4	61.7	57.3
Medical and referral support	8.6	9.3	8.9

A look into the existence of written eligibility criteria for recruiting target children or families shows that 82.3 percent of the agencies do have these in place. But the lack of written eligibility criteria in the other 17.7 percent of the agencies studied implies a lack of transparency which in turn undermines accountability and introduces confusion and bias when implementing the actual recruitment.

Procedures/mechanisms to ensure access to family-based alternative care services

a) Adoption: Over half of the organizations reported that they have eligibility criteria for identifying children for adoption, as well as how they identify (recruit) adoptive parents for target children. Because of the huge demand for alternative child care, a portion of the agencies engaged in providing adoption-placement services indicated that they promote domestic adoption. A few of the organizations that did not promote domestic adoption reported a lack of demand for local adoption, lack of information about the procedures, lack of experience and absence of qualified staff as reasons why they did not promote it.

TABLE 9 - Procedures/mechanisms to ensure access to adoption placement services

	ADDIS ABABA (N=38) %	OTHER REGIONS (N=33) %	TOTAL (N=71) %
Eligibility criteria for recruiting	52.6	75.9	62.7
Sources children are recruited			
Directly from orphanages	60.5	25.0	44.3
Directly from poor families	2.6	15.6	8.6
From the street	5.3	18.8	11.4
Assigned by government agency	73.7	75.0	74.3
Source of recruitment of adoptive parents			
From adoption agents	63.2	75.8	69.0
Individual applicants contacting adoption agents	34.2	21.2	28.2
From government agency	21.1	45.5	32.4
Searching in the community	2.6	12.1	7.0
Effort made to promote domestic adoption in the community	28.9	71.0	47.8
TYPE OF EFFORT			
	ADDIS ABABA (N=11) %	OTHER REGIONS (N=22) %	TOTAL (N=33) %
Sensitizing the community	81.8	86.4	84.8
Appreciating adopting parents	30.0	18.2	21.9
Organizing events	50.0	36.4	40.6

FINDINGS/RESULTS *CONTINUED*

b) Foster care: Among organizations providing foster care service, 66.7 percent indicated they have formalized/written eligibility criteria to select foster families. A much higher proportion of organizations (82.4 percent) reported to apply some sort of selection criteria (not necessarily written). Only two of the 18 agencies providing foster care services reported they have a strategy to recruit foster families by using media and other outlets to raise awareness.

Findings from the qualitative assessment suggest that many community-based organizations (CBOs) and schools are involved in finding emergency placement services for OVC. Foster families sometimes come forward voluntarily via schools to look after OVC, often with an arrangement whereby the agencies provide necessary basic-needs support to the child. These arrangements of family-based care often involve little formal procedures, in a context where schools are obliged to find quick solutions to rescue children facing imminent danger of being out of school or worse. In the case of children who are found abandoned on the street, no screening is made as these children were considered to require emergency alternative care and support.

c) Reunification:

TABLE 10 - Procedures/mechanisms to ensure access to reunification services

	ADDIS ABABA (N=29) %	OTHER REGIONS (N=52) %	TOTAL (N=81) %
Written criteria for establishing eligibility of child to family/relative reunification	47.3	57.0	53.5
Source of recruitment for reunifying with families			
From the streets	41.4	61.2	53.8
From orphanages/childcare institutions	51.7	42.9	46.2
Orphan households	3.4	34.7	23.1
From relevant agency (MOWCY, Police, Kebele, Associations)	27.5	9.6	16.0
Conduct case study of the family when reuniting children with biological family	89.7	82.7	85.2
Conduct case study of the family when reuniting children with extended family before placing for kinship care	86.2	76.0	79.7

	ADDIS ABABA (N=29) %	OTHER REGIONS (N=52) %	TOTAL (N=81) %
Keeping record of appropriate background information on every child reunified with the family or kinship caretaker	93.1	96.1	95.0
Searching in the community	2.6	12.1	7.0
Pre-reunification services provided to the target children			
Medical check-up and treatment	62.1	64.0	63.3
Appliances for children with disabilities	17.2	14.0	15.2
Facilitate and encourage visit to parent/s or member/s of extended family before reunification	62.1	52.0	55.7
Collect the child's transcript and other educational evidences from schools to enable smooth transition of his/her enrolment after reunification	72.4	56.0	62.0
Provide with materials such as bed, blanket, bed sheets, etc.	75.9	57.1	64.1
Counselling	10.3	21.1	17.2

Procedures/mechanisms to ensure safety of children in family-based alternative care services

Many agencies providing family-based alternative care services indicated they have a written internal child-protection policy that provides guidance to caregivers on appropriate provision of service and conduct of their staff. In adoption agencies, about half had such a policy; in agencies providing foster care placement services, about 70 percent; and in agencies providing reunification services, about 60 percent. These percentages differed across regions. Other mechanisms to ensure OVC's safety in family-based alternative care services include emergency foster placement and accept and act on grievances and complaints.

3.2.4 AVAILABILITY/APPLICATION OF PROCEDURES/MECHANISMS TO ENSURE CONTINUUM OF CARE FOR OVC

Organizations reported major stakeholders that they collaborate with to implement family-based child-care service. MOWCY was the most reported stakeholder, mentioned by almost all organizations (97.8 percent). Other frequently reported stakeholders included donors,

FINDINGS/RESULTS *CONTINUED*

police, schools, parents, children, courts and, to a lesser extent, orphanages and adoption agencies. The prominence of the various stakeholders significantly varies across regions.

Agencies reported the strategies that they used in the program to facilitate family-based child-care service to OVC. The most used strategy (95.1 percent) was information sharing. Other relatively less reported strategies include network building (59.9 percent), linkage and referral system (57.1 percent), community mobilization (44.0 percent), and service mapping (35.2 percent). The extent to which some of these strategies were used across region varies.

Agencies reported the advantages they associate with the application of any of the strategies to coordinate family-based child-care services. The most cited advantage was the opportunity to share best practices, followed by enhancement in the participation of stakeholders, avoidance of resource duplications, ensuring sustainability/continuity of the service, and increased program replication. There were differences in the significance of some of the reported advantages across regions.

In the qualitative assessment, some agencies emphasized the lack of networking and coordination among service providers, which created a challenge.

Procedures/mechanisms to ensure continuum of care in community-based care

Child-care agencies use links and referrals to ensure the continuum of care in community-based services. The most common linkages are to other stakeholders to address the shelter and care needs of OVC families; to legal services for protection of OVC and their caregivers; to medical services, income-generation activities and credit services; and to food sources for malnourished children.

In the qualitative assessment, the in-depth interviews (IDIs) stressed the difficulty of providing legal protection for OVC. They explained that when children lose their families, they are taken care of by their relatives under kinship care. In most cases, their parents may have some kind of properties. However, once they are being taken care of by their relatives, these families often hide their parents' properties. This complicates the efforts to ensure the inheritance rights of orphaned children

Procedures/mechanisms to ensure continuum of care in family-based alternative care

a) Adoption: Agencies providing adoption-placement services network and coordinate and link up with various institutions that are involved in the postadoption follow-up. The most

reported institution in this regard was the Adoption Agency, followed by MOWCY, child-care institutions and relevant local authorities. Significant differences in the type of agencies involved in carrying out postadoption follow-ups exist across regions.

b) Foster placement: Prior to approving a foster families, about two-thirds of agencies providing foster care placement service request references from relevant authorities about the credibility of the potential foster parents. About two in every three agencies stated that they provide training to foster families on proper child-development and child-care practices.

All the organizations providing foster care service expressed that they undertake follow-ups after placement, although the frequency of follow-up varies. The majority (81.3 percent) of the organizations reported preparing status reports of each child following the periodic after-placement follow-ups.

Foster families reportedly complied with the principle of notifying the agency responsible for the foster placement in the event of injury, disappearance or other prominent events involving the child and they commonly sent reports about the child's progress, according to all the foster care providing institutions.

c) Reunification: A large proportion of agencies providing foster care also indicated that they make provisions to reunify a foster child to his/her biological parent(s) upon the decision of a relevant authority or improvement of the family situation. Continued collaboration with the relevant local and regional authorities or stakeholders for post-reunification follow-ups was reported to be the norm in about two-thirds of the agencies, but varies across regions. The practice of providing post-reunification counselling to the child and family was reported by 56.3 percent of the organizations.

The types of follow-up agencies undertake include: educational development of children (87.7 percent); assessment of the adjustment in the family, peer neighborhood relationship, etc. (77.2 percent); health status (75.4 percent); emotional and spiritual development (56.1 percent); physical development (54.4 percent); and nutritional status (50.9 percent). There were significant differences in the extent to which the different components of post-reunification follow-up are adopted by agencies across regions. For example, educational development was reported to be an aspect of the post reunification follow-up by more agencies in Addis Ababa (94.1 percent) than in the other regions (85.0 percent).

FINDINGS/RESULTS *CONTINUED*

3.2.5 AVAILABILITY/APPLICATION OF PROCEDURES/MECHANISMS TO ENSURE SAFETY OF CHILDREN

It is imperative that children receive adequate protection from diverse range of violence and abuse that undermine their development and survival. One way of ensuring this is through having proper internal policies that uphold the safety and protection of children to be endorsed and observed by all personnel [1] [5].

Contradictory accounts were obtained in the qualitative assessment regarding the application of child-protection policies. Some agencies indicated having an internal child-protection policy that governs the behavior of staff while working with and for children. They stated that the newly recruited staff are given induction on the child-protection policy and pledge to abide by the rules and regulations embedded in the policy. On the other hand, the use and application of internal child-protection policies was found to be lacking in some of the agencies providing alternative community- and family-based child-care services in the five regions of the country. Lack of awareness among the rank and file staff was frequently cited as the reason.

Child-care agencies are expected to undertake education and awareness raising in the community on issues of child rights and child-related laws to ensure the overall safety and well-being of children. In the qualitative assessment, IDI participants emphasized the lack of awareness of positive child-rearing practices. Some interviewed informants knew of families in the child sponsorship program who abused their children.

3.2.6 AVAILABILITY/APPLICATION OF PROCEDURES/MECHANISMS TO ENSURE PARTICIPATION OF CHILDREN/FAMILIES/COMMUNITIES IN DECISION-MAKING

Agencies must ensure that children exercise their right to participate in activities and decisions that affect their lives, and their views should be taken into account in making a range of decisions relevant to children including the planning and implementation of services. Agencies are also expected to engage with the local community and make provisions to ensure community's meaningful participation since this is critical for the success and sustainability of alternative care programs.

Community-based care services

Decision on the recruitment of target children/families for community-based care is made with the involvement of various groups. About 75 percent of the agencies reported involving the community in the form of committees of stakeholders or volunteers, including child right committees and Idir members. Only a very small proportion of agencies (6.6 percent) claimed to involve children.

The qualitative assessment generated findings that illuminate further the selection process. Most of the institutions solicited the local community's and relevant local government agencies' participation in the selection of beneficiaries. Their participation was suggested as imperative because service providing organizations are often new to the community and welcomed advice in selecting the right candidates. To sensitize community participants about criteria and offset any inclination of bias, institutions offer sensitization training as pre-engagement in selection.

The involvement of the community group depends on the kind of service that is going to be offered. Educational services often warrant the involvement of schools. Family-strengthening services imply that a host of CBOs and local government structures will take part. It is also reported that selection/recruitment of beneficiaries follows different phases, where different stakeholders are involved to counter check if candidates meet criteria. Community members are often called upon to testify about the family, economic and social condition of the child prior to enrolment for either of the family-based alternative care.

Some respondents across the different regions have voiced dissatisfaction with the selection process and questioned the credibility or trustworthiness of the people drawn from the community and tasked with the responsibility of nominating, or verifying the eligibility of beneficiary children and families. Perhaps as a response to these grievances, or to avoid any malpractice, some institutions were reported to provide orientation training to the ad-hoc committee that is responsible for nomination or verification of the status of the children and families.

In what can be considered as the worst-case scenario, recruitment of beneficiaries is sometimes done with no participation of the local community. Some Agencies were reported to just post an announcement with eligibility criteria and register beneficiaries on first come first served basis.

Family-based alternative care services

Adoption care placement: About 77.5 percent of agencies providing adoption-placement services indicated that they consider best interests of the child in making decision while screening the child for adoption. The following table details the different mechanisms used to consider what is most beneficial for the child.

FINDINGS/RESULTS *CONTINUED*

TABLE 11 - Procedures/mechanisms to ensure participation of children/families in decision making in adoption placement

MECHANISMS OF CONSIDERING BEST INTEREST OF THE CHILD	ADDIS ABABA (N=29) %	OTHER REGIONS (N=26) %	TOTAL (N=55) %
Making case study about the child	51.7	53.8	52.7
Consulting professional/counsellor	51.7	38.5	45.5
Consulting the child(older child)	75.9	50.0	63.6
Consulting parents/guardians	65.5	50.0	58.2
Exhaustively seeking all other options	10.3	26.9	18.2

In foster care services: Agencies providing foster care placement service were asked if they implement a set of mechanisms to ensure the best interest of the child is considered and prevails. Their responses are detailed in the table below.

TABLE 12- Procedures/mechanisms to ensure participation of children/families in decision making in foster care services

	ADDIS ABABA (N=7) %	OTHER REGIONS (N=11) %	TOTAL (N=18) %
Consult and involve the child in the process of foster care placement	100.0	100.0	100.0
Provide children with documentation ('life book') upon completion of foster agreement	42.9	70.0	58.8
Make provisions to place siblings with the same foster families	100.0	90.0	94.1

Reunification: Almost 84 percent of agencies indicated that they adequately involve children in the process of planning and implementing the reunification, and 97.5 percent of agencies claimed to notify/update children about the findings of the family tracing.

3.2.7 AVAILABILITY/APPLICATION OF PROCEDURES/MECHANISMS FOR SERVICE QUALITY ASSURANCE

Internal service quality-assurance mechanisms: At least 90 percent of all agencies across services claimed to conduct regular monitoring to track the progress and outcomes of the services they provide, which included home visits (86.6 percent), followed by periodic visits (74.4 percent), staff meetings (68.0 percent), and community conversations (38.4 percent). There was difference in the uptake of these strategies across regions.

External service quality-assurance mechanisms: Three in every four agencies mentioned that they undertake regular (monthly, quarterly, biannually, or yearly) joint monitoring practice with relevant government authorities in reviewing the organization's family-based child-care program.

Overall, three quarters of the organizations (75.3 percent) claimed to have conducted evaluation of their alternative child-care program. Organizations that claimed to undertake evaluation of their respective family-based care program reported the type of evaluations they conducted: mid-term evaluations were reported as 68.4 percent; end-term evaluation, 64.0 percent; impact evaluation, 19.9 percent. There was little difference in the distribution of agencies across regions.

Evaluations were conducted by the relevant government authority 75 percent of the time; by an internal evaluator 66.2 percent of the time; by donors 41.9 percent of the time; and by an external evaluator 30.9 percent of the time. The relative popularity of the various evaluation types differs across regions.

In the qualitative assessment, informants identified various types of evaluation being applied at different levels by different actors.

3.3 GOOD PRACTICES: COMMUNITY ENGAGEMENT AND INTEGRATION OF SERVICES

3.3.1 EMPOWERING FAMILIES AND COMMUNITIES TO CARE FOR CHILDREN

Organizations reported on the major changes brought about through implementation of their respective family-based child-care services: 96.2 percent claimed that the services improved the lives of target OVCs, 79.1 percent reported increased capacity of the family in providing care to the children; and 41.8 percent also stated that the implemented family-based child-care services resulted in improved capacity of community organizations in providing support to OVC.

FINDINGS/RESULTS *CONTINUED*

In the qualitative assessment, community representative respondents and KI indicated that the support children have been receiving from the various family-based care options including family preservation or foster care have improved the children's life chances and opportunities for normal childhood. Some participants acknowledged the contribution of some institutions and the concerted effort the institutions make to ensure meaningful change is brought about in the lives of OVC.

KIs also outlined various benefits or impacts of the family-based alternative care services including reduced vulnerability and empowerment of OVC and their respective families and communities. A number of study participants stated that these services have helped children to live in their community and lead a better life; decreased the number of children who receive institutional care; reduced the number of children who live in the streets; reduced the number of complaints on institutional care; and brought love, identity, family affection, social skills, and social values to OVC.

Considerable change has been observed in the lives of children especially in areas of emotional and psychological status, as well as the material support they are receiving from the program. Thus the program helped not only the children but also empowered the family. In general, psychosocial, educational, health, food and life skill support were the key support areas in the program. These supports brought about change and hope to the lives of the children.

3.3.2 INNOVATIVE STRATEGIES TO MOBILIZE COMMUNITY AND RESOURCES

Innovative strategies used by agencies to mobilize the community included the following:

- Local communities/community associations and their leaders were made aware of the need to support OVC and how best to use their resources and mobilize the community towards this effort.
- In the school context, community members were organized into committees who collaborated with the school staff to recruit needy children, assess their needs, and monitor and ensure that services are up to standard.
- Some agencies mobilized resources from private schools, encouraging the more well-off children to contribute educational materials and money for orphan and vulnerable children.

- Liaisons were established with religious institutions as potential local structures to raise funds for needy children.
- Apart from fund raising, some childcare organizations also targeted religious institutions to play instrumental role in promoting and sensitizing the community about domestic adoption and kinship care.

3.4 MAJOR CHALLENGES AGENCIES PROVIDING COMMUNITY- AND FAMILY-BASED ALTERNATIVE CARE SERVICES

Agencies providing community- and family-based alternative child-care services reported what they consider to be major challenges they encounter in the course of providing the services. Despite similarities in the type of challenges they mentioned, there were differences in the relative gravity of the respective challenges (see table). Additional information gathered includes the following:

- With regard to negative perception of the communities, many community representatives attributed this to the way the agencies operate.
- Community representatives reported shoddy practices by some institutions including informal hiring of staff; nepotism; and lack of relationships with local/community-based institutions such as youth, women, or residential groups.
- Although the institutions were reported to involve community-based organizations or associations during recruitment of targets/beneficiaries, the communities seem to believe they have little information and little say.
- The lack of transparency seems to be a common problem among agencies, more so among those that were said to engage in shoddy practices. The community was said to have little power to change this, and many called upon government to ensure accountability.
- Participants also reiterated the importance of holding agencies providing community- and family-based alternative care accountable, emphasizing the need for strict supervision and monitoring of service-providing institutions, because they seem to fall short of the standard guidelines.

FINDINGS/RESULTS *CONTINUED*

TABLE 13 - Major challenges agencies providing community- and family-based alternative care services

INDICATOR	COMMUNITY-BASED CARE SERVICES			FAMILY-BASED ALTERNATIVE CARE SERVICES		
	FPS			ADOPTION		
	ADDIS ABABA (N=69) %	OTHER REGIONS (N=96) %	TOTAL (N=165) %	ADDIS ABABA (N=38) %	OTHER REGIONS (N=33) %	TOTAL (N=71) %
Financial and material resources constraint	62.3	49.5	54.9	8.1	40.6	23.2
Shortage of qualified human resource	33.3	33.3	33.3	2.7	25.0	13.0
Bureaucratic procedure	33.3	22.6	27.2	70.3	46.9	59.4
High demand for services	68.1	62.4	64.8	21.6	15.6	18.8
Lack of access to standard guidelines	11.6	17.2	14.8	2.7	6.3	4.3
Misuse of support, dependency,	9.4	17.6	14.2			
Beneficiary recruitment problem	3.1	6.6	5.2			
Negative community perception	0.0	4.4	2.6	78.4	65.6	72.5
Lack of follow up reports				16.2	21.9	18.8
Absence of recorded information about children				29.7	43.8	36.2

- The challenge of ensuring sustainability of community- and family-based alternative care was attributed to lack of formal linkages between the community and service provider and relevant government agency.
- The KIs stated that they do not expect sustainability of family-based alternative child-care services because some agencies have only enough resources and capacity to implement a project for few years.

FAMILY-BASED ALTERNATIVE CARE SERVICES (continued)					
FOSTER CARE			REUNIFICATION		
ADDIS ABABA (N=7) %	OTHER RE- GIONS (N=11) %	TOTAL (N=18) %	ADDIS ABABA (N=29) %	OTHER RE- GIONS (N=52) %	TOTAL (N=81) %
57.1	30.0	41.2	37.9	46.0	43.0
			44.8	22.0	30.4
0.0	10.0	5.9	20.7	6.0	11.4
14.3	30.0	23.5	13.8	30.0	24.1
28.6	0.0	11.8	10.3	14.0	12.7
57.1	70.0	64.7	58.6	38.0	45.6
14.3	20.0	17.6	34.5	16.0	22.8
14.3	30.0	23.5	48.3	26.0	34.2

- Respondents underscored the lack of services that bring about lasting impact and socioeconomic development in the area, and they suggested strengthening small-scale local associations, income-generating activities, and savings to ensure sustainability.
- Participants noted that some of the existing assistance is not really enough to meet the needs of children adequately. Respondents cited the insufficiency of the financial support received by families for food, educational materials and other expenses of children. There

FINDINGS/RESULTS *CONTINUED*

were reports of instances where only one of the siblings in the same family is supported, creating resentment and frustration for the rest of the family.

- The qualitative assessment highlighted lack of capacity as a major stumbling block to providing access to standard guidelines.
- Participants reported that many agencies do not to accept the existing guidelines because they feel the standards do not fit the objective realities of their locality.¹
- Former beneficiaries shared their experiences of the difficulty of finding foster families that have their best interest at heart, with many kin clattering to have custody of the child as a source of income or to exploit their labour.
- Respondents reiterated the existence of institutions led by self-serving individuals who seem to be engaged in all sorts of malpractice.
- Another challenge that featured only in the qualitative assessment was stigma associated with being recipients of FPS in the community. Case studies of former beneficiaries revealed the prevalence of such stigma.

Different groups of informants involved in the study made suggestions to help address the challenges facing the organizations and improve quality and coverage of community and based alternative child-care services. Some of these suggestions included: improve working relationships with communities, other agencies and government; address the protracted bureaucratic procedures; improve the capacity of organizations; empower families to be self-sufficient; empower communities to play more active roles; supervise and follow-up with children after placement; and supervise agencies providing alternative child-care services.

¹ It should be noted that lack of funding/investment was reported by a large proportion of agencies ranging from one in every four adoption agency (23.2 percent) and one in two community-based service providers (54.9 percent).

4 DISCUSSION

4.1 SCOPE AND LIMITATIONS OF THE ASSESSMENT

Securing an up-to-date and complete list of agencies providing formal community- and family-based alternative child-care services was a huge challenge, attributable to poor official recording practices of relevant government authorities on the number and category of agencies engaged in providing these services. Another major gap in the data collected was that it includes only nongovernmental child-care agencies. It is therefore not possible to comment on the magnitude and quality of care of government agencies.

Misunderstanding or mistrusting the purpose of the research by some representatives of child-care agencies was the other prominent challenge encountered. Some agencies considered the research as a fault-finding mission that would entail harsh administrative measures against their programs. Thus, there were instances when they refused to allow members of the research team from entering their compound, let alone provide information.

The study was limited to a purposively selected five diverse regions representing the difference in population size, livelihood, geographic location and culture in the country. This change in the scope of the study meant that the study can now only be generalized to the five regions, and not to a national level.

This assessment did not include all of the indicators in the standard guidelines. It was decided to focus on certain overarching themes that offered an overview of the state of the situation. These included access, safety, participation, continuum of care and quality assurance.

The diversity of definitions associated with what constitutes OVC, family-based alternative child-care, and community-based care presented another challenge. For the sake of consistency, definitions as subsumed in the standard guidelines were adopted, but differentiating categories in practice is also difficult, as agencies may provide not just one type of care, but a continuum of care, offering a range of services all on their own or through linkages and referral systems with other institutions, based on the needs of children.

Finally, quantitative information collected was largely of a self-reported nature, which may be prone to some inaccuracies as a result of recall problems, lack of information or social desirability. Furthermore, some of the quantitative information that was gathered provides insight only into size and magnitude, and does not fully address issues of quality, information that is lacking in some cases. For instance, information about the number and qualifications of staff is gathered, but it is not easy to ascertain whether the staff have the appropriate qualifications and skills for the roles they have.

DISCUSSION *CONTINUED*

4.2 ACCESS TO COMMUNITY- AND FAMILY-BASED ALTERNATIVE CHILD-CARE SERVICES

One challenge reiterated in the qualitative assessment was access to services and the lack of equity in accessing services. Most if not all formal family-based alternative care and community-based alternative child-care services are concentrated in Addis Ababa and other urban centres, leaving the majority of needy children in rural areas with little access to these services. The imbalance in the concentration of the institutions could be attributed to the sheer demand for services in Addis Ababa and other urban centres, but also to the motive of the organizations to be located in the city, where there is more ease of operation, access to different social and economic services and available qualified personnel.

Assessment participants consistently noted that there is mismatch between demand for family-based alternative care services and what is available in their respective communities. All respondents concurred that the support they are receiving is very minimal and is not enough to change the life of a child in a meaningful way. Only about half of the agencies providing community-based child-care services claimed to include services for children with special needs or disabilities. (This is partially attributable to traditional notions that associate disability with a curse or as something that reflects badly on parents. As a result, many families resort to hiding children at home and restricting their contact with the outside world.)

Lack of linkages and referral systems, and collaboration among agencies providing community- and family-based services was another challenge underscored in the study. Most agencies tend to work in isolation and little coordinated efforts are in place. Many respondents across the regions stressed the importance of networking and experience sharing programs to deal with such problems.

Other barriers included the lack of adherence to eligibility criteria or formal procedures during recruitment of target children, the lack of adequate formal procedures to assess eligibility, the failure to make provisions for pre- and post-placement support, and follow-up.

4.3 COMPLIANCE WITH THE NATIONAL SERVICE STANDARDS OR GUIDELINES

Compliance to standard guidelines as gauged in this assessment is far from satisfactory. The reasons for agencies' failure to comply include lack of access to these standards or guidelines, the capacity to enforce them, lack of familiarity with them, the perception that the standards do not fit the objective realities of their locality, and financial constraints.

Government support and supervision is critical for ensuring compliance to quality standards. It is responsible for supervising the works of these agencies and providing technical support with the view of improving the quality of the services, but monitoring by the higher level structures (federal and regional) was described as being inconsistent.

4.4 EXISTENCE OF CONTINUUM OF CARE FOR CHILDREN WITHOUT PARENTAL CARE

The distribution of agencies by type of service they provide suggests alignment with the principle of continuum of care, which emphasizes the availability of services preventing unnecessary separation of children and placing children in familial environments as much as possible. Accordingly, nine in every ten agencies included in this assessment are engaged in community-based care service implementing preventive interventions against child separation, and ensuring access to basic services to children. The services include economic strengthening, parenting skills, conflict management skills, food and nutrition, shelter, health care, education and psychosocial support. Agencies providing family-based alternative child-care services also claimed to adhere to the continuum of care principle. They tended to recruit children from streets, orphanages, orphan households or relevant government authorities.

It also appears that the community-based child-care services interface with the informal care[6], which is supporting a staggering proportion of children without parental care[3], as the eligibility criteria of these agencies seems to encompass such families. Domestic adoption was the least common category of family-based alternative child-care service followed by foster care. The low uptake of local adoption was attributed to various barriers including lack of awareness about formal procedures on domestic adoption and misconceptions, reluctance to face legal procedure, cultural reasons, fear of stigma and labelling, and economic problems. The qualitative assessment was reiterated that informal adoption entailed little accountability and supervision, and thus exposes children to labour exploitation, discrimination and neglect.

The responses from the qualitative assessment were more revealing in terms of improper application of the continuum of care: some children are separated from their living parents to join child-care institutions. Living parents sometimes give away their children for adoption, claiming the child has lost its parents. The absence of a strong screening procedure and personal records allows this to happen.

5 CONCLUSION AND RECOMMENDATIONS

This assessment attempted to generate evidence about formal community- and family-based alternative child-care services and service-providing agencies in Ethiopia, with a particular focus on magnitude, quality and quality-assurance mechanisms. Against the backdrop of a massive magnitude of OVC and a host of unmet basic and developmental needs, it is safe to conclude that existing agencies providing formal community- and family-based alternative child-care services could only scratch the surface of the problem.

In order to reduce the vulnerability of children and prevent their separation from their families, a multipronged approach to address the underlying causes of vulnerability, including poverty and HIV/AIDS, is required. The measures that need to be taken include providing integrated family preservation services targeting all OVC, including those with special needs or disabilities; building livelihoods of vulnerable and marginalized families; promoting child rights; improving communication skills and management of conflict; and family planning.

Community-based child-care services and reunification are the most popular services being provided by almost all and about half of the agencies, respectively. But the services are characteristically fragmented and fail to meet even the basic needs of OVC. The focus on educational support is to be expected, but this should be supplemented with other basic services focusing on food, shelter, psychosocial support and economic empowerment of families to avoid separation of children due to these factors. Reunification of children with their biological or extended families should be actively explored to find long-term solutions that are in the best interest of the child.

When it is necessary to separate children from their families, appropriate alternative forms of care such as (domestic) adoption and foster care should be explored and made more child friendly. Currently formal domestic adoption and foster care are the least popular forms of care, but there is untapped capacity in this regard, and innovative ways to promote these care options should be introduced. Existing efforts to expand them are insufficient.

It is worth exploring the significance of formalizing traditional ways, keeping in mind that such support is expected to strengthen families, but could undermine them if people take custody of children in anticipation of financial or material incentives. Many parents in the community who take OVC under their custody fail to treat them as one of their own, either by subjecting them to abuse or exploitation, or barring them from having same inheritance rights as their children. Formalizing child-care arrangements needs to be preceded by extensive efforts of sensitization about child rights and dispelling underlying negative perceptions about formal/legal arrangement.

Capacity shortages, in terms of technical, financial and human resources, have hampered the operation of the agencies, preventing them from offering integrated services, specialized care, and special-needs services; or improving the quality of care or increasing the number of OVC served. Many agencies resorted to using large number of low-skilled professionals, which underscores the need for providing regular on job training for such professionals.

The situation seems to be further complicated by the dwindling funding environment, and the new Charities and Societies law applicable to CSOs, which has redefined the criteria for defining agencies as local or foreign according to the proportion of contribution from external sources and not on whether the founders are local or foreign based. The new proclamation dictates that state agencies can spend up to 30 percent only of their budget on administrative cost, which reduces their capacity to retain or attract qualified personnel.

In addition better integration and consolidation of alternative care services, viable mechanisms are needed to ensure sustainability of support to OVC in the community. Despite the requirement of having a proper phase-out strategy, a significant proportion of the licensed agencies claim to have no such plan. MOWCA needs to ensure that appropriate phase-out strategies are implemented well in advance, and should focus on enabling families and communities to look after their children, and promote local ways of family- or community-based child-care options such as Gudifecha and other customary practices.

The following recommendations are based on the findings of the assessment:

- Ensure the application of the principle of continuum of care and prevent the unnecessary separation of children from poverty stricken or conflict-prone families by expanding the availability of community-based prevention services.
- Improve the capacity of MOWCYA and its substructures to provide adequate support and supervision of agencies that provide formal alternative child-care services.
- Strengthen MOWCYA's information management system and its substructures and that of agencies providing community- and family-based alternative care services in order to provide the platform for evidence-informed planning and program implementation.
- Improve compliance to quality-standard guidelines by making them widely accessible in the respective official language of the region, improving awareness and understanding through training and regular supervision and support of the service-providing agencies.

CONCLUSION AND RECOMMENDATION *CONTINUED*

- Improve collaboration, referral systems and linkages among agencies and other relevant institutions to provide a continuum of care and emergency placement for at-risk children and ensure access to services for OVC with special needs or disabilities.
- Promote uptake and support for foster care and local adoption by addressing barriers such as stigma, lack of awareness about local adoption procedures, reluctance to face the legal process, fear related to inheritance of property, and limited economic capacity of households to care for additional children.
- Better sensitize communities regarding domestic adoption, foster care and fund raising.
- Assess the implications of the new Charities and Societies law, which has reconfigured the criteria for defining agencies as local or foreign, and limited the fund local agencies have at their disposal for personnel and administrative costs.
- Promote existing informal and generally positive child-care options, mainly kinship care, by providing guidance, support and supervision to families that care for OVC.
- Protect the safety and well-being of children that are under the informal custody of families (relatives or non-relatives) and may be subject to exploitation, violence, abuse and neglect; and explore supporting and engaging CBOs like Idir in this regard.
- Provide support and supervision to community-based care initiatives being led by schools, CBOs (such as Idirs) and other associations to support OVC.
- Research the state of children under informal care, and the implications of formalizing informal/traditional family-based child-care options on the well-being of children, and readiness of families to provide support and care to OVC.
- Sustain existing community mobilization and empowerment efforts.
- Scale up access to alternative child-care services by mobilizing communities, improving government engagement, and increasing donor support.

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