

CHILDREN WITHOUT APPROPRIATE CARE DESK REVIEW SUMMARY REPORT: LIBERIA

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LIST OF ACRONYMS

AIDS	Acquired immunodeficiency syndrome
BCN	Better Care Network
BID	Best Interests Determination
CRC	Convention on the Rights of the Child
CWAC	Children without appropriate care
CWC	Child Welfare Committee
DCOF	Displaced Children's and Orphans Fund
DSW	Department of Social Welfare
EPSS	Essential Package of Social Services
FBO	Faith-based organization
FGM-C	Female genital mutilation - cutting
De-Plan	Alternative Care/De-Institutionalisation Plan Project of the DSW
DCOF	Displaced Children's and Orphans Fund
DSW	Department of Social Welfare
IAC	Independent Accreditation Committee
ICA	Inter-country adoption
IRCL	Inter Religious Council of Liberia
KAP	Knowledge, Attitude and Practice
HIV	Human immunodeficiency virus
LDHS	Liberia Demographic and Health Survey
MoGD	Ministry of Gender and Development
MoHSW	Ministry of Health and Social Welfare
MoJ	Ministry of Justice
MPCHS	Mother Patern College of Health Sciences
NGO	Nongovernmental organization
OVC	Orphan and vulnerable child
TWG	Technical working group on deinstitutionalization
UNMIL	United Nations Mission in Liberia
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

GLOSSARY OF KEY ALTERNATIVE CARE TERMS¹

Adoption	The legal transfer of parental rights and responsibilities for a child which is permanent (Source: BCN Toolkit)
Alternative care	A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents (Source: Guidelines for the Alternative Care of Children)
Case management	The process of ensuring that an identified child has his or her needs for care, protection and support met. This is usually the responsibility of an allocated social worker that meets with the child, the family, any other caregivers, and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress. (Source: BCN Toolkit)
Cash transfers	Refers to program or government distributions to identified low-income families to support costs related to the care of vulnerable children. Such transfers can be either conditional or unconditional, depending on whether recipients are required to engage in specific behaviours as a condition for access. (Source: BCN Toolkit)
Child headed household	A household in which a child or children (under 18 years, typically an older sibling), assumes the primary responsibility for the day to day running of the household, providing and caring for those within the household. The children in the household may or may not be related. (Source: BCN Toolkit)
Child living on the streets	Children (under 18 years) who spend most of their time on the streets. They may be engaged in some kind of economic activity ranging from begging to vending. They may go home at the end of the day and contribute their earnings to their family or they may live on the street, with or without other family members. The term 'children living and working on the street' is preferred to 'street children' (Source: BCN Toolkit)
Child protection system	A comprehensive system of laws, policies, procedures and practices designed to ensure the protection of children and to facilitate an effective response to allegations of child abuse, neglect, exploitation and violence. (Source: UNICEF)

¹ Sources: Better Care Network (BCN) Toolkit, *Glossary of Key Terms*, <http://bettercarenetwork.org/BCN/Toolkit/Glossary/index.asp>, United Nations (2009), *Guidelines for the Alternative Care of Children* and Save the Children (2013). *Child Protection Strategy 2013-2015: Making the World a Safer Place*, http://www.savethechildren.net/sites/default/files/cp_strategy_final_web_email1.pdf

It is important to note here that the definitions in this report are a starting point for developing common understanding and language and will be further explored and revised as the CWAC project unfolds and a full range of stakeholders are consulted.

Children without parental care	All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances (Source: Guidelines for the Alternative Care of Children)
Children without appropriate care	Children who are not receiving suitable, continuous and quality care, nurture and guidance at a physical, emotional, social and psychological level from either their families or from other primary carers that are meant to replace the family environment and are responsible for their well-being and development. This includes neglected and/or abused children in their families, children living on the street, children affected by HIV and AIDS, children in institutions or other forms of poor quality alternative care, and children who have become separated, either voluntarily or involuntarily, from their families, including children on the move, and those who are at risk of requiring alternative care. (Source: Save the Children's Child Protection Strategy: 2013-2015)
Community-based care	Care that is as close as possible to family based care and where the community is involved in the process of a child's recovery. Foster and extended families are examples of community-based care. (Source: BCN Toolkit)
De-institutionalization	The process of closing residential care institutions and providing alternative family-based care within the community (Source: BCN Toolkit)
Family support services	A range of measures to ensure the support of children and families – similar to community based support but may be provided by external agents such as social workers and providing services such as counseling, parent education, day-care facilities, material support, etc. (Source: BCN Toolkit)
Family tracing	The process of searching for family members or primary legal or customary caregivers. The term also refers to the search for children whose parents are looking for them. The objective of tracing is reunification with parents or other close relatives (Source: BCN Toolkit)
Family reintegration	Child-centered reintegration is multi-layered and focuses on family reunification; mobilizing and enabling care systems in the community; medical screening and health care, including reproductive health services; schooling and/or vocational training; psychosocial support; and social, cultural and economic support (Source: BCN Toolkit)
Formal care	All care provided in a family environment, which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures (Source: Guidelines for the Alternative Care of Children)
Foster care	Situations where children are placed by a competent authority for the

purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care (Source: Guidelines for the Alternative Care of Children)

Gatekeeping

The prevention of inappropriate placement of a child in formal care. Placement should be preceded by some form of assessment of the child's physical, emotional, intellectual and social needs, matched to whether the placement can meet these needs based on its functions and objectives. (Source: BCN Toolkit)

Informal care

Any private arrangement provided in a family environment, whereby the child is looked after on an on-going or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body (Source: Guidelines for the Alternative Care of Children)

Kinship care

Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature (Source: Guidelines for the Alternative Care of Children)

Supported independent living

A young person is supported in her/his own home, a group home, hostel, or other form of accommodation, to become independent. Support/social workers are available as needed and at planned intervals to offer assistance and support but not to provide supervision. Assistance may include timekeeping, budgeting, cooking, job seeking, counseling, vocational training and parenting. (Source: BCN Toolkit)

I. Country and Alternative Care Context

a. Brief overview of country context

Liberia is situated in West Africa with a population of 4,128,572,² with approximately 47% of the population below the age of 15³ and 19% below the age of 5,⁴ with an approximate annual growth rate of 2.1%.⁵ The population is spread throughout the country in 15 major administrative areas or ‘counties’, each divided into several ‘districts’. In 2003, Liberia emerged from 14 years of violent conflict that resulted in the death of approximately 270,000 people and collapse of both traditional and formal structures and institutions.⁶ Nearly two-thirds of Liberians currently live in poverty, three quarters live on less than one dollar a day,⁷ and the size and population of urban areas has grown considerably (one out of three Liberians can be found in and around Monrovia, where the population density is over 1,500 persons per square mile).⁸ Montserrado County, where the capital is situated, is home to 32.2% of the population of the country.

Ranking 162/169 on the Human Development Index (2010), Liberia is one of the poorest countries in the world.⁹ The current poverty line in Liberia is US\$0.59 per person per day, or \$215 per year.¹⁰ About 64% of the people still live below the poverty line, while 48% are considered extremely poor.¹¹ In general, Liberians face a range of social problems and resource constraints, which impacts the growth, development, and long-term prosperity of the country’s children and youth (refer to Text Box A).¹²

Text Box A: Socio-economic indicators for Liberia

Life expectancy is 42 years of age.

Estimated 40,000 children die before the age of 5.

Young people are less literate than their parents and 62% of women are illiterate.

Only 41% of the population has access to health services.

HIV prevalence rate is 1.5%.

63.8% of the population lives in absolute poverty.

(Source: Liberia Demographic and Health Survey, 2007, cited in Government of the Republic of Liberia, Ministry of Health and Social Welfare. National Strategy for Child Survival in Liberia (2008-2011) and Government of the Republic of Liberia, Ministry of Health and Social Welfare, Essential Package of Social Services 2011-2021.)

b. Overview of child protection risks

Years of civil unrest and poverty have resulted in an increased number of vulnerable families and traditional support structures being undermined or breaking down, resulting in children exposed to risk of various

² World Bank Country Profile, Liberia, available at <http://www.worldbank.org/en/country/liberia/overview>. Accessed January 28, 2014.

³ Government of the Republic of Liberia, Ministry of Health and Social Welfare, Essential Package of Social Services, 2011-2012, p25, citing Liberia Census Report 2007.

⁴ Government of the Republic of Liberia, Ministry of Health and Social Welfare. National Strategy for Child Survival in Liberia (2008-2011), citing Liberia Demographic Health Survey 2007.

⁵ UNICEF (January 2012). Liberia - Final Report for Displaced Children’s and Orphans Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems.

⁶ Essential Package of Social Services.

⁷ Essential Package of Social Services.

⁸ Government of the Republic of Liberia, Ministry of Health and Social Welfare. National Social Welfare Strategic Plan (2011-2021), Draft for discussion only.

⁹ Ruiz-Casares, Monica (September 2011). Child Protection Knowledge Attitudes and Practices in Central and Western Liberia: Final Report I. USAID and Save the Children.

¹⁰ Essential Package of Social Services.

¹¹ UNICEF (January 2012).

¹² Essential Package of Social Services.

forms of abuse, exploitation, sexual violence, neglect and living outside of family care. Rising HIV rates have also made children more vulnerable and leaving communities and families struggling to effectively care for them.¹³ Social problems exacerbated by the years of civil conflict and ongoing poverty include high rates of divorce, teenage pregnancy, elders caring for children, children separated from families, sub-standard institutional care, children living and working on the street, child labor (in particular children under 9 years of age) and trafficking.¹⁴ In the Knowledge, Attitude, and Practice (KAP) study, 78% of caregivers and 66% of children are able to list at least three situations that put children in danger in their communities, including: stealing, drugs or liquor, peer pressure, prostitution, and basic needs not met. 18% of caregivers and 14% of children list separation or abandonment by parent or guardian among the risks to children.¹⁵ (Refer to Text Box B for list of key protection issue facing Liberian children today).¹⁶

*Most indicators for child survival, and access to basic services including health and nutrition interventions, safe water and sanitation, and education, have radically improved. But reinforcing these gains and ensuring their sustainability remains a challenge, independent from the need to embrace neglected areas and marginalized groups among whom progress has barely begun.*¹⁷

Text Box B: Key Child Protection Indicators in Liberia

0.7% of children under 15 living in a household have lost both parents, and 6.5% have lost at least one parent.

48.9% of children under 15 live with both parents, this is the lowest percentage among West African countries.

20.8% children between 5-14 years old are engaged in child labour. 90% of them performing hazardous labour.

65 children are in conflict with the law (according National Social Welfare Strategic Plan). Those in detainment continue to be housed within the adult prison.

48.7% of women between 20-24 were married/in union before they were 18 years old.

3.6% of births are registered at the time of the birth (children under 5).

94.0% of children between 2-14 years have experienced psychological or physical punishment.

39.2% of girls between 15-19 years experience physical violence.

58% of women between 15-49 years of age have undergone Female Genital Mutilation/Cutting (FGM/C).

80% of children in institutions are placed there due to lack of family resources to care for them.

9,640 households are headed by children (or 1% of the vulnerable children population).

3,376,608 children living/working on the street.

(Sources: Liberia Demographic and Health Survey, 2007; National Social Welfare Strategic Plan (2011-2021); Essential Package of Social Services 2011-2021; ChildFund 2012)

¹³ Data compiled from World Health Organisation (WHO) from antenatal care units and hospital blood banks reported HIV infection rates as high as 5.7%. In 2006, MoHSW and UNIADS estimated that national HIV rates may be even higher, predicting that as many as 12% (or nearly 400,000) of Liberians are HIV-positive. ChildFund Liberia supported by the Ministry of Health and Social Welfare (MoHSW), National AIDS Commission (NAC) (2012), Situational Assessment of Orphans and Vulnerable Children in Liberia,, p.39-40

¹⁴ Essential Package of Social Services.

¹⁵ Ruiz-Casares (2011).

¹⁶ Essential Package of Social Services. See also Lynne Schaberg and John Williamson, Liberia: Key Factors of Child Vulnerability (April 20-May 3, 2008), DCOF of USAID. United Nations Mission in Liberia – UNMIL, (March 2007), Human Rights in Liberia's Orphanages [hereinafter UNMIL]. Parwon, Sophie (2006), Orphanage Assessment Report for Ministry of Health and Social Welfare. Child Frontiers(2012b).

¹⁷ UNICEF (January 2012). Such *neglected and marginalized groups* might include: families living in extreme rural areas, the elderly, adults and children with disabilities, child-headed households, children living on the street, children in contact with the law, etc.

Another major issue facing Liberia and closely linked to children without appropriate care is armed conflict and its impact on children. A total of 11,780 children (9,042 boys and 2,738 girls) had been disarmed and demobilized as of December 2004. It has been estimated that approximately 4,000 children who had been associated with one of the various fighting forces did not go through the demobilisation process. United Nations Children's Fund (UNICEF) has estimated that 99% of the children demobilized were reunited with their immediate or extended families. However, agencies believe that a percentage of the children demobilized did not remain with their families and many are living on the streets.¹⁸ The majority of fighters demobilized were between 15 and 28 when they turned in their guns; 27% between the ages of 12 to 14.¹⁹ This period was also marked by endemic gender-based violence; thus, "children were among the primary victims as well as perpetrators of the violence."²⁰

In addition to these groups of children, Liberian youth or young adults are also a population group that is vulnerable to poverty and issues related to abuse, risk, and exploitation. Recent assessment of Liberian youth found half of the youth population have no job or support system and, in general, have a low opinion of government effectiveness and the justice system.²¹ The drawn-out 14-year civil war led to mass displacement, family breakdown and separation, recruitment of child soldiers,²² and the mushrooming of both institutional care (or orphanages) and fraudulent inter-country adoption (ICA) practices. Reports by Save the Children found that child soldier recruiters used orphanages as recruitment mechanisms.²³

c. Overview of population of children without appropriate care or at risk

Literature and assessments show one population group particularly exposed to child protection risks are children without appropriate care (CWAC), which includes: children living outside of family care or those vulnerable to living outside of a family, children separated and displaced during the conflict; refugee and migrant children (children living in "floating" populations); children associated with the street; victims of abuse, neglect and exploitation; victims of children trafficking; victims of armed conflict; children in contact with the law, and children with special education needs and physical disabilities.²⁴ Many children in vulnerable situations face the risk of being without appropriate care, including some of the same categories of children outlined above, and who are living in less than optimal family care situations.

While available data are scant, what data is available depicts a complex picture of the population of children without appropriate care, especially those living outside of family care or at risk. Nearly 40% of women in Liberia aged 15 to 34 years with at least one surviving child reported a child living away from home, and 37% of men and 33% of women reported having children they had not borne living with them.²⁵ Currently, children separated from families in the border areas where Ivoirian refugees are located, is of particular concern.²⁶ (Refer to Table 1 for data from the National Social Welfare Strategic Plan 2011-2012)

¹⁸ Liberia: Key Factors of Child Vulnerability (April 20-May 3, 2008), by Lynne Schaberg and John Williamson, DCOF of USAID.

¹⁹ Deng, William (2001). Survey of Programs on the Reintegration of Former Child Soldiers, financed by the Government of Japan.

²⁰ ChildFund (2012), p 39.

²¹ USAID (2009). Liberia Youth Fragility Assessment.

²² It is estimated that as many as 15,000 children have served as child soldiers in Liberia's civil war. Deng (2001).

²³ Emily Delap (2005). 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.

²⁴ National AIDS Commission and Child Fund Liberia (July 2012). See also Lynne Schaberg and John Williamson (2008); Essential Package of Social Services, 2011-2012; ChildFund Liberia (2012).

²⁵ Roby, Jini (2011). Children in Informal Alternative Care: A Discussion Paper for UNICEF Child Protection Section, NY.

²⁶ UNICEF (January 2012).

Table 1: Orphans and Vulnerable Children and Estimated Caseloads²⁷

Orphans and Vulnerable Children (OVC)	Current Estimate of Caseloads
Living in “floating” populations (0-14 years)	17,689 (34% of floating population)
Child head of households (5-14 years)	9,640
With physical disabilities (0-14 years)	17,858 (16% of people with physical disability)
With special education needs	10,403 enrolled in school system

Source: Government of the Republic of Liberia, Ministry of Health and Social Welfare. National Social Welfare Strategic Plan (2011-2021), Draft for discussion only.

In terms of orphanhood prevalence, according to the 2007 Liberia Demographic and Health Survey (LDHS), 0.7% of children under 15 living in a household have lost both parents (double orphans); and 6.5% have lost at least one parent (single and double orphans combined).²⁸ There are a significantly higher percentage of single and double orphans living in a household in rural areas (7%) opposed to urban areas (5%). More specifically, a recent child protection study by ChildFund Liberia found that children from the North Western Region were more likely to be either paternal (14.6%) or maternal (4.1%) orphans compared to other regions of Liberia.²⁹ It is important to note that the ChildFund study concluded that while “orphans” were often referred to or targeted within programmes and policies as the “most vulnerable children with the community” findings find that in fact there is “little difference in the vulnerability among orphans and other vulnerable children.”³⁰

According to LDHS, only 49% of children under 15 live with both parents (which is the lowest percentage in all of West Africa). The comparison between urban and rural settings is striking; with a significantly higher number of children under 15 living with both parents in rural areas (54%) than in urban areas (40%).³¹ Liberia has one of the highest percentages (20%) of children under 15 in a household not living with a biological parent (regardless of the survival status of parent) in West Africa.

Another striking finding that has emerged from DHS data is that Liberia, together with Sierra Leone, has one of the highest percentages of children under 15 who are living with their fathers only (8%), even though their mothers are alive, not only in the West Africa context but also when compared to all 69 countries across the globe for which this DHS data is available.³²

d. Summary of alternative care and family situations in Liberia

Families in Africa face enormous challenges in caring for their children due to the devastating impact of poverty, HIV, AIDS, armed conflict, family disintegration and the accompanying stresses on traditional community values and systems. There is, however, widespread recognition that, amid all the complex challenges, African families and communities are remarkably resilient in ensuring adequate care and protection of their children, including informal care (such as kinship care and extended family care).³³

²⁷ Much of the data available reports on children up to 14 years of age, however it is important to highlight that a highly vulnerable and largely uncouned group of youth 15-17 years also exists.

²⁸ BCN (2013), Liberia: Analysis of data from DHS 2007. All DHS data provided comes from Ministry of Health and Social Welfare Liberia, and ICF International. 2012. Liberia Demographic and Health Survey 2010. Calverton, Maryland, USA: NISR, MOH, and ICF International) and from the MEASURE DHS STATcompiler.

²⁹ ChildFund (2012), p.50.

³⁰ ChildFund (2012), p.16

³¹ BCN (2013), Liberia: Analysis of data from DHS 2007

³² BCN (2013), Liberia: Analysis of data from DHS 2007

³³ Child Frontiers (2012). Family Support Services and Alternative Care in Sub-Saharan Africa. Background Paper. Retrieved from <https://childfrontiers.app.box.com/s/z7lvgiv6mxb505tqdm9n>

In Liberia, extended families and communities have traditionally taken in orphaned and vulnerable children (OVC). Accordingly, the majority of children placed in alternative care are those placed informally in kinship care or informal foster care with extended kin or community members. According to LDHS, 27% of households are providing informal foster or kinship care. The proportion of informal care arrangements is much larger (33%) in urban areas compared to 24% in rural areas.³⁴ The arrangements are made for children who have been orphaned or whose families are unable to care for them due to incapacity, breakdown, remarriage, divorce, illness, or other issues. It has traditionally been seen as a protective mechanism to allow children to attend school or receive instruction in a particular trade while continuing to live in a family environment. This informal fostering also puts some children at higher child protection risks, such as working and living on the street and various forms of abuse and neglect.³⁵ The ChildFund Liberia study found that:

“The biggest risk for children, regardless if they were orphaned or not, was the movement of children away from their immediate families to an informal foster care arrangement was often with extended family or within the kinship systems. This movement resulted in children becoming invisible, often times unaware of their rights and disconnecting children from support networks and access to protection services.”³⁶

Studies and literature in the desk review show that civil war, poverty, breakdown of traditional structures have all resulted in increased number of children living outside of parental care than previous generations and

Traditional family structures and systems that included extended family units typically took responsibility of children of the deceased relative. The idea built on the notion of kinship care and importance of community support to raise children as a member of the family. During the years of the civil war, the notion of fostering or kinship care increased as families experienced separation, fear of violence, and the death of loved ones. Children were also placed in relatives’ homes out of protection. However, as communities point out, today, because of the enormous impacts of the civil conflict, in addition the spread of HIV/AIDS, this obligation now falls short and too often results in failed promises or simply an inability to take on further responsibility primarily due to poverty factors that already exist within the extended family.”³⁷

This has resulted in shifting of alternative care arrangements in Liberia with an increase use of residential care. Before the war began in 1989, according to the assessments from UNMIL and Parwon, there were only 10 orphanages in Liberia, ICA was not widely practiced, and orphaned children were traditionally cared for by extended family members or in informal community arrangements. The war led to an increased national focus on residential care (114 orphanages in 2008) and ICA (between 2003-2011, there were 1,399 ICA from Liberia) as the primary responses to children deprived of adequate family care, shifting national resources away from more appropriate family-based alternative care models.³⁸ Even after the war ended, children were continuing to be separated from their families and placed in orphanages unnecessarily. For example, in August 2006, more than 700 children were removed from their families and taken to a newly opened and unaccredited orphanage.³⁹

³⁴ BCN (2013), Liberia: Analysis of data from DHS 2007

³⁵ ChildFund Liberia (2012),

³⁶ ChildFund Liberia (2012), p 13. The study specifically found that children in informal fostering are faced with exploitative child labor practices, sexual exploitation and abuse (resulting in teenage pregnancy, HIV/AIDS and other STDS) and early and forced marriage. ChildFund (2012), p. 89,

³⁷ ChildFund (2012), p.65.

³⁸ UNMIL (March 2007); Parwon (2006).

³⁹ UNMIL (March 2007).

The UNMIL and Parwon assessments found that the majority of these residential care facilities lacked proper records, record keeping, care plans and exit strategies, and gatekeeping, and did not follow existing regulations in terms of licensure, registration, monitoring, and provision of quality services, leading to major human rights violations:

Children living in Liberia's orphanages are denied basic rights – ranging from the right to development and health, to the right to identity, family, education, leisure and participation in cultural activities. The concurrent denial of this range of rights – economic, social, cultural, civil, and political - has an incremental and lasting effect on the children.⁴⁰

Table 2: Children in Orphanages as of January 2014⁴¹

County	Boys	Girls	Children	Orphanages
Montserrado	964	764	1,728	41
Grand Bassa	144	113	257	10
Nimba	133	170	303	8
Margibi	186	214	400	8
Bong	223	186	409	9
Bomi	108	74	182	4
Cape Mount	13	10	23	1
Gbarpoulu	9	6	15	1
Rivercess	16	24	40	1
	1,796	1,561	3,357	83

Text Box C on the following page highlights the forms of alternative care arrangements that are available in Liberia today.

Text Box C: Alternative Care in Liberia

As of 2014, there are 83 residential care facilities, with a total of 3,357 children; reduced from 114 residential care facilities, with a total of 4,683 children in 2009.

27% of households are providing informal foster or kinship care. The proportion of informal care arrangements is much larger (33%) in urban areas compared to 24% in rural areas.

No formal foster care placements or supported independent living services are recorded to date.

14 domestic adoption placements have been recorded to date.

Between 2003-2011 there were 1,399 inter-country adoption (ICA) placements from Liberia (majority taking place between 2005-2008 and only 34 placements in 2012).

Pending a new Adoption Law, presently there is a moratorium on ICA

Push and Pull Factors for Children without Appropriate Care

According to LDHS, *the vast majority of children under age 15 in Liberia still have both parents (92%);⁴² and orphanhood is unlikely to be the main driving factor for the low numbers of children living with their parents and in alternative care arrangements.* The National AIDS Commission and Child Fund Liberia (July 2012), The

⁴⁰ UNMIL (March 2007).

⁴¹ David, Janet (2014). *Briefing Paper on the Deinstitutionalization of Children and the Promotion of Alternative Care in Liberia*. Report for the Ministry of Health and Social Welfare, Department of Social Welfare.

⁴² BCN (2013), Liberia: Analysis of data from DHS 2007

National Situational Analysis of Orphans and Vulnerable Children in Liberia: A Study Funded by the Round 8 Global Fund for HIV/AIDS in support of the Ministry of Health and Social Welfare and the National AIDS Commission, also found that orphanhood was not a factor.⁴³ For example, this study found that *although child-headed households only make up 1% of the total number of OVC, when broken down, 88% of those children heading the household are NOT orphans but rather heading the household due to their parent being ill, absent, incarcerated, or dysfunctional*. Thus it is important to look to other factors such as cultural practices or migration to access education or work. The data on education from the LDHS, for example, shows significantly lower percentages of children accessing education in rural areas compared to urban settings. The current school attendance rate for children aged 10–14 both of whose parents are alive, and who live with at least one parent, is 84% in urban areas and 55% in rural areas (67% in total). For children in that age range who have lost one or both parents, current school attendance rate is even lower (41%) in rural areas compared to 84% in urban areas (total of 57%).⁴⁴ In addition the Youth Fragility Assessment report found that in general, elements of good/quality education (i.e. sufficient classrooms, well-trained teachers, availability of books) are in short supply in Liberia, even though primary education is free,⁴⁵ and access to basic education is a major issue for parents and children/youth across the country. Thus, the available literature and data indicate that access to education may be a major pull factor in children moving from rural to urban areas, placement with extended family members, and informal foster care or residential care.

Other pull factors identified as leading to children living outside of family care include:⁴⁶

- *Poverty-related factors*: Residential care is seen to provide access to better living conditions and services, in particular promise for better education. And, poverty is perceived as crippling parenting and childcare practices, leading to children living on the streets, working or in alternative care.⁴⁷
- *Family breakdown*: Following the civil war, Liberia is increasingly facing high rates of divorce, remarriage, and extended family structures for care and protection are no longer functioning as effectively; thus children are being placed in informal foster care or residential care. Studies have also shown that escaping family disputes and family pressure, in relation to early marriage, for example, is also a push factor for children being on the move, on the streets, or in alternative care.⁴⁸
- *Teenage pregnancy and child abandonment*: Teenage pregnancy is a serious source of concern in Liberia: affecting approximately 31% of girls between 15-19 years.⁴⁹ Unable to adequately care for their children, high numbers of teenage mothers resort to residential care, placement with other family or community members, or abandonment.

e. Care in Emergencies

As discussed earlier, the civil war led to a number of negative practices and trauma for children. The emergency also catalysed some promising care practices, which are useful to build on for future alternative care programs. A number of successful efforts were recorded on reuniting children separated from their families as a result of civil war. For example, according to the Guidelines for Liberian Separated Children in Alternative Care, in 2002, 502 Liberian children had been identified as separated and were being provided

⁴³ National AIDS Commission and Child Fund Liberia (July 2012).

⁴⁴ BCN (2013), Liberia: Analysis of data from DHS 2007

⁴⁵ USAID (2009). Liberia Youth Fragility Assessment

⁴⁶ UNMIL (March 2007); Parwon (2006). Child Frontiers (2012b). Alternative Care and Child Protection Systems: Comparative Analysis Paper – Cambodia, Guatemala and Liberia. National AIDS Commission and Child Fund Liberia (July 2012).

⁴⁷ National AIDS Commission and Child Fund Liberia (July 2012).

⁴⁸ National AIDS Commission and Child Fund Liberia (July 2012).

⁴⁹ Liberia Basic Indicators, available at: http://www.unicef.org/wcaro/wcaro_liberia_fact_CP_indicators.pdf, accessed 29 September 2013, citing Liberia Demographic and Health Survey, 2007.

with family tracing, reunification and alternative care services.⁵⁰ Parents played a major role in preventing children from forced recruitment. Experience from the war period also showed that children with their parents or with foster parents were much safer than children on their own or in institutional care.⁵¹

Currently, Save the Children, UNHCR, among other organisations, are supporting the Government of Liberia to provide alternative care and family tracing and reintegration services for Ivorian separated and unaccompanied children in Nimba and Grand Gedeh counties.⁵² Via the Best Interests Determination (BID) process, they are providing foster care, supported independent living and other supportive services to unaccompanied children and refugee children, albeit at small scale. Care and protection of separated and refugee children has been happening for over a decade, as illustrated by the fostering and child protection services provided for separated children in the Sinje Refugee Camp in Liberia.⁵³ The study presents lessons learned in respect to Save the Children UK's work with separated children in the two camps. The study found that the fostering ranged from good quality of care to neglectful, exploitative experience for others. The study also highlights the importance and usefulness of working with community structures as well as integrating work with separated children into a broader child protection strategy. It is clear from the literature that future pilot alternative care, tracing/reintegration, and family support programmes can draw on the lessons learned and promising practices from the emergency and post-emergency period.

Key Resources on Alternative Care

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⁵⁰ International Rescue Committee, Save the Children UK, UNICEF and UNHCR (2002), Guidelines for Liberian Separated Children in Alternative Care.

⁵¹ Delap (2005).

⁵² Source: in person discussions with Save the Children representatives

⁵³ Abdullai, Miatta, Edwin Dorbor and David Tolfree (2002) Case Study of the Care and Protection of Separated Children in the Sinje Refugee Camp, Liberia, Save the Children.

II. Child Protection Stakeholders

As gathered from the desk review, the key child protection stakeholders are summarized in Table 3 on the following page.

Table 3: Child Protection Stakeholders⁵⁴

GOVERNMENT	Ministry of Health and Social Welfare (MoHSW) – <i>primary responsible ministry</i>	<ul style="list-style-type: none"> MoHSW's Department of Social Welfare (DSW) Family Welfare Division leads alternative care efforts Within the MoHSW's DSW, a separate office (Alternative Care/De-Institutionalisation Plan Project or De-Plan) has been set up to lead the national de-institutionalisation strategy. The De-Plan has six staff members to lead the programme and, until recently, was supported by a consultant to build its staff capacity. It continues to receive oversight and support from UNICEF and Save the Children.
	Ministry of Gender and Development	<ul style="list-style-type: none"> MoGD's Child Welfare Committees (CWC) support MoHSW functions Considerations are being made to move the DSW under the MoGD
	Ministry of Justice	<ul style="list-style-type: none"> MoJ's Women and Children unit support MoHSW child protection functions
	Other line ministries	<ul style="list-style-type: none"> Ministry of Education, Ministry of Health and Ministry of Labour, Ministry of Planning and Economic Affairs
	Government social workers	<ul style="list-style-type: none"> Ratio of government social workers to clients is 1 per 60,000 people.⁵⁵ MoHSW only employs one social worker in each of Liberia's 15 counties, which has separate functions and line management compared to the MoGD officers.⁵⁶ Government social workers also face a number of limitations, such as transportation.
NETWORKS & COMMITTEES	Technical Working Group on Deinstitutionalisation of Children (TWGD)	<ul style="list-style-type: none"> Chaired by the MoHSW, the group provides technical guidance to promote family-based care, review and strengthen national regulations on alternative care, and ensure that standards of care are enforced in existing orphanages as the process of de-institutionalisation continues. Members include representatives from MoJ, MoGD, MoE, MoL, Save the Children, UNICEF, Union of Orphanages, ACIDI/VOCA, Inter Religious Council of Liberia, Liberia Refugee Repatriation and Resettlement Commission, Christian Aid Ministries, Orphan Relief and Rescue, and World Learning.
	Child Protection Network (CPN)	<ul style="list-style-type: none"> National-level coordinating body for government ministries and NGOS involved in child protection and child rights, chaired by the MoGD and co-chaired by MoHSW

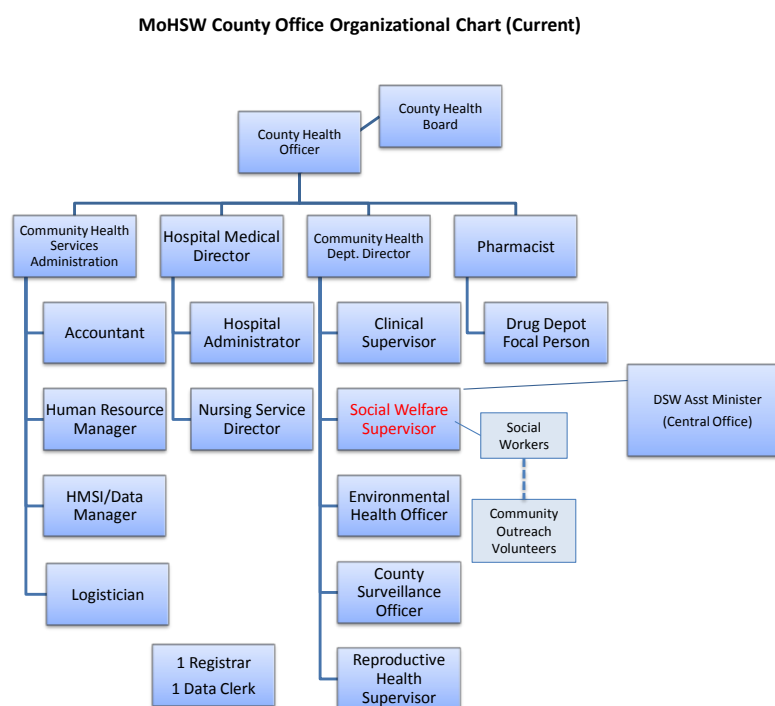
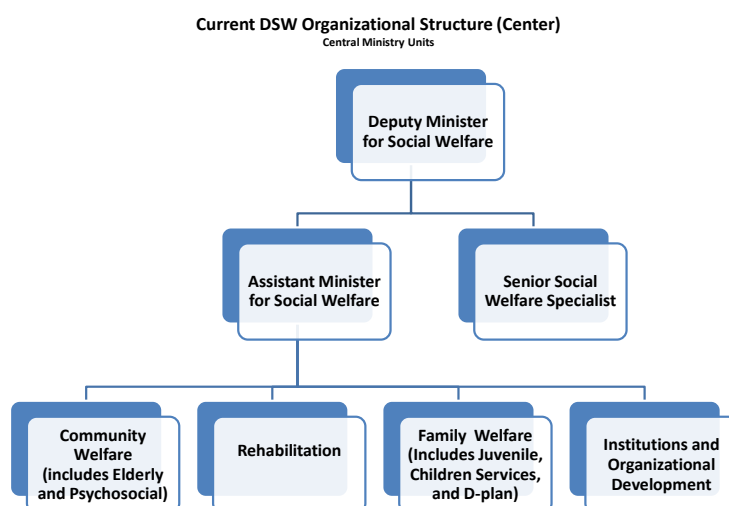
⁵⁴ See also CWAC Consultancy Master Stakeholder List

⁵⁵ Essential Package of Social Services, p 17

⁵⁶ Government of Liberia. (2007). *Emergency human resources for health plan: Ministry of Health and Social Welfare 2007-2011*.

SOCIAL WORK INSTITUTIONS		and MoJ. The Technical Working Group on Deinstitutionalization of Children is one of the sub-groups of the Child Protection Network with a focus on alternative care and orphans and vulnerable children.
	Independent Accreditation Committee (IAC)	<ul style="list-style-type: none"> Established in 2010 to monitor the implementation of national regulations for residential care.
	Union of Orphanages	<ul style="list-style-type: none"> As one of the members of Independent Accreditation Committee, the Union is involved in orphanage inspection and standards development. The Union is seen as an important and influential body within the child protection system and also as having a vested interest in promoting the use of institutional care as a response to child protection issues.
	Inter Religious Council of Liberia (IRCL)	<ul style="list-style-type: none"> Jointly run by Christians and Muslims, the Women of Faith and Youth desk of IRCL, focuses on maintaining family unity at the community levels.
UN, NGOS, FBOs		<ul style="list-style-type: none"> Mother Patern College of Health Sciences (MPCHS), a training institution in Monrovia, offers an Associate in Social Work degree. United Methodist University offers basic social work degree The Program Learning Group (PLG) co-chaired by the MoGD and the University of Liberia is presenting working on social work curriculum for the public university system. Child Fund also plays a coordinating role.
		<ul style="list-style-type: none"> UNICEF, World Learning, Save the Children, ACDI/VOCA, Christian Aid Ministries, Handicap International, SOS Children's Village, World Learning, Helping Hand Liberia, Touching Humanity in Need of Kindness (THINK), International Rescue Committee (IRC), Child Fund Faith-based communities play an important role and are extremely influential in Liberia in relation to alternative care. For example, the Christian Aid Ministries funds approximately 80% of orphanages in Liberia.
DONORS	USAID and DCOF	

The following charts show the current organization of the MoHSW (provided by World Learning)



III. Child Care Legal and Policy Framework

Table 4: Key international framework documents and Liberia's ratification status.

Convention or Protocol	Ratification Status
Convention on the Rights of the Child (CRC)	Ratified without reservations, 4 June 1993
CRC Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography	Signed, 22 September 2004
CRC Optional Protocol on Involvement of Children in Armed Conflict	Signed, 22 September 2004
International Convention on the Elimination of all Forms of	Acceded, 17 July 1984

Discrimination against Women (CEDAW)	
ILO Convention 183 on the Worst Forms of Child Labour	Ratified, 2 June 2003
African Charter on the Rights and Welfare of the Child	Signed, 14 May 1992
International Covenant on Economic, Social, and Cultural Rights (CESCR)	Ratified, 22 September 2004
International Covenant on Civil and Political Rights (ICCPR)	Ratified, 22 September 2004
Convention on the Rights of Persons with Disabilities	Ratified, 3 December 2010
Hague Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption (Hague Convention)	<i>Not signed</i>
Guidelines for the Alternative Care of Children	<i>Welcomed by the entire UN General Assembly in 2010 (including Liberia, Member State)</i>

As noted in a number of reports, over the last few years Liberia has enacted a number of laws, policies, and national strategies to help ensure greater care and protection of children. The following table summarizes key laws and policies, which stipulate child and family welfare, alternative care, and child protection provisions.⁵⁷

Table 5: National Laws and Policies Pertaining to Child Care

Law	Alternative Care Provisions	Implementation challenges
Constitution of the Republic of Liberia (1984)		
Children's Law (2012) ⁵⁸	Coordinates and stipulates for appropriate alternative care services where biological parents are unsuitable, deceased or absent; stipulates standards for the accreditation of care institutions; and provision of family-based alternative care (as a priority over orphanages)	KAP survey found that there is general lack of awareness around the new laws and recommended that GoL and partners to strengthen the implementation and communication of the Children's Law (including using child friendly language and clarifying basic terminology for alternative care). ⁵⁹ Implementation of provisions for upholding parental responsibility and supporting families needs development since currently support services are limited or have inadequate coverage. Implementation of ensuring the suitability of family-based alternative care faces challenges since gatekeeping and family-based alternative care services continues to be underdeveloped. ⁶⁰
Regulations for the Appropriate Use	Guidelines for appropriate	While the Alternative Care Regulations

⁵⁷ Child Frontiers (2012 a/b).

⁵⁸ Children's Law (2012)

⁵⁹ Ruiz-Casares (September 2011).

⁶⁰ Child Frontiers (2012a)

and Conditions for Alternative Care for Children (2010)	use and conditions for alternative care for children, with focus on residential care in line with CRC and the Guidelines for the Alternative Care of Children (UN, 2010)	have been disseminated and residential care staff have been trained, orphanages are still encountering challenges in implementing them. ⁶¹
Government of the Republic of Liberia, Ministry of Justice, Liberian Diversion Guidelines (Final), 01/05/2013		
Juvenile Court Procedural Code (Judiciary Law, Ch. 11)		
Domestic Relations Law of Liberia (1976)	Governs marriage, divorce and child custody, including domestic adoption	
1956 Adoption Law ⁶²	Guide domestic adoptions	Judicial mechanisms, - such as family or civil courts or social welfare authority to appropriately conduct assessments and oversee matching procedures, are not yet fully in place. ⁶³ Additionally, the existing adoption law is weak and not in line with international best practice. ⁶⁴
Public Health Law (1976): ⁶⁵	Regulates conditions for children’s institutions, including schools, holding more than 50 children	
National Social Welfare Policy and Action Plan (2012) ⁶⁶	Establishes a fundamental framework for social welfare services, including capacity building and delivery. Upholds the importance of parental responsibility of children living within the family environment and provides provisions on how the government can support parents and families to prevent unnecessary family separation.	
Essential Package of Social Services: 2011-2021	The lack of capacity, human resources, and logistical support has been recognized by the MoHSW as a major gap in effectively carry out their family and child welfare functions. In order to help fill these gaps, MoHSW developed the Essential Package of Social Services: 2011-2021.	
An act to Amend the New Penal Code Ch 14 Sections 14:70 and 14.71 and to Provide for Gang rape (2005)		

⁶¹ Child Frontiers (2012). National AIDS Commission and Child Fund Liberia (July 2012).

⁶² A new Adoption Law is pending – it has been passed by legislature and is awaiting Presidential signing, according to UNICEF (interview February 2014)

⁶³ UNMIL (March 2007); Concluding Observations, Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, CRC/C/LBR/CO/2-4 11 December 2012 <http://www2.ohchr.org/english/bodies/crc/crcs61.htm>.

⁶⁴ UNMIL (March 2007), CRC 2012

⁶⁵ UNMIL (March 2007), CRC 2012

⁶⁶ Essential Package of Social Services.

Resources on Policy Framework

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

Child Frontiers (February 2012). *Alternative Care and Child Protection Systems: Comparative Analysis Paper – Cambodia, Guatemala and Liberia*.

David, Janet (2014). *Briefing Paper on the Deinstitutionalization of Children and the Promotion of Alternative Care in Liberia*. Report for the Ministry of Health and Social Welfare, Department of Social Welfare.

USAID and World Learning, Liberia: Grants Solicitation and Management Program (LGSM) (July 2013). *Capacity Needs Assessment of the Liberian Ministry of Health and Social Welfare Department of Social Welfare, Final Report*.

Government of the Republic of Liberia, Ministry of Health and Social Welfare, Essential Package of Social Services, 2011-2021

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

Save the Children (August 2013). USAID. Educating and Protecting Vulnerable Children in Family settings in Liberia: Mid-Term Review

IV. Liberia National Care Reform Efforts

As discussed above, findings of the UNMIL and Parwon assessments, in particular the alarming trends and the gross human rights violations, galvanized civil society and brought to the attention of government officials the dire state of children. This resulted in the Government of Liberia, with support from UNICEF, USAID and a wide range of non-governmental partners, responding to the shifts in child care patterns in Liberia by investing in reforming the child care system. Liberia has shown commitment to bring about de-institutionalisation of the alternative care system. Led by the leadership of MoHSW's Department of Social Welfare (DSW) Family Division, the Government of Liberia launched the Deinstitutionalisation of Children and Promotion of Alternative Care Project with support from USAID, UNICEF and Save the Children in September 2009. The project provides a national framework on alternative care to improve childcare services, prevent and mitigate against family separation of children, promote family-based care and the deinstitutionalization of the care system, improve the legal and regulatory framework, and promote child protection and children's rights more broadly across the country. Within the MoHSW's DSW, a separate staffed office (Alternative Care/De-Institutionalisation Plan Project or De-Plan) has been established to lead the national de-institutionalisation strategy and programme.⁶⁷

The core objectives of the de-institutionalisation strategy are to:⁶⁸

1. Improve the capacity of MoHSW and partners: Core areas include training, relocation and reunification of children from homes recommended for closure, and establishment of committee and working group (TWG and IAC as discussed in section below).
2. Strengthen and disseminate national legislation, policies and guidelines: Tools on Regulations for the Appropriate use and Conditions of Alternative care for Children (which are based on the Guidelines for the Alternative for Children) developed through a consultative process and disseminated via trainings, workshops and mass distribution.

⁶⁷ Presentation by the Alternative Care/De-Institutionalisation Plan Project or De-Plan during Ghazal Keshavarzian's visit to Monrovia, Liberia in April 2013 on file with the consultant [hereinafter De-Plan Presentation].

⁶⁸ De-Plan Presentation.

3. Build and strengthen information to allow better tracking of children in care systems.
4. Launch a national awareness and advocacy campaigns on the value of family based care.

As a result of the De-Plan, ***the number of residential care facilities has decreased from 121 in 1991 to 83 in 2013. The programme has made progress in reducing the overall number of children in residential care, from 14,000 in 1998, to 5,000 in 2009, and 3,357 (1,796 boys, 1,561 girls in 2013).***⁶⁹ While there has been much progress in the reform of the child protection and care system, Liberia continues to face a wide range of challenges and problems, as highlighted in the Child Frontiers report, as well as the most recent report from the De-Plan Department of MoHSW.⁷⁰

The following is the summary of the care reform and De-Plan's achievements and challenges to date:

- **Legal Framework:** Developed Regulations on the Appropriate Use of Alternative Care, Deinstitutionalization Strategic Plan, Essential Package of Social Services, and accompanying tools for inspection and accreditation of orphanages, Children's Act, and draft Adoption Law. Refer to Tables above for additional information regarding legal framework.
- **Information Management System for Children in Residential Care:** MoHSW with support from UNICEF has initiated a national data collection system for children in residential care. The database has been developed to monitor alternative care providers and track children in residential care. Save the Children, with support from USAID, has set up country-level database in six counties with links with the national database. The collection and use of data on children residing in residential care has improved since 2006. The data establishes a clearer picture of the number and profile of children living in residential care. Unfortunately, since the UNICEF support ended, the database has not been updated and a lack of technical and human resource capacity at the district and local levels have been identified as major challenges.⁷¹
- **Capacity Building and training:** MoHSW has increased capacity and understanding of alternative care issues due to extensive capacity building and awareness raising activities. The capacity of MoHSW and line ministries has been enhanced 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.⁷² The trainings have been rolled out in seven counties via trainings of trainers.⁷³ In addition, a capacity needs assessment of MoHSW staff has been conducted as well as on-going coaching and mentoring.⁷⁴

Despite on-going capacity building efforts, the general alternative care capacity among all actors needs further development, in particular around case management, care planning, gatekeeping, and family-based care placements. The USAID and World Learning, Liberia: Grants Solicitation and Management Program (LGSM) (July 2013). *Capacity Needs Assessment of the Liberian Ministry of Health and Social Welfare Department of Social Welfare* outlines present capacity for the DSW

⁶⁹ David, Janet (2014).

⁷⁰ Child Frontiers (2012a); David, Janet (2014).

⁷¹ As per interviews with UNICEF, World Learning and DSW during scoping mission 2.9-2.14.2014

⁷² Liberia - Final Report for Displaced Children's and Orphans Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems [hereinafter UNICEF, January 2012a]. See also UNICEF (January 2012b). Liberia - Fifth Progress report for Displaced Children's and Orphan Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems.

⁷³ De-Plan Presentation.

⁷⁴ USAID and World Learning, Liberia: Grants Solicitation and Management Program (LGSM) (July 2013). *Capacity Needs Assessment of the Liberian Ministry of Health and Social Welfare Department of Social Welfare, Final Report*. USAID and World Learning, Liberia: Grants Solicitation and Management Program (LGSM) (2013). *Liberian Ministry of Health and Social Welfare Department of Social Welfare, Capacity Building Plan*

overall, on-going challenges, and needed capacity development. It resulted in a capacity plan. DSW and partners need to build on initial training already conducted to be more systematic and increase reach and scope of training to all personnel working with children, including law enforcement officials, judges, prosecutors, teachers, health workers, and social workers.⁷⁵ There is need for technical capacity and programme management skills of social workers working with the MoHSW to empower and enable them to efficiently and effectively implement their functions, as has been noted by Child Frontiers, DCOF, Save the Children and others.

- **Strengthening the social welfare workforce:** Save the Children has supported the strengthening the social workforce with the provision of social welfare assistants. Following identification of capacity gaps within the social workforce and case management, Save the Children, in partnership with MoHSW, hired, trained, and placed 14 Social Welfare Assistants (para-professional social workers) in 12 districts (or 6 counties). The six counties were selected since NGO partners were involved in child protection service delivery in these counties. The Social Welfare Assistants serve as aides for the MoHSW County Social Welfare Supervisors, in family-based care outreach and family tracing and reintegration follow-up. The assistants are line managed and supervised by MoHSW and/or the NGO partners present in the counties. The assistants are also provided with 4 tailored two-week in-service training sessions through Mother Patern College of Health Sciences (MPCHS), a training institution in Monrovia over a 12-month period. The training modules were created from the existing social work curriculum currently run through MPCHS. MPCHS also conducts field monitoring and support visits at the field level to assess the level of work of the Social Welfare Assistants and County Social Welfare Supervisors. According to a recent review of trainings conducted by MPCHS, the social welfare assistants were better able to identify cases, effectively document cases and work closely with the police and county social workers.

In general, the Social Welfare Assistants help fill a critical human resource gap, connect community workers to the government system, and provide the MoHSW with additional helping hands as they undertake their extremely challenging and time consuming functions. It is important to note that there are limitations to the assistants' expertise and although they have been trained to identify cases they have limited skills to solve cases. It has been recommended that additional modules in child development, safeguarding and family group conferencing be added to the training. In addition, there are concerns in regards to the sustainability of the programme since Save the Children pays for the training and incentives for the workers. It is recommended that MoHSW budget the assistants within the Essential Package of Social Services and come up with other ways to encourage community workers and potentially provide a route for further training and qualification.⁷⁶

- **Accreditation and Reforming of Residential Care:** Between 2009-2013, monitoring and inspection mechanisms have been set up for alternative care facilities. With the assistance of a multi-sectorial national Independent Accreditation Committee (IAC), the MoHSW is now accrediting residential care facilities across the country. Using the Regulations as the framework document, 88 orphanages have provided documents to apply for accreditation. A four-member Independent Accreditation

⁷⁵ E.g. CRC Committee raised concerns that child protection trainings have been ad-hoc, dispersed and not systematic and recommended that all professionals be trained. Concluding Observations, Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, CRC/C/LBR/CO/2-4 11 December 2012 <http://www2.ohchr.org/english/bodies/crc/crcs61.htm>. Concluding Observations, Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, 36th Session. CRC/C/15/Add.236, 1 July 2004.

⁷⁶ USAID and Save the Children, Monitoring, Evaluation and Reporting Plan for LGSM 001, Year 3. See also Save the Children (August 2013). 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.

Committee team has visited 48 homes, 18 are set for accreditation, 20 for six-month probation, 10 homes are due to be closed. As of September 2013, a total of 26 homes have been closed due to this process. One of the homes has been closed and transformed to a day care facility.⁷⁷ However, reports have shown that the accreditation process has challenges.⁷⁸ The objective of the standards was to enforce closure of residential care facilities that do not meet minimum conditions and standards, but this “may serve to undermine government authority as children continue to stay in unregistered orphanages, many of which continue to receive government subsidies.”⁷⁹

Despite these reform efforts, children living in residential care continue to face physical abuse, isolation and lack of life skills to prepare them for leaving or aging out of the care. A recent survey found that 42% of children in residential care are between the ages of 13-17 years⁸⁰ and without living parents or connection to extended family children/youth continue to remain in the orphanage once they turn 18 years and often become staff in the orphanage.⁸¹ Thus, there is an urgent need to develop long-term development and reintegration programs for this age group.

- Family Tracing and Reintegration: Alternative care assessments found that the majority of children in orphanages had one or both parents and extended families living.⁸² As a result, since 2007, one of the priorities of the MoHSW, with civil society organisations, has been to strengthen family tracing and reintegration programmes, including the de-institutionalizing of children from orphanages and returning them to their former communities.⁸³ With support from UNICEF, Save the Children and other partners, DSW has strengthened its capacity to undertake family tracing and reintegration for children in orphanages as well as living on the streets. DSW staff, including County Social Welfare Supervisors, have been trained and mentored in case management and reintegration protocols.⁸⁴ As of September 2013, more than 692 children (391 boys; 301 girls) have been reunified with their families.

However, the success of these reintegration efforts is unclear since there has been no analysis of the outcomes for these children and follow-up and monitoring is limited to only 6-12 months after reintegration. Reintegration needs to be strengthened, especially in terms of: tracing; pre/post family assessments and support services; care planning for the individual child; developing interim care facilities or drop-in centres.

- Family Support and Preventive Services: Family support services are a priority for Liberia considering the effects of war and poverty. Support services required include: economic empowerment and livelihood strengthening, psycho-social support, day care, family mediation, substance abuse treatment, legal assistance, respite care, family planning, parenting, counselling, nutrition programmes, education services, services for children with special needs, etc. The Essential Package of Social Services outlines family support services.⁸⁵

In response to the need, the Government of Liberia has begun to shift the emphasis of the care system to place more of a focus on supporting families, as illustrated by the Regulations for the Appropriate Use and Conditions for Alternative Care for Children, Children’s Law, National Social

⁷⁷ BCN and UNICEF (forthcoming).

⁷⁸ David, Janet (2014).

⁷⁹ Save the Children (August 2013).

⁸⁰ ChildFund (2012), p 89.

⁸¹ BCN and UNICEF (forthcoming). *See also* ChildFund (2012).

⁸² Parwon (2006). According to UNMIL report 70% of children had one living parent.

⁸³ Save the Children (August 2013).

⁸⁴ Save the Children (August 2013).

⁸⁵ Essential Package of Social Services, 2011-2021

Welfare Policy, and the Essential Package of Social Services.⁸⁶ The Children's Law and the National Social Welfare Policy, in particular, place strong focus on strengthening the family unit. However, there are still significant gaps for these provisions to be implemented due to the lack of available services, funding, and mechanisms. There are also social protection schemes: cash transfer programme for ultra-poor labour constrained families in Bomi and Maryland counties run by the MoGD (with support from UNICEF and Ministry of Planning);⁸⁷ economic and agricultural strengthening (Save the Children and ACDI/VOCA); and parenting (Save the Children).⁸⁸

In general, this is an area that is extremely weak in Liberia. The child protection system continues to be reactive rather than preventive. And, despite these positive efforts of expanding support services, Liberia continues to face challenges, especially for children with disabilities or special needs. The support services that are in place are limited in scope, geography, and reach and are not part of a systematic approach to prevention and support. As the CRC Committee noted: *The Committee commends the State party for incorporating many provisions on parents' responsibilities into the Children's Law and developing the National Social Welfare Policy in 2009, which attaches high importance to the family unit. However, it remains concerned at the insufficient resources and measures to enhance the capacities of parents, especially teenage parents, in the performance of their child-rearing responsibilities. It is particularly concerned about the unequal roles of men and women in sharing child-rearing and parental responsibilities; and about the large number of fathers not providing for their children and the difficulties in the recovery of child maintenance allowance despite the existence of a legal obligation to do so.*⁸⁹

- Awareness raising activities: One of the core objectives of the national deinstitutionalisation strategy is to address misperceptions of out-of-home care and raise awareness on the value of family-based care through national advocacy campaigns. For many Liberians, the general perception has been that residential care as well as inter-country adoption is a positive form of care and an avenue for children to access education. To address these perceptions, the Ministry, in partnership with UNICEF and Save the Children, has conducted capacity building activities with government staff, orphanages directors, community members, parents, and children to increase their awareness and knowledge on alternative care related issues. First, DSW, under the leadership of Deputy Assistant Ministers and National Director of the De-Plan, has conducted a series of regional and awareness raising campaigns on family preservation, child protection and community based care in Margibi, Bong, Nimba, and Montserrado counties (both rural and urban). The awareness raising is on-going in these counties. The campaigns have taken a multi-pronged approach: town hall meetings, radio talk shows and focus group discussions with community members. A total of 206 people have participated so far. The information disseminated emphasized the importance of family and community based care, orphanages as 'last resort,' and protection of children. Second, DSW, in collaboration with the Health Promotion Division at the MoHSW and with support from UNICEF, developed IEC/BCC materials on the promotion of family preservation and community-based care. These materials included: awareness-raising posters, stickers, brochures, T-shirts, and radio

⁸⁶ The Essential Package of Social Services, is the new delivery evidence-based strategy for social programming. The three core packages of services include: community welfare (PSS, case management), family welfare (promotion of family-based care and reunification), and rehabilitation services (physical, mental health). The MOHSW is now working on defining what these services would cost through costing an Essential Package of Social Services. This document can then be used to advocate for more funding from the Ministry of Finance. This will be a major step towards the sustainability of the program.

⁸⁷ UNICEF, Liberian Ministry of Health and Social Welfare and The European Union (August 2012). *Transformative Transfers: Evidence From Liberia's Social Cash Transfer Program*. [Miller, Candace and Zione, Themba \(June 2012\). External Evaluation of the Bomi Social Cash Transfer Pilot Final Report: Understanding the Liberian Cash Transfer.](#)

⁸⁸ Child Frontiers (2012 a/b); Save the Children (August 2013).

⁸⁹ CRC Concluding Comments 2012, para. 53

messages on family care practices and risks of institutional care, which have been disseminated in all counties.⁹⁰

However, although there have been concrete efforts to raise awareness around the dangers of institutional care and importance of family-based care, recent studies and surveys have shown that at both the national and community level confusion around ICA, institutional care, and benefits of foster care and family-based care continues to prevail and much more needs to be done to educate the public about the new legislative framework and benefits of the care reform initiative.⁹¹ Child Frontiers found that government officials, community leaders, and the general wider public remain ignorant of the child protection implications of institutional care and ICA.⁹² According to the KAP study, 18% of caregivers and 14% of children do not list separation or abandonment by parent or guardian among risks to children. In addition, according to the study, 41% of those surveyed thought that most children in orphanage homes do not have living parents and 37% believed that when a child is sent to an orphanage home, the parents no longer have rights and obligations with the child, and 35% believed that when parents cannot care for children, the law in Liberia says that children should be sent to an orphanage home.⁹³

- Inter-country Adoption (ICA): Between 2006-2007, UNMIL, Parwon and Holt International assessment reports found that due to: weaknesses in the legal framework (Liberia's 1956 Adoption Law only addresses domestic and fails to meet UNCRC and 1998 Hague Convention principles), lack of oversight mechanisms (poor/non-existing adoption records, no adoption regulatory framework or central government authority), and general misperceptions and understanding of ICA (i.e. parents can send their children to the US for school and still see them), children were suspected of entering the adoption system through false means and ICA numbers skyrocketed between 2003-2008.⁹⁴ The assessment concluded that because of the current legal framework and oversight mechanisms deficiencies: *Liberia is in a reactive rather than proactive stance regarding ICA. Private adoption agencies, attorneys, and adoptive families rather than the government largely define procedures. As a result there are few protections for children's and birth parent's rights. This absence enables the corruption and other abuses reported by many assessment participants including law enforcement personnel, children's rights advocates, and orphanage and adoption agency representatives.*⁹⁵

Between 2007-2009, a strong network of civil society organizations working around alternative care used the evidence gathered through this research and testimonies around ICA fraudulent practices and trends to advocate for reforming the adoption system in Liberia.⁹⁶ These advocacy efforts ultimately led to the Government of Liberia recognising this information and calling for a suspension of all ICA from Liberia on January 26, 2009. This moratorium is still in effect today.⁹⁷ At present, ICA

⁹⁰ UNICEF, January 2012 a/b.

⁹¹ Ruiz-Casares (2011).

⁹² Child Frontiers (2012 a/b).

⁹³ Ruiz-Casares (2011).

⁹⁴ Holt (2007). An Assessment of The ICA Laws, Policies, Practices in Liberia: A Joint Consultancy between UNICEF and Holt International Children Services: Final Report.

⁹⁵ Holt (2007).

⁹⁶ Fact Sheet: Inter-country Adoption.

⁹⁷ IRIN (2006). Liberia Orphanages Accused of Child Trafficking. Retrieved from:

<http://www.irinnews.org/Report/58262/LIBERIA-Orphanages-accused-of-child-trafficking>; Joyce, Kathryn (2013).

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http://bettercarenetwork.org/BCN/details_news.asp?id=30981&themeID=1002&topicID=1014; Liberian Orphanages

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http://www.redorbit.com/news/health/295116/liberian_orphanages_steal_exploit_children/; Orphanages Accused of Child Trafficking (2006). Retrieved from: <http://www.humantrafficking.org/updates/406>; The Shuster Institute for

is 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 the loopholes. As part of these reform efforts, the Government has revised the legal framework. The new Children's Law lays down a supportive environment to address illicit and irregular activities related to ICA. With support from UNICEF, embassies, and civil society partners, the Government of Liberia has developed a draft Adoption Bill, per the recommendations of the Holt assessments.

However, while there is growing attention on reforming ICA practices there is a need for more active reform efforts, such as the ratification of the Hague Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption (Hague Convention), passing adoption law, and creating oversight mechanisms.

- Domestic adoption: Informal domestic adoption is more common than formal adoption.⁹⁸ Informal adoptions are those in which relatives, neighbours, or friends bring up a child when parents are unable to care for him or her. In such arrangements, there is no formal agreement, courts are not involved, and the child can be returned to his or her natural parents upon request of either the parent or child.

While informal adoptions have fulfilled an important role in Liberian society in that it provides a permanent placement for a child within a family environment and avoids institutionalization of the child, it is problematic in that it provides no legal safeguards, and does not guarantee permanency for the child. In its Concluding Observations on Liberia's initial submission, the CRC expressed concern about the "widespread use of informal adoption practices that are not conducive to full respect for children's rights" and urged the government to take measures to eliminate informal adoption.⁹⁹ These concerns were expressed again in the CRC Committee's 2012 observations: *concerned at the persistence of informal domestic adoption... in the State party where in many cases the parents' informed consent is not provided. It is also concerned about the exploitation of children as a consequence of informal adoption, and at the lack of legislation on adoption. Committee recommends that, in all cases of adoption, the State party ensure that the best interests of the child are of paramount consideration, and that the parents or legal guardians have given their informed consent to the adoption. It further recommends that the State party take urgent measures to abolish informal adoptions and to expedite the enactment of the Adoption Bill, and to ratify the 1993 Hague Convention.*¹⁰⁰

- Gatekeeping and Care Planning: One of the biggest issues found in the 2006-2007 assessments were the open door policy of orphanages and the recruitment of children. A 2006 assessment found that 95% of the children living in the orphanages are recruited for placement by the staff of the orphanages without meeting the basic criteria for placement.¹⁰¹ Parents were enticed to bring their children to orphanages with promise of free education and better care than in the family home.¹⁰² The situation has improved since 2007 and it is no longer an "open door policy;" the government, police, and partners have brought in community chiefs and leaders to raise awareness about the real conditions in the orphanages. Police have been trained on the dangers of the recruitment processes

Investigative Journalism, Brandeis University, Highlights Irregularities of Adoption and Orphanages in Liberia, including BBC 2008 Report, Retrieved from: <http://www.brandeis.edu/investigate/adoption/LiberiaNews.html>

⁹⁸ CRC Report (2004)

⁹⁹ CRC Report (2004)

¹⁰⁰ CRC, 2012

¹⁰¹ Parwon (2006)

¹⁰² UNMIL (2007), Parwon (2006)

and increasingly have a better understanding of the issues, resulting in them being involved in stopping recruitment and movement of children.¹⁰³

The 2004-2007 assessments found that there was a poor level of registration and recordkeeping of children in orphanages. The government has responded with the Regulations and Children's Law, which provides clear provision for care plans for children placed in alternative care. As a result of these findings, the government has greatly improved care planning and monitoring of children once they enter residential care. Each child has a profile and DSW knows which child is entering and exiting an orphanage. In order to fill the care planning and gatekeeping capacity gaps, Save the Children has also supported the MoHSW in creating Child Placement Committees in six counties (Bomi, Gbarpolu, Montserrado, Bong, Margibi and Nimba) to shift the decision-making away from Monrovia to the county level. The committee is responsible to review the needs of children outside of family care and recommend placement options based on the needs and best interest of the child. The committees include CWC members and are chaired by MoHSW and Ministry of Gender and Development (MoGD). The members are trained in the CRC and Guidelines for the Alternative Care of Children (UN 201). The committee holds quarterly meetings, monitor the institutions and ensure that each individual child has care plans.

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V. List of Alternative Care Examples from the Region

- **Namibia:** Example of developing foster care standards and cluster foster care model
- **Kenya:** Developed national alternative care guidelines, which includes sections on family support/prevention; reintegration; informal care; foster care; supported independent living; adoption; residential care. Example of developing national adoption mechanisms and encouraging national adoption.
- **Rwanda:** Example of undertaking care reform from national level, closing down institutions and reintegration; family and community-based care initiatives
- **Ghana:** Example of undertaking care reform from national level and linking it with child protection systems strengthening, including adoption reform, child welfare bills and pilot foster care.
- **Ethiopia:** Example of good community-based initiatives, including domestic adoption and foster care.
- **South Africa:** Foster care cluster model and foster care grant
- **Sierra Leone:** Example of family and community-based care models

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