Retrak
inspiring street children

RETRAK REPORT

De-institutionalization of street children in Addis Ababa, Ethiopia

Zahara Legesse Kauffman and Kelley McCreery Bunkers

March 2012

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MESSAGE FROM UNICEF

This is indeed a very interesting and useful study and we wish to commend Retrak for its great efforts in conducting this study and for providing protection services to street children in Addis Ababa.

UNICEF/Ethiopia hereby endorses the study report and its recommendations, specifically the following:

- **That long-term institutionalisation is harmful to children, but child care institutions form part of the important responses to temporary crises in child placement.**
- **From entry into an institution, plans, protocols and tools are required to guide de-institutionalisation to family-based placement.**
- **The study report provides specific recommendations for strengthening of the Retrak standard operating procedures (SOP) to guide the reintegration process of street and working children. In addition, UNICEF also encourages Retrak to develop the recommended training curriculum to accompany the SOP. These will be excellent tools that can be adapted and used to help ensure the successful de-institutionalisation and family-based placement of street children whether they are still on the street or placed in a child care institutions.**

Sincerely yours

Patrizia DiGiovanni

Representative a.i.

United Nations Children's Fund
Ethiopia Country Office

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Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
BOWCYA	Bureau of Women Children and Youth Affairs (in Addis Ababa)
CRC	Convention on the Rights of the Child
CSA	Charities and Societies Agency
FDRE	Federal Democratic Republic of Ethiopia
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
MoJ	Ministry of Justice
MoLSA	Ministry of Labour and Social Affairs
MoWCYA	Ministry of Women, Children and Youth Affairs
NGO	Non Governmental Organisation
OPRIFS	Organisation for Prevention, Rehabilitation and Integration of Female StreetChildren
OVC	Orphans and Vulnerable Children
SOP	Standard Operating Procedures
UNICEF	United Nations Children's Fund

Glossary

Retrak terminology

- Street children: Children and young people (under the age of 18years) who live and sleep on the street (including roads, doorways, markets, stations and other open spaces), and participate in street life all day. They do not have home to go to because they are orphans or their family ties are not fully functional. The streets are their home, their school and their work place.
- Alternative care: Care of children in a family environment, but not with their parents or legal caregivers, including: kinship care, foster care, family-like care, supervised independent living.
- Attachment: A bond or tie between an individual and an attachment figure…based on the need for safety, security and protection.
- Reintegration: The process through which a child is returned back to his/her immediate or extended family (either where s/he lived before or with another family member), and is able to reintegrate into family and community life where s/he receives the necessary care and protection to grow and develop. Within this process reunification is the bringing of child and family members together for the first time after a period of separation while the child was on the streets, often a key step in the process towards reintegration.
- Follow-up: Post-placement contact with family for purposes of checking that the child is safe and that the placement continues to be in the best interest of the child, and for providing guidance and assistance to the child and care-givers, and possibly to other family and community members.

Ethiopia terminology

- Reunification: The National Alternative Childcare Guidelines defines reunification as a rehabilitative intervention designed to facilitate the reunion of orphans or other vulnerable children separated from their families with biological parents or member/s of the extended family to restore a family environment as a means of a permanent placement for the proper upbringing and development of the child. This is very similar to the definition used by Retrak for family reintegration.
- Idir: Community-based mutual aid societies initially started as funeral societies.
- Kebele: Neighbourhood, smallest administrative unit of government.
- Woreda: A district that is typically composed of a number of kebeles.

EXECUTIVE SUMMARY

Introduction

Retrak is a faith-based non-governmental organisation (NGO) working with orphans and vulnerable children (OVC) on the street in Ethiopia, Kenya and Uganda. It is committed in providing each child with an individual route back to family and community. Retrak uses the contents of key international legal frameworks such as the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) to help inform their work with children. Utilising the International Guidelines for the Alternative Care of Children as a guiding framework as well as the growing body of evidence showing negative effects of institutional care on children's development and well being, Retrak has been proactive in facilitating the return of street children to family-based care. In Ethiopia, Retrak has been developing relationships with key actors involved in the government childcare institutions and is interested in supporting reintegration of former street children currently residing in such facilities. Retrak is aware that this is a specific group of children with particular needs. Therefore, it is important to conduct research on how to proceed when working with this particular population of children and how current efforts, procedures and protocols can be adapted to address the specific needs of this population of children.

The study was carried out in Addis Ababa, the capital city of Ethiopia. Specifically, the study included locations and informants from three sub-cities where three public childcare centres are situated. The areas are selected purposefully as the focus of the study is primarily focused on these three childcare centres. The sub-cities are Kolfe–Keranio, Gullele and Lideta and the respective centres are the Kolfe Boys' Home, the Kechene Children's Home, and the Addis Ababa Youth Detention and Rehabilitation Centre. NGOs and local government officials working within child welfare and with street children were also included and all of them have offices within Addis Ababa.

The purpose of this research is to utilise information collated from literature review as well as informant interviews and focus group discussions to identify good practices or help inform the development of such practices aimed at assisting street children currently residing in institutional care to return to a family-based environment. More specifically, it is an opportunity to provide information and recommendations for how Retrak might need to adapt their existing Standard Operational Procedures (SOPs) for reintegration of street children to best meet the needs of street children living in institutional care. To this end, the study addresses the following eight research questions:

- **What is recognised good practice, both internationally and nationally, in enabling children residing in institutional care to return to family-based care?**
- **What are the characteristics (age, gender, ethnic background, economic situation, family history, etc.) of former street children currently living within institutional care in Addis Ababa?**

- **How do these characteristics and needs differ from children on the streets of Addis Ababa or children already being served through a Retrak programme?**
- **What information, resources, services or systems do childcare institutions in Addis Ababa have in place to facilitate family reintegration? Is there a difference between private and public institutional childcare facility? What are the gaps? Are there positive examples that currently exist?**
- **What changes are needed in Retrak's existing SOP on family reintegration of street children when applied to children living in institutional childcare?**
- **Can the lessons learnt and recommendations for the Ethiopian context be applied in other locations and/or contexts? What variables would need to be considered in applying the learning within other contexts?**
- **Can the lessons learnt and the recommendations for Retrak be applied to other organisations, both governmental and non-governmental? What adjustments might need to be made?**
- **How can these lessons and recommendations be incorporated into Retrak programming?**

Methodology

The study uses qualitative data about current practices of de-institutionalization and reintegration to safe home families and communities. The primary target groups of the study were street children currently residing on the streets and participating at Retrak or other programmes, and children who had previously been on the streets but are presently living in public institutional care. The aim was to understand the target population's needs and characteristics and to garner their opinion on de-institutionalization and reintegration.

Secondary target groups were individuals, organisations, and government officials involved in care, protection and provision of services for the target population of children.

There were six main tools employed during this study. These were comprised of: literature review; questionnaires; in-depth interviews and key informant interview; focus group discussions; and case reports.

Findings

While the process of de-institutionalization has been undertaken in Europe, it is still a relatively new process in Africa in general, and only began formally in Ethiopia at the end of 2011. Therefore there is currently little documented evidence of progress in this area specific to Africa. It is hoped that UNICEF and MOWCYA will make public the documentation and tools that they are using to support the current de-institutionalization process, but at the time of collecting data for this report in November 2011, they have not been made available to the public.

In the literature review and in interviews and focus group discussions, there appears to be no concrete information regarding the specific population (i.e., numbers) of former street children who are presently in institutional care. Data provided by participants from the three childcare institutions did provide some additional information in terms of disaggregated information on the profile of children. Forty-seven of the participants said that they arrived in the institutions directly from the streets whilst eight came directly from home. Regarding how long the children had been on the street prior to entering institutional care, 60% (33) of participants stayed on the streets from one week to one year; 16.4% (9) of the participants reported that they had been on the streets from one year to two years and the other 23.7% (13) lived two to three years on the streets. Of the participants, 42 children said that they earned money whilst on the street as daily labourers; five were shining shoes; and eight did not have any specific activity. Most of the participants

reported abusing different substances such as cigarettes, *khat*, and alcohol as part of their survival methods while on the streets.

The main findings of the research found that when comparing self-reporting from children regarding their current situation, most children felt safer in institutional care than they did on the streets, since they are not working and being exploited, for example. Given the responses from children regarding their care and treatment in the institutions, it appears that preparing children for reunification from the childcare facility might be easier than doing so directly from the street since they are already receiving services, including psychosocial care. Although Retrak provides services and has procedures in place for preparing children for placement from the street back into the family and/or community, it appears that children who are on the street and not in a Retrak programme have a more difficult time. The children in institutional care, for the most part, seem to think that their lives are better than they were on the streets. This could be due to feeling safer (i.e., not exploited through child labour); through access to education; or perhaps due to receiving some kind of psychosocial services within the institution, albeit minimal. Therefore, in some ways, reunification of children in institutional care might be similar to the process that Retrak is already used to with children in their current programme as the provision of services and a feeling of better well-being could facilitate an easier start to reunification as compared with children coming directly from the street who have not accessed such services and support.

Although the National Alternative Childcare Guidelines[1] (henceforth referred to as the National Guidelines) provide clear instructions about how the reunification process should occur, interviews and focus group discussions at the time of the data collection in November 2011 illuminated that current practices are ad-hoc and it appears that only Retrak utilises the National Guidelines. Informants reported there is no standardised process being utilised by public institutions or the NGOs excluding Retrak. It appears that each institution does reunification in their own way depending on the resources available. From the interviews and focus groups discussions it appears that reunification is mostly done and has been done in a variety of ways by public institutions with no standard operational procedures utilised and little, if any, adherence to the National Guidelines. Given that UNICEF is currently supporting efforts towards de-institutionalization in the public institutions in Addis (not including the Juvenile Detention and Rehabilitation Centre) it is hoped that the use of standardised tools for case planning and family tracing and reintegration will help foster a more coherent and standardised approach.

Conclusion

It is clear that the profile of children currently in institutional care but formerly on the street is similar to those children with whom Retrak is already working. There is similarity in their ages, time spent on the streets as well as the push and pull factors that influence their choices, the placement options, and their outcomes.

Retrak is ahead of many public institutions and NGOs in terms of having developed a SOP outlining a clear

[1] **Ministry of Women's Affairs (MoWA) (2009)** ***Alternative Childcare Guidelines on Community-based Childcare, Reunification and Reintegration Program, Foster Care, Adoption and Institutional Care Service*****, Addis Ababa, Ministry of Women's Affairs.**

process and steps to be followed when initiating and implementing reintegration of street children. There is a clear need for increased capacity building and resourcing about this process, including a better understanding of how reintegration should be done so that it is in the best interests of the child.

The research also indicated that there is limited awareness by key stakeholders of the International Guidelines for Alternative Care of Children[2] or the National Alternative Childcare Guidelines. Again, Retrak, in Ethiopia, is at the forefront of organisations using both of these as frameworks to guide their work with children. Retrak could continue to lead this process by including both of these reference documents in a training curriculum to be developed to accompany their revised SOP.

There appears to be an increasing interest in and awareness about alternative care in Ethiopia. The Government of Ethiopia, with UNICEF support, has been closing sub-standard institutions across the country and has developed a package of tools to document, trace and reintegrate children. This is currently beginning in the three public institutions in Addis Ababa, but is in the very nascent stages. Again, there appears to be an important opening for Retrak to join this effort and to bring their expertise and the Retrak SOP to this initiative. Given Retrak's success in reintegrating street children, this expertise should be presented to key government officials and UNICEF.

In conclusion, reintegration efforts are gaining more momentum in Ethiopia but clear procedures, tools, and a standardised way of implementing it is far from complete. Retrak is in a unique position whereby their experience in reintegrating street children in Ethiopia could easily be adapted to help support efforts to de-institutionalize children in public and private child care facilities. Given that many of the issues faced by these children are the same, regardless, of the country or context in which they live, the SOPs developed and adapted by Retrak could serve an important tool in this effort. There is a significant need among key stakeholders for such an SOP and it is recommended that a training curriculum also be developed to accompany the Retrak SOP.

Recommendations

Retrak SOP could be adapted to meet the needs of children in institutional care in Ethiopia, this should include:

- **More clearly reflecting the principles and terminology of the National Guidelines on Alternative Childcare in the SOP**
- **Further developing some of the activities to respond to the specific issues related to institutional care, including:**
    - **Inclusion of key staff at the institution in the important steps of the process;**
    - **Recognition that many children feel a close attachment with other children in care. This should be addressed with the child during counselling and ways for them to remain in touch once they return home should be considered, where this is in the best interests of the child;**
    - **Identification, documentation and addressing negative effects of institutionalisation, such as physical, emotional and intellectual development of children, with both services to the child and discussion with future caregivers; and**
    - **Addressing the negative views that community members have regarding street children and**

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[2] **United Nations General Assembly, Human Rights Council, *Guidelines for the Alternative Care of Children*, A/Res/64/142 February 24, 2010. United Nations, NY**

children in institutional childcare, either in a separate public awareness campaign or by connecting with other entities that are doing public awareness campaigns.

- **Further emphasising the importance of providing parents with income generating opportunities and training on parenting skills and positive child discipline.**

In line with the priority of deinstitutionalisation for the Government of Ethiopia, UNICEF and other partners, Retrak's SOP should be used to develop a training curriculum to build the capacity of staff within public institutions and other NGOs, and should be shared widely with all key stakeholders.

It is also recommended that the work on reintegration should be complemented by initiatives to prevent family separation and the arrival of children on the streets or into institutional care.

Retrak's experience, expertise and their newly documented SOPs are excellent resources for other organisations that are interested in reintegration of street children. The research also found that Retrak's SOPs are broad enough to be used for all children in institutional care and not just for former street children because of similarities between these groups. These are an excellent resource to be utilised in de-institutionalization work of any profile of children currently residing in institutional childcare facilities. Given that many countries on the African continent are looking at ways to decrease reliance on institutional care through de-institutionalization, Retrak is in a unique position and it is recommended that their expertise be shared with others. A simple checklist of issues can provide a rapid situational overview of a new context to determine whether or not there is a need for a tool such as the SOP to support the effort to ensure family based care for children.

1. INTRODUCTION

Retrak is a faith-based NGO working with and for children living on the streets in Africa. Retrak is committed to providing each child with an individual route back to family and community. Retrak Uganda has been operating since 1994 and the lessons learnt were successfully transferred to a new work in Ethiopia and Kenya, beginning in 2006. Retrak aims to return street children to safe homes in families and communities, where each child feels a sense of belonging through a secure attachment to caring adults. This is achieved through reintegration with their own relatives, including parents or other family members, or through placement with local foster care families. Retrak knows that a safe, caring and capable family allows children to develop to their full potential; not living on the street and not in a childcare institution.

Research over the past sixty years has demonstrated that institutional childcare can have profound and lasting negative effects on the physical, emotional and intellectual development of children.[3] One of the most famous research projects involved assessing children's comprehensive development within institutional childcare in Romania (Bucharest Early Intervention Project) and then integrating some of the same children into foster care. The results showed that children placed into foster care from institutional childcare before two years of age made dramatic developmental gains while those who remained in care deteriorated.[4] Specific focus is placed on children in institutional care under the age of three years as it is recognised that those are critical years for development.[5]

Most countries have used institutional childcare for children at some point in time. Institutional childcare facilities are often established with good intentions, in the belief that this is the best way to look after children in need. Yet childcare facilities around the world, often referred to as orphanages, are not caring for actual

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[3] Chapin, H.D. (1917) 'Systematized boarding out vs. institutional care for infants and young children', *New York Medical Journal,* 105: 1009–1011; Bowlby, J. (1951) 'Maternal Care and Mental Health', *World Health Organization Monograph*; Bowlby, J. (1969) *Attachment and Loss, Volume 1: Attachment*; (1973) *Attachment and Loss, Volume 2: Separation*; (1980) *Attachment and Loss, Volume 3: Loss, Sadness and Depression*, London, Hogarth Press and the Institute of Psycho-Analysis; United Nations General Assembly, Human Rights Council, *Guidelines for the Alternative Care of Children*, A/Res/64/142 February 24, 2010. United Nations, NY. Paragraph 21; Williamson, J. and Greenberg, A. (2010) *Families Not Orphanages*, New York, Better Care Network.

[4] Nelson, C., Fox N., Zeanah C. and Johnson D. (2007) 'Caring for Orphaned, Abandoned and Maltreated Children: Bucharest Early Intervention Project', in Better Care Network Discussion Day, Washington, D.C., 10 January, 2007.

[5] Ibid.

orphans; anywhere from 40-98% of children in care have a living parent or relative.[6] However, evidence demonstrates that family and community-based forms of care are more likely to meet the needs of children.[7] Experience of de-institutionalization in a number of countries suggests that this process is beneficial to children, families, communities and governments. In spite of this reality at present an estimated two million children globally are in institutional childcare facilities.[8]

The International Guidelines for the Alternative Care of Children recognises that sometimes children cannot be cared for in family settings, thus some residential care is needed, in the short-term or as an emergency measure, and preferably for a temporary period of time until a family-based solution can be identified.[9] However, it is also recognised that when this is the case, all possible efforts need to be made to ensure that the care is in an emergency foster family or a small family-type home, of a high standard and with stable and experienced staff providing a highly specialized service for the assessment of each child and their parent(s).[10]

In support of the aforementioned International Guidelines and the expanding evidence base demonstrating the benefits of family-based care and hazards of institutional childcare, Retrak has been developing relationships with public childcare institutions in Ethiopia where many street children have been placed. These include *Kechene*, a home for girls ages 4-18 years and boys up to 10 years; *Kolfe*, a home for boys ages 10-18 and the Addis Ababa Youth Detention and Rehabilitation Centre where children in conflict with the law are cared for (typically minor infractions by juveniles aged 9-15). Retrak would like to be proactive in facilitating the return of these children to family-based care. However, Retrak is aware that there may be a need to adjust their current prodecure for reintegration when working with the specific population of children who have lived both within institutional care and on the streets.

1.1. Purpose of study

The purpose of this research is to understand the needs and characteristics of street children in institutional care[11] in Addis Ababa, and to identify existing good practice that can help inform Retrak's work in the area of reintegration and de-institutionalization.

Therefore, the study addresses the following eight research questions:

- **What is recognised good practice, both internationally and nationally, in enabling children residing**

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[6] Save the Children (2010). *Misguided Kindness: Making the Right Decisions for Children in Emergencies*, London, Save the Children.
[7] Williamson, J. and Greenberg, A. (2010) op cit.
[8] Nelson, C., N. Fox, C. Zeanah and D. Johnson (2007) op cit.
[9] United Nations General Assembly, Human Rights Council op cit.
[10] Ibid.
[11] The term institutional childcare facility is used in this context as the public institutions included in this report and information gathering reflect what the International Guidelines for the Alternative Care of Children refer to as institutions (*i.e.,* large scale residential facilities). Article 22 of the aforementioned Guidelines state: "While recognising that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalisation strategy, with precise goals and objectives, which will allow for their progressive elimination." Institutional childcare, residential facility and institution are all terms that are used interchangeably within this document.

in institutional care to return to family-based care?

- What are the characteristics (age, gender, ethnic background, economic situation, family history, etc.) of former street children currently living within institutional care in Addis Ababa?
- How do these characteristics and needs differ from children on the streets of Addis Ababa or children already being served through a Retrak programme?
- What information, resources, services or systems do childcare institutions in Addis Ababa have in place to facilitate family reintegration? Is there a difference between private and public institutional childcare facility? What are the gaps? Are there positive examples that currently exist?
- What changes are needed in Retrak's existing SOP on family reintegration of street children when applied to children living in institutional childcare?
- Can the lessons learnt and recommendations for the Ethiopian context be applied in other locations and/or contexts? What variables would need to be considered in applying the learning within other contexts?
- Can the lessons learnt and the recommendations for Retrak be applied to other organisations, both governmental and non-governmental? What adjustments might need to be made?
- How can these lessons learnt and recommendations be incorporated into Retrak programming and the work of other stakeholders?

2. METHODOLOGY

The study collected qualitative data through several different methods, including literature review of academic and gray literature; interviews with key informants; and focus group discussions (FGDs). The information collected focused on the reasons that children are outside of parental care and in institutional care and the push and pull factors that are part of that process; public opinion regarding street children and children in institutional care; services provided within the public institutions; experiences of children and parents who have been or currently are in the process of reintegration; and identification of good practice or suggestions for improving current efforts related to prevention of family separation, alternative care options for children and reintegration efforts.

2.1. Location of study

The study was carried out in Addis Ababa, the capital city of Ethiopia. Specifically, the study included locations and informants from three sub-cities where the three public childcare centres are situated. The areas are selected purposefully as the focus of the study is on these three childcare centres. The sub-cities are *Kolfe-Keranio, Gullelie* and *Lideta* and the respective centres are the *Kolfe* Boys' Home, the *Kechene* Children's Home, and the Addis Ababa Youth Detention and Rehabilitation Centre. NGOs, including Retrak, and local government officials working within child welfare and with street children were also included and all of them have offices within Addis Ababa in Addis Ketema sub city.

2.2. Target population, sample and tools

The primary target groups for the study were children currently residing on the streets and children who had previously been on the streets but presently living in institutional care. This population was targeted because of the need to analyze the situation surrounding reasons why children are on the street and to better understand the unique features and attitudes towards institutional childcare and possible de-institutionalization. Better understanding the target population's needs, specific characteristics and garnering their opinion on de-institutionalization has been a critical component to this research and will help inform the final recommendations.

Secondary target groups for analysis were individuals, organisations, and government officials involved in care, protection and provision of services for the target population of children. This included family care-givers of children, staff at institutional childcare centres, officers at relevant government bodies, and staff at non-governmental organisations (NGOs) working in the area. Community leaders and organisations like *idirs,* representatives of the childcare centres, and key personnel from Retrak Ethiopia were also included as informants.

Because this study was not quantitative in nature, there was no pre-determined sample size; however, hypothetical figure/respondents were determined based on the size of the centres. A total of 92 respondents participated in the study including street children, care-givers, community leaders and other stakeholders. The following are the participants/ informants involved in this research:

- **25 street children in Retrak programmes;**
- **30 children in institutional care who were formerly on the street;**
- **5 local government officials;**

- **9 staff from childcare institutions;**
- **14 staff from Retrak, Idir, government and other NGOs; and**
- **3 family members of reunified children or other children.**

There were six main tools employed during this study. These were comprised of: literature review; questionnaires; in-depth interviews and key informant interview; focus group discussions; and case reports (see annex II). This combination was adopted to enable the researcher to triangulate and validate the responses.

- **Literature Review: Programme documentation, international legal frameworks and guidelines, and academic research were all reviewed to help inform the development of the tools as well as an understanding of the global and national situation of children outside of parental care and current best practices. This information was collected from the internet, from UNICEF and other child-focused organisations as well as from the personal archives of the consultants.**
- **Questionnaires: Administration of questionnaires was done as one of the means used to collect data from the staff of the institutional childcare centres and Retrak Ethiopia. They were administered to the key staff of institutions in order to acquire more detailed information about both the institutional and de-institutional programmes and approaches of de-institutionalization.**
- **Key Informant Interviews: In-depth interviews were conducted with a select group of people who had direct contact with and exposure to the programme. This included: government experts; directors and/or experts from institutional childcare centres; key staff from Retrak Ethiopia; other NGO staff involved in the subject matter; officers from the Addis Ababa Women Children and Youth Affairs (BoWCYA); and experts from the respective sub cities and woreda offices.**
- **Focus Group Discussions: A total of six focus group discussions with 55 participants were held in the three centres. All the informants were children who were either institutionalized or on the street. These discussions solicited the children's views on being institutionalized and de-institutionalized and the approaches or methods used.**
- **Stakeholder Meetings: These were held with local government authorities, NGOs, and other relevant stakeholders. The objectives of the meetings were: to gauge current awareness of the agency's policy or SOP on family reintegration; to gather relevant information pertaining to resources and systems that institutions in Addis Ababa have in place to facilitate family reintegration; and to assess the difference between private and public institutions' reintegration mechanisms. This enabled the research team to gain insight on de-institutionalization approaches and their needs. More importantly, the research team gained a better understanding of the perceptions of the child in the two approaches.**
- **Case studies: This tool was utilised in order to capture extraordinary experiences, lessons learned, success stories, challenges or best examples from institutions and respondents. Anecdotal evidence is also included to enhance the understanding of certain views of the respondents.**

2.3. Data processing

During the course of the fieldwork, prior to analyzing the data, all questionnaires, interview guides, focus group discussions, and other research instruments were coded for easy reference. This made it easier to look at the most common responses given in the questionnaires, interviews, and focus group discussions, and draw conclusions as appropriate.

Following review meetings with stakeholders, toward the end of the fieldwork portion of the study, a basic

situation analysis was drawn up with a list of preliminary findings and a non-exhaustive set of practical recommendations was compiled. This helped in pulling out the most salient points from the information gathered during the fieldwork and putting them into a rudimentary framework. In writing this report, efforts were concentrated primarily on an in-depth analysis of the initial list of findings.

2.4. Ethical considerations

Throughout the research, all measures were taken to make sure that the fieldwork was conducted in an ethical manner. The lead consultant met with a representative from Addis Ababa BoWCYA and received ethical clearance to conduct the interviews. The representative reviewed the informants and notified all the government institutions selected for this study. Before the interviews, the staff at the institutions spoke with the children and the children were selected based on their interest and consent. Before the interviews, respondents were informed about the purpose of the study and oral consent was obtained. It was agreed that pseudonyms would be used for confidentiality purposes. Thus attention was given to safeguard both the respondents and their respective feedback. Before and during the interview, the children were asked to answer only questions that they were comfortable with.

2.5. Limitations

Given that there was limited time and human resources for conducting the interviews and focus group discussions, this study was conducted utilising a small geographical area and a small, targeted group of informants.

Another limitation was that although, as discussed later in this document, the Government has recently prioritised de-institutionalization and expansion and strengthening of family-based alternative care, clear examples and/or results of this effort have not been made public at the time of this study.

Furthermore, because the focus was on the public childcare institutions, the scope of children in care and their situations was also limiting as other private institutions caring for this particular population of children were not included in the study. NGOs that are caring for street children, including providing reintegration, were included in the study, but they are very different in size, structure and types of services offered. Therefore, it is difficult to compare the NGO programmes included in the study with the public childcare institutions.

Finally, there is no disaggregated data available regarding how many street children are being cared for in private and/or public institutions making it difficult to ascertain the real number of children that fit this profile and to determine the size of the target population who could benefit from future work in this area.

3. SITUATION OVERVIEW

This chapter focuses on the current situational analysis of Ethiopia in general and then moves to the particulars of specific vulnerable groups of children.

3.1. Ethiopia

Ethiopia is a country located in the Horn of Africa. It is the second-most populous nation in Africa, with an estimated 80 million inhabitants.[12] The Federal Democratic Republic of Ethiopia (FDRE) is divided into nine ethnically based administrative regions and subdivided into sixty-eight zones and two chartered cities. The annual population growth rate of the country is at 2.6 %, among the top ten countries in the world.[13]

Ethiopia is a primarily rural country with 82% of the population still residing in rural non-urban areas. Ethiopia has extensive levels of poverty; ranking 174th out of 187 in the Human Development Index.[14] Poverty has fallen from 49.5% of the population in 1994/95 to an estimated 29.2% in 2009/10.[15] Income poverty is slightly higher in rural areas (39.3%) than in urban areas (35.1%). The poverty gap index[16] was 8.3 percent in 2004/05; again it is slightly higher in rural (8.5%) than in urban areas (7.7%). Continued threats of drought as well as challenges associated with subsistence farming are causes of poverty and internal migration; both push factors towards family disintegration and vulnerability.[17]

Ethiopia also has a very high birth rate; estimated to be 4.8 children per woman, down from 5.4 per woman in 2005.[18] Although improvements have been made, childhood malnutrition still remains a serious issue in Ethiopia. 10% of all children were wasted (*i.e.,* acute malnutrition) whilst 29% of all children were underweight.[19] These numbers varied dramatically according to location; 30% of rural children were underweight compared with 16% of urban children. Maternal education rates also plays a role as mothers with no education had 11% of children that were wasting and mothers with secondary education only had 3% wasting rates.[20]

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[12] Central Statistical Agency Ethiopia (2007) *Population and Housing Census*. The 2007 census estimated population was approximately 74,000,000. Therefore the number is extrapolated based upon a growth rate of 2.6% annually.

[13] Ibid.

[14] United Nations Development Program (2011) Human Development Report 2011, New York, UNDP

[15] Federal Democratic Republic of Ethiopia (2012) *Draft National Social Protection Policy of Ethiopia*.

[16] The poverty gap is the average, over all people, of the gaps between poor people's living standards and the poverty line. It indicates the average extent to which individuals fall below the poverty line (if they do). The poverty gap index expresses the poverty gap as a percentage of the poverty line.

[17] Federal Democratic Republic of Ethiopia (2012) op cit.

[18] Ibid, p13.

[19] Ibid, p27.

[20] Central Statistical Agency Ethiopia (2011) *Draft Ethiopian Demographic and Health Survey*. p.27

3.2. Highly vulnerable children

Global factors underlying the vulnerability of children and lack of appropriate parental care include HIV and AIDS, natural disasters, internal migration, and chronic poverty.[21] The same paradigm may be applied to the situation in Ethiopia.[22] With the advent of urbanization, recurrent drought, famine, and HIV/AIDS have claimed a heavy toll on human life in Ethiopia during the past three decades. As a consequence, thousands of children have been left unaccompanied and outside of parental care.

The population in Ethiopia is characterized by a very young age distribution structure, with roughly 50% under the age of 18 years old.[23] There are an estimated 5,459,139 orphans[24] in Ethiopia and 855,720 children who have lost one or both parents to HIV and AIDS.[25] 630,000 children are considered double orphans meaning they have lost both parents to HIV and AIDS and other causes.[26] Other reasons for children being left without parental care include malaria and tuberculosis, chronic food insecurity, high maternal mortality rates and poverty.[27]

According to a 2010 study on institutional childcare 12% of Ethiopian children live with only their mother, four percent live with only their father and ten percent live with neither parent.[28] Children in urban areas are less likely to live with two-parent households; only 49% of children in Addis Ababa live with two parents, the lowest rate in the country compared to a high of 79% in Somali Region.[29] In 2005, Ethiopia was home to an estimated 77,000 unaccompanied child-headed households, second only to Zimbabwe in sub-Saharan Africa.[30]

3.2.1 Street children

Currently there are roughly 11,000 street children in Addis Ababa; 71% male and 29% female.[31] There are also approximately 4,500 street children in the city of Adama.[32] Currently, head counts of street children are

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[21] Williamson, J., & Greenberg, A., (2010) op cit.

[22] Family Health International (FHI) (2010) *Improving Care Options for Children in Ethiopia through Understanding Institutional Childcare and Factors that Drive Institutionalizations*, Family Health International

[23] UNICEF (2010) *Ethiopia statistics* (website). Approximately 40,380,000 of the estimated total population of 82,950,000 (49%) are reported to be below 18 years.

[24] The term orphan is utilised within this document as it reflects the terminology utilised by the Ethiopian Government in key legal and policy documents regarding children outside of parental care. The author recognises the issues surrounding this term. See Abebe, T. and Aase, A. (2007) for an interesting reflection upon how the term has been constructed by changing times, history, the media and the donor/aid community; thus rendering it a highly "potent" term which does not always reflect the true cultural and contextual meanings of children without parental care.

[25] Ministry of Health (2007) Single-Point HIV Prevalence Estimate Report, Addis Ababa, Ministry of Health.

[26] Ibid.

[27] FHI (2010) op cit.

[28] Ibid.

[29] Central Statistical Agency Ethiopia and ORC Macro (2006) Demographic Health Survey 2005, p15

[30] African Child Policy Forum (2008) *Reversed Roles and Stressed Souls: Child-headed Households in Ethiopia*.

[31] UNICEF, MoLSA, Street Invest (2010) *Street Children Headcount 2010*.

[32] Ibid.

taking place in other regional urban areas so as yet a total number of street children in Ethiopia is not known.[33] As in many countries, the public view regarding street children in Ethiopia is overwhelmingly negative. Female children are more vulnerable to the hazards of street life than their male counterparts due to gender-based violence and exploitation. Many girls living on the streets are exposed to rape and are often forced to engage in commercial sex work.[34]

Retrak Ethiopia surveyed street children entering their drop-in centre for a two-year period (2007-09) and found that 64% of children identified low economic status at home as a reason they were on the streets as well as not being able to attend schools (55%); death of one or both parents (44%); and emotional abuse (43%).[35]

3.2.2.Children in institutional childcare facilities

In Ethiopia, as in most traditional societies, there has been for centuries a strong culture of caring for orphans, the sick and disabled and other vulnerable people by nuclear and extended family members and by community and faith-based organisations.[36] Based on cultural and religious beliefs, provision of care to orphaned, abandoned and vulnerable children has been seen as the duty of the extended family system among most of the ethnic groups in the country. [37] Although these traditional mechanisms have historically been a strong part of many cultures within Ethiopia, in the past several decades they have been challenged to provide care to all in need as the number of children and the pressure on traditional childcare have continued to increase.[38] For instance, institutional childcare was minimal until the severe drought of 1984-85. This event is now recognised as the catalyst for the proliferation of institutional childcare facilities in Ethiopia.[39] Many childcare institutions were established by both governmental and non-governmental organisations in response to the drought. Furthermore, economic strains over the past two decades also have made it more difficult for families to take in additional children and provide them with the basic necessities.

In Ethiopia, the development of new childcare institutions (by non-governmental and/or faith-based childcare institutions) has been increasing over the past several years, but the development of other alternative care options has not been growing at the same pace.[40] Recent estimates place the number of

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[33] FHI (2010) op cit.
[34] UNICEF, MoLSA, Street Invest (2010) op cit.
[35] Wakia, J (2010) *Why children are on the streets?*, Manchester, Retrak
[36] Abebe, T. and Aase, A. (2007) 'Children, AIDS and the Politics of Orphan Care in Ethiopia: The Extended Family Revisited', *Social Science & Medicine,* 64(07), pp2058–2069; FHI (2010) op cit.
[37] Ibid.
[38] Varnis, S. (2001) 'Promoting Child Protection through Community Resources: Care Arrangements for Ethiopian AIDS Orphans', Northeast African Studies, 8(1) pp143-158.
[39]Varnis, S. (2005) op cit; FHI (2010) op cit.
[40] FHI (2010) op cit

children in institutional care from anywhere between 6,500-10,000 children.[41] Also there is concern that an increasing number of institutions are working in conjunction with intercountry adoption agencies.[42] A 2010 study[43] assessed a total of 107 childcare institutions, including both childcare institutions and transition homes[44] in six regions of the country (Amhara, Oromia, SNNPR, Addis Ababa, Dire Dawa City Administration and Harar); the results raised several concerns related to institutional care and intercountry adoption including the following:

- **There is no uniform system utilised for licensing of childcare institutions nor is there a standardised procedure for monitoring and oversight of those institutions by the government. The study found that 45% of the childcare centres had no operating licence or their license had expired.**
- **There is a noted link between the increase of institutional care settings and an increase in the number of children being placed in intercountry adoption. Approximately 41 institutional childcare centres relied exclusively on funds from adoption agencies and only half of the institutions had appropriate and available financial accounting systems in place.**
- **Most of the institutions are in poor condition with inappropriate facilities for children. Examples included limited education and health services and poor hygiene.**
- **The majority of institutions have very minimal, if any, reporting systems including a noticeable lack of individualised case files. For example, in one region of the country, only 17 out of 78 institutions (22%) had documented information on the children in their care.**
- **There is very limited effort given to identifying any kind of alternative family-based care besides placement in intercountry adoption.[45]**

In response to such recent studies[46], the government has developed a plan to close and de-institutionalize 45 childcare facilities across several regions of the country. At the time of this report, several dozen childcare facilities have been closed in three regions of the country, with financial and technical support from UNICEF. Additionally, according to UNICEF,[47] the Addis Ababa Bureau of Women, Children and Youth Affairs (BOWCYA) has prioritised de-institutionalization of the three public childcare institutions in Addis Ababa for 2012.[48] To support these efforts and decrease reliance on institutional childcare, also the government has prioritised the development, strengthening and expansion of family-based alternatives such as foster care.

3.3. Legal and policy framework

Several international legal frameworks are pertinent to the issue of children without parental care in Ethiopia. Ethiopia ratified the United Nations Convention on the Rights of the Child (CRC) in 1991.[49]

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[41] Ibid; MoJ, MoWCYA and CSA (2010a) *National Study on Institutional Childcare Facilities*.
[42] MoJ, MoWCYA and CSA (2010b) 'Study findings of 2010 institutional childcare study', in institutional childcare study conference, Addis Ababa, 5 November 2010.
[43] Ibid.
[44] Transition homes are small childcare facilities especially for children identified and in the process of being placed in intercountry adoption.
[45] MoJ, MoWCYA and CSA (2010b) op cit.
[46] Ibid.
[47] UNICEF, Addis Ababa BoWCYA and *Kechene* officials (2012) Discussion, January 2012
[48] Ibid.
[49] *United Nations Convention on the Rights of the Child*, Resolution 44/25, 20 November 1989, United Nations, New York.

According to Article 9 (4) and 13 (2) of the Constitution of the Federal Democratic Republic of Ethiopia, all instruments ratified by the country are an integral part of the law of the land.[50] As such, the Ethiopian Constitution reflects the contents of the CRC and the importance of human rights, including those for children.

The African Charter on the Rights and Welfare of the Child (ACRWC) was developed as a tool to enhance the implementation of the CRC by creating a complementary normative framework that reflected the values, traditions, belief systems and cultures of the African continent.[51] Ethiopia ratified the ACRWC in 2002. Article 25 of the Charter specifically addresses the issues of children without parental care and in many ways reflects the contents of Article 20 of the CRC.[52] Both instruments state that a child deprived of his/her family is entitled to special protection and alternative care options. Similarly Articles 19 and 20 of the ACRWC and Articles 18 and 19 of the CRC emphasise that it is both parents who have the primary responsibility of caring for their children and that the state should support them in this role. The CRC and the ACRWC, having been ratified by Ethiopia, provide a solid framework from which to further develop national laws, policies and regulations.

In terms of a national legal framework, Article 36 of the Constitution of the Federal Democratic Republic of Ethiopia makes specific reference to children's rights and mentions the best interest of the child principle, thus reflecting the content and nature of the CRC. [53] According to Sub Article C of the Constitution, every child has the right to know and be cared for by his or her parents or legal guardians. However in situations that a child is unable to get the necessary care and protection of his/her family (*e.g.,* is an orphan) the Constitution states in Article 36.5 "The State shall accord special protection to orphans and shall encourage the establishment of institutions which ensure and promote their adoption and advance their welfare, and education."[54] As in the CRC, it is the role of the State to ensure that these alternatives exist for children. The Constitution also explains the need for the primary consideration of the best interests of the child to be adopted concerning children taken into public and private welfare institutions, courts of law, administrative authorities or legislative bodies.

Also Ethiopia has developed its own National Alternative Childcare Guidelines. The goal of the National Guidelines is to provide minimum conditions for the provision of alternative care services by both formal actors such as government and non-governmental organisations as well as faith-based and community-based organisations which may be both formally recognised, as well as informal systems.[55]

The National Guidelines cover community-based childcare, reunification and reintegration[56], foster care,

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[50] Federal Democratic Republic of Ethiopia, *National Constitution*, adopted 8 December 1994

[51] Lloyd, A. (2008) 'The African regional system for the protection of children's rights', in J. Sloth-Nielsen (Ed.), *Children's Rights in Africa*, Aldershot, Ashgate.

[52] African Commission on Human and People's Rights, *African Charter on the Rights and Welfare of the Child,* OAU Doc. CAB/LEG/24.9/49, 1990.

[53] Ibid.

[54] Federal Democratic Republic of Ethiopia, *National Constitution,* op cit

[55] Ministry of Women's Affairs (2009) *Alternative Childcare Guidelines on Community-based Childcare, Reunification and Reintegration Program, Foster Care, Adoption and Institutional Care Service*, Addis Ababa, Ministry of Women's Affairs.

[56] The National Guidelines uses the term reunification to define children being returned to family or extended family whereas reintegration is used to define integrating a child back into the community, especially children who have aged out of care. Retrak uses the term reintegration for this process. Therefore, in this

adoption (including domestic and intercountry) and institutional care. They offer a solid foundation that could be used to develop minimum standards, although this has not been completed yet. There have been suggestions that the National Guidelines should be revised to be more reflective of the International Guidelines for the Alternative Care of Children.[57] An example of this review includes the following (related to the adoption section of the National Guidelines):

> *"Although the country has not ratified the Hague Convention, there is standard terminology that should be incorporated into the document so that it reflects recognised international standards. It is of concern that there is a minimum and maximum age limit for national adoptive parents but only a minimum for foreign adoptive families."*[58]

In spite of some of the noted challenges of the National Guidelines, they do have a definition and a specific section on reintegration/reunification. The National Guidelines define reunification as a rehabilitative intervention designed to facilitate the reunion of orphans or other vulnerable children separated from their families with biological parents or member/s of the extended family to restore a family environment as a means of a permanent placement for the proper upbringing and development of the child.[59] The section on reunification includes pre-reunification services, tracing, preparation, actual reunification and follow-up. The National Guidelines are very clear that this process should include a multi-disciplinary team, that there are clear steps in the process that need to be taken, that certain services and support should be provided, and that follow-up is crucial. For example, the National Guidelines clearly state that one follow-up visit every three months should occur for the first year after reunification and then once a year until the child reaches 18 years of age.[60]

In 2009 and 2010, Family Health International, MoWCYA and the French Embassy provided training on the National Guidelines to directors of private and public childcare institutions and local government authorities.[61] The training curriculum has since been used by MoWCYA to train other childcare institutions. In 2010 and 2011, a joint project entitled "Yenega Tesfa" (Tomorrow's Hope), incorporated the National Guidelines into a training programme for journalists, a public awareness campaign for two sub-cities in Addis Ababa, and a national radio programme implemented by Radio Fana.[62] These efforts, although somewhat isolated, have made initial progress in dissemination of the National Guidelines and building awareness about the importance of using them as a guide. What still needs to happen is the development of minimum standards for each of the care options and a stronger monitoring system for ensuring that those standards are being met in order to improve the quality of services for children.

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document, depending on whether or not it is referring to Retrak or the National Guidelines, reintegration and reunification are used to express the same thing—a process of returning a child back to the family of origin.

[57] Bunker, K (2009), comments provided to Family Health International at the request of the Ministry of Women, Children and Youth Affairs, May 2009.

[58] Ibid.

[59] MoWA (2009) op cit.

[60] Ibid, pp23-26.

[61] Bunker, K (2009) unpublished training report on the National Guidelines, Family Health International.

[62] Sub-Sahara Africa Research and Training Center (2012). *Public Awareness Campaign: Preventing Child Abandonment and Promotion of Alternative Childcare Options: Final Evaluation*.

4. FINDINGS

4.1. Good practice in de-institutionalisation

Normal child development requires frequent individualised interactions with a parent. A strong, positive attachment between a child and their care-giver provides a child with the security to fully develop mentally, physically and emotionally.[63] Therefore, while a positive family environment typically promotes infant brain growth, an impoverished environment has the opposite effect and will suppress brain development.[64] A typical and damaging feature of residential care is the minimal opportunity for individualised attention and subsequent bonding or attachment between a child and an adult. Children living in institutional care are especially vulnerable to protection abuses,[65] neglect and physical and sexual abuse.[66]

Significant research has demonstrated that young children who are institutionalized during the first three years life may experience long-term developmental delays,[67] leading to a greater probability of antisocial behaviour and mental health problems. Children living in institutions are reported to perform poorly on intelligence tests and to be slow learners with specific difficulties in language and social development, in comparison to children with foster parents.[68] Due to these negative impacts, it is widely recommended that family-based care options for children are prioritised.[69] The growing evidence base showing that institutional child care is especially damaging to children under three years of age has resulted in specific comments within the International Guidelines, in Article 21:

> *"In accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings. Exceptions to this principle may be warranted in order to prevent the separation of siblings and in cases where the placement is of an emergency nature or is for a predetermined and very limited duration, with*

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[63] Safe families safe children (2011) *Breaking the cycle of violence – building a future for the most excluded*, Safe families safe children coalition

[64] Save the Children (2009b) *The Risk of Harm to Young Children in Institutional Care*, London, Save the Children.

[65] Pinheiro, P. (2006) *World Report on Violence against Children*, Geneva, United Nations.

[66] EveryChild (2009). *Missing: Children Without Parental Care in International Development Policy*, EveryChild, London.

[67] Dobrova-Krol, N.A. et al (2008) 'Physical growth delays and stress dysregulation in stunted and non-stunted Ukrainian institution-reared children', *Infant Behavior & Development*, 31:539-553; Nelson, C.A. et al (2007) 'Cognitive recovery in socially deprived young children: The Bucharest early intervention project', *Science*, 318, pp1937-1940; Rutter, M. (2006) 'Psychological effects of early institutional rearing', in P. J. Marshall and N. A. Fox (Eds.), *The development of social engagement: Neurobiological perspectives*, New York, Oxford University Press

[68] Nelson, C., Fox N., Zeanah C. and Johnson D. (2007) op cit; Johnson, R., Browne, K. and Hamilton-Giachritsis, C. (2006) 'Young Children in Institutional Care at Risk of Harm', *Trauma, Violence and Abuse*, (7)1, pp1-26.

[69] Williamson, J. and Greenberg, A. (2010) op cit.

planned family reintegration or other appropriate long-term care solution as its outcome."[70]

De-institutionalization is the process of moving away from a childcare system based on large institutions towards a range of integrated family-based and community-based services.[71] It includes preventing admissions to childcare institutions; developing or expanding other family-based alternative care options in the community; improving community services and family support programmes; and finding long-term (i.e. permanent) placement options for children who cannot return to their families of origin.[72]

The International Guidelines make reference to de-institutionalization in Article 22:

> *"While recognising that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall de-institutionalization strategy, with precise goals and objectives, which will allow for their progressive elimination. To this end, States should establish care standards to ensure the quality and conditions that are conducive to the child's development, such as individualised and small-group care, and should evaluate existing facilities against these standards. Decisions regarding the establishment of, or permission to establish, new residential care facilities, whether public or private, should take full account of this deinstitutionalisation objective and strategy."*

As mentioned above, de-institutionalization requires a multi-pronged approach that includes prevention as well as removing children from institutional care and placing them in other alternative care options, preferably family-based. This process should include the adoption of standards and mechanisms that will safeguard the rights of the child, ensure full child participation, prioritise the formation of positive relationships with family and community members to support children and ensure staff are well equipped and supported.[73] This process has been undertaken in several countries in Eastern Europe which has revealed that success requires significant allocation of time, resources, actors, and a change in public attitude.[74]

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[70] United Nations General Assembly, Human Rights Council, *Guidelines for the Alternative Care of Children,* op cit.

[71] Mulheir, G and Browne, K (2007) *De-institutionalizing and Transforming Children's Services-A Guide to Good Practice*, European Commission, Hope and Homes for Children, and University of Birmingham.

[72] Ibid; McArthur, D (2011) *10 Steps Forward to Deinstitutionalisation*, Terre des homes foundation and Hope for Himalayan Kids, Nepal

[73] McArthur, D (2011) op cit.

[74] Browne, K. et al (2004) *Mapping the number and characteristics of children under three in institutions across Europe at risk of harm*, European Union Daphne Programme, Final Project Report No. 2002/017/C, Birmingham, England: University Centre for Forensic and Family Psychology; Browne, K.D. et al (2005a) 'A European Survey of the number and characteristics of children less than three in residential care at risk of harm', *Adoption and Fostering,* 29 (4): 1-12; Browne, K.D. et al (2005b) *Identifying best practice in deinstitutionalisation of children under five from European institutions*, European Union Daphne Programme,

Given that de-institutionalization processes are nascent in Ethiopia, having just begun at the end of 2011, there are only a few examples of concrete practice. To date, UNICEF and the Government of Ethiopia (especially MoWCYA) have not made public the results of the first round of de-institutionalization that happened in the south (Southern Nations, Nationalities and Peoples Region) and in Addis Ababa. According to anecdotal evidence shared by UNICEF staff at the time of this study, 37 children have been reunified with family members whilst others are waiting for foster care to be implemented as a necessary alternative. This 37 includes 5 children from the public institutions in Addis Ababa. The number of children is relatively small because many of the institutions in the south only had 6-20 children registered. The process is also very time consuming as it has required participation of local government officials, UNICEF technical assistance and significant tracing of family members.

There are examples of organisations working towards reintegration but the population is not that of children in institutional care rather sexually abused girls and/or female street children. One of the informants, The Association for Women Sanctuary, a shelter for sexually abused girls and women, has tried and been successful in reintegrating children back to their communities and their families. Counselling and psychosocial support is given to both the children and their families before reintegration. They also mentioned cases where families were not willing to take the girls back and cited this as a big challenge.

At the Organisation for Prevention, Rehabilitation and Integration of Female Street Children (OPRIFS), almost all the street children (girls) that come to OPRIFS are reintegrated. If their families are economically challenged, OPRIFS helps them start a small business. For those who are reintegrated, trained staff members visit for post-reunification follow-up, or use phone calls and letters, every three months. This is in accordance with the National Guidelines, but it was not clear whether OPRIFS had this in place because of the National Guidelines or if it was an internal decision. Counselling and psychosocial support is given to both the children and their families before reintegration. The challenge they have faced is that some families do not want to take the children back and would prefer OPRIFS care for their children until the children reach the age of 18.It is common for families to be reluctant to care for their children when they are already providing for many children and feel that an organisation would be able to provide better access to services, especially education.

Retrak is also an important member of the NGO community working with a target population of street children. In Ethiopia the family reintegration programme of Retrak has been running since 2007. During this time nearly 200 children have been accompanied home and reintegrated back to their family and community in all corners of the country. Retrak's follow-up programme data shows that approximately 75% of these children remain with family caring for them, either attending school or, for older youth, working in their own business from home.[75]

In the discussions with some of the NGOs regarding the services that they provide it became clear that Retrak has very strong programming and procedures in place in terms of their reunification work as compared with some of the others. The integrated approach of dealing with the child, the family and the community appears to be successful as demonstrated by the large number of reunifications completed and the success rate.

Currently, there appears to be a dearth of information, specific to de-institutionalization and Ethiopia. It is hoped that UNICEF and MOWCYA will make public the documentation and tools that they are using to support the current de-institutionalization process, but at the time of this report, they have not been made

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Final Report No. 2003/046/C; Johnson, R., Browne, K. and Hamilton-Giachritsis, C. (2006) op cit.

[75] Retrak (2012), *Impact report*, forthcoming

available to the public.

4.2. Characteristics of children in institutional care

The literature review provided some information regarding the profiles of children currently in institutional care in Ethiopia,[76] although it is quite limited. A study on institutional care showed that 6,503 children were living in 87 institutions.[77] Of those, 59% were male.[78] The study did not look at specific information about individual children but did include generalisations about reasons for children entering institutional care. The main reasons given by study participants were HIV and AIDS, famine and extreme poverty.[79] More than half of the institutions (48 of 87) had been established in the past 10 years; 21 of these were established fewer than five years ago, demonstrating the recent rise in the number of childcare facilities.[80]

The three public childcare institutions included in this study, *Kechene, Kolfe* and the Addis Ababa Youth Detention and Rehabilitation Centre have approximately 500 children in care at any given time. *Kechene*, a home for girls ages 4-18 years and boys up to 10 years typically has upwards of 200 children in care at any given time; *Kolfe*, a home for boys ages 10-18, is the same; and the Addis Ababa Youth Detention and Rehabilitation Centre where children in conflict with the law (typically minor infractions by juveniles aged 9-15) typically has 130 children in care.

Data on the number of former street children who are presently in institutional care in Addis Ababa is not available, however some insights can be drawn from the profile of the children who participated in this study.

Overall, 55 children participated in four focus group discussions from four study sites; the three public childcare institutions and Retrak. Among these, 25 (all boys) were from Retrak, 9 (all girls) were from *Kechene* Children's Home and 10 children (3 girls and 7 boys) from the Youth Detention and Rehabilitation Centre, 11 (all boys) were *Kolfe*. In regards to age, 70% (39) of the participants were between the age of 10-14 and the remaining 30% (16) of participants were between the ages of 15-16. In regards to participants' educational status, 31 participants were in grades 1-4; 19 children were in grades 5-8; three participants were in grades 9-10; and two were not in school.

Forty-seven of the participants said that they arrived in the institutions directly from the streets whilst eight came directly from home. Regarding how long the children had been on the street prior to entering institutional care, 60% (33) of participants stayed on the streets from one week to one year; 16.4% (9) of the participants reported that they had been on the streets from one year to two years; and the other 23.6% (13) lived two to three years on the streets. Of the participants, 42 children said that they earned money whilst on the street as daily labourers; five were shining shoes; and eight did not have any specific activity. Most of the participants reported abusing different substances such as cigarettes, khat[81], and alcohol.

Table 1, below, disaggregates the information between children in the Retrak programme and those from

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[76] FHI (2010) op cit; MoJ, MoWCYA and CSA (2010b) op cit.
[77] FHI (2010) op cit,
[78] Ibid.
[79] Ibid.
[80] Ibid.
[81] Khat is an evergreen shrub (*Catha edulis*) native to tropical East Africa, having dark green leaves that are chewed fresh for their stimulating effects.

institutional care. It is clear that there is little difference between the two groups.

Table 1: Characteristics of child study participants

Characteristic		Retrak		Institutions		Total	
		#	%	#	%	#	%
Age	10-14 years	18	72%	21	70%	39	71%
	15-16 years	7	28%	9	30%	16	29%
	Total	25	100%	30	100%	55	100%
Gender	Female	0	0%	12	40%	12	22%
	Male	25	100%	18	60%	43	78%
	Total	25	100%	30	100%	55	100%
Education	Grade 1-4	17	68%	14	47%	31	56%
	Grade 5-8	5	20%	14	47%	19	35%
	Grade 9-10	1	4%	2	7%	3	5%
	Illiterate/No school	2	8%		0%	2	4%
	Total	25	100%	30	100%	55	100%
Home region	Addis Ababa	3	12%	15	50%	18	33%
	Oromia	13	52%	8	27%	21	38%
	Amhara	6	24%	5	17%	11	20%
	SNNPR	3	12%	2	7%	5	9%
	Total	25	100%	30	100%	55	100%
Activity Whilst on the Street	Day labourer	21	84%	21	70%	42	76%
	Metal work	1	4%	0	0%	1	2%
	Begging	2	4%	1	3%	2	4%
	None	0	0%	8	27%	8	15%
	Did not disclose	1	4%	0	0%	1	2%
	Total	25	100%	30	100%	55	100%
Length of Time on Street	1 week-1 year	19	76%	14	47%	33	60%
	1-2 years	2	8%	6	20%	8	15%
	2-3 years	3	12%	10	33%	13	24%
	Did not disclose	1	4%	0	0%	1	2%
	Total	25	100%	30	100%	55	100%
Came from	Street	25	100%	18	60%	43	78%
	Home	0	0%	12	40%	12	22%
	Total	25	100%	30	100%	55	100%

In responses provided by children during the interviews and focus group discussions, children provided the following reasons for why they went to the street and were then placed in institutional care:

- **Fighting or bullying at home by immediate or extended family members, sometimes with a subsequent arrest of the child**
- **Travelling from rural area not knowing parents so picked up by police and brought to centre;**
- **Living in a hostile home environment or with poor economic condition of the family;**

- **Death of both parents;**
- **Exploitation by caregivers for labour or other purposes (typically extended family members); and**
- **Accusations of stealing; or of crimes such as murder or rape, thus forced to leave community in fear of retaliation;**

The aforementioned reasons for children leaving home and going to the streets are quite similar to the push factors identified by Retrak in their discussions with the children they work with, as highlighted in table 2 below.

Table 2: Reasons for being on the street[82]

Reason	%
Low economic standards at home	64%
Not able to attend school	55%
Death of one or both parents	44%
Emotional abuse	43%
Encouraged to go to the city to find work	33%
Physical abuse	30%
Lack of food	30%
Remarriage and subsequent abuse by step-parent	30%
Forced to work	29%
Trafficked	6%

The only issues that were not mentioned in the focus group discussion with children at the institutions were trafficking and remarriage, but all of the others reasons are similar to those mentioned by the children served by Retrak.

4.3. Children's experiences

Many of the respondents from institutional care said that life on the streets was hard, dangerous and unsafe as compared with their lives in the institution. They reported engaging in theft to buy themselves food. One child said; *"From the street when we do anything wrong we are taken to police stations and imprisoned with adults. The adults tell us different techniques of stealing and we leave the station knowing more evil things and becoming addicted to different substances."* Two other children also expressed missing their family and the lack of parental care; *"I miss my family; they are too good to me. I can't wait to go back. I have no one who cares for me like my family here, I miss being loved and cared for."*

Children currently residing in institutional childcare facilities were asked about their feelings about the childcare institutions. They replied that they are healthy, treated fairly, and they receive proper education and love, thus showing a vast difference in how they describe life on the streets. Specific examples provided by some of the children about how life is better in the institution, included the following: they stopped fighting, drinking and smoking; they started to develop hope about the future; they don't experience child labour; and they are learning from those successful independent young adults living with them. Some of the children did have opposite feelings and responses to their time in institutional care including: feeling

[82] **Wakia, J (2010) op cit.**

hopeless; being addicted to drugs; and being negatively influenced by their older peers.

In terms of services available in the institutions, the children mentioned some challenges they faced, including: the classroom where they go to school is very cold as some of them do not have shoes to wear; sometimes they don't have soap to wash their clothes and their body; the breakfast is small and they don't feel full. In relation to the advantages of being in the childcare institution, besides basic services offered, the children also mentioned that they are getting counselling services, education, life skills training and extracurricular activities, although how consistently they receive these services and the quality of services provided varied.

Regarding counselling, some reported that they receive counselling for a few days before they leave the centre and they said it they said it should have started from the time they entered the institution and continued. *"Unless we fight with each other or unless we are about to be released, we don't get counselling service". "I used to be depressed here, what you do, what you eat and everything is so restricted and so limited and that used to depress me now I am used to it."* This suggests that although all of the public centres said they offer counselling it is not clear how consistent and relevant those services are. The child to caregiver ratio in the public institutions is quite low, similar to findings in the FHI et al study that found that child to caregiver ratio ranged from 1:3 to 125:1 (the former ratio is due to a very small institution with a high number of caregivers and few children).[83]

Anecdotal information included that UNICEF has recently funded the hiring of 9 social workers; three in *Kebebe Tsehay*, three in *Kechene* and three in *Kolfe*. Although at the time of the study Addis Ababa Juvenile Detention and Rehabilitation Centre did not have additional social workers, UNICEF is planning to add three social workers to assist in reunification in the future. These additional personnel were hired to help augment the number of trained social workers completing individual case files and assisting with efforts towards de-institutionalization.

Staff from the childcare institutions had both positive and negative comments about the children in care. These included the following observations: children have an intense bond with each other and they also look out for each other; their love for their family has transferred to each other and they are extremely loyal and protective of each other; they are rather careless about society norms, rules and regulation; they guard their brothers and sisters and never expose them no matter what they have done; and because society has failed to take care of them, they are often looked down upon, and are isolated from the community. These are very similar to observations provided by staff who work with street children. It demonstrates positive attributes such as strong survival mechanisms, fortitude in dealing with challenges, and loyalty to other children. It also shows how discriminatory attitudes still persist.

"My friend who used to live here with me called me after he was reintegrated back with his family told me that he is doing well and he has taken the 8th grade national exam last year. Here I have made friends and they have given me valuable advice about life. He told me that his family is treating him well but they have become strict on him after he has left the institution and they check his every move. Even I, when I go for vacation and holiday break my communities and families treat me well so once I leave this place I want to go back to my family." – child informant from government institution.

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[83] FHI (2010) op cit. p37

In conclusion, the children in institutional care, for the most part, seem to think that their lives are better than they were on the streets. This is due to feeling safer (*i.e.,* not exploited through child labour); having access to education; or receiving psychosocial services within the institution, albeit minimal. However it must also be noted that research within Ethiopia as well as globally has shown that children in institutional settings are much more prone to abuse, violence and neglect as compared with children in families.[84] Furthermore, children leaving institutions for independence have reported feeling ill prepared, unaccepted and lost when they leave the institution.[85] The children's feedback provides evidence of how poor the situation is for children on the street given that the children reported feeling "safer" in an institutional setting, despite the existing research that demonstrates the challenges in institutional care settings. It appears that these services (*e.g.,* education, vocational training, psychosocial support), although minimal and irregularly provided in the institutions do help in providing children with a better overall sense of well-being than children on the street.

Although some children noted that living in the institution was hard and that they missed their families and the love and care received at home, the larger group said that they considered themselves better off than they were on the streets. It is difficult to paraphrase or come to one conclusion about the feelings of children in institutional care. What is clear is that there are more similarities than differences between children in institutional care and children receiving services from Retrak. Therefore, one could assume that reintegration of former street children currently in residential care has the advantage that they have already been receiving some services and overall consider themselves to be in a better place, physically and emotionally, than children on the streets. Indeed Retrak currently uses its SOPs with children who are regularly involved in their centres, many already sleeping in overnight shelter. It appears that the Retrak SOPs could be used for all children in institutional care as the situations, profile of children and background share some basic similarities. What is also clear is that each individual child has a different story and a different opinion, thus there is a need for a genuine individualised care plans.

Additionally, appropriate and thorough preparation of the family, caregiver and community for specific issues or negative effects that the child might have due to institutional care should also be included as an additional step in the process. Although the children did not mention issues related to physical and sexual abuse within institutional care in the focus group discussions and interviews, earlier studies found that this type of abuse is common.[86] Therefore, given that these children were especially vulnerable on the streets and might have been victims of abuse there or in the institution, finding culturally sensitive and respectful ways in which to broach this subject with children and future caregivers is important. As mentioned above, it is also important to sensitise family and community members regarding the common negative images associated with children in institutional care. Addressing these beliefs (*e.g.,* children in institutional care don't know how to relate with others[87]), is very important and should be included as a necessary step in the

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[84] Pinheiro, P. (2006) op cit; Save the Children (2009a) *Keeping Children Out of Harmful Institutions*, London, Save the Children.

[85] FHI (2010) op cit.

[86] Pinheiro, P. (2006) op cit; Save the Children (2009a) op cit.

[87] These types of negative impressions of children on the streets and/or in institutional care were mentioned

process.

4.4. Current practice in Addis Ababa

4.4.1.Current practice

With regards to family reintegration, this study has revealed that although childcare institutions reintegrate children into their families, the extent is based on their limited capacity. For example, at the time of this study, anecdotal evidence from *Kechene* showed that 36 children in care had been identified as having families with whom they could be reintegrated. In spite of having this information, nothing was done to facilitate this, as there was no budget to pay for the bus to take the child back to the family, especially as it required travelling to another region.[88] Although most of the staff discussed reintegration and recognised it as important and something that should be done, it did not appear to be done in any systematic way in any of the public childcare institutions.

Most staff of institutions and NGOs talked about standard operational procedures but there was minimal understanding of what they were and there was no documentation regarding SOPs. Again, some informants mentioned that UNICEF was supporting efforts aimed at de-institutionalization and had developed a process and accompanying tools for doing it, but these were not shared at the time of this study. To date, these have not been made public and are only for use by government agencies. Anecdotal information has mentioned that these tools are quite thorough and are based on family tracing and reunification tools used in other contexts.

Although the National Guidelines provide clear instructions about how the reunification process should occur, this study illuminated that current practices are ad-hoc and of the organisations in this study only Retrak utilises the guidelines. Informants reported that family meetings by phone or face to face occur before reunification, but there is no standardised process being utilised by public institutions. Sometimes children were given bus fare and were asked to go home alone. In some instances, a social worker took the child to the rural area in a bus: a trip that is long, tiresome and dangerous for the child and the social worker. Social workers often have to convince the family to take the child back. This is a situation that clearly demonstrates that the family has not received adequate counselling, support and information regarding the process. It appears that each institution does reunification in their own way depending on the resources available.

Given that UNICEF supported and continues to support efforts towards de-institutionalization in the public institutions in Addis (not including the Juvenile Detention and Rehabilitation Centre) it is hoped that the use of standardised tools for case planning and family tracing and reintegration will help foster a more coherent and standardised approach. Many of the informants from both public institutions and NGOs reported that they are not communicating with each other and do not know how each organisation does reunification. There is clearly a need for further networking and sharing of standardised procedures, of the kind Retrak has developed, amongst both public institutions and NGOs.

4.4.2.Children's perceptions

Some of the child participants from the childcare institutions reported wanting to go back to their home and

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both in this study, as well as in FHI (2010) op cit.

[88] Bunkers, K. (2011), Discussion the Director of *Kechene*, March 2011.

their communities, but reported being afraid of stigmatization by their communities due to a crime they committed or how their family and their community view them after being away from home for so long. One child reported of not knowing his family and community language anymore and is worried about how to assimilate back into his family and community.

Furthermore, children in this study reported the following issues that they felt needed to be addressed if they were to consider being reintegrated with their family:

- **To be forgiven for the crime they committed;**
- **To receive help from the organisation in creating awareness about the child with their families and their communities so that they will not be subjected to abuse when they returned home; and**
- **To be able to sit with their families to resolve their problem first, before children are sent back home. One child made a remark regarding the process and the desire to have a meeting with family prior to the actual return: "*Before we are reintegrated our families should come and see us here, talk to us and give us the feeling that they want us back. The counsellors also should guide us in the process.*"**

The children clearly see the need for assistance in rebuilding relationships with their families, as reflected in the National guidelines around the pre-reintegration phase. Unfortunately, it appears that this is not always happening, especially within the public childcare institutions. Finally, some of the children expressed that they want the option of not going home and preferred to be placed in a small group home or other alternative such as foster care or independent living with a community mentor.

4.4.3.Staff and other stakeholder's perceptions

According to interviews with key staff working with children, initiating the process of getting children reunified should begin when the children are on the street. This would support Retrak's current efforts of reunifying street children with their families. Informants also suggested that for children in institutions, focus should not just be on basic needs but also on the provision of counselling, life skills training and vocational training. Provision of some kind of support (examples included clothing, mattresses, or income generating activity grants) once the child was reunified was said to be important as poverty is a key push factor for children leaving home and going to the streets and later to an institution.

In regards to capacity building, all of the staff of public institutions mentioned that they needed training and technical assistance in areas of life skills, reunification, family assessment and family counselling, psychosocial support, child protection, and psycho-social development of children, stress and burnout management and as well as regular supervision so that they can do their job to their best abilities. This indicates that there is a sense of very low capacity and limited supervision and support for the people who are providing care and support to children. There was also mention that there needs to be additional social workers and psychologists to manage the caseload adequately.

In conclusion, it appears that reintegration processes, especially in the public institutions have been *ad hoc* to date. Many informants seemed to know what should be done to model good practice. Unfortunately, finding examples of good practice, especially in the public childcare institutions, was not

possible. In spite of having good information on the National Guidelines regarding reunification, it does not appear that they are utilised or referred to by public institutions or private organisations working in the area. There are no standardised tools, steps or processes that are documented and available, and therefore each organisation does what they can with the limited resources, both human and financial, that they have. This gap in knowledge, skills and resources needs to be addressed so that the guidance and expertise that is available is fully utilised.

The limited capacity within the public institutions is an opportunity for Retrak to demonstrate good practice, share tools, and build the capacity of staff within the public institutions. However, it could also prove challenging as it is difficult to ascertain whether or not the staff within the institutions would be motivated, supported and inspired to improve their skills. This is an issue that should be further discussed with both the directors of the institutions as well as the Bureau of Women, Children and Youth Affairs responsible for oversight/supervision of the three childcare institutions. If the directors and BoWCYA representatives give their support to Retrak this will be a huge step forward and will hopefully open doors to future collaboration and capacity building. Both are much needed if reintegration of children is to occur and be successful.

5. CONCLUSION

This conclusion addresses the first 4 questions which this study addresses.

5.1. Good practice in de-institutionalization and reintegration

Institutionalisation of children has been shown to be damaging to children's development and therefore there is an international movement towards preventing children being placed in institutional care and providing family-based alternatives for those children who are already in institutional care. Family and community-based forms of care have been shown to be more likely to meet the needs of children.[89] Experience of de-institutionalization in several countries in Eastern Europe has revealed that success requires significant allocation of time, resources, actors, and a change in public attitude.[90] In Ethiopia, as in much of Africa, this process is still in a very nascent stage.

5.2. Characteristics of children in institutional care and on the streets

It is clear that the profile of children currently in institutional care but formerly on the street is similar to those children with whom Retrak is already working. There is similarity in their ages, time spent on the streets as well as the push and pull factors that influence their choices, placement options and ultimate outcome. The research demonstrates that children in Retrak programmes and within childcare institutions have enough similarities that the Retrak SOP requires minor tweaking for use with children in institutional childcare settings.

5.3. Current de-institutionalization and reintegration in Ethiopia

Retrak is ahead of most public institutions and NGOs in terms of having developed a SOP outlining a clear process and steps to be followed when initiating and implementing reintegration of street children. Currently the public institutions have an ad hoc process that is implemented depending upon available resources; both human and financial. The steps taken in this process are frequently neither child-centred nor child-friendly. Most likely this is not due to poor intentions, but rather because of limited resources (*e.g.,* sending a child home on the bus alone or calling the family to let them know the child will be reintegrated). There is a clear need for increased capacity building and resourcing about this process, including a better understanding of how reintegration should be done so that it is in the best interests of the child.

There is limited to no awareness by key stakeholders of the National Guidelines for Alternative Childcare or the International Guidelines for Alternative Care of Children. Again, Retrak has led the way in terms of using

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[89] **Williamson, J. and Greenberg, A. (2010) op cit.**

[90] **Browne, K. et al (2004) *Mapping the number and characteristics of children under three in institutions across Europe at risk of harm*, European Union Daphne Programme, Final Project Report No. 2002/017/C, Birmingham, England: University Centre for Forensic and Family Psychology; Browne, K.D. et al (2005a) 'A European Survey of the number and characteristics of children less than three in residential care at risk of harm', *Adoption and Fostering,* 29 (4): 1-12; Browne, K.D. et al (2005b) *Identifying best practice in deinstitutionalisation of children under five from European institutions*, European Union Daphne Programme, Final Report No. 2003/046/C; Johnson, R., Browne, K. and Hamilton-Giachritsis, C. (2006) op cit.**

both of these as frameworks to guide their work with children.

There appears to be an increasing interest in and awareness about alternative care in Ethiopia. The government, with UNICEF support, has been closing sub-standard institutions across the country and has developed a package of tools to document, trace and reintegrate children. This is currently beginning in the three public institutions in Addis Ababa, but is in the nascent stages. Retrak would enhance these efforts by bringing experience in reintegrating a specific population of children; many of whom are currently in one or more of the public childcare institutions.

In conclusion, it is clear that reintegration efforts are gaining more momentum in Ethiopia but clear procedures, tools, and a standardised way of implementation are far from complete. Retrak is in a unique position whereby their experience in reintegrating street children in Ethiopia could easily be adapted to help support efforts to de-institutionalize children in public and private child care facilities. Given that many of the issues faced by these children are the same, regardless, of the country or context they live in, the SOPs developed and adapted by Retrak could serve an important role in this effort. There is a significant need among key stakeholders for such an SOP and an accompanying training curriculum. Retrak should use this opportunity to position itself as a leader in providing both the practical example of and the supporting documentation for reintegration programming. The need is great, the interest is large and the children require and deserve such a response.

6. RECOMMENDATIONS

These recommendations address the final 4 questions which this study addresses. It is recommended that Retrak's priority should be in addressing the recommendations regarding the adjustments to the Retrak SOP for use in Ethiopia and accompanying capacity building activities.

6.1. Retrak's Standard Operating Procedures

From this study, it is clear that Retrak is one of very few organisations in Ethiopia that have developed a Standard Operating Procedure for the reintegration process. The fact that Retrak has such a well-developed SOP shows its commitment to the effort and to the provision of quality services for children. Furthermore, the Retrak SOP could be adapted in a few simple ways to meet the needs of most children in institutional care. This could then be used in a training curriculum to build the knowledge and skills of staff at the institutions.

6.1.1 Adjustments

Firstly, whilst the SOP already reflects the principles of the International Guidelines, for use in Ethiopia it would be helpful to make a few minor adjustments so it also reflects the principles and terminology of the National Guidelines on Alternative Childcare, this will also support the MOWCYA's efforts in disseminating the National Guidelines and familiarizing practitioners and local authorities with their content. Mention of the National Guidelines could be included in the following areas: the introduction, roles and responsibilities (especially those of the State), and as part of procedure steps. Retrak's SOP could also help inform the review of the National Guidelines, especially around the follow-up process.

Secondly, it is recommended that some of the activities be further developed to respond to the specific issues related to institutional care. This should include:

- **Inclusion of key staff at the institution, alongside or instead of Retrak staff, in the important steps in the process of reintegration. For example, the care-givers who are most familiar with the child in question should support the child in the necessary steps required for reintegration. Similarly, the institutions's counsellors or social workers can be of help in supporting and listening to the child. It is also important to discern whether the child has an especially close relationship with a specific staff member at the institutions and, if so, to facilitate on-going contact with that person after the child is reintegrated. Given that some of the children have positive views of their time in care, it is important to recognise that it could be beneficial for some of the relationships they have established to continue.**
- **Recognition that many of the children feel a close attachment with other children in care, and therefore there is a need to work closely with each child in preparing them for departure and to find ways that children can remain in touch and continue to foster positive relationships with other children once they return home.**
- **Awareness that institutional care frequently results in negative effects to physical, emotional and intellectual development of children. Specific mention of possible abuse, attachment related issues and, in the case of younger children, self-stimulating behaviour, should be identified, documented and addressed in the case plan. The Retrak SOP should address both services to the child to help**

foster recovery from these negative effects and discussions with future caregivers.

- **Activities to address the negative views that community members have regarding street children and children in institutions. This could be either in a separate public awareness campaign or by connecting with other entities that are doing public awareness campaigns. For example, Radio Fana has had weekly programming related to alternative childcare and UNICEF is also supporting the MoWCYA to develop a public awareness campaign. This should be a supplementary activity, rather than a specific step in the process.**

Thirdly, given that poverty is such a major issue in Ethiopia, it is essential that further emphasis be given in the SOP to providing parents with income generating opportunities, start-up grants, or linking them to existing micro-credit programmes. Similarly, the SOP should further emphasise the importance of providing training on parenting skills and positive child discipline before children are placed in to homes. This study has shown that these issues are key concerns for children, families and staff, and therefore if they are not addressed then reintegration could be jeopardised and the child could return to the streets.

6.1.2.Capacity building

Given that there appears to be a lack of experience, knowledge and good practice of reintegration within public institutions, if de-institutionalisation is to be successful then building the capacity and involving key staff at the public institutions is critical. These people will be key personnel involved and familiar with the child and therefore they require specific training to familiarise them with the process of reintegration. Some areas will need to be given extra weight to counter-act current poor practice. For example, there is currently little follow-up after the placement of the child. The International Guidelines, National Guidelines and Retrak's SOP provide clear guidance on this and show the importance of this step, so this should be emphasised during training. Complementary training on areas like income generation, life skills and parenting skills training might also need to be offered in parallel to the Retrak SOP training.

It will also be important to involve staff in the planning and change process towards deinstitutionalisation so that they are able to discuss their hopes and concerns about changes and can fully understand the reason and benefits of the proposed changes and how they are participate and gain further training and experience.[91]

In addition, since de-institutionalization efforts are a priority for the Government of Ethiopia, UNICEF and other partners, it is strongly recommended that a training curriculum be developed to accompany the Retrak SOP, and plans should be developed to share and disseminate the Retrak SOP with key stakeholders (government, UNICEF, public institutions, NGOs, etc.).

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[91] **McArthur, D (2011) op cit.**

6.2. Use of Retrak's SOP in the Ethiopian context

This study has demonstrated that, since most activity around reintegration is undertaken in an ad hoc manner, there is a clear need for a SOP such as the one Retrak has developed. As mentioned above, there are very minor changes that should be made to the current Retrak SOP to adapt it for use for deinstitutionalisation of children. Once these changes are made, the revised SOP will be an incredibly useful document and can and should be utilised by Retrak and other key actors involved in the process.

It is strongly recommended that local, regional and federal level government officials be made aware of the SOP, as well as UNICEF and other NGOs involved in the de-institutionalization process. As mentioned above, a complementary training curriculum should also be developed to accompany the SOP to enhance the understanding and use of the document by other key actors.

This study highlights the need to focus more on prevention. Working at keeping families together and preventing children from reaching the streets and entering institutional care should be a larger focus of government and NGO services. Furthermore, it is recommended that stronger linkages to prevention programmes that do exist (*e.g.,* Pact and their support with local partners) should be strengthened to ensure that the children do not fall through the cracks.

6.3. Use of Retrak's SOP in other contexts

Issues related to institutional care and the effects it has on children are similar in other contexts. Therefore, the experience of Retrak and the SOP that has been developed could easily be adapted to be appropriate for use in other situations and countries. Retrak's experience, expertise and SOP are excellent resources for other organisations that are interested in reintegration of street children as well as reintegration of former street children who are currently in institutional care. Given that many countries on the African continent are looking at ways to decrease reliance on institutional care through de-institutionalization, Retrak is in a unique position and it is recommended that their expertise be shared with others.

To determine the feasibility of using Retrak's SOP in other contexts outside of Ethiopia, it is recommended that a feasibility checklist be developed. Issues included in this checklist could include the following:

- **Is the government (federal, regional or local) aware of the issues around institutional care and is there a public discussion about de-institutionalization?**
- **Does data about children in institutional care exist and if so is it being used to inform policy and programming?**
- **Do national guidelines or minimum standards related to alternative care exist and if so, is institutional care and reintegration/reunification included in these?**
- **Are there standardised tools for reintegration and who is using them and where are they being utilised?**
- **Is there a qualified workforce or schools of social workers and if so, are they involved in child welfare? and**
- **What other NGOs are active in this context and what standardised procedures or tools are they using in their work with street children and/or children in institutional care?**

Questions such as these, as addressed in this study, can provide a rapid situational overview and help determine whether or not there is a need for a tool such as the SOP to support the effort to ensure family based care for children.

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ANNEX I: INFORMANTS

Children's Focus Group Discussions (FGDs) and Case Scenarios

- Kechene Children's Home: FGDs Nine girls, ages 10 to 14 years of old, 2 Case Scenarios, 10 and 13 year old girls
- Kolfe Boys Home: FGDs Eleven boys ages 10 to 14, 2 Case Scenarios, 13 year old boys
- Youth Detention and Rehabilitation Centre: FGDs 10 children, 3 girls and 7 boys, ages 9 to 15, 2 Case Scenarios, 15 year old girl and 15 year old boy
- Retrak Ethiopia: FGDs 25 children, boys, ages 12-16, 1 Case scenarios, 15 year old boy

Key Informants

- Retrak Ethiopia
    - Fekadu Daba, Deputy Country Director
    - Tegistu Petros, Social Worker
    - FGD conducted at the end of Retrak's Foster Care awareness meeting with Retrak staff, government officials, religious leaders, and *Idir* leaders
- Addis Ababa Youth Detention and Rehabilitation Centre
    - Yonas Sisay, Director,
    - Terekegn Mulu, Counselor
    - Aklilu Tewelde, Counselor
    - Seblewongel Tariku, counselor
    - Three mothers interviewed about their children
- *Kechene* Children's home
    - Nardos Jara, Counselor
    - Lemlem Gebre, Counselor
    - Abadir Seid, Counselor
- *Kolfe* Boys' home
    - Aleme Ashine, Programme Coordinator
    - Eyasu Samuel, Social Worker
- OPRIFS
    - Eskedar Koye, Counselor
    - Awetash Embaye, age- 53, Yeka Kifle Ketema, foster mother
    - Two girls, foster care ages 15 and 16
- Association for Women Sanctuary and Development
    - Lewezegenet Gegemu, Counselor
- *Idir*, Government key Informants and School Representative
    - Kedane Tadesse Woreda 9, Addis Ketema Fana Idir, Administrator of the Idir
    - Shetaye Teferedegn , Office Head Woreda 9 Women and Children Affairs
    - Redwan Mehadi, Coordinator and Project Officer Women Children and Youth Affairs office
    - Haregewin Seifu Dejazmach Geneme School, Guidance and Counselor

ANNEX II: TOOLS

Focus Group Discussion Guide for Children

Introduction

Retrak is a faith based NGO working with orphans and vulnerable children (OVC) on the street in Africa and committed to providing each child with an individual route back to family and community. Retrak Uganda has been operating for over 14 years and the lessons learnt were successfully transferred to a new project in Ethiopia, in 2006. Retrak aims to enable OVC living on the streets to return to a stable and caring family setting. This is achieved through reunification with their own relatives or through placement with local foster care families and with support to build the capacity of these families to meet the needs of their children.

In Ethiopia, Retrak has been building relationships with government institutions where street children have been placed. Retrak would like to assist in enabling these children to return to family-based care. However, we are aware that there may be a need to adjust our procedures when dealing with children who have experienced institutional care, sometimes for several years, in addition to time on the streets.

Purpose of the Research

The purpose of this research is to establish good practice for enabling Retrak to assist street children in institutional care to return to family-based care; and to make recommendations on how Retrak's SOPs should be adapted when dealing with this group of children. This will be based on research in Ethiopia and linked to Retrak's model of working; however the final recommendations should include implications for other locations and for implementation by other stakeholders.

- **What is the established good practice, internationally and nationally, in enabling children in institutional care to return to family-based care?**
- **What are the characteristics (age, gender, ethnic background etc) of former street children currently living within institutional care in Addis Ababa? How do their characteristics and needs differ from children on the streets of Addis Ababa or already within a Retrak programme?**
- **What information, resources or systems do institutions in Addis Ababa have in place to facilitate family reintegration? Is there a difference between private and public institutions? What are the gaps?**
- **What changes are needed in Retrak's SOP on family reintegration when applied to children in institutional care?**
- **Can the lessons learnt and recommendations for the Ethiopian context be applied elsewhere? What variables would need to be considered in applying the learning in other contexts?**
- **Can the lessons learnt and the recommendations for Retrak be applied to other organisations, both governmental and non-governmental? What adjustments might need to be made?**
- **How can these lessons learnt and recommendations be taken forward to provide capacity building for Retrak and other stakeholders?**

As one of the key stakeholders, we kindly request your voluntary participation in this interview.

List of FGD Participants

No.	Name (optional)	Age	Sex	Educational Status	Type of charges (each child will be asked alone)	Length of time at Centre

Date filed:

Questions for children in institutions

- How long have you been in this centre?
- What was the reason you were admitted at this centre and for how long are you sentenced?
- What basic services do you receive from this centre?
- Do you see any advantages of being in this centre? Yes _____ No_____ If yes what advantages?
- Do you see any advantages of being integrated? Yes _____ No_____ If yes what advantages?
- How have you changed since you been at this centre? (In terms of behaviour, Social and need)
- Do you prefer to be reintegrated in the community/family? Yes _____ No _____
- If yes, why you want to be integrated?
- Tell us how you would like to be integrated.
- Tell us the resources required to integrate you with your family or community.
- List your fears or challenges you might face during the re-integration
- What aspects do you think your centre can replicate in returning children from Youth Detention and Rehabilitation Centre to family based care?

Questions for children in other centres

- How were you selected?
- Why did you leave your family?
- How many children are living here in the organisation? Gender, age....
- What basic services do you get in the organisation?
- What do you think are the advantages of being in an organisation for children in terms of short term and long term impacts (for children, community, state)
- What changes have you observed within you after you have joined the institution?
- How many of your friends had been returned to their families? Do you have Information about them?
- Do you have an interest to be reintegrated with your family? If so what should be done before you are integrated?
- What challenges do you expect while you are integrated with your family?
- What good practices have you heard about family integration?
- What should be considered before children are reintegrated with their families?
- What variables need due consideration and what adjustments?
- What should be done in filling the capacity of the institution and other stakeholders?
- What aspects do you think your institution or your partners can replicate in returning children from institutional to family based care?

Thank you for your invaluable input and time

Key informant Interview Guide

Introduction

Retrak is a faith based NGO working with orphans and vulnerable children (OVC) on the street in Africa and committed to providing each child with an individual route back to family and community. Retrak Uganda has been operating for over 14 years and the lessons learnt were successfully transferred to a new project in Ethiopia, in 2006. Retrak aims to enable OVC living on the streets to return to a stable and caring family setting. This is achieved through reunification with their own relatives or through placement with local foster care families and with support to build the capacity of these families to meet the needs of their children.

In Ethiopia, Retrak has been building relationships with government institutions where street children have been placed. Retrak would like to assist in enabling these children to return to family-based care. However, we are aware that there may be a need to adjust our procedures when dealing with children who have experienced institutional care, sometimes for several years, in addition to time on the streets.

Purpose of the Research

The purpose of this research is to establish good practice for enabling Retrak to assist street children in institutional care to return to family-based care; and to make recommendations on how Retrak's SOPs should be adapted when dealing with this group of children. This will be based on research in Ethiopia and linked to Retrak's model of working; however the final recommendations should include implications for other locations and for implementation by other stakeholders.

- **What is the established good practice, internationally and nationally, in enabling children in institutional care to return to family-based care?**
- **What are the characteristics (age, gender, ethnic background etc) of former street children currently living within institutional care in Addis Ababa? How do their characteristics and needs differ from children on the streets of Addis Ababa or already within a Retrak programme?**
- **What information, resources or systems do institutions in Addis Ababa have in place to facilitate family reintegration? Is there a difference between private and public institutions? What are the gaps?**
- **What changes are needed in Retrak's SOP on family reintegration when applied to children in institutional care?**
- **Can the lessons learnt and recommendations for the Ethiopian context be applied elsewhere? What variables would need to be considered in applying the learning in other contexts?**
- **Can the lessons learnt and the recommendations for Retrak be applied to other organisations, both governmental and non-governmental? What adjustments might need to be made?**
- **How can these lessons learnt and recommendations be taken forward to provide capacity building for Retrak and other stakeholders?**

As one of the key stakeholders, we kindly request your voluntary participation in this interview.

Identification of Interviewee

Name of the interviewee	
Represented Organisation	
Position in organisation	

Address E-mail: Office Phone: Mobile Phone:	

Date filed:

Questions

- **What is the main purpose of your organisation?**
- **What are the criteria for selecting children?**
- **How many children have benefited from the organisation? (if possible per year, gender, age, ethnic background)?**
- **What basic services do they get in the organisation?**
- **What do you think are the advantages of being in an organisation for children in terms of short term and long term impacts (for children, community, state)**
- **What changes have you observed with in children after they have joined the organisation (compared with children in the street)?**
    - **Behavioural changes?**
    - **Needs?**
    - **Social interaction and communication?**
- **Have you tried family reintegration to return children from institutional to family based care? If so**
    - **How many children (male, female , age)?**
    - **What sort of Information do you have for family reintegration?**
    - **What systems , and resources in placed to facilitate family reintegration?**
    - **What challenges do you face? What is the view of children? Parents /family? And larger community?**
- **What gaps do you observe with in private and public institutions in family reintegration?**
- **What questions or challenges do you see in relation to the strategies chosen?**
- **What strategies do you use for returning children from institution to family based care?**
- **Do you know the standard operating procedures (SOP) of the Agency on family reintegration? If so what changes are needed in the standard operating procedures (SOP) when applied to children in institutional care?**
- **What changes have to be taken in the standard operating procedures (SOP) of the Strategic?**
- **What lessons have you drawn from the institutional approach of child care?**
- **What good practices have you heard or read about enabling children in returning from institutional to family based care at nationally or internationally?**
- **What good practices have you developed enabling children in returning from institutional to family based care at Addis Ababa and agency?**
- **Can the recommendations and lesson learnt apply to other organisations? Government? Non-government? What variables need due consideration and what adjustments?**
- **What changes or variables need to be considered in applying good practices out of the Ethiopian Context in other countries?**
- **What should be done in filling the capacity of the agency and other stakeholders based on the lessons learnt**
- **What aspects do you think your organisation, or your partners, can replicate in returning children from institutional to family based care?**

Thank you for your invaluable input and time.

Retrak
inspiring street children

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You can also help Retrak to raise awareness of the issues of street children by following us on Twitter or Facebook.

WE DO EVERYTHING WE CAN TO HELP STREET CHILDREN

HOW CAN YOU HELP?