THE SYNERGY PROJECT

A FAMILY IS FOR A LIFETIME

PART I.
A DISCUSSION OF THE NEED FOR FAMILY CARE
FOR CHILDREN IMPACTED BY HIV/AIDS

PART II.
AN ANNOTATED BIBLIOGRAPHY

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FOREWORD

There is no ideal solution to the loss of a parent, only better or worse alternatives. But the response to such loss matters a great deal to separated and orphaned children, and to the adults they will become. Family separation due to armed conflict or population displacements, poverty's push of children onto urban streets, the vast and growing number of children being orphaned by HIV/AIDS, and the emerging phenomenon of child-headed households are an enormous responsibility for those in a position to respond. Our opportunities for responding vary, but if we decide to do something, we must make choices about what to do.

With the massive and growing crisis for children in the developing world, there is an urgent need, for all those who are concerned, to recognize what has been learned and to ensure that it is applied on a much wider scale than ever before. "A Family Is For A Lifetime," an annotated bibliography and the paper distilled from it, helps us to do just that. It pulls together the best research and experience from practice to provide vitally important guidance.

The documents in the bibliography reflect a "sea change" in child welfare practices toward family and community-based care that began in the middle of the last century in the industrialized countries. This shift was influenced by the research of Anna Freud and Dorothy Burlingham, which compared children who were evacuated from London during the Second World War with those who endured the Blitz with their families. In 1943, in *War and Children*, they wrote:

> The war acquires comparatively little significance for children so long as it only threatens their lives, disturbs their material comfort or cuts their food rations. It becomes enormously significant the moment it breaks up family life and uproots the first emotional attachments of the child within the family group.

In 1951, John Bowlby's findings on the long-term negative impacts of institutional care on children were presented in *Maternal Care and Mental Health*, published by the World Health Organization. These and other studies on attachment helped move child welfare practice away from institutional care for separated and orphaned children and toward family care.

While this shift is taken for granted by most child-welfare practitioners in the industrialized world, where institutional care has largely been abandoned, wealthy countries have been very inconsistent when supporting care for separated and orphaned children in the developing world. Some organizations in western countries, with good intentions, still export the kinds of residential care that their countries no longer use, including traditional institutional care and children's villages.

These efforts to expand residential care in the developing world are not appropriate and will not help to solve the problems of the vast number of children in need of care. Residential care is much more expensive per child than supervised fostering or local adoption, and any available resources can be used to provide family and community-based care for many more children than they can through building more institutions. More importantly, family and community-based care can more adequately meet the development needs of these children. Continued support of

institutional care may be explained, in part, by the fact that some of the most influential studies were done long before many of those who still support institutional care were born. Whatever the reasons, there was a need for a comprehensive look at the literature on good child welfare practice to distill its key messages. The rapidly increasing numbers of orphans due to HIV/AIDS make this kind of review critically urgent.

In October 2002, representatives of 17 organizations convened in New York City at the invitation of the Firelight Foundation, and with the collaboration of the Bernard van Leer Foundation, the American Jewish World Service, and the United States Agency for International Development (USAID). Among the actions participants agreed on was the need to develop an overview of the guidance provided by the best available literature on how to provide for the care of children without family care. USAID subsequently agreed to assume this responsibility and arranged for the preparation of this annotated bibliography and overview paper. Recognizing the urgent needs of an enormous and growing number of children who lack adequate family care, we must all give this document serious attention and ensure that it is distributed widely to those able to implement the findings.

John Williamson
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INTRODUCTION

Universally, families care for children. Despite cultural differences, religious beliefs, traditions, or customs, we expect to find parents working to ensure a safe and caring home for their offspring. A review of the literature was not needed to determine a child's right to belong in a family. The literature includes an abundance of research and expert opinion backing the belief that the family best provides for children's needs, and that the prevention of family breakdown will best assist children (with the exception of an abusive family) throughout childhood.

Likewise, meeting psychosocial and developmental needs of children is based on a healthy bond between parent and child, the quality of the attachment, and the interaction between a growing child and the adults that shape a child's future. If we can safeguard a healthy attachment or bond between children and the adults caring for them, their chances of survival and a better quality of life are significantly improved. In protecting children affected by HIV/AIDS, so much depends on the families' capacity to support itself in times of personal crisis, typically against a backdrop of national emergency or long-term deprivation of basic survival needs. Who constitutes a family unit varies tremendously and often changes to meet the needs of its more vulnerable members. Although exact statistics are lacking, the majority of children in the countries most affected by HIV/AIDS (estimated to be well over 90 percent) live within their extended family and community. A fundamental response must be to strengthen the capacity of families and communities to protect and care for children so they remain within the care of the families and communities.

Although institutions may allow children to remain within their home country, speak the same language as before, and maintain dietary or cultural beliefs, they cannot replace the day-to-day exposure to cultural customs and practices, from which children learn the roles and expectations of the community in which they belong. In families, daughters work side-by-side with mothers, aunts, and sisters. Sons learn from fathers, uncles, and brothers. Through these bonds, children gain the confidence and knowledge to take their place in the adult world and feel a sense of belonging, all of which provide them with an identity.

The discussion paper found in the first part of this document is based on a review of approximately 80 documents related to the provision of care for children lacking family care in countries most affected by HIV/AIDS. Although the review is not exhaustive, it includes the most significant and relevant literature concerning this group of children. The materials reviewed have been annotated in the second part of this document. The annotated bibliography and the discussion evolved from a desire of several organizations concerned with children orphaned by HIV/AIDS to provide a firm conceptual basis for their work. This group of individuals, nongovernmental organizations (NGOs), governmental and religious organizations, and international organizations work against time and tremendous odds to develop care and protection interventions for the growing numbers of children made vulnerable by HIV/AIDS. From the literature concerning children without family care, the paper identifies:
- The most common areas of concern,
- The gaps of information most frequently mentioned, and
- The solutions most frequently suggested for meeting the identified needs.

The documents reviewed focus primarily on the need for care addressed by a community-based approach. These documents also discourage the use of institutions as a form of care, and include suggestions for transitioning children out of institutionalized care and into community-based care. An important point of reference for these actions that emerged during the review is a paper prepared by the United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS), and USAID, which outlines 12 principles to guide programming for orphans and other children affected by HIV/AIDS.[1] The principles reflect the concerns by those working in the field to provide family care for children. Another significant source is *Roofs and Roots, The Care of Separated Children in the Developing World*, a book written by David Tolfree in 1995. Tolfree outlines the most comprehensive approach to date in examining care of children and the issue of institutions. In late 2003, a second book by David Tolfree was published, which is of equal and significant importance: *Whose Children? Separated Children's Protection and Participation in Emergencies*. These three documents, along with three others—the USAID publications *Finding a Way Forward* and *Children on the Brink* (John Williamson), and the International Save the Children Alliance, *A Last Resort: The Growing Concern about Children in Residential Care* (Andrew Dunn, Elizabeth Jareg, and Douglas Webb)—should form the cornerstone for any library on the care of vulnerable children in need of family care.

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[1] The 12 principles are listed in Conclusions beginning on page 17. A draft paper, released at the XIII International AIDS Conference in Durban (July 2000), will be published in the future.

PART I. A Discussion of the Need for Family Care for Children Impacted by HIV/AIDS

1. Universal Standards of Care

Whether children are in community-based or institutional care, a universal standard of care guidelines does not exist to protect them from neglect, mistreatment, or abuse. With few exceptions, governmental guidelines either rely on institutions as a form of care or they do not specify the methods of care that prevent the negative effects of institutionalization.

Within some governments that have recognized the drawbacks of institutionalization, the responsible departments have neither the staff nor the resources to make the transfer of children into family care a priority. In some countries, orphanages are maintained to keep the staff employed, and children continue to replace those who leave, keeping the numbers steady. In some instances, international adoptions of babies provide a source of revenue for maintaining the institutions without governmental regulations.

Universal standards of care would be applicable for:
- Extended family and foster family
- Those providing community or institutional (residential) care
- Child-headed households
- NGOs and religious organizations responsible for day-to-day care of children
- Private and individual donors funding programs that provide care for children
- Regional, national, and international bodies that provide funds, direct services, or contract with others to provide care for children

Care guidelines are similar to basic child welfare guidelines, which protect children from abuse, neglect, deprivation of basic needs, and lack of education, and allow access to family and relatives. Although the Convention on the Rights of the Child provides a universal framework for defining children's rights,[2] in many countries it has not been made operational in specific standards of care. To support children's developmental needs, we must examine the psychosocial concerns presented in Box 1.

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[2] The Convention on the Rights of the Child Article 25 states: "Parties recognize the right of a child who has been placed by the competent authorities for the purpose of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement."

Box 1

Child Development and the Family

Personal identity: Children formulate personal identity on the basis of their interactions with the people caring for them. They learn how to interact socially and to express feelings and thoughts by watching family members. More importantly, they gain a sense of themselves by how parents act toward them: how parents encourage them, make them feel safe in the world, and reflect the value the children have in the family.

Social integration: Families show children how to get along in the world. Throughout childhood, children mimic the interactions of those around them through observation and practice. Without a sense of self-confidence in their abilities, children are not able to venture out to practice social connections. This hampers their development in a profound way.

Cultural identity: Identity and social integration are based on a child's sense of belonging, not only to a family, but also to the larger community. Culture provides the guidelines for values and acceptable behavior within the family and, in turn, the community in which the family functions.

Cultural competence: It is not enough to recognize one's culture. As with social skills, it is crucial that children learn to negotiate the cultural aspects of their lives, the role it offers them in the larger community, and how to develop the capacity to be a valued member, not only of their family, but to be accepted and supported within the cultural setting of the community. To do so, they must learn to negotiate the requirements of the culture and gain the support it offers.

Capacity for economic self-support: As they become adolescents, children rely on the family to guide them to a place of security in the adult world. In terms of financial security, the family is primary in assisting children to find a means of support and livelihood. The family supports the child, and helps with establishing themselves in the material world, as well as socially and emotionally. This is a critical aspect of independence and self-reliance as adolescents make the transition from childhood to adulthood.

A family is "for life": Families provide the necessary guidance and support to children on how to successfully make their way in the world. No other social unit offers the hope and promise of a lifelong connection to others in the world that care about them. In turn, children grow up and become adults who wish to provide the same sense of safety and belonging for their own families.

An important care issue that needs to be addressed through a standard of care—those methods that best support the developmental and psychosocial needs of children—is also one of the strongest arguments for alternative care for children. The developmental needs of children are best met in a stable, consistent, protective environment in close contact with the same caregivers throughout childhood. Children require a sense of stability and safety to be able to attend to the task of childhood, which is the integration of intellectual, emotional, physical, and social growth.

2. A Clear Understanding of Community-Based Programs

A. Alternative Programming

The term "community-based" or "alternative" care encompasses a broad range of assistance. There are few written examples of clear-cut models for implementing this concept. Although most agree that community-based is the preferred method of care, the steps to carrying out community-based care are less clearly defined. More importantly, examples of implementation are not available in a comprehensive review. It would be beneficial to continue to collect and make available the specific steps for implementing the community-based programs promoted in the literature. Below is a list of options, in descending order from what is considered the most appropriate form of care provision to the least appropriate. The examples of steps to be taken to provide community-based care are taken from a guide prepared for programs in Zimbabwe. [4]

> Several members of the care-giving staff working in Solumona orphanage (with between 500 and 700 children) were interviewed about their relationships toward the children. They all maintained that they actively avoided holding, cuddling, or trying to enter into a conversation with individual children because such actions caused aggressive expressions of jealousy among the other children, who immediately clamored for special attention. The caregivers thought they would be overwhelmed (which they would be) if they opened up for close contact with children. [3]

- Care by family and siblings:
  - Identify the most vulnerable families and children
  - Provide urgent responses to prevent placement of children outside the family
  - Improve household income
  - Provide material support to the family and attend to psychosocial needs
  - Ensure HIV/AIDS-infected parents provide a will or appoint guardians for their children

- Care by extended family:
  - Bolster economic strengthening if needed for household support
  - Provide training, support, and supervision, if necessary
  - Identify resources, health services, schooling, vocational training, and grants

- Care by a foster family:
  - Mobilize foster caregivers in communities if suitable extended family members are not available

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[3] Jareg, Elizabeth, and Redd Barna. 1988. "Report on the Assessment of Solumona Orphanage. Norway." (Taken from a more recent paper by Dr. Jareg titled "Institutional Care of Children in the Context of Armed Conflict: Consequences for Child Development and Child Rights." (Undated)
[4] United Nations Children's Fund and Child Protection Society-Zimbabwe. 1999. "How Can We Help? Approaches to Community-Based Care: A guide for groups and organisations wishing to assist orphans and other children in distress."

- Train, support, and supervise caregivers
- Help to obtain needed resources
- Bolster economic strengthening

- Care by a nominated guardian or a responsible and caring adult:
  - Identify appropriate adults for guardianship as a legal need
  - Assist child-headed households or groups of older children living on their own

- Care by child-headed households with community support and protection:
  - Ensure education, training, and recreational needs are met
  - Facilitate guardianship arrangements
  - Provide training for orphans outside the home

- Care by community-based day support programs for orphans and vulnerable children:
  - Provide community schools
  - Provide structured activities (games, sports, cultural activities)
  - Serve meals and monitor nutrition

- Care by orphanages that modify their approach to include outreach support to children living with families in the community:
  - Raise awareness and enlist community support and involvement
  - Provide assistance in locating families and assessing their willingness and capacity to care for children
  - Assist in finding support services for families that are willing to reunite with children

- Care by orphanages and institutions as an alternative to being on the street or in other high-risk settings:
  - Provide residential care, education, and basic health care and other services
  - Actively look for relatives; arrange foster care or other long-term solutions for children

- Care by shelters and day centers for street children:
  - Provide basic health and other services
  - Serve meals
  - Provide basic education
  - Help children to find alternatives to living on the street
  - Assist children in reuniting with family members

The list provides a beginning framework for a range of options. It also informs fundamental considerations for donors. Any kind of care can be provided well or badly. This ranking of priorities is based on care being provided well. It is ill-advised to assume the only alternative for children without family care is institutionalization. There are several better options, the availability of which must be greatly increased. To provide more structure to the concept of community-based care, six key elements (Tolfree, 1995) can be applied in conceptualizing this approach (Box 2).

Box 2

Questions for Assessing and Structuring Community-Based Care for Children[5]

Concept
Is community care consistent with the cultural, social, political, and economic circumstances of the country concerned?
Does community care support the coping mechanisms families are using to mitigate the impact of HIV/AIDS?
Does community care consider the available resources for vulnerable families?

Philosophy
Does community care reflect the value base of the families and community in question?
What is the objective of the family and community in providing home care, and by what means will this be carried out?

Structure
How will the provision of community care be realized?
What tasks are identified to provide basic care and protection for children (i.e., how will families be selected to provide care, and who will determine the number of children needing care)?
Who within the community will carry out these tasks?
Where and to whom do families turn if a problem arises?
How will monitoring of children's situations be done?

Resources
What resources does the community have for providing care?
How has the community provided for children without family care in the past?
What does the community need to reinstate the former care mechanisms?
How can the community access additional resources, if needed?

Gatekeeping
How will the community create a process of assessment, planning, and decision-making regarding vulnerable children?
What types of care are available to vulnerable children?
Who is eligible to receive the care?
How long can/will the support be maintained (short- and long-term needs)?

Practice
How will the daily "nuts and bolts" of everyday care be set up?
As with any formal care arrangement of children, what are the rules and norms of caring for children in alternative settings for each community?
Who will undertake the roles necessary to fulfill the obligation for the children within their care?

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[5] The six key points (concept, philosophy, structure, resources, gatekeeping, and practice) are taken from: Tolfree, David. 1995. *Roofs and Roots: The Care of Separated Children in the Developing World*. London: Save the Children Federation UK.

B. Restructuring Institutions

Where institutional care exists and better alternatives have not yet been developed, it is essential that governments ensure such institutions maintain defined basic standards of care so that abuse is prevented, basic needs are met, and developmental harm is minimized. There are better and worse institutions, not only in terms of the level of material well-being provided, but also in the way they are organized internally and the extent to which they facilitate or impede social integration within the wider community. Regarding the structure of institutions, children fare better socially and developmentally when they live in small family-style units within the larger group. Institutional care is far from ideal, however, and falls under the "last resort" category. A Swedish study on children in institutions lists a set of standards for existing institutions that governments need to develop and enforce to ensure care meets basic standards. This set of standards includes:

- Admission criteria
- Assurance of health care
- Facilitation of contact with families
- Assurance of children's codetermination
- Protection against abuse
- Requirement of trained staff
- Individual treatment plans
- The right to birth registration
- Monitoring and inspection of activities
- Evaluation of the treatment program.[6]

Tolfree (1995) presented six key elements as a framework for the structural changes needed within an institution. He points out that most efforts focus primarily on care practice without examining other significant factors, such as:

Concept: Examining the appropriateness of the concept of the institution prompts consideration of not only cultural norms and coping mechanisms, but also consideration of the social policy framework, the availability of resources to support vulnerable families, and the legal framework surrounding family support, institutional care, and substitute families.

Philosophy: A statement of philosophy provides the value base on which the institution is run. It influences the objectives of the institution and the means by which the objectives are met.

Structure: This links quality of care to fundamental ways the institution is organized, the pattern of delegation by the unit manager, and the level of autonomy of care staff. The way in which staff roles are defined has profound implications for the quality of work undertaken

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[6] "Children in Institutions." May 2001. Stockholm Ministry for Development Cooperation, Ministry for Foreign Affairs.

with children. (It also removes the focus from a critique of the staff to the environment in which they work and the standards that exist.)

Resources: Good-quality care requires a minimum level of resources in areas such as physical facilities and provisions, staffing levels and quality, and access to educational, vocational, and recreational opportunities.

Gatekeeping: The process of assessment, planning, and decision-making regarding the admission and discharge of children is an important means of ensuring that residential care is used purposefully for children who need such care and can benefit from it.

Practice: This describes the range of tasks and roles undertaken by the institutional staff, both directly with children and indirectly in the provision of material resources. It also covers the patterns and structures of daily living and the rules and norms of the institution.[7]

C. De-Institutionalization

To meet the goal of providing children with family placements, it will be necessary to identify and implement methods for de-institutionalization or transitioning children from institutions into alternative care. For many such children, what is needed is reunification with family or relatives.

A program in Nairobi's slums found that when 200 single, HIV-positive mothers were asked who could care for their children if they became too ill to do so, half denied having extended family members who could provide care. However, after the social worker that interviewed the women developed a relationship with them, she discovered that most of the women had relatives from whom they had been estranged. The social worker was able to identify, in most cases, a grandmother, or other extended family members prepared to provide ongoing care for the children. The provision of care was not contingent on the provision of cash or material support.[8]

The six elements identified by Tolfree (1995) (and presented in Boxes 1, 2, and 3) offer a sample framework for transitioning children out of institutions and into alternative care placements.

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[7] Tolfree, op. cit., p. 251.
[8] Williamson, John. September 2002. "Finding a Way Forward: Principles and Strategies for Reducing the Impacts of AIDS on Children and Families." In *A Generation at Risk: The Global Impact of AIDS on Orphans and Vulnerable Children and the Displaced Children and Orphans Fund.* Washington, D.C.: Displaced Children and Orphans Fund/USAID.

Box 3

Key Elements for De-institutionalizing Children Over Time[9]

Concept
Is a return to family or other alternatives consistent with the cultural, social, political, and economic circumstances of the country concerned?
Will the issue of stigma due to HIV/AIDS negatively impact the child within the placement?
Does this placement support the coping mechanisms families and communities use to mitigate the impact of HIV/AIDS (Does the placement provide for the child's basic needs and is the family committed to do so?)
Does the placement adequately take into account the resources available to maintain the alternative setting, whether it is foster care, assigning guardians, providing mentors, etc.?

Philosophy
Does the care reflect the value base of the children, parents, relatives, and community members?
What are the understood objectives for transitioning children out of the institution and into another setting?

Structure
How will the stages for the transition period be structured?
Who will conduct the search for family or relatives and the assessment for appropriate care and placements? How will the placements be monitored?
What methods can be used to assess the willingness and capacity of households to provide care for children they accept?
How will the safety and well-being of children placed with families be monitored?
How can alternative livelihood options for the staff be addressed to prevent their potential opposition to de-institutionalization?
Who will address issues of what happens to the staff when the institution is reduced in size or closed? (Some NGOs work to find jobs for staff, or train them to monitor children in placements, or manage other social welfare aspects of the alternative care programs. One agency employed former staff to conduct the search and reunification for children in their care. Some institutions have changed their function. They now provide day support to vulnerable children, education, training, etc.).

Resources
What resources will be needed to transfer support of children from the institutional setting to the community?
How will those in need continue to access the resources available to ensure their care?

Gatekeeping
How will community members and institution staffs determine the appropriate time for children to leave the facility?
Who will monitor placements of children at reasonable intervals for a specified time to ensure they are safe and cared for when they are reunited with family or placed in other care settings?

Practice
How will the necessary daily tasks be done to bring about this transition be set up?
Who will be responsible for overseeing the daily or weekly needs (at least in the initial stage) of children and their new caregivers?

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[9] Tolfree, op. cit., p. 251.

3. Comprehensive Situation Analysis

At present, there are comprehensive statistics on the extent of the epidemic for countries most affected by HIV/AIDS, including projections on the numbers of orphans in years to come. What is unknown is the outcome for children based on the type of care they receive—those living in institutions and those placed in alternative care. All evidence points to the advantages of alternative care. However, there are large gaps in the "how to" of alternative care programs and few narratives to explain the steps for transferring children from orphanages to family care. A few outstanding examples of such programs exist, but there has not been a comprehensive overview of the many alternative care programs in existence.

The literature encourages greater inclusion of children's voices in program analysis, evaluation, or assessment. The literature also notes the changing roles the HIV/AIDS epidemic has brought about. Children are required to leave school and abandon their childhood to become caretakers or to earn an income to help support the family. Funds for school, food, and necessities are used for medication and health care. The changing role for children, the stigma attached to their families' plight, and their increasing vulnerability in the world necessitate the involvement of children in the decision-making process concerning them. Children and adolescents hold valuable information for those trying to determine their best interest.

Reports of successful transitions from institutional to family-based care are starting to appear, but more documentation is needed on specific examples of families and communities assisting children, the type of support required for family- and community-based care, and how to maintain such effort.

Finally, to expedite a comprehensive situation analysis, it would be extremely helpful to reach a consensus on definitions used to describe the various methods of care. There is a need to clarify definitions and terms used when working in this area to avoid confusion. The most commonly used terms are presented in Box 4.

Box 4

Most Commonly Used Definitions

Orphan: A child under age 15 who has lost one or both parents. The Convention on the Rights of the Child includes children up to age 18.

Alternative care: Care designed to avoid an institutional atmosphere; ideally, placement within a family unit that is monitored and supported by the surrounding community.

Community-based care: Children are cared for by responsible adults within their own communities and within a family or family-like setting. Community leaders or organizations take responsibility for children and oversee their care and well-being in all aspects (legal, psychosocial, educational, material needs, etc.).

Group care: This confusing term sometimes refers to:
- Small family groupings of children within a larger institution.
- Households of children within a compound of such houses (set apart from the surrounding community) under the care of an adult and living as a family unit within a community.
- Children placed in small family-sized units with an adult caretaker in households scattered throughout the community (small group care). These placement homes become part of the neighborhood and afford children access to local leaders, adult role models, and the everyday life other children in the area experience.

Residential care: "A group-living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society. (It covers a broader category of 'care' that includes not only institutions, but [also] homes, schools, hospital units, correctional and training facilities, and settings where children may be admitted that do not technically qualify, etc.)."[10] The term "residential care" is preferable and is often interchangeable with the term "institutions."

Institutional care: The same definition given for residential care. The two terms are becoming interchangeable. In some countries, institution is a more negative concept. Institutions and residential care are considered options of last resort.

Foster care: Placement of a child in a family that is not the child's biological family. Placement may occur spontaneously, in an informal or formal way. Ideally, such an arrangement has legal documentation and is assessed periodically to ensure it is appropriate for the child and that the family is providing adequate care.

Adoption: A family placement in which the rights and responsibilities of one or more parents are fully and irrevocably transferred to one or more adoptive parents. The intention is to provide a family setting as close to the biological family as possible.[11]

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[10] Ibid.
[11] Ibid.

4. Poverty

The HIV/AIDS pandemic is causing an "orphan crisis." More than 13 million children under age 15 have lost one or both parents to AIDS. Most of these children live in sub-Saharan Africa.[12] In the face of such enormous loss and suffering, humanitarian relief efforts have struggled to address the needs of this vulnerable population. Donors (private, governmental, and religious) face a multitude of urgent requests for limited funds. While families and communities continue to provide care and protection for children, the numbers of HIV/AIDS-infected adults and children continue to rise, further depleting the economic stability and family structures that protect them. The scope of the pandemic is often beyond the ability of governments to respond adequately.

Poverty is the reason most often cited for institutionalizing children. For those families contending with HIV/AIDS, family breakdown is often due to poverty and not primarily due to the loss of a parent. While the family may slide further into poverty with the loss of income, addressing the lack of family economic stability is often the critical issue. Extended family members often take in children who have lost both parents, but siblings may be separated in an effort to ease the economic responsibility. Parents or relatives may send a child to an institution to ensure the child's survival and access to medical or nutritional assistance during desperate times. The institution may be seen as the only opportunity for education. Institutions appear to offer a safety net for families that do not identify other options.

A. Economic Activities at the Individual and Household Level

It is beyond the scope of this paper to address the economic impacts of AIDS-related poverty on children; however, a stable economic situation greatly increases the capacity of families to continue caring for children, their own as well as those of relatives and neighbors. "Households and communities are the first to experience the economic pressure stemming from an AIDS-related crisis."[13] Providing families with a means to generate income, even small amounts, can temporarily mean the difference between a child's living in a family or living in an institution.

In "Children, HIV/AIDS, and Poverty in Southern Africa," Donahue (2002) recognizes the family and the community as the primary safety nets for children made vulnerable by AIDS. Donahue describes the different approaches to economic strengthening at each of these levels. She states the need for economic interventions at both levels as a requirement for an effective economic strengthening strategy.[14]

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[12] *Common Problems with Institutions for Children Affected by AIDS.* No date. London: Save the Children UK.

[13] Donahue, Jill. 2002. "Children, HIV/AIDS, and Poverty in Southern Africa." Prepared for presentation at the Southern Africa Regional Poverty Network Conference by Catholic Relief Services, April 9–10, 2002.

[14] Ibid.

Efforts at the household level should aim to develop initiatives that enable them to:
- Plan for future crisis (i.e., anticipate needs for lump sums of cash)
- Improve and maintain income flows to the household
- Enhance profitability of economic activities
- Avoid selling productive assets, which undermines future income earning capacity

Approaches to strengthening households economically include:
- Microfinance services
- Savings mobilization
- Market linkage strategies

Approaches to strengthening community safety nets include:
- Formation of informal or formal coalitions, committees, or community associations
- Short-term fundraising activities
- Periodic casual labor of group members to earn income
- Membership fees paid by group members
- Collection of donations from members by religious groups
- Communal gardening or agricultural activities

Donahue also points out the need to adapt the appropriate developmental tools to the needs of project beneficiaries through three steps:
- Define the job: Will it address household needs for income or relief assistance? Will it reach the most destitute, or those who are poor but still economically productive? What is the geographic target?
- Match the tool to the job: What is needed? Microenterprise services for strengthening household safety nets, and/or community resource mobilization and participatory techniques for strengthening community safety nets?
- Select the artisan most proficient in using the tool: What specialists are needed? Microenterprise development practitioners for microenterprise services, or social welfare, community development, or health specialists for building community safety nets?

B. Cost of Institutions

The cost difference for the care of children in an institution versus in a family is quite significant; yet, this factor is not widely understood. It is important to inform donors of the costs involved in maintaining children in an institution as compared with maintaining them in a family. Many donors are surprised at the enormous cost of institutional care compared with the very modest cost of supporting vulnerable or extended families, foster families, child-headed households, and community-based initiatives for children.
- With no proof of a discernable advantage, institutional care is more costly than family-based care when institutions are used for emergency, interim, and long-term care. The exception is institutional care of HIV-positive children who need specialized medical assistance. Children in community-based care are generally healthier and happier than those in institutional settings.

- The World Bank reported the annual cost for one child in residential care in the Kagera region of Tanzania was more than US $1,000, almost six times the cost of supporting a child in a foster home.[15]
- The FOCUS Program in Mutare, Zimbabwe, has mobilized volunteers to visit orphans regularly, monitor their situation, respond with community resources, distribute small amounts of externally provided material support, and refer urgent problems to government authorities. Some 4,000 orphans benefit from the program and the cost per child visited is about $3 per year. Efforts are underway to increase program efficiency by integrating the visitation program with home-based care and HIV/AIDS prevention activities.[16]

5. National Policy

The Convention on the Rights of the Child provides the legal, moral, and ethical framework for formulating a policy regarding children, including those impacted by HIV/AIDS. [17]

The Declaration of Commitment of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, which was held June 25–27, 2001, in New York, established goals to be achieved regarding orphans and other children made vulnerable by HIV/AIDS. It specifies that all countries must: "By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family, and community capacities to provide a supportive environment." The document specifically addresses:
- Access to education
- Access to health services and nutrition
- Provision of psychosocial support to orphans and vulnerable children
- Access to social services and getting resources to community level
- Protection of children's rights and combating stigma[18]

Though much remains to be done, considerable progress has been made since UNGASS on HIV/AIDS to develop national policies and strategies concerning orphans and vulnerable children, at least, in the countries most affected by HIV/AIDS. In 2002, two major regional conferences on orphans and vulnerable children took place in sub-Sahara Africa, the first for West and Central Africa, and the second for East and Southern Africa. Twenty-one countries sent delegations, which included government, civil society, international organizations, and donor representatives. During the conference, each country delegation developed a draft plan of action to address the issue of orphans and vulnerable children at a national level. Most of these plans called for a national situation analysis, a national plan of action, and development of a national policy on orphans and vulnerable children.

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[15] The World Bank. 1997. *Confronting AIDS: Public Priorities in a Global Epidemic.* New York: Oxford University Press. p. 221.

[16] Williamson, op.cit.

[17] United Nations. 1989. *Convention on the Rights of the Child*. United Nations General Assembly Document A/RES/44/25.

[18] The Declaration of Commitment of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, held June 25–27, 2001, in New York.

Even if countries have a national policy, most do not have the resources or the staff to make implementation of policy a priority. Implementation of policy necessitates a collaborative approach involving government, NGOs, faith-based organizations, community-based organizations, associations of people living with HIV/AIDS, international organizations, donors, and other bodies.

6. A Consensus of Care Approaches: Donor Education on the 'Best Interest' Principle for Children

Based on a review of the literature and the collective experience of numerous NGOs, international organizations, and field observations, this document supports a community-based approach to providing care for children. Such an approach relies on placing children within a family setting and within community care. Although the definition of "best interests" by the Convention on the Rights of the Child covers broader concerns, in terms of alternative care settings, the literature reflects the following consensus:
- Provision of care that is in the best interest of the child. This is best accomplished:
  - If children remain in the care of family or extended family (recognized as their key safety net) for continuity of care, and
  - By strengthening community capacity to care for children orphaned by AIDS.

Many donors, particularly religious and private, are not familiar with alternative care options. Although tangible solutions are not as visible or concrete as the construction of an orphanage, they can be identified, observed, and evaluated over time. Activities for donors who support community-based care for children impacted by AIDS are numerous, including the following examples:
- Supporting needs identified by the community following an assessment (input for community gardens, school materials, transportation for home-visiting social workers or pediatricians, etc.).
- Sponsoring foster families and foster parents willing to care for children (for both informal and formal settings).
- Sponsoring schools, sports teams, play areas, or other activities for all children in a village or region.

> Experience has shown that small amounts of money, delivered for an extended period, reach more children within communities. Often women's societies or parents' associations need very modest amounts of funds over several years rather than a larger sum in one short funding period.

- Supporting medical, health, educational, or recreational programs.
- Partnering with a local NGO, women's society, or religious body to assist children's residential homes in moving toward community-based approaches.
- Sponsoring adults willing to act as mentors, to foster teenagers, or to provide apprenticeships, with the goal of self-sufficiency for adolescents in the future.
- Matching up religious groups, school classes, youth clubs, and others in donor countries with recipients in countries hard hit by HIV/AIDS, to communicate, to provide support and follow-up, and to organize staff visits and exchanges for learning purposes.

- Establishing greater personal contacts with parents, social workers, and those dedicated to assisting children in their neighborhood, village, or community through the support of professional societies and sister churches, villages, or organizations in donor countries.

7. Network for Information Exchange and Networking between Service Providers

Information exchange and networking have increased considerably among organizations and individuals concerned with orphans and vulnerable children. The mechanisms that exist provide opportunities for exchange on institutional care and alternatives to it, but much more could be done specifically concerning better care alternatives.

There are two international e-mail listservs dedicated to information exchange and dissemination regarding the impacts of AIDS on children: Children Affected by AIDS (CABA) and Orphans and Vulnerable Children Task Force. In addition, an informal group (in Washington, D.C.) of donors and technical advisors on orphans and vulnerable children has met periodically during the past several years to exchange information and explore opportunities to collaborate. This informal group has organized several topic-focused meetings on issues relevant to orphans and vulnerable children, including community mobilization, microeconomic strengthening, and education.

At the regional level, workshops concerning orphans and vulnerable children, including the workshops in Africa mentioned earlier in this paper, provide an opportunity to exchange information on responses. The next workshop is scheduled for November 2003 and will feature capacity building in strategic planning regarding orphans and vulnerable children in southern Africa countries. At the national level, workshops bringing together a large contingent of government, civil society, and donor stakeholders have been held in Ethiopia, Malawi, Namibia, and Zambia. Ongoing networks concerned with orphans and vulnerable children exist in these countries. Malawi and Zambia have networks concerned with mobilizing actions for orphans and vulnerable children that extend to the community level.

These networking activities help build awareness of the response to children living outside of family care, but governments and organizations need greater capacity-building support to develop and implement policies and programs. Systematic mechanisms that offer organized training, technical assistance, and professional exchange about alternative care are needed if we are to have any discernable impact on children living, now and in the future, outside of family care.

8. Conclusions

"Principles to Guide Programming for Orphans and other Children Affected by HIV/AIDS," a paper developed by UNICEF, UNAIDS, and USAID, provides an overview of what needs to be done for children without families. The paper, awaiting publication by UNAIDS, provides a comprehensive view of significant issues:

1. Strengthen the protection and care of orphans and other vulnerable children within their extended families and communities.

2. Strengthen the economic coping capacities of families and communities.
3. Enhance the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children, and their caregivers.
4. Link HIV/AIDS-prevention activities, care, and support for people living with HIV/AIDS, and efforts to support orphans and other vulnerable children.
5. Focus on the most vulnerable children and communities, not only those orphaned by AIDS.
6. Give particular attention to the roles of boys and girls and men and women, and address gender discrimination.
7. Ensure the full involvement of young people as part of the solution.
8. Strengthen schools and ensure access to education.
9. Reduce stigma and discrimination.
10. Accelerate learning and information exchange.
11. Strengthen partners and partnerships at all levels and build coalitions among key stakeholders.
12. Ensure that external support strengthens and does not undermine community initiative and motivation.

The research and literature on care for children and field project descriptions clearly point to the care of children in families rather than in institutions. There is no lack of support for alternative care; however, there is a lack of "how to" information and instructions to bring about this transition. With the harsh reality of millions of children facing loss, poverty, illness, and isolation, gaining a consensus among humanitarian efforts to implement alternative care for this population is paramount to its survival.

Decreasing the proliferation of orphanages, preventing the premature separation of children from ill parents, and supporting the preservation of family ties and family care are goals to strive for to bring relief to the suffering of children whose lives have been affected by AIDS. Basic steps to implement efforts to decrease the hardships created by institutions include:
- A more complete and widely circulated survey of government and child welfare policies, and each country's current methods of coping with the increasing numbers of children, and the review of these in relation to government obligations under the Convention on the Rights of the Child
- Development of fundamental standards of care for children, including those orphaned by HIV/AIDS
- Identification of experienced NGOs or individuals available to provide technical support for de-institutionalization of children in existing orphanages
- Design and implementation of training modules on the process of preventing or decreasing the number of institutions, while increasing community capacity to care for children
- Further development, particularly steps for implementation, of available community-based initiatives: a practical collection of "lessons learned" in successful alternative care programs, in establishing family care, placing children and transitioning children out of residential care into community care
- Establishment of a consensus on definitions to help clarify and direct efforts in this area, both nationally and internationally

The family is the first "circle of protection" for children affected by HIV/AIDS. It is preferable to use community-based methods that support vulnerable families within their communities. Assisting impoverished communities to increase their resources will allow families to stay together and care for their own children. When parents are missing, a child is typically cared for by relatives and extended family, which maintains the family ties. If families are not available, society looks to what is traditionally done for children without families, and support can be offered for the growing demands for traditional care. Although formal foster care may not be a culturally recognized form of care, within some cultural systems, children spontaneously, informally or formally, find their way into family units. Maintaining and protecting the family is how we allow children to thrive. Providing support and guidance that allow existing institutions to move toward integrating children into families and community is essential for children. Family care can help restore a lost childhood and achieve the sense of well-being every child deserves.

ANNEX 1

What About Orphanages?
(Discussion paper by John Williamson, USAID)

Building more orphanages or other group residential facilities would seem to be a logical response to caring for the increasing number of orphans, but such a strategy will not, in fact, help solve the problem. Such care often fails to meet the developmental needs of children, and orphanages are much more expensive to maintain than assistance to families to care for children.

All children have developmental needs. Infants and young children, for example, need to be able to form a stable attachment to a specific adult. If they do not have this experience, they can have difficulty forming and maintaining relationships in adulthood. Ongoing attachments between a child and a care provider are difficult to maintain in an orphanage because of high ratios of children to staff and because of staff turnover. Insufficient attachment generates the clinging behavior that visitors to orphanages often experience. The younger a child and the longer the stay in residential care, the more likely the child will suffer long-term psychosocial difficulties. The approach, which some institutions have used, of taking in only infants and young children and keeping them until they reach a certain age is particularly ill-advised.

Children need more than good physical care. They need the care, affection, attention, personal identity, and social connections that families and communities can provide. Particularly in the developing world, where the extended family and community are the primary social safety nets, not having such connections greatly increases long-term vulnerability.

Countries that have long-term experience with institutional care for children have seen the problems that emerge as children grow into young adults and have difficulty reintegrating into society. Some do not want to leave the orphanage nor do they feel that they belong anywhere else. They expect to continue living in residential care and to have their basic needs addressed. Such young people may lack the cultural and practical knowledge and skills they need to fit into a community. Some even lose the ability to speak their original language. In Ethiopia and Uganda, for example, such long-term experience with orphanages has led those governments to adopt policies of de-institutionalization and support for family-based care.

In communities that are experiencing severe economic stress, increasing the numbers of places in residential care results in children's being pushed out of households to fill those places. Institutional care becomes an expensive way to expand the problem of orphaning. Institutional placement as an economic coping strategy is, in some cases, attractive to some families because they anticipate that children who become residents will have better material conditions or better access to services. But even basic physical care is expensive to maintain when salaries must be paid, buildings maintained, food prepared, and services provided. Research by the World Bank in Tanzania, for example, found that institutional care was about six times more expensive than foster care. A study in Zimbabwe concluded:

There is no substitute for care of the child within his/her family of origin. Programs to keep children with the community, surrounded by leaders and peers they know and love, are ultimately less costly, both in terms of finance and the emotional cost to the child. In many instances, admission to placement could be avoided by targeting vulnerable families and providing financial assistance, such as school fees, to parents or relatives. (Powell et al., 1994).[19]

In the developing world, the extended family and community are the traditional mechanisms for caring for orphaned children. Solutions can be built upon these strengths. Where circumstances prevent immediate care within a family, residential care may be the only alternative to children's living on the street, but it is best used as a temporary measure until a family placement can be arranged.

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[19] Powell, G.M., S. Morreira, C. Rudd, and P.P. Ngonyama. 1994. *Child Welfare Policy and Practice in Zimbabwe*. Study of the Department of Pediatrics of the University of Zimbabwe and the Zimbabwe Department of Social Welfare. Harare: UNICEF Zimbabwe.

**PART II. A Family Is For A Lifetime:
An Annotated Bibliography
On Children Without Parental Care**

A. Programs and Case Studies on Care of Children

1. Bulkenya, Sayyid Said. Undated. *Institutional Violations and Neglect: The Case of Uganda*. Kampala, Uganda: The Ministry of Gender, Labor and Social Development, Department of Youth and Children.

Because of massive dislocation and civil strife in Uganda from 1971 to 1986, the number of children orphaned or separated from their parents grew until 1992, when the country had 75 children's homes (orphanages) with 2,882 children. Until 1991, these homes were unregulated by the government. As a result, many were substandard, and nearly all took in some children who could have been cared for in their communities by extended family.

For a time, Ugandans accepted these institutions because they were believed to emulate the boarding schools that the British had introduced to educate the Ugandan elite. Challenges to this viewpoint began in the mid-1980s, when community-based care for orphaned or homeless children gained favor. The Department of Probation and Social Welfare's 1991 guidelines on caring for vulnerable children stated, "All efforts to keep family units intact shall be undertaken as the needs of children are best met in the family environment."

This study reviews the legal reform and review process in Uganda, and examines how it has promoted community-based care for vulnerable children. The report analyzes two specific reform measures: the Approved Schools (Babies' and Children's Homes) Rules, which were adopted in 1991; and the Child Law Review Committee's proposals, which were presented in 1992. Underlying these two measures is the belief that children are best cared for by their parents or other relatives, or within a caring substitute family, and that full-time residential care should be a last resort.

The author notes the following problems associated with residential care in Uganda:
- Even exemplary homes can deteriorate dramatically due to changes in staff.
- Without mandatory health screening for staff, staff can pass on diseases such as tuberculosis to the children.
- Homes are often reluctant to try to locate parents or other relatives to care for the children because outside funding often depended on donors' being impressed by the number of residents. (For this reason, even after children had been resettled, the staff would sometimes try to lure them back.)

The official policy in Uganda at the time this report was written was to try to keep in residential care only those children who had no other choice, and to assist the others by paying their school fees and funding visits to settle them with their extended family or a substitute family.

2. Cohen, Craig, and Noah Hendler. 2003. *No Home Without Foundation: A Portrait of Child-Headed Households in Rwanda.* **Women's Commission for Refugee Women and Children, c/o International Rescue Committee.** wcrwc@intrescom.org. **21 pages.**

This booklet of personal stories told by children and photographs presents a poignant and personal view of children related in their own words. Kirk Felsman, in the introduction, describes it as follows:

> *Nta Nzu Itagira Inkigi* (No Home Without Foundation) conveys the heroic commitment and self-sacrifice these children show for one another, and testifies to their fortitude in the face of overwhelming responsibility. These portraits and stories convey the complexity and diversity of the children's situation, along with their powerful determination to remain together as siblings. All too often following separation from adult caretakers, siblings are subject to arbitrary separation from each other. They are sent to orphanages, taken in as domestic help, or simply left to make a life on the streets. Noah Hendler's photographs and Craig Cohen's writing do not focus on detailed facts and figures and do not exude sympathy. Rather, with integrity, the pair struggles to emphasize, to portray these children as more than victims of circumstance who need to be 'helped.' Their work reminds us that vulnerable children are willful actors whose strengths, capacities, and actions must be an essential component of any meaningful response to their condition.

No Home Without Foundation presents us with a profound challenge. While these stories and photographs make it less likely that practitioners and policy makers will lose sight of child-headed households in the fog bank of "vulnerables," no solutions are posed.

3. Diressie, Tedlia, and Meseret Tadesse. October 2002. *An Assessment on the Situation of Ex-Institutionalized Children of Four Orphanages in Ethiopia.* **Addis Ababa, Ethiopia: Network for Orphans and Vulnerable Children, Jerusalem Association Children's Homes, and Pact–Ethiopia.**

The objective of the assessment was to examine the psychosocial, economic, and emotional adjustments of children and youth in their community, as well as their educational and skills training status, their self-confidence, and their effectiveness in their lives. The assessment highlighted the following interrelated objectives:

- To assess the social, economic, and psychological situation of de-institutionalized children.
- To examine the children's integration and adjustment into a family and community setting.
- To assess the effectiveness of the education, vocational, and life-skills training given to the children and young people in making them self-confident and self-reliant in their daily lives.
- To identify the children's coping mechanisms and resilience to tackle problems they faced in their community.

- To make recommendations based on the findings that could be shared among other institutions working with orphaned and unaccompanied children.

The semi-structured, structured, and unstructured questionnaires designed and used for the assessment received careful preparation before they were administered. De-institutionalized persons (97 females and 129 males) from four institutions were selected for interviews. The stages used in the de-institutionalization process of this group are carefully documented.

4. Fox, Susan. July 2001. *Investing in Our Future: Psychosocial Support for Children Affected by HIV/AIDS. A Case Study in Zimbabwe and the United Republic of Tanzania.* In UNAIDS Case Study—UNAIDS Best Practice Collection. Prepared for the UNAIDS Inter-Country Team for Eastern and Southern Africa, Pretoria, South Africa.

This case study describes efforts to address questions related to the rights and needs of children affected by HIV/AIDS, with a focus on their psychosocial needs. The interviewers hoped that the effect of listening and talking to these children affected by HIV/AIDS would make their perspective much better known to the adults who work with millions of vulnerable children worldwide. The report is intended for people concerned about and working with families affected by HIV/AIDS, such as social welfare officers; medical and nursing practitioners; health care workers; and representatives of government agencies, nongovernmental organizations, churches, clubs, and youth groups. It highlights the experiences of children primarily under age 15 through stories, poems, and drawings. The focus is on what can be done for the child of an infected parent before and after the parent's death and how to enable children to better cope with the situation. Although the document does not specifically address the issue of care, it provides a community-based approach to the importance of the psychosocial needs of children affected by AIDS.

5. Gebrua, Mulugeta, and Rebecca Atnafou. July 2000. "Experience of Jerusalem Association Children's Homes (JACH) on Reunification and Reintegration: Transitioning from Institutional Care of Orphans to Community-Based Care." In Jean Hoefliger, ed., *Orphan Alert: International Perspectives on Children Left Behind by HIV/AIDS.* Sion, Switzerland: Association François-Xavier Bagnoud.

The Jerusalem Association Children's Homes (JACH) came into being in 1984–1985, to assist children who lost or were separated from their parents during the civil war in Ethiopia and the famine that followed. Association François-Xavier Bagnoud set up six orphanages in different parts of Ethiopia, housing more than 800 children. The children—many younger than age ten when they were admitted—received shelter, food, health services, and education. However, eventually, the need to reunify the children with their families and reintegrate them into their communities became a pressing issue.

JACH devised a series of strategies to reunify the children with their parents or other relatives. These included updating the children's personal files, providing counseling to the children and staff about reunification, sending the children to relatives for a summer visit, and giving the child's family a rehabilitation fund. After a child was returned to his or her

family, JACH staff continued to follow up for a year. From 1996 to 2002, 150 children were reunified with their families.

The association also established strategies to reintegrate children 16 years and older into their communities. Association staff began with counseling sessions to prepare the children and staff for this program. The children were then asked to present training or to trade proposals, which were evaluated by a committee established at each home. If they were approved, the association paid the training fee for the child and a living allowance during the training period. JACH staff also followed up during the training period. Once training had been completed, the association paid the child a rehabilitation fee and the youngster began independent living. JACH staff continues to be available to provide advice as long as needed. From 1996 to 2002, 477 children participated in this strategy.

Problems were encountered in both reunification and reintegration. These included:
- Incomplete personal information on most children.
- Resistance on the part of children and staff. Children from rural areas were more likely to resist going home (although their families were interested in accepting them), while children from urban areas were more interested in reunification (while their families were more resistant to the idea). Young people in the reintegration program sometimes resisted because of dependency syndrome and insecurity about living in the community. During the first year, some staff resisted both programs because they feared losing their jobs.
- Because of the recurrent drought in the north, many traced families were too destitute to take in more children who would need to be fed.
- The border conflict that persisted between Ethiopia and Eritrea from 1998 to 2000 interfered with reunification in those areas.
- A few parents resisted accepting their children because they had believed their children were dead.
- The integration program had limited skills-training opportunities for the youngsters, and even fewer job opportunities.
- Children had problems adapting to independent living; they had been inadequately socialized in the homes, and people in the community saw them as outsiders.

JACH staff learned that the longer children stay in orphanages, the more likely they are to be detached from community life. This leads to dependency syndrome, which makes it harder for the children to return to their families or live successful adult lives. JACH concluded that institutional care should be used only as a last resort, and should be used for as brief a period as possible. Since 1996, JACH has changed its focus from running orphanages to establishing community-based child-care projects. Today, only three of the homes still operate, with a total of 57 children.

6. Lorey, Mark, Editor. July 2000. *Orphan Alert: International Perspectives on Children Left Behind by HIV/AIDS.* **Sion, Switzerland: Association François-Xavier Bagnoud.**

This report is a concise presentation of the major issues facing children orphaned by HIV/AIDS. The first section presents initial findings of several studies and discusses key dimensions of the orphan crisis in HIV/AIDS-affected communities. Three articles in the compilation present findings from rural Uganda (Neil Monk), a town in central Ethiopia (Marta Segu and Sergut Yohannes), and in three areas of India (Joana Chaktrborty, Mellary Chrisstie, and John Zomingthanga). The second section of the report presents brief examples from the field: Ethiopia (Lulugeta Gebru and Rebecca Atnafou), Zambia (Louis Mwewa), and Malawi (Stanley Phiri). The first example describes the de-institutionalization process for a group of 810 children in Ethiopia who were reunified and reintegrated. The example from Zambia discusses the benefits of networking and the work of the Children in Need Network. The third example, from Malawi, provides a list of vital qualities for activists in organizations working with communities.

7. Lothe, Ellen Alexandra. Autumn 1999. *Hope is What We've Got: A Study of Young Survivors of Famine and Multiple Early Losses and Their Every Day [sic] Lives in an Ethiopian Orphanage.* **Thesis, University of Oslo, Faculty of Medicine, Section for Health Sciences.**

This student thesis reviews the lives of nine Ethiopian men and women aged 18–23 who survived the 1984–1985 famine and describes the impact of the famine on them. Despite the severity of the famine, the nine teenagers survived by being placed in regional rehabilitation centers. The author posed a series of questions with the following themes:
- What characterized everyday life in an Ethiopian orphanage for young survivors of childhood trauma (famine and multiple losses)?
- What elements contributed to a positive development despite a childhood of drought, famine, and loss of family?
- How can existing insights into their resilience be applied to increase our understanding of this quality?

Written in the first person, the thesis describes the residential setting in which the adolescents lived and offers a background to their lives. With an opening discussion of different concepts of resilience, the thesis provides anecdotal and subjective views of the student author through a narrative format that includes interviews with staff who worked in the center. Of interest is how the adolescents described their hope and optimism in the face of adversity. The author concludes with a subjective account of the similarities and differences of the nine informants. Some sections of the document are a bit difficult to understand.

8. Parry, Sue. 1998. *Farm Orphans: Who Is Coping? An Exploratory Study of Commercial Farm Workers Response to Orphanhood and Foster Care in Mashonaland Central Province of Zimbabwe.* **[Harare, Zimbabwe]: CFU–Farm Orphan Support Trust.**

This document addresses the condition of vulnerable children in Zimbabwe, particularly orphans, and those affected by HIV/AIDS. In 1998, Zimbabwe had a population of 11

million; 47 percent were 15 years old or younger. At least 15 percent of the population was believed to be HIV-positive. This level was highly concentrated among sexually active adults; therefore, a large orphan population was subsequently predicted, and some estimates predicted there would be 600,000 orphans per year. Research pointed to the possibility of 20 percent or more (probably 45 percent) of all children being orphaned by the end of the next decade. The paper focuses on commercial farms, where two million people live and work; one million are children. The author examines a 1994 study that investigated the foster care of orphaned children on commercial farms in one district. Fostering was widely accepted, so this study was undertaken to examine another region of the country for future foster-care potential.

The family units fostering children were investigated to assess the capacity and coping mechanisms of both the fostering parents and the fostered children. Finally, the study sought to explore the feasibility of establishing foster care units on commercial farms. The study was divided into three components:

- A replication of the original research that assessed the numbers of children already orphaned on farms among nationals and non-nationals, explored how they were being cared for and the associated constraints, and investigated the concept and acceptability of community fostering.
- Part of the study focused on families already engaged in foster care. Special reference was made to issues concerning current resources available for child care, the rationale for care and associated difficulties, and the cultural conditions. The feasibility of foster care, particularly for nonrelated children, was investigated.
- An enumeration study was performed in a selected area.

The report presents findings of focus group discussions and case studies, as well as socioeconomic profiles of foster families. It provides an important discussion regarding cultural and community influences on families in deciding to care for non-relative children. There is an emphasis on the importance of community "ownership" for care of children and community involvement in the decisions, awareness raising, and solutions found for children needing care. Interviews stress the willingness of most families to participate in finding care for children with community support.

Of particular interest is the information and care given to possible problems that might arise in a foster care setting, and the guidelines for protecting against possible abuse, neglect, or maltreatment of children placed in a foster situation. It concludes with a comprehensive assessment of what needs to be done, and by whom, to meet the challenge of providing support and protection for children in difficult circumstances, including calling for a national collaborative effort to prevent the suffering of large numbers of children and to safeguard the future resources of the nation.

9. Parry-Williams, John (in consultation with Sayyid Bukenya and P.T. Kakama). 1993.
A Case Study of Legal Reform in Uganda as Part of a Strategy for Promoting Community-Based Care. **Kampala, Uganda: Ministry of Labor and Social Affairs, Department of Probation and Social Welfare.**

Ugandans were subjected to massive dislocation from 1971 to 1986, first during the brutal rule of Dictator Idi Amin, and then as a result of the civil strife that followed his overthrow by Tanzanian troops. As a result, the number of children orphaned or separated from their parents grew until, in 1992, the country had 75 children's homes (or orphanages) with 2,882 children. Until 1991, these homes were unregulated by the government. As a result, many were substandard, and nearly all took in some children who could have been cared for in their communities by extended family.

For a time, Ugandans accepted these institutions because they were thought to emulate the boarding schools that the British had introduced to educate the Ugandan elite. But in the mid-1980s, this viewpoint began to be challenged. Community-based care for orphaned or homeless children gained favor instead. The Department of Probation and Social Welfare's 1991 guidelines on caring for vulnerable children stated, "All efforts to keep family units intact shall be undertaken as the needs of children are best met in the family environment."

This study reviews the legal reform and review process in Uganda and examines how it has promoted community-based care for vulnerable children. The report analyzes two specific reform measures: the Approved Schools (Babies' and Children's Homes) Rules, which were adopted in 1991; and the Child Law Review Committee's proposals, which were presented in 1992. Underlying these two measures is the belief that children are best cared for by their parents or other relatives, or within a caring substitute family, and that full-time residential care should be a last resort.

The author notes the following problems in residential care in Uganda:
- Even exemplary homes can deteriorate dramatically due to changes in staff.
- Without mandatory health screening for staff, they can pass on diseases such as tuberculosis to the children.
- Homes were often reluctant to try to locate parents or other relatives to care for the children. The reason for this was that outside funding often relied on donors' being impressed by the number of residents. (For this reason, even after children had been resettled, the staff would sometimes try to lure them back.)

The official policy in Uganda at the time this report was written was to try to keep only children with no other choice in residential care, and to assist the others by paying their school fees and funding visits to settle them with their extended family or a substitute family.

10. Rädda Barnen. 2000–2004. *Care and Protection of Separated Children in Emergencies.* **Stockholm, Sweden: Save the Children. Published as a series of case studies by various authors.**

This collection of case studies, published separately, is the result of a global study initiated by the Save the Children Alliance and referred to as the "Care and Protection of Separated

Children in Emergencies (CPSC)." Rädda Barnen, in conjunction with other members of the Save the Children Alliance, carried out the global study to examine aspects of care and protection of children separated from their families in emergencies. The CPSC case give particular attention to the situation of adolescents whose needs may be different from those of younger children, the inclusion of the child's perspective, and the need to look at not only initial placements but also interim and long-term decisions made for children and adolescents.

Key objectives of the CPSC case studies included:
- Examining forms of care that agencies provide for separated children in emergencies, such as residential care and center-based provision, fostering (both informal and agency-arranged), and adoption (or their equivalent in Islamic countries). A particular objective was to gain a fuller picture of how different forms of care are perceived by children and to explore the medium- and longer-term impact of different care arrangements on children.
- Examining forms of "spontaneous" care for separated children in the context of cultural norms, spontaneous fostering by related and unrelated caregivers, care within child-headed households, and spontaneous group living by adolescents. The research considered the potential vulnerability of such child care arrangements and what forms of external assistance, if any, are needed.
- Examining the interface between care arrangements and family tracing, particularly the potential conflict between the child's needs for permanence and security, and the need to preserve the child's psychological ties with his or her own family to facilitate reunification.
- Developing a participative research methodology, based on one used in Rädda Barnen's studies on working children, to elicit the views of children and to encourage and promote a greater involvement of children in the development of policy and practice in emergency situations.

The unique aspect of CPSC is the attention paid to the child's perspective. The case studies address such questions as:
- What does fostering actually mean to different children in different contexts?
- How do fostered children perceive their care, protection, and well-being in relation to other children within the family?
- What does "interim care" mean to children and how does the child cope with the potential "drift" from temporary to permanent care?
- How do fostered children deal with what they may perceive as unfair or even abusive care?
- What role do they have in decision-making about their lives?
- What would children identify as the key components of "good practice" on the part of agencies concerned for their care and protection?

11. Tolfree, David. 2003. *Whose Children? Separated Children's Protection and Participation in Emergencies.* **Stockholm, Sweden: Save the Children.**

This book explores a number of different care arrangements for separated children in emergency settings. The information was gathered from a global study carried out by the Save the Children Alliance and entitled "Care and Protection of Separated Children in Emergencies."

The author does an admirable job of highlighting the overlap and similarities in two major groups of vulnerable children (the third being street children), those affected by HIV/AIDS, and those affected by armed conflict and emergencies. His goal is to highlight the compartmentalized approach to looking at care for children and to examine at "the similar experiences which have had a profound effect on their lives: separation and loss, stigma and discrimination, poverty and hardship, and a range of psychological problems stemming from past experiences and, in many cases, from their current living situation." (Tolfree 2003).

Tolfree reminds us of an important fact taken from the Machel report: of the 17 countries with more than 100,000 children orphaned by HIV/AIDS, 13 of the countries also experience armed conflict or face other severe emergencies. The primary focus of the book is on various forms of family-based care, the extended family, traditional forms of fostering, spontaneous and agency fostering and adoption; however, there are chapters on residential care and on children living without adult care. This book promises to be as helpful and informative as Tolfree's first publication, *Roofs and Roots: The Care of Separated Children in the Developing World,* and another major contribution to assisting children.

B. Guidelines, Best Practices, and Lessons Learned

12. Baingana, Alice (Unit 2), Specioza Mbabali (Unit 3), Maria Kangere (Unit 4), Patrick Okuma (Unit 5), and P.T. Kakama. 1998. *Child Care Open Learning Programme—Community Based.* **Minister of Gender and Community Development: Department of Child Care and Protection and Save the Children Fund United Kingdom, with funding from USAID Study Unit Coordinators: (Unit 1) Kampala, Uganda.**

This is a series of five study units for training staff in the provision of community-based child-care services. Well written, clear, and easy to follow, the training packet includes valuable basic information and a study guide that offers directions for using of all five units.

The five units include:
- *Unit 1: Child Growth and Development*: Stages of Child Growth and Development, Feeding Children, Helping Children to Learn Their Responsibilities, Communication with Children, and Play and Activities
- *Unit 2: Child Health*: Common Health Emergencies, Common Diseases in Children, Highly Infectious Diseases, Health Problems with Which People are Afraid to be Connected (including HIV/AIDS), and Community Health Services and How To Use Them
- *Unit 3: Difficult Circumstances*: Children with Disabilities, Children without Parents, School Drop-Outs, Children Living and Working on the Streets, Abused Children, and Child Offenders
- *Unit 4: Working with Communities*: Promoting Community Development, Community Mobilization, Promoting Learning, Promoting Changes, and Giving Support for Child Welfare
- *Unit 5: Management of Child Welfare*: Situations Which Affect Child Care Work in Uganda, Children's Organizations, Forms of Organizations and Management Models, Resource Mobilization, Project Planning, Implementation, Monitoring and Evaluation, and Income-Generating Activities

Each unit is well organized with learning objectives, key information, and a listing of children's organizations operating within the country. This would be a good framework for countries to adapt for local training of field-level staff.

13. Dunn, Andrew, Elizabeth Jareg, and Douglas Webb. 2003 *A Last Resort: The Growing Concern About Children in Residential Care.* **Save the Children's position on residential care. International Save the Children Alliance. 18 pages. Can be downloaded from www.savethechildren.net.**

This paper sets out the International Save the Children Alliance's position on the residential care of children and highlights concerns about its growing use. Its aim is to draw attention to an area that has been largely ignored as a rights issue for international attention and action....Save the Children argues that many features of residential care are an abuse of children's rights and is concerned that the issue of

children living in institutional care is escaping international attention and needs placing on the international agenda. A parallel concern is that the search for good community-based child-care alternatives is not being given sufficient attention by governments and donors.

This is a concise and well-written brief that discusses the legal aspects of residential care as a rights issue, the need for standards of care, and information for donors and policy makers. It goes on to outline the responses needed from Save the Children and other agencies. The document includes information on why residential care should be considered only as a last resort and provides information on a number of commonly asked questions, including the effects of institutionalization, the quality of life, and the costs of care. It also addresses the issue of why children are growing up outside of their families, what happens to children who cannot live at home, why the use of residential care is so extensive, and what we have learned from program experience and research.

While this position paper is brief, it presents a wealth of information and is a valuable addition to the growing discussion surrounding de-institutionalization of children.

14. Children, Youth, and Family Affairs Department [Ethiopia]. September 2000. *Guidelines on Alternative Childcare Programs.* Addis Ababa, Ethiopia: Ministry of Labor and Social Affairs.

In a project that was jointly administered by the Ministry of Labor and Social Affairs and the Italian Cooperation Agency, a national study on institutional care and other alternative approaches was carried out and presented in a national workshop (April 12–14, 2000). During the workshop, minimum standards and alternative approaches were prepared. Guidelines were developed in five areas: institutional child care, community-based child care, reunification, foster-family care, and adoption. The guidelines are based on the ethical principles taken from the Convention on the Rights of the Child and Ethiopian law. This document provides a point of reference for governmental agencies. Topics covered include: definitions, program initiation and implementation, mission and objectives, eligibility, legal matters, procedures, and technical and administrative aspects.

The information is presented as directives in an outline format without a narrative or an explanation of the guidelines.

15. Grainger, Corinne, Douglas Webb, and Lyn Elliott. 2001. *Children Affected by HIV/AIDS: Rights and Responses in the Developing World.* Working Paper 23. London: Save the Children United Kingdom.

This paper examines the situation of children affected by HIV/AIDS who live in poor countries, and analyzes the responses of households, communities, programming organizations, governments, and donors. It explores many different programming responses, with the aim of drawing out useful lessons for Save the Children United Kingdom and other organizations. It also examines how the theme of children's rights can be integrated into HIV/AIDS programming. It points out that the ability to identify a body of good practice responses is not possible because a systematic method of monitoring and evaluating to

identify such information does not yet exist. The paper offers examples of information emerging from existing programs and recommends that:

- As experience accumulates, it is important to share it with others
- Responsibility lies with the practitioners to communicate to others what they have learned
- Practitioners are gaining information that needs to be shared with policy makers
- The communities impacted will be the most effective in taking the lead in planning
- Poverty is recognized as a critical barrier for communities over time, despite the many resources and strengths of the community

16. Loening-Voysey, Heidi, and Theresa Wilson. 2001. *Approaches to Caring for Children Orphaned by AIDS and Other Vulnerable Children: Essential Elements for a Quality Service.* **Bergvlei, South Africa: Prepared for UNICEF by the Institute for Urban Primary Health Care.**

This report addresses the problems of orphaned and vulnerable children in South Africa, primarily due to the AIDS epidemic in that country. It is estimated that the number of AIDS orphans in South Africa increased 400 percent from 1994 to1997, and that approximately one-third of the orphans are infected with HIV. While at one time orphans would have been taken in by extended family members or by their communities, their increasing numbers are outpacing the capacities of these traditional caregivers.

The authors examines six approaches to caring for these children:

1. Informal fostering: Community members assume responsibility for taking care of vulnerable children. People take in children either because of kinship obligations, out of a sense of preserving their community, or because they believe they have been called to do so. The caregivers are not eligible for state support, but they may get some support from other members of the community, or from local religious groups or nongovernmental organizations. In general, though, they suffer a severe lack of money and other resources. The positive side of this arrangement is that a child's kinship ties and identity are maintained.

2. Community-based support structures: Organizations offer support to indigenous, informal caregivers. This might be emotional support, advice, advocacy, or assistance with income-generating activities. These organizations get funding from donors. The positive side of this arrangement is that orphaned children stay in their own communities, with relatives or other community members. When these organizations are well run, they are good conduits for donor funding to reach the people who really need it.

3. Home-based care and support: Care and services are provided to people living with AIDS or other chronic illnesses or disabilities. Some of the organizations that provide this also identify orphaned and vulnerable children and make arrangements for their care. They do this either by finding possible caregivers in the community, or by referring the child to a welfare placement agency. The positive factor is that often, a home-based-care

worker is involved while the parents are still alive, and can identify vulnerable children before they become destitute.

4. Unregistered residential care: In this arrangement, children with no family to care for them are placed in homes outside their community of origin. These small homes are not registered and, therefore, not supervised by the Department of Social Development. The positive factor in this arrangement is that, although children are removed from their home communities, they are not as remote from community activities and household chores to the same extent as are children in large orphanages.

5. Statutory adoption and foster care: Children in this form of care are committed by a court order. Adoption rarely occurs, but it is the most secure option. In fostering, a court-appointed caregiver assumes full custody of the child. There are several types of these fostering arrangements, including:

- Traditional foster care, in which up to six children are placed with foster parents, who may be relatives. The foster parents can receive a foster care grant for each child.
- Crisis care, a temporary placement for hard-to-place babies with HIV. The placement is intended to be no longer than 12 weeks to six months, after which surviving babies are placed in permanent care.
- Community family model, in which up to six children are placed with a foster mother in a home that is owned by an organization. The foster mother and a relief parent are paid a small allowance and can receive foster care grants for each child. This is a good way to keep siblings together and keep children in their community of origin.
- Cluster foster care, in which volunteers are trained in child care. Up to six children are placed with a volunteer who receives foster-care grants and material support. Community workers link these volunteers to daycare centers so the volunteers can work.

6. Statutory residential care: Shelters for street children, places of safety established by the government, and children's homes. These may be family-type cottages or dormitories with house parents. Some are in the community, and others are self-contained. This model easily attracts donors, and for some children, there is no other option.

In conclusion, the report found that statutory residential care had a large downside: It is expensive and restrictive. Children are removed from their communities. They often lack relationship skills and have difficulty forming attachments to their caregivers. This leaves them with social and emotional problems as adults. The Government of South Africa discourages this model; indeed, regional welfare departments will no longer register new children's homes.

The report concludes that a better alternative is to strengthen household and community-based approaches. It also favors adoption and community foster-care options, but it supports statutory residential care only as a last resort.

17. Ministry of Local Government and Social Affairs [Rwanda]. *Overview of Services for Orphans and Vulnerable Children in Ethiopia.* **Workshop report, March 27–29, 2001. Kigali, Rwanda: Ministry of Local Government and Social Affairs.**

The objective of the workshop was to seek appropriate polices on the care and support of orphan and vulnerable children.

The Displaced Children and Orphan Fund of USAID fully sponsored the trip to Rwanda to share the experiences of Ethiopia in caring for orphans and vulnerable children during the last two decades. The International Rescue Committee facilitated the trip.

The report attempts to present various experiences that can provide lessons to colleagues in Rwanda and elsewhere. Furthermore, some of the issues raised will help field workers and policy makers involved in efforts to stop the proliferation of residential services for orphans and to promote other forms of family and community services in other countries.

The first part of the report attempts to give a bird's-eye view of basic statistical indicators in Ethiopia. Brief descriptions of the current situation of orphans and vulnerable children are also part of the report. The recurrent droughts and civil unrest are discussed as major factors that influenced the expansion of institutional care. Subsequent discussions examine the problems associated with residential services for orphans. In this connection, a case of the "Ethiopian Orphanage" is presented to help readers gain better insight into the situation.

18. Tolfree, David. 1995. *Roofs and Roots: The Care of Separated Children in the Developing World.* **Aldershot Hampshire, United Kingdom: Arena Ashgate Publishing for Save the Children.**

Anyone concerned with separated children or children in need of care should have this book, especially if their work concerns the developing world. This book emphasizes the importance of preventing separation, typical shortcomings of residential care and alternatives to it, de-institutionalization, and ways to improve residential care. It is the definitive book for what we know to date about children without parental care. The book examines policy and practice issues in three main areas: residential care, prevention and leaving care, and substitute family care. *Roofs and Roots* argues for a greater commitment to and investment in varieties of substitute care, despite the difficulties that fostering poses in some cultures. Case studies are also included, and the text contains statements from parents, foster parents, and the children themselves.

Taken from the foreword by M.J. Aaronson: "Throughout the developing world, the vast majority of children unable to live with their own families are cared for within extended family or community networks. But most of the agencies, which provide care for separated children, concentrate their energies and resources on developing institutional forms of care. Not only is this extremely expensive, but in most cases, it fails to provide children with the environment they need to grow up into healthy and well-adjusted adults.…Save the Children is not arguing that all residential care is bad in principle, but current practice is certainly deficient, and in most cases it fails to respond to the full range of children's needs. The book's overall message is that more emphasis needs to be placed on children's basic needs—

and rights—to be loved and cared about; to feel a sense of belonging, and to develop a strong personal identity. In other words, a shift in emphasis from *roofs* to *roots*."

19. U.S. Agency for International Development. July 2002. *Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies.* Washington, D.C.: The Synergy Project (TvT Global Health and Development Strategies™/Social & Scientific Systems, Inc.). Available at http://www.usaid.gov/pop_health/aids/Publications/docs/childrenbrink.pdf.

This is the third in a series of *Children on the Brink* documents. All of them include current estimates of the number of orphans in specific countries and projections for the 1990–2010 period. Each also includes a narrative description of the situation of orphaning due to AIDS, an analysis of the significance of the estimates, information on how they were calculated, and a description of the five strategies recommended to guide action.

The first two documents in the series were issued by the United States Agency for International Development (USAID); the third in the series was jointly issued by USAID, the United Nations Children's Fund, and the Joint United Nations Program on HIV/AIDS (UNAIDS). Its joint development makes this version particularly significant because UNAIDS had previously developed and published a separate set of estimates, which were not only different from those of USAID, but also had been based on a different definition of orphans (cumulative maternal orphans due to AIDS under age 15). That *Children on the Brink 2002* was developed and issued jointly is significant because it ends the confusion about different sets of estimates of orphans and because it is a tangible example of the collaboration essential to develop effective responses to the impacts of AIDS on children and families.

The 2002 version presents data for specific points in time, and estimates and projections of maternal, paternal, and double orphans under age 15, both due to AIDS and from all causes. Information on 88 countries (41 in Africa, 20 in Asia, and 27 in Latin America and the Caribbean) is presented. In addition, for these same countries, it presents estimates and projections of children under age 15 who have lost either one or both parents due to AIDS, and of those who have lost either or both parents from all causes.

The document stresses that sub-Saharan Africa is the region most seriously affected by orphaning due to AIDS. It specifically addresses the question of whether building orphanages is an appropriate response to the growing number of orphans. It also highlights the point that the crisis is much larger than orphans due to AIDS or orphans from all causes. It stresses that countries with high rates of orphans due to AIDS also have large numbers of additional children also made vulnerable by AIDS (such as children whose parents are ill or who live in poor households that have taken in orphans), but whose numbers are more difficult to calculate.

The five strategies presented are:
- Strengthen and support the capacity of families to protect and care for their children
- Mobilize and strengthen community-based responses
- Strengthen the capacity of children and young people to meet their own needs

- Ensure that governments develop appropriate policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children
- Raise awareness within societies to create an environment that enables support for children affected by HIV/AIDS

20. Verhoef, Heidi S. 2002. *Seeing Beyond the Crisis: What International Relief Organizations are Learning from Community-Based Childrearing Practices*. **Boston, Mass.: Boston College.**

This paper discusses the author's belief that international relief efforts to care for children have undermined those of families and communities—often because aid and development workers lack information about local child-care networks before the crisis. Points discussed include the author's belief that:
- Intervention efforts are based on assumptions made by humanitarian workers that are unfounded or are not based on local and cultural approaches to care for separated or orphaned children.
- Interventions have frequently been based on the assumption that informal care networks have been destroyed or are on the verge of collapse. By the author's estimation, agencies do not have the time nor resources to spend exploring the possibility that informal structures still exist and continue to manage despite the odds.
- Aid and relief efforts cannot continue to act only in the best interest of children; rather, they need to act in ways that respect the complexity of local family and community life.
- Social and developmental research can provide practical support to relief workers through the systemic collection of ethnographic data to better understand underlying rationales and expectations that shape actions and responses to crisis situations.

The report offers a number of criticisms on the approach of agencies in a generalized way, but it overlooks examples of programs that have worked successfully with communities to care for children. It highlights several issues for discussion in this area, and offers a useful reminder of what to avoid or consider in working with separated children in emergencies. The report is highly critical of efforts to provide formal foster-care systems, and it is a cautionary tale for nongovernmental organizations contemplating assistance in this area.

21. Williamson, John. September 2002. "Finding a Way Forward: Principles and Strategies for Reducing the Impacts of AIDS on Children and Families." In *A Generation at Risk: The Global Impact of AIDS on Orphans and Vulnerable Children and the Displaced Children and Orphans Fund.* **Displaced Children and Orphans Fund/ USAID.**

Taking into account the impacts of AIDS on children and families and the massive scale and long-term nature of the HIV/AIDS pandemic, the chapter recommends interventions that have the potential to be implemented on a wide scale and sustained over the long term. It calls for a re-conceptualization of the issues. A central idea is that the starting point for effective responses to the effects of the pandemic on children is recognizing that families and

communities are the first line of response to HIV/AIDS. Whether or not outside bodies intervene, families and communities are going to be dealing with the impacts of HIV/AIDS, often with great difficulty. Consequently, interventions by governments, international organizations, nongovernmental organizations, religious bodies, and others will have significant, sustainable effects on children's vulnerability and well-being to the extent that they strengthen the ongoing capacities of affected families and communities to protect and care for vulnerable children.

The chapter recognizes that the scale and duration of the impacts of AIDS are too great for any single stakeholder—governmental, nongovernmental, or international—to respond effectively. Consequently, a collaborative approach among all stakeholders is necessary. It sees collaborative situation analysis as a way to build consensus among stakeholders and as the starting point for building such an intersectoral response. The chapter recognizes the five strategies presented in the *Children on the Brink* series as an appropriate framework for planning a strategic response to the impacts of HIV/AIDS on children and families, and that strengthening family and community capacities on a wide scale is the cornerstone of such a response. The chapter presents an overview of how community mobilization and capacity building can be carried out effectively, and cites some specific examples. It also indicates that state-of-the-art microfinance programs show good potential for increasing economic resilience among poor households in a sustainable, cost-effective manner.

Recognizing that there is no "one-size-fits-all" approach to the complex set of AIDS-related problems in a particular context, the chapter recommends identifying ways that efforts to mitigate the impacts of AIDS on children and families can be integrated with other development activities. It suggests the applicability of some of the lessons of development work to this area of programming.

The chapter reviews some of the factors that push AIDS-affected children out of school and relevant responses to these factors. It recognizes that households pushed into destitution are not good candidates for development interventions and that they require immediate support if they are to recover the capacity for self-support. The local community is identified as the most likely source and viable mechanism for such emergency assistance. While building orphanages would seem to be a logical response to the increasing number of orphans, the chapter explains why such an approach is not appropriate and suggests alternative approaches to care for the relatively small proportion of orphaned children who do not receive care within their extended family. It calls for careful attention to the cost-effectiveness of different approaches when seeking to scale up responses to the impacts of AIDS. National structures or information sharing and collaboration are identified as essential to putting together a set of responses that, collectively, can make a difference in the lives of affected children and families.

The targeting of programs and resources is recognized as essential, and the chapter recommends that this be done in two stages. The first is to identify geographic areas where families and communities are having the greatest difficulty protecting and caring for their children, and the second is to enable local residents to identify the most vulnerable children and households. The importance of monitoring and evaluation are emphasized, in view of the unprecedented impacts of AIDS on children. The chapter closes with a call to integrate

HIV/AIDS care and prevention activities and for building a broad base of support for action. "Finding a Way Forward" is significant in that it takes a broad view of the issues and describes the elements of an effective, scaled-up set of responses and how they can be developed.

22. World Health Organization and UNICEF. 1994. *Action for Children Affected by AIDS: Program Profiles and Lessons Learned.* **New York: World Health Organizations and UNICEF.**

This was one of the first documents to present descriptions of different programmatic approaches to the impacts of AIDS on children and families. It presents an overview of 25 initiatives in seven countries. Relevant aspects of the context in each country are presented to provide background for understanding the individual programs described. The largest number of programs described is in Uganda, which, at the time the book was written, had the most extensive set of responses to the impacts of AIDS on children. Programs in the Dominican Republic, Kenya, Rwanda, Thailand, the United Kingdom, and Zambia are also described. The concluding section of the book provides guidance for program and policy development drawn from the information, observations, and lessons learned gathered during the course of preparing the program profiles.

Programming practice in many areas has moved beyond these relatively early efforts to mitigate the impacts of AIDS on orphans and other vulnerable children, and the nature of the HIV/AIDS epidemic in each country has changed substantially, but some of the information in the book can be of current value. The Uganda chapter, for example, contains a detailed description of the Uganda Community-Based Association for Child Welfare (UCOBAC), the first national-level association concerned with the effects of AIDS on orphans and other vulnerable children. UCOBAC was a mechanism for information exchange, training, and other technical support to influence policies, link small initiatives with donors, and promote other forms of collaboration among stakeholders. The brief description of the *Kwasha Mukwenu* community program in Zambia, which has continued, and four grassroots initiatives in Uganda, highlights the kinds of effective action that concerned community residents can take.

The description of the Undugu Society (another ongoing program) in Nairobi, Kenya, is a noteworthy example of various kinds of interventions that can be taken to address needs among street children. Programming in this area has become increasingly relevant as AIDS pushes an increasing number of children onto the street.

While the cost per child of the family home program of Caritas Rwanda was far too high for replication, elements of the approach merit attention as organizations seek better alternatives to institutional care. Regrettably, the genocide and war in Rwanda destroyed this program. The Hogar Infantíl (Young Children's Home) of the Adoritrices (a Catholic order of nuns) in the Dominican Republic remains a good example of the profound impact that appropriate stimulation activities can have for developmentally deprived children. The Kyelitsha Project in the United Kingdom deserves attention as an integrated program response to the needs of HIV-positive mothers and their children.

C. Community- and Family-Based Care for Children

23. Aubourt, Diana. June 2002. *Expanding the First Line of Defense: AIDS, Orphans and Community-Centered Orphan-Care Institutions in Sub-Saharan Africa: Cases from Zambia.* **Master's thesis, Massachusetts Institute of Technology.**

This thesis conveys basic information about HIV/AIDS and children who need family care through a series of site visits in Zambia, the presentation of case studies, and descriptions of three categories of care options: the institutional approach, the community-based approach, and community-centered orphan institutions (by this, the author means facilities that employ a combination of the first two methods). Such institutions provide housing for children, but they also conduct community assistance programs and rely on other aspects of community care as part of their services. The author presents her thoughts on the effectiveness of the three types of care provided based on 15 site visits over a two-month period of fieldwork. Of interest is the third category, in which projects employ both institutional care and community work. Such centers exist in other countries, but they are seldom described or documented.

24. Derib, Alebel. Undated. *Group Care and Fostering of Sudanese Children: Pignudo and Kakuma Refugee Camps.* **Stockholm: Save the Children Sweden.**[20]

This study describes and analyzes the group care arrangements and the fostering program in the refugee camps in Pignudo (Ethiopia) and Kakuma (Kenya) within the context of the cultural and traditional child support and protection practices in Southern Sudan. The fostering program is referred to as "Attachment to Families" to distinguish it from more conventional fostering programs for separated children. Although this is a single case study, the research discusses both types of care arrangements. The main sources of information for this study consist of group discussions among those involved in the implementation of the program, reports on the subject compiled over time, and personal experiences.

25. Donahue, Jill, and John Williamson. September 1, 1999. *Community Mobilization to Mitigate the Impacts of HIV/AIDS.* **Washington, D.C.: U.S. Agency for International Development, Displaced Children and Orphans Fund.**

Information in this report is based on the understanding that many development activities to mitigate the negative consequences of HIV/AIDS fall into two categories. They are: nongovernmental organizations, whose paid staff delivered direct relief and developmental services to affected children and families; and community-based initiatives, which produced good results at low cost per beneficiary, but whose geographic coverage was limited. The

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[20] Save the Children Sweden prepared a series of papers all related to aspects of assistance to separated children. Although the papers are not focused on the issue of HIV/AIDS and children, they provide an excellent resource on the care of children without parental care available. Each paper has a different author and editor, but Save the Children Sweden produced them, some in collaboration with the Refugee Studies Center, Queen Elizabeth House, University of Oxford, and with the financial assistance of the Andrew Mellon Foundation (some under the title of *Networks of Support*). For more information, contact Save the Children Sweden: SE-107 88 Stockholm, Sweden; Phone: 46-8-698-90-00, Fax: 46-8-698-90-10.

report presents the hopeful outlook that the foundation of an effective response is to strengthen the capacities of families and communities in the geographic areas where HIV/AIDS has made them especially vulnerable. If community-based projects grounded in participatory development techniques can be scaled up effectively, then this approach may provide a cost-effective, sustainable way to address the crisis.

The report presents key guidelines and challenges for successful mobilization. This is backed up by examples of:
- Keeping ownership alive at the community level
- Achieving long-term sustainability
- Systematically mobilizing communities throughout a large area
- Strengthening household economic resources
- Managing the issue of "free goods" giveaways
- Responding to village-driven needs
- Monitoring and evaluation that are sensitive to community ownership and needs for information, yet comply with donor requirements

The report concludes with what has come to be a cornerstone of building programs for children affected by HIV/AIDS, Guidelines for Catalysts and Donors, presented below:

- *Collaborate in cost-effective strategies.* The problems caused by HIV/AIDS are too great for any government, donor, or organization to be effective as a unilateral actor. Just as people are doing on the front line in affected communities, donors and those who would intervene must define common strategies and collaborate closely. They must also give much more serious attention to cost-effective strategies and interventions. Fundamental strategies include building the capacities of:
  o Families to care for vulnerable children
  o Communities to support vulnerable children and households
  o Children affected by HIV/AIDS to support themselves and younger siblings
  o The government to protect vulnerable children and provide essential services

- *Build an enabling environment.* Find ways to make it easier for vulnerable families and communities to cope. This includes increasing the awareness and commitment of leaders and the public to children who are especially vulnerable; establishing laws and policies that protect children and widows; reducing stigma and discrimination associated with HIV/AIDS; monitoring the epidemic's impacts and the effectiveness of interventions; and increasing awareness, effectiveness, and coordination among key government bodies, international organizations, donors, nongovernmental organizations, and community-based organizations. In addition, governments have critical roles to play in protecting and placing children who are abused or neglected, establishing and monitoring compliance with policies to guide action, and delivering such essential services as health care, education, and access to clean water.

- *Work through organizations that already exist in communities.* Considering scale, cost, and potential sustainability, there are advantages to working through organizations or structures already active in a community. Examples include churches

and other religious bodies, health services, neighborhood health committees, schools, civic organizations, women's associations, and cooperatives.

- *Promote state-of-the-art participatory development techniques.* Skill in participatory techniques that spark genuine community ownership cannot be acquired by reading a book or by a one-time training workshop. While these may help, mobilization is learned through participation, observation, and dialogue. Just as the process itself is iterative and incremental, so too is the development of participatory skills for mobilizers. This takes patience and commitment, but once a foundation of genuine community ownership is established, progress is often very rapid. In addition to developing their own skills, catalysts must also strengthen mobilization and participation skills at the community level.

- *Create design and methodological innovations to scale up project outreach.* In order for community mobilization programs to scale up, effective links must exist between communities and external structures and resources. Catalysts (whether an NGO or extension agents) must promote genuine commitment to the participation from the community level up through each higher level of administration and organizational coordination. Financing training activities may be even more important than providing external grants for project operations. Training can include enabling more experienced community members to take part in mobilizing and training counterparts from neighboring areas, and to exchange lessons with them. Similarly, ensuring periodic "retreats" in which staff can review and analyze their progress will allow them to better identify their support needs and plan future strategies.

- *Promote a two-pronged technical assistance approach.* Strengthened household economic resources and community safety nets are two critically important aspects of HIV/AIDS-impact mitigation. Since the two types of services involved—microfinance services and community mobilization around HIV/AIDS care and support issues—require specific expertise, it is preferable to involve an organization that specializes in microfinance services, along with those that have expertise in generating and supporting community-based action related to HIV/AIDS and children's issues. Although the two technical approaches should be operationally separate, they must be conceptually joined. Recommended areas for joint planning would be: (1) the desired impact of microcredit, (2) monitoring and evaluating impacts, and (3) packaging loan products to reach target clients.

26. George, Shanti. September 2001. *Community Fostering for Children Orphaned by HIV/AIDS in India: Perspectives from Southern Africa.* Prepared for the IPAD Seminar on AIDS Prevention and Care, Amsterdam, The Netherlands, June 27–29, 2001.

Abstract taken from the report: "In examining community foster care in South Africa, this paper offers a detailed report of how this has been done based on observations of community fostering. It provides a discussion of insights and experiences in community-based fostering.

"Fostering of children in the Third World tends to be informal, undocumented, and largely unresearched, in contrast to formal foster care in the First World. This lack of documentation and research, unfortunately, retards understanding of the relative strengths and weaknesses of informal fostering. A new and urgent reason to explore informal fostering in India is the imminent explosion of orphanhood in the wake of an AIDS pandemic that is gradually gaining momentum. This paper applies experiences and observations from 'community fostering' projects in southern Africa to the Indian situation. It notes the crisis that has emerged in informal foster care in Africa because of large-scale orphanhood may be further exacerbated in India because of various demographic, social, and political factors. At the same time, India evinces some comparative strengths. The paper discusses ways in which responses to orphanhood related to HIV/AIDS may differ from responses to orphanhood related to the environmental disasters with which India is, unfortunately, too familiar. The paper draw lessons from southern Africa about how communities can be mobilized to care for orphans, and about the legal, bureaucratic, and economic frameworks that need to be put in place. The key argument, however, concerns relationships among civil society, local nongovernmental organizations, the state, and external funders—in the context of using the phrase 'community fostering' to indicate new forms of foster care that draw on both the social base of informal fostering and the reflexive mechanisms of formal foster care. The paper ends by outlining ways in which to ready ourselves for AIDS-related mass orphanhood in India through informed preparations and improved understanding, even if in a context of widespread denial."

27. Mann, Gilliam. October 2002. *Family Matters: The Care and Protection of Children Affected by HIV/AIDS in Malawi.* **New York: International Save the Children Alliance.**

This case study is one of several commissioned by the Save the Children Alliance as part of the Care and Protection of Separated Children in Emergencies (CPSC) project. It was designed to complement a series of other studies, which focused on children separated from their families in the context of armed conflict and forced migration. It was thought that the perspectives and experiences of children who live without their parents because of HIV/AIDS could inform and be informed by the experiences of war-affected children in various countries around the world. It was also hoped that in-depth information from children affected and infected by HIV/AIDS could provide some insight into how boys and girls understand the many facets of HIV/AIDS, so that future interventions could be more effectively targeted.

This study particularly focuses on the work of COPE in Malawi, a program of Save the Children USA that mobilizes communities to respond to the many issues stemming from the AIDS epidemic. Although this research was not an evaluation of this program, it was hoped that the use of research methods would elicit detailed information from children in order to formulate some conclusions for future interventions. The study reached 165 informants in three communities, including many children from the age eight and upward. Much research time was spent with children between ages eight and 12 who participated in workshops that used a various participatory techniques. Individual interviews and focus group discussions were also held with older children, guardians, and other adult members of the communities.

This case study describes the COPE program and the community-level activities that stem from it. It examines the cascade model in which capacity building and training are undertaken at various levels, based on existing government-endorsed district, community, and village-level AIDS committees. The COPE program model encourages and facilitates community ownership of the problems stemming from HIV/AIDS, an approach widely regarded as the most cost-effective and sustainable way to address the magnitude of the problem nationwide. In Malawi and globally, the vast majority of children rendered parentless by AIDS are living within the extended family. This study examines the various reasons such children are, or are not, taken in by their relatives.

A remarkable discrepancy was found in the views of adults and children. Adults tended to believe that children should play no part in the decision-making about their care, whereas children expressed clear and well-considered opinions on the characteristics of the most suitable care arrangements; and these vary significantly from those of adults.

Adults emphasized the material capacity of a family to care for an orphaned child, but children were much more concerned about being cared for by adults who would love them and respect the honor of their deceased parents. This led to a strong preference for care by grandparents, even if this meant living in extremely poor material and economic circumstances.

One of the most striking findings of this study also illustrates a strong discrepancy in the views of adult guardians and children. In general, adult guardians articulated a strong belief that orphaned children have many behavioral problems and are, therefore, difficult to look after. They were highly critical of children who complained of discrimination because they believed an orphaned child should appreciate the financial challenges posed by their arrival in the household and should be grateful for this act of generosity.

In contrast, orphaned children revealed a startling pattern of abuse and discrimination at the household level, and some gross examples were cited. Discussions with guardians and children highlighted a vicious circle of misunderstanding that was often difficult to break. Children brought high levels of distress into the substitute family, stemming from what might have been a long period of caring for, and eventually losing, one or both parents, in addition to coping with the strong sense of stigma that surrounds HIV/AIDS and orphanhood.

In COPE-mobilized communities, it was reassuring to find that discrimination toward orphaned children was much less pronounced within the wider community. It was particularly interesting to find that children deployed a range of coping strategies, which included, for example, approaching other families outside their immediate household for specific needs. Many dropped out of school and sought paid work to meet their basic needs. They also sought help and support from their own peer networks and occasionally from neighbors.

In addition, this research revealed the children's striking lack of knowledge about HIV/AIDS; where community-mobilization around HIV/AIDS was well established, boys and girls had greater awareness of how to protect themselves from the disease. Boys and girls

were supportive of peer education and believed that behavioral change was most likely to occur from seeing someone dying of AIDS.

D. Institutional Care and Children

28. Mutumba, John F.K., assisted by Christine Kajumba (Unit 1), Imelda Zimbe (Unit 2), Hassan Nkuutu (Unit 3), Janet Iyeset (Unit 4), and Joyce Lulindya (Unit 5). (Study Unit Coordinators). 1991. *Child Care Open Learning Programme.* **Minister of Relief and Social Rehabilitation and Save the Children Fund United Kingdom, with funding from USAID/Uganda.**

This is a series of five study units for training staff in the provision of child-care services. The objective of the packet is "…to develop the professionalism of child care staff and to improve the quality of care for children, particularly those who live in children's homes." Although a children's home is still considered the choice of last resort, this packet addresses the issues of quality care and professional development within that setting.

Well-written, clear, and easy to follow, the training packet includes valuable basic information and a study guide that offers directions for using of all five units.

- *Unit 1: Child Health Care*: Health Rules and Guidelines for Children's Homes; Handling Common Health Emergencies and Home Accidents; Common Diseases of Childhood—Symptoms, Management and Prevention, and Health Problems with a Social Stigma
- *Unit 2: Child Nutrition*: Monitoring Nutritional Status; Food and Their Functions; Nutritional Needs of Children; Feeding Sick Children; Other Aspects of Child Nutrition; and Food Production, Preservation, Storage, and Preparation
- *Unit 3: Children with Special Needs*: Physical Handicap, Mental Handicap, and Social Handicap
- *Unit 4: Skills in Training Children*: Social Habit Training, Communicating with Children, Play and Activities, Preparing Children for School, and Guiding and Counseling Children
- *Unit 5: Planning and Administration in Children's Homes*: Management of Children's Homes, Government Policy and Children, Resource Planning and Management, Links Between Child Care Organizations, the Rights of the Child, Planning for Each Child, Keeping a Written Record, Report Writing, Financial Records, Recruitment of Staff, Allocations of Duties, Improving Working Conditions, and Staff Development and Training

29. Swedish International Development Cooperation Agency. May 2001. *Children in Institutions.* **Stockholm: Ministry of Foreign Affairs.**

While this paper does not address the AIDS issue, it is a testimony to abolishing institutional style care for children. Based on the Convention on the Rights of the Child, it devises a coherent policy, from the perspective of international development strategies, for the abolishment of institutions or, at best, for imposing strict regulations for standards, if it is not possible to avoid them all together. The paper addresses the general issues of why children are sent to institutions (worldwide) and presents sound reasoning for the abolishment of institutions and developing other forms of care. It also lists a set of standards for existing institutions:

- Admission criteria
- Assurance of health care
- Facilitation of contact with families
- Assurance of children's co-determination
- Protection against abuse
- Requirement of trained staff
- Individual treatment plans
- The right to birth registration
- Monitoring and inspection of activities
- Evaluation of the overview of treatment program

The paper concludes with a brief discussion of national plans for the abolition of institutions and the development of preventative measures.

30. Wolff, Peter, and G. Fesseha. 1999. "The Orphans of Eritrea: A Five-Year Follow-Up Study." *Journal of Child Psychiatry,* 40(8):1231–1237.

At first glance it appears the study might suggest institutional care for large numbers of children orphaned by war. Instead, the report actually demonstrates the improvement in the emotional and social health of children when "family-like" conditions are introduced into the institutional setting. It compares the psychological status and developmental potential of a group of severely traumatized orphans in Eritrea before and after the environment of their large, understaffed orphanage undergoes a major reorganization.

Comparison with control groups was difficult to achieve due to the changing conditions in country, but the improvement of the children was significant when the following factors were introduced:
- Child-care staff were involved in decision-making concerning children
- Children of mixed ages lived together with a permanent caregiver
- Several staff members ate with the children at every meal
- There were organized, after-school work assignments and sports activities with staff
- Each child had a designated space for personal possessions and clothing
- Children were encouraged to decorate their own dormitories

The research showed, over a five-year interval, that the improvement of children within the orphaned group followed the improvement of conditions of care to a more community, family-like atmosphere. Observation documented the improvement in stranger attachment; and social interactions had normalized significantly.

The article does not propose institutional care over family or community-based care, but in situations in which institutions do exist, it demonstrates how conditions for children can be improved by identified changes in the structure.

E. Conference Reports on Care of Children

31. Chernet, Tsegaye. 2001. *Overview of Services for Orphans and Vulnerable Children in Ethiopia.* **Prepared for a workshop held March 27–29, 2001, in Kigali, hosted by the Ministry of Local Government and Social Affairs of the Republic of Rwanda.**

The following problems were reported in children studied for this report who were in orphanages:
- The children felt lonely and hopeless.
- The children developed a dependency on the adults at the orphanage for all their needs (some children had never even counted money on their own). Children were often not given even minor responsibilities while in the orphanage.
- The children felt inferior to local children and had low self-esteem.
- The children had little adult guidance and little individual attention from caregivers.
- The orphanages were in urban areas; when the opportunity arose for children to be reintegrated into their home villages, the children were unwilling to be reunited with family members in rural environments, as they had become accustomed to urban settings.
- The children were given no skills training and were unprepared for adult life outside the orphanage.

On the other hand, the author reports good experiences with alternative child-care support. The author also describes improvements that occurred in a shelter taken over by the Stigftung Kinderdorf Pestalozzi Children's Foundation near Addis Ababa. The shelter housed 179 separated children from the 1984–1985 drought. The children were housed in village-style groupings, which made it more acceptable to the surrounding community. Unlike the children in the local orphanages, these children were given agricultural and handicraft training, as well as skills such as pipe installations and granary construction, which would be useful in their surroundings.

32. Levine, Carol, and Geoff Foster. 2000. *The White Oak Report: Building International Support for Children Affected by AIDS.* **New York: The Orphan Project. (To read the executive summary or to order the full report, see http://www.aidsinfonyc.org/orphan/.)**

This meeting is described as the first sustained discussion with both developed and developing countries and a variety of disciplines and agencies. In an effort to build strong organizational and personal relationships among workers who share common goals, 29 participants attended a three-day workshop titled "Developing International Collaborative Ties among Practitioners and Researchers Working With Children and Families Affected by HIV/AIDS." The report focuses on children and youth in the context of the global HIV/AIDS epidemic. Key issues include the epidemiology of loss, the erosion of household resources, the psychosocial impact of illness and death on children, HIV prevention, and the perspective of International Human Rights. The concluding chapter outlines a research and action guide and includes the following intervention strategies:
- Strengthen the capacity of families to cope with their problems.

- Stimulate and strengthen community-based resources.
- Ensure that governments protect the most vulnerable children and provide essential services.
- Build the capacities of children to support themselves.
- Create an enabling environment for affected children and families.
- Monitor the impact of HIV/AIDS on children and families.

In summary, and taken from the concluding statement of the report, "Ultimately, the White Oak workshop demonstrated that what is lacking is not knowledge, experience, goodwill, or passion. What is needed is broader political, economic, and professional support for turning these characteristics into research and action that will put children at the center of a coherent, consistent, and continuing response to a global epidemic."

33. The Salvation Army. *First Regional Think Tank on Psychosocial Support for Children Affected by HIV/AIDS (CABA).* **Report from a workshop held at the Salvation Army Masiye Camp, 4–9 August 2000). Available through The Salvation Army, Nairobi, Kenya.**

The five core themes for the working groups included:
- Formulation of a working definition of psychosocial support: how to make a concept operational and how to identify key research areas
- Partnership criteria, exchange learning, accountability, and transparency
- Objectives, target groups, and strategies for regional, scaled-up responses
- Monitoring, evaluation, and indicators for psychosocial-support-program impact assessments
- "School without walls," a regional training concept for mentors and field staff in psychosocial support for children affected by AIDS

An online Internet discussion preceded the conference. For three weeks prior to the workshop, participants were encouraged to discuss the questions addressed by the working groups and to continue the discussions after the workshop.

34. *Subregional Meeting on the Institutionalization of Children During and After Conflict.* **May 1998. Abidjan, Côte d'Ivoire: Save the Children Federation United Kingdom**

The meeting was convened to exchange experiences and ideas between agencies and government representatives at a national and subregional level in West Africa, and to develop a common understanding of the issues and approaches to working to ensure that the necessary institutionalization of children during and after conflict is minimized. The meeting was structured so that the issues of institutionalization of children during and after conflict were at different levels on each of the three days, and that the issues were examined both in terms of emergency conflict situations and more protracted crisis. Main topics included:
- Practical programming ideas to reduce the phenomena
- National structures, policies, and processes needed to address the problem
- Regional structures and processes needed to combat the spreading of bogus institutions and the unnecessary institutionalization of children.

The stated objectives of the meeting were threefold:
- To better understand causes and effects on institutionalization during and after conflict
- To explore and promote common initiatives for alternatives in the best interest of the child
- To set up action plans with realistic goals for good policy and practice

Although the problem of unnecessary institutionalization of children exists in peaceful areas, the meeting aimed to specifically examine those countries currently affected by civil wars and conflicts and those countries that could be affected by the mass movement of populations fleeing war. Some discussion was about the impact of AIDS on future residential child-care needs in the region.

The paper includes information from a three-year research study into residential care and alternative approaches for separated children in the developing world (David Tolfree, *Roofs and Roots*). It also gives a brief summary of a background paper listing causes and ways forward for children in residential care in Africa (Andrew Dunn, Save the Children Federation united Kingdom) and two contrasting case studies from Liberia and Tanzania, as well as a third case study from Sierra Leone.

35. United Nation's Children's Fund. November 30, 2002. *Meeting on African Children Without Family Care (Final Report).* Windhoek, Namibia: UNICEF Eastern and Southern Africa Regional Office.

This one-day workshop was convened by the UNICEF Eastern and Southern Africa Regional Office following the large conference titled Eastern and Southern Africa Workshop on Children Affected by HIV/AIDS. Approximately 50 people representing 17 countries attended. The report is a valuable overview of issues and concerns country-to-country and speaks to the need for a more formal approach to gathering and circulating regional information.

The objectives of the workshop were as follows:
- Share knowledge, information, and experience relating to alternative forms of care for children without family (orphans and other vulnerable children in each country who are living in institutional care, on the street, in child-headed households, etc.), with a major focus on how to strengthen and greatly increase care arrangements.
- Identify issues of common concern relating to alternative care, and discuss possible solutions.
- Enable participants to incorporate this information into country-level action.
- Consider possible next steps.

The report provides seven brief country presentations on their situations regarding alternative care and a position paper on residential care presented by Save the Children Federation United Kingdom. Eight key areas of action were identified and a discussion of these points is included. A brief list in the summary calls for greater focus on the following topics:

- Better forms of care, which are in the best interest of children, should be the clarion call.
- Country- and regional-level bodies should accelerate information exchange on alternative forms of care, share data on impact and opportunities, and vigorously promote opportunities to learn from each other.
- More advocacy is needed on policies and practices regarding residential care for children.
- Better documentation and research are needed, including studies that show the placement of children in community care is cheaper and provides better care. International organizations need to support research to advance this aspect.
- Priority should be given to school fees and other methods of keeping every child in school through greater advocacy.
- More research is needed on the reintegration of children who have been institutionalized.
- Awareness should be raised among those who mean well but are misinformed—particularly donors who channel funds directly into orphanages and large institutions.

Of particular interest were the perceptions of alternative care throughout the region. The report states that in the absence of regional data on the extent of alternative models of care, the following consensus arose as a result of questions put to the participants:
- The percentage of orphans living outside family care has remained under 50 percent.
- The number of street children has increased or greatly increased.
- The percentage of street children who are orphaned is between one-third and one-half.
- The number of orphanages has either stayed the same or is steadily increasing.
- The number of children in the orphanages has stayed the same or is increasing (one must take into account the replacement factor of children leaving and being replaced by others).
- The number of child-headed households has greatly increased.
- The number of children in residential institutions other than orphanages has increased.

F. Policy and Legal Considerations

36. Human Rights Watch. June 2001. "In the Shadow of Death: HIV/AIDS and Children's Rights in Kenya." *Human Rights Watch,* **Vol. 13:4(A).**

This report describes a national directive to include children's rights in governmental planning. It does not focus on child care, but it does include a section on the breakdown of community and family-support mechanisms. Chapter 5 discusses findings on AIDS-affected children in Kenya. The authors note that it could be a report from one of many African countries, as the growing problem of HIV/AIDS is not unique to Kenya. Human Rights Watch conducted more than 100 interviews in Kenya in February and March 2001. The report commends the government on its efforts to assist children in Kenya, but not surprisingly, urges Kenya to make AIDS-affected children a priority for policy and legal protections. The focus is more on legal aspects and the integration of the Convention on the Rights of the Child into national policy.

37. The Ministry of Local Administration and Social Affairs (MINALOC) [Rwanda]. (Representing a Technical Committee consisting of representatives of MINALOC; the Ministry of Education, Science, Technology, and Scientific Research; Hagaruka; Save the Children United Kingdom; and UNICEF). 2002. *National Policy for Orphans and Other Vulnerable Children in Rwanda.*

The aim of the document was to establish objectives and to propose strategies to address issues regarding orphans and other vulnerable children, including those affected by HIV/AIDS. The paper establishes principles of protection for the rights of the child and identifies 15 specific categories of vulnerable children to be recognized by the government. Within the general policy relating to children, it includes restraints, opportunities, and strategies. Strategies suggest the need for the following:
- Raise awareness.
- Conduct information campaigns.
- Undertake research and identification [of orphans].
- Develop legislation, procedures, and regulations.
- Establish community-based support structures.
- Strengthen the capacity of staff and organizations.
- Establish coordination mechanisms.
- Encourage and facilitate access to basic services.

The paper offers specific objectives for groups of vulnerable or orphaned children. The brief strategies following the objectives are useful, but they do not include implementation steps or narrative content for how to achieve the identified objectives. The 15 groups of vulnerable children identified are:

Those living in child-headed households	Children in foster care
Street children	Children living in centers
Children in conflict with the law	Children with disabilities
Children affected by armed conflict	Working children
Children sexually exploited or abused	Children affected by HIV/AIDS

Infants with their mothers in prison   Children in very poor households
Refugee and internally displaced children   Children of single mothers
Girls who are married before majority age

38. United Nations. *Global Crisis–Global Action.* Declaration of the United Nations Special Session on HIV/AIDS, June 25–27, 2001. New York: United Nations.

For practical reasons, the various goals in clauses 65–67 of the UNGASS Declaration of Commitment were consolidated into five themes:
- Access to education
- Access to health services and nutrition
- Provision of psychosocial support to orphans and vulnerable children
- Access to social services, and getting resources to the community level
- Protection of children's rights, and combating stigma

G. Research and Studies on Care of Children

39. Barth, Richard P. 2002. *Institutions vs. Foster Homes: The Empirical Base for a Century of Action.* **Chapel Hill, N.C.: University of North Carolina School of Social Work, Jordan Institute for Families.**

Based on information gathered in the United States, this paper considers four components of service outcomes for children in group care (i.e., institutions or orphanages): safety and well-being of children while in care, permanence and re-entry from care, long-term success of children in out-of-home care, and the costs of out-of-home care. Using a variety of sources, including a report by the Surgeon General and research on therapist-efficacy and parenting, the paper builds a strong case for the preference of home-based care for children.

The author notes, "…because of the scarcity of research on the outcomes of different types of out of home care, perceptions of out of home care become a useful source of data." The report further states, "…the varied roles of institutional care make an analysis of its efficacy difficult." His points are well substantiated in the ensuing debate between institutional care and family-centered care.

Despite its focus on children in the United States, the paper presents some points that are relevant to work in other countries:
- Recent evidence indicates that children in group care are older and, in general, have more problems than do children in kinship care or foster care.
- Costs of institutional care far exceed those for foster care or for treatment foster care.
- The difference in monthly cost can be six to ten times as high as foster care and two to three times as high as treatment foster care.
- There is virtually no evidence that the additional expenditures result in better outcomes for children: there is no cost–benefit justification for group care when other placements are available (in the United States); and placement in group care settings is not an essential component of child-welfare-service systems of care for the vast majority of children.
- There is no substantial evidence to support the necessity or value of large, centralized emergency shelters or residential treatment centers for most children involved with [U.S.] child welfare services.
- Family-focused, community-oriented residential programs have shown considerable success.

The author also includes a "permanence index" and an explanation of how this can be computed for children.

In summary, the review concluded that there was no evidence to support the use of group care or that it accomplished or improved any goals of the child-welfare services. It points out that children were not found to be safer, more stable, or to have achieved better long-term outcomes. It goes on to say that the cost was much more excessive compared to that of other forms of care**.** It concludes with the lack of empirical reason to utilize residential care for

emergency or long-term care and that it should only be considered for those few children with the severest forms of illness or self-destructive behavior.

40. Desmond, Chris, and Jess Gow. February 2001. *The Cost-Effectiveness of Six Models of Care for Orphans and Vulnerable Children in South Africa.* **Durban, South Africa: University of Natal, Health Economics and HIV/AIDS Research Division (prepared for UNICEF, Pretoria, South Africa).**

Taken in part from the paper's abstract: Several different models of care currently exist in South Africa. These models vary in both the quality of care they offer and the cost of providing it. This paper is the first of a two-part study to address those differences. The study concentrates on the cost of providing care in each of six identified models, ranging from formal children's homes to community-based structures, using a cost-effectiveness analysis. The other paper addresses the quality of care in the same six models. The study is directed toward policy makers, but it also provides information to community and nongovernmental organizations in the field. The cost analysis was conducted using two effectiveness measures: the cost of care per month per child, and the cost of providing a minimum standard of care per month per child in each of the six models. The results show the high costs associated with formal models of care, but also the difficulties of providing care in the informal models due to lack of access to resources. The paper is divided as follows:
- Various categories of care
- An outline of the method used in the estimation of costs
- Results of the six case studies used for comparison
- Discussion and conclusions

The paper concludes that resources should be concentrated on the more informal community-based structures for the most cost-effective care of orphaned vulnerable children, while recognizing the need for more formal organizations as a last resort.

41. Greenwell, K. Fern. 2002. *A Profile of Children in Rwanda's Unaccompanied Children [UAC] Centers: A Report Based on Statistical Indicators for 24 UAC Centers in 2000.* **Prepared for UNICEF-Rwanda in partnership with the Ministry of Local Administration and Social Affairs of Rwanda.**

While only 2.6 percent of the children in this study were identified as having HIV/AIDS or as being at risk for becoming unaccompanied due to HIV/AIDS, the document still provides a wealth of information on the usefulness, and difficulty, of setting up and maintaining basic statistics in a single register to gather information on children at a national level. As pointed out in the report, the children within the centers could be accounted for with basic statistics collected about their life histories, links to the community, and health and educational status. Such information provides a more complete picture of the children and may also characterize vulnerable children in the population as a whole. Authorities hoped this would help to answer questions such as where the separated children came from, how old they were, how long they had been separated from family, and what were the circumstances of the separations.

An interesting aspect of the study was the use of empirical data to provide a quantitative focus. The study supports Rwanda's implementation of the principles in the Convention on

the Rights of the Child. The objective was to gather the data and disseminate information to decision makers concerning the situation of children separated from their families. Another objective was to set up an information system that would help to monitor separated children over time. The report provides statistical indicators that include demographic profiles, contacts with family and community members, and their general health and educational status. It was hoped that if the indicators could be systematically collected and updated, this could lay a foundation for monitoring and comparing future data.

Ten basic indicators are suggested to track sociodemographic characteristics of children in UAC centers, and all can be computed from information maintained in a single register:
- Number of children living in centers
- Number of children admitted to centers
- Reasons children are in centers
- Who brings children to centers (community contacts and siblings)
- Where children come from
- Age at entry
- Age distribution
- Incidence of institutionalization
- Orphan status
- Tenure time (exit)

This report showcases each of the basic indicators except the date of exit and the destination of children leaving UAC centers. This information was not collected because data on discharged children were not available in the archives. Information on health and education status is included, in addition to the basic sociodemographic indicators. Of interest is the collection of data over time that shows decreases and increases in center populations and, more importantly, the continued numbers of children entering the centers in periods absent of civil strife:

> "In the last decade many unaccompanied children entered UAC centers for reasons related to war and genocide. Many of these children have been reunited with their family (or extended family members) or placed in foster families. These family placement efforts, mainly in 1995 and 1996, have led to the number of unaccompanied children and UAC centers to decrease. But a closer examination of children in centers reveals that in recent years—in a period absent of civil strife—children are continuing to enter centers. Many families cannot afford to provide the basic needs for their children, and social service programs are extremely limited. Placing their child in a center is perceived by these families as a better alternative to raising him or her at home."

The study offers a format for constructing this type of data and a detailed discussion of the ten indicators selected for use. In light of the lessons learned, the report concludes with the following suggestions:

Step 1: Maintaining statistics at the local level. Implement a standard array of statistics to be maintained on all children entering and leaving the center (cf. Section IV. "Maintaining and reporting statistics").

Step 2: Collecting statistics at the national level. Work with MINALOC and inter-ministerial child protection stakeholders to explore how, and how often, statistics should be collected, and how a single registry per center can be maintained.

Develop a database/spreadsheet that would be updated regularly and easily analyzed.

Step 3: Producing, presenting, and disseminating basic indicators. Basic indicators from compiled statistics would be produced much like the ones shown in this report. This report, as a template for computing and presenting indicators, may be sufficient, or further technical assistance may be needed.

MINALOC, or a collaborative, interministerial entity, could disseminate a regular bulletin or newsletter, much like the bimonthly published by MINITRASO/UNICEF in 1995–1996 (*Children: the Future of Rwanda* series in English and French).

42. Save the Children UK. 2002. *Continuing Misuse of Children's Institutions in Bulgaria.* Discussion paper. London: Save the Children United Kingdom.

Bulgaria has more babies and children under the age of three being cared for in institutions than any other country in Central Europe, the Balkans, the Baltic States, and the former Soviet Union. Currently more than 3,000 babies are in Bulgarian institutions, out of 22,000 children in state institutional care. This number includes disabled children, those placed in institutions for "social" reasons (often poverty), and juvenile offenders. The paper states that many of these children could remain with their parents if they received needed support from their communities.

The paper identifies the following dangers of institutional care for children:
- The worst children's homes are squalid and can have as many as 40 children to each caregiver. The result is that many children develop autism, hyperactivity, and attachment disorder.
- Research studies have shown that institutional care can also hinder a child's physical, intellectual, and social development.
- Not surprisingly, when children leave these orphanages as young adults, they are ill-equipped for life on the outside. They have few life skills, and no family or peer networks, making it difficult for them to live independently.
- The result is that young adults who are only mildly disabled may spend the rest of their lives in an adult institution.

Given these dismal outcomes, why has institutional care in Bulgaria continued and, in fact, expanded? One reason is the demand for children for international adoption, with couples from abroad willing to pay large sums for infants. Another is that Bulgarian institutions employ an estimated 11,000 staff, most of whom have an interest in protecting their livelihoods in a country where there are few work alternatives. Disabled children in Bulgaria

are considered to require "specialist" treatment in institutions. Unfortunately, institutions are geared toward keeping these children alive, but not toward educating them or preparing them for adult life in the mainstream. In addition, the government invests little in the alternative: community-based child care.

The paper calls for reform of Bulgaria's child-care system, in the shape of community-based care. It states that most children could remain with their parents, or live in another family-type environment, if they received appropriate support at the community level. This will be cheaper than institutions, and will be an investment that will pay social and economic dividends.

The paper calls upon the Council of Europe and the European Union to condemn the widespread use of institutions and the abuse and neglect associated with them as violations of human rights against children.

H. Related and Relevant Documents

43. Ashby, Leroy. 1984. *Saving the Waifs: Reformers and Dependent Children: 1890–1917.* **Philadelphia, Pa.: Temple University Press.**

This is a scholarly treatment and a careful documentation of the beliefs and motivations on which dependent child-care policies were formed at the turn of the twentieth century. Many institutional and organizational examples of dependent care are examined. Ashby discusses the debate over home vs. institutional care and the controversy of "placing out" with the "orphan trains" that carried children to families in the West. Tensions are highlighted between notions of social justice vs. social control, voluntary action vs. government aid, and amateurism vs. professionalism. See in particular Chapter 3, "Saving the church by saving the children: The orphanages of the National Benevolent Society."

44. Bowlby, John, et al. 1967. *Deprivation of Maternal Care: A Reassessment of its Effects and Maternal Care and Mental Health.* **A report prepared on behalf of the World Health Organization as a contribution to the United Nations program for the welfare of homeless children (2 volumes). New York: Shocken Books.**

One of the earlier works on attachment relationships for children, this is a pivotal document for those working with issues of child development and mental health as they relate to attachment to adults. While more recent studies of attachment differ somewhat from this earlier work, it still establishes the fundamental need for children to be reared in families in order to thrive optimally.

45. *Bringing Them Home: A Guide to the Findings and Recommendations of the National Inquiry on the Separation of Aboriginal Children and Torres Islander Children from Their Families.* **This appeared as a part of an Australian government report in 1994.**

This official Australian government report documents the policies and practices that forcibly removed aboriginal children from their families and communities between 1910 and 1970. This exhaustive investigation sought to examine practices within the legal values that prevailed at the time. The report adopts a position of collective responsibility and concludes with a series of specific recommendations intended to provide reparations. The role of the church in the implementation of the original policies and the process of reconciliation are examined.

46. Dona, Giorgia. Undated. *The Rwanda Experience of Fostering Separated Children.* **Stockholm: Save the Children Sweden.**

Within a legislative context, the study discusses fostering and compares it to other types of care arrangements for children, including adoption and guardianship. A key question for the study was whether or not foster children are treated in a manner similar to that of child members of the family. The study also looked closely at how children perceived fostering. Of special interest are the chapters that provide pictures of families' experiences (chapter 5) and perceptions of children in foster care (chapter 6).

47. Freud, Anna, Joseph Goldstein, and Albert Solnit. 1973. *Beyond the Best Interest of the Child.* **New York: The Free Press, McMillan Publishing.**

Selected chapters from this volume, particularly chapters one and two, provide a lay reader with a very accessible grounding in child development theory. Linked to a legal perspective, the book provides a rationale for examining what kind of placement would be in the "best interests" of the individual child. At the same time, it provides the basis for a wider discussion of general policies and practices.

48. Mann, Gillian. Undated. *A Literature Review of Care Issues for Separated Children.* **Stockholm: Save the Children Sweden.**

Taken from the Review: The aim of this paper is to explore current understandings of the care and protection needs of separated children as they are presented in the available nongovernmental organization, multilateral, and academic literature. An attempt is made to analyze and augment the findings of this literature through an examination of ethnographic evidence from different parts of the world. It is argued that in order to understand the needs and circumstances of separated children, considerations of the following contextual elements are essential:
- Constructions of childhood and theories of child development
- Understandings and constructions of family
- Child-care practices, with special reference to child fostering and sibling caregiving
- The meaning of parent-child separation
- Children's relationships with one another
- Children's relationships with adults

49. Riis, Jacob. 1957. "Waifs of the City's Slums." In *How the Other Half Lives: Studies among the Tenements of New York.* **New York: Hill and Wang.**

Though Riis has been accused of sentimental writing, this work provides an informed view of poor immigrant children in New York at the turn of the twentieth century. It makes specific reference to institutions that received abandoned children (e.g., Sister Irene's Asylum) and provides city records of the mortality rates at the Infant's Hospital on Randall Island. The practice of infanticide or "baby-farming" is noted, along with the advocacy work of the Society for the Prevention of Cruelty to Children. The appendix provides statistics on children's institutions in New York City, along with relevant police records for 1889. Riis' writing on street children is noteworthy for its attention to the strength and resiliency in a population generally perceived as "deviant."

50. Simms, F.A. 1986. *An Evaluation of Children's Institutions in the Kingdom of Lesotho and Consideration of Alternatives***. Save the Children Lesotho.**

Summary taken from the report: Basothos culture has evolved a well-developed extended family and community-care system to provide for the needs of children. It is supported by Sesotho customary law and perpetuated by the Sesotho indigenous education system.…There is an increase of families whose children suffer death, disability or inadequate care as a result

of poverty and who are too poor to make use of provisions intended to combat the effects of poverty in the country. …Residential institutional care is recognized to be an inadequate and expensive method of providing for children and, unless conditions of care are ideal, they are likely to cause psychological damage and social maladjustment to children. Countries in which the system of institutionalization of children was developed are now committed in principle to the prevention of poverty and support of alternative family support and community care systems. The use of institutional care as opposed to material aid to the family is now considered unethical.

Lesotho has a fine cultural heritage of extended family and community care systems and institutional care is inappropriate and also likely to be particularly damaging in the Basotho cultural context. Difficulty in communications and lack of social workers are likely to mean that institutionally reared children are alienated from their extended family, which is so essential for psychological identity and as their only social security system. Institutional care in Lesotho is also likely to be misunderstood and misused due to a lack of qualified social workers to control admissions and fully investigate and develop community-based alternatives; a lack of understanding of the psychological disadvantages of institutional care; and the material benefits of free rearing and education, with no claim on traditionally expected reciprocities from the child.

The study of children's institutions in Lesotho suggest that psychological conditions of care are inadequate to enable normal psychological development. Case studies of individual children in the institutions provide evidence that residential care is being used as a solution to poverty and that provisions of necessary income-generating possibilities, material aid resources, and community-based social work would enable these children to be well cared for in their families at far less cost than in institutional care. Community-based rehabilitation is also needed. Such schemes would break the self-perpetuating cycle of poverty, enabling self-sufficiency in the future and would support the country's admirable cultural heritage of extended family and community care. It represents not only a psychologically, culturally, and socially more appropriate solution, but it is also far more cost effective and, therefore, is the only realistic way of providing for the needs of children in a developing country.

51. Thurston, Anne F. April 1996. "In a Chinese Orphanage." *Atlantic Monthly.* 277(4):28–41.

This is a controversial piece intended to expose the situation of children in Chinese orphanages that appeared the same year as the BBC documentary "The Dying Rooms." The article is based on firsthand observation and interviews during a period when the United States was debating "most favored nation status." Issues of child abandonment and quality of care in large institutions are noted, with references to the research of Rene Spitz and descriptions of enclitic depression and withdrawal in young children. The author examines China's "one child policy" and the bleak implications for young girls, with an emphasis on female infanticide. Historic parallels are drawn to turn-of-the century practices in the United States and in a final discussion of the need for training and changes in child policy, the author examines the increase of foreign adoption from China.

52. United Nations Children's Fund. 1997. *Children at Risk in Central and Eastern Europe: Perils and Promises—Economics in Transitions Studies: Regional Monitoring Report No. 4.* **(Central and Eastern Europe in Transition: Public Policy and Social Conditions.) New York: UNICEF.**

While this report does not focus on either HIV/AIDS or Africa, it is a detailed report on attempts to shift from institutional care of large numbers of children to more humane placement options. It is relevant to a general discussion of community-based approaches, as the primary focus is on children at risk in families and the community, children in public care, and the role of family-support policies in preventing risks to children. It provides numerous examples of welfare changes, measures and risk factors of poverty, and, more specifically, discussions of assistance to children during times of government transitions and collapse of governmental agencies that traditionally provide welfare and care to children and families.

Abstract taken from the paper: "Despite some encouraging signs, indicators of family and child well-being still point to an often dire situation in the region. The report first examines the many risk factors that there have been for children during the transitions—rising family breakdown rates, increased financial hardships, war and armed conflict, environmental degradation, health and health-service deterioration, substance abuse, falling access to education, and crime. The report then considers the special position of children in public care. Institutional care, fostering and adoption arrangements remain in need of sweeping reform. The preventative role of family support policies is emphasized and a strategy for radical reforms in substitute care programs is suggested."

53. United Nations Children's Fund. *Report of the Regional Conference on Children Deprived of Parental Care: Rights and Realities, October 22–24, 2000, Budapest, Hungary.* **Occasional Papers No.1, Child Protection Series. Published by the UNICEF Regional Office for CEE/CIS and the Baltic States, The NGO and UNICEF Committee for CEE/CIS and the Baltic States, in collaboration with the World Bank.**

While this report does not focus on HIV/AIDS or sub-Saharan Africa, it contains helpful discussions and information specific to children deprived of parental care. As stated in the report, "…the whole concept of the conference was built on the premise that every child has the right to grow up in a family environment. ... Also, family-based alternatives to institutionalization must be established for those children who cannot stay with their families. Special attention has to be given to children that are particularly at risk of being deprived of parental care….There is an urgent need for prevention policies focusing on families of these children."

After establishing this concept, the conference addressed the issue of assessment and analysis of the situation as a crucial step in building knowledge and setting the goals for change. It examined three main areas:
- The "gatekeeping" system
- The range of services and standards of care
- The redirection of resources to community-based services

Of interest are the reports on the working groups, which include a section on international legal instruments specific to children deprived of parental care. The conference reached a consensus on the importance of building support for family-centered approaches, with a special focus on preventive measures to ensure that children are not placed in public care because of poverty, disability, or ethnicity. The conference issued the Budapest Statement, reinforcing its findings. This conference is linked to the joint UNICEF/World Bank Project, *Changing Minds, Politics, and Lives* (http://www.eurochild.gla.ac.uk/changing).

54. Williams, J.P. 1992. *Legal Reform and Children's Rights in Uganda—Some Critical Issues.* London: Save the Children United Kingdom.

This gray paper examines the laws and policies on child protection issues in Uganda from a best-interest, child-rights perspective. The introduction provides a basic overview of Uganda, the country's economic and political realities, and the implications for the situation of children in 1990. The report by the Uganda Committee on the Rights of the Child is discussed along with the process of developing legal reforms. The paper provides an in-depth account of the interface of government ministries, the courts, and local authorities. Major issues are considered, including the critical transition from legal reform to implementation.

I. Video Recordings

55. Burns, Ken. 1996. "Friends of the Indian," Vol. 7 of "The West." In *The Geography of Hope*. PBS Home Video. 1998. Alexandria, Virginia.

This five-minute clip on the development of boarding schools for Native Americans, including archival photographs and oral history interviews, is a powerful testimony to the confidence with which reformers tackled the perceived problem of "helping Indians become Americans." Principles of continuity of culture, religion, and language that are covered in the Convention of the Rights of the Child are brought into stark relief through the practices of the Bureau of Indian Affairs boarding schools.

56. Media for Development Trust. *Everyone's Child* (83 min.). 1996. Harare, Zimbabwe: Media for Development Trust with support from Overseas Development Administration, PLAN International, and the Anglo-American Corporation in Zimbabwe.

Taken from the catalogue description: "To those unfamiliar with Africa, it is a superb introduction to the grim realities that constitute the dangers and strengths of life in Africa. For Africans and students of Africa, it presents a story of disease, death, and community response in a fresh, sensitive and wonderfully engaging manner. The film succeeds in raising the vital questions of vulnerability to AIDS (and other diseases). *Everyone's Child* leads the viewer into a deeper appreciation of the societal challenge posed by the HIV/AIDS pandemic, and is a welcome counterbalance to the many formal, didactic, and simplistic teaching films about AIDS. Ultimately, however, the film transcends 'messages' about AIDS or Africa. *Everyone's Child* speaks powerfully, simply, and directly about love and tolerance and solidarity—the ultimate, universal human sources of hope and strength in the face of tragedy."

NB: The video is also available with a 20-minute support video and workbook in English, Swahili, Shona, Ndebele, Bembo, or Nyanja (PAL only).

57. Ncaylyana, Madoda, in collaboration with Linda Richter. August 2003. *Just a Little Smile* (24 min). Durban, South Africa: Human Science Research Council.

A pilot project was conducted to examine methods of building resilience in small children. The approach was to change the usual pattern of care-giving by pairing up children with older youth in the area. The use of rural youth is different because typically, older women cared for the children. This occurred because parents either left to find work in urban areas or, in recent years, were either sick or dying from HIV/AIDS.

58. Small World Productions [Kampala, Uganda]. Undated. *These Are Our Children* (10 min.) and *The Orphan Generation: A Video About Community-Based Care and Support for Children Orphaned by AIDS* (40 min.). Produced with support from ActionAid Uganda, the Overseas Development Administration (United Kingdom), UCOBAC (Uganda), UNICEF, and the World Health Organization.

Taken from the video: "Uganda is one of many African countries where a generation of orphans is growing up without parental guidance or support, and faced with a legacy of hunger, poverty, and grief. *These Are Our Children* is a powerful appeal to political leaders, planners and aid donors to support local communities in meeting the basic needs of AIDS orphans. It can also be used as a general introduction to the AIDS orphans issue. *The Orphan Generation* focuses on the struggles of one Ugandan village to cope with the deepening orphan crisis. Local development and social workers explain how the needs of these children can be met—and their rights protected—by support for community-based organizations rather than institutional care. Both programs can be used in conjunction with the booklet 'AIDS Orphans: A Community Perspective from Tanzania,' No.5 in the *Strategies for Hope* series (TALC, P.O. Box 49, St. Albans, Hertfordshire AL1 4AX United Kingdom)."

J. Electronic Resources

59. Displaced Children and Orphans Fund. July 2001. *Rwanda: Advancing Healing and Reconciliation.* **South Windsor, Conn.: Trauma, Research, Education, and Training Institute, Inc. http://www.heal-reconcile-rwanda.org/index.html.**

60. Displaced Children and Orphans Fund Project. *Fact Sheet for Rwanda: Reintegration and Reunification Program for Unaccompanied Children.* **2003. Available at: http://www.usaid.gov/pop_health/dcofwvf/dc/rwanda.html.**

61. International Rescue Committee. *A Participatory Review of the Reunification, and Youth Development Program of the International Rescue Committee in Rwanda.* **[Displaced Children and Orphans Fund, July 2001, accessed Oct. 25, 2003] Available at: http://www.usaid.gov/pop_health/dcofwvf/reports/evals/dcrwanda01.html.**

62. Greene, Margaret E. *Why Orphanages Are Not Good—Afghan Kids Have Suffered Enough.* **[Washington, DC]. Population Action International. Contact the author through www.populationaction.org. or by telephone 202-557-3400.**

63. Kidsave International. A description of the Kidsave program with specific information on the harm of institutions is available at: http://www.kidsave.org/.

64. Save the Children United Kingdom. *Residential and Alternative Forms of Childcare: Resource Pack 2002.* **London: Save the Children United Kingdom. Available by contacting the Programmes Resources Centre at Save the Children United Kingdom. Available by contacting Prc@scfuk.org.uk.**

65. Swartz, Leslie. September 2002. *Reflective Practice: Psychodynamic Ideas in the Community.* **Cape Town, South Africa: Human Sciences Research Council Publishers. Can be ordered at: http://www.hsrcpublishers.co.za/index.html?reflective_practice.html~content]. Edited by the author of** *Culture and Mental Health***: http://www.hsrcpublishers.co.za/index.html?reflective_practice.html~content.**

How do we understand and aid meaningful social change? What tools do we need to work in the community, make sense of what we do, and sustain our work through difficult challenges? This original volume takes the debate in a refreshing new direction. It shows that using a psychodynamic approach as a tool gives us radical new ways to tackle difficulties and differences. The emotional costs of living in a conflictual and rapidly changing society are not adequately represented through reference to psychiatric symptomatology or through statistics that count numbers of "victims."

Case studies explore the multiple layers of trauma and conflict in communities and organizations, and the complexity of responses called for. Divides along race, class, culture, gender, language, age, disability, and political lines are discussed extensively, and the power of the "expert" social service professional is debated from a range of perspectives.

The book emphasizes how important it is to thoroughly understand the context for community work. While looking at one clinic's efforts to aid positive transformation in a range of South African contexts, it also reflects on the process of change within the clinic itself. It shows how change in others cannot happen without change in ourselves. It asks you, the reader, to engage and challenges you to think deeply and on multiple levels about community-based practice and what it means both for communities and for agents of change.

66. **The Family Center. The Center, located in New York City, works extensively with HIV-affected children, and has several publications on the topic, some of which are free. Visit: http://www.thefamilycenter.org/index.htm. A list of publications can be found at: http://www.thefamilycenter.org/pubs.htm.**

67. ***Orphans and Vulnerable Children (OVC) Taskforce Listserv.*** To subscribe, send a request to: ovctaskforce-owner@yahoogroups.com or to Alexander Bittner: BittnerA@Childreach.org.

68. **The Synergy Project.** ***CABA (Children Affected by AIDS) Forum.*** To subscribe, please send an e-mail with "subscribe CABA" in the body of the e-mail to: listserv@list.s-3.com, or enter your e-mail address at: http://www.synergyaids.com/caba/register.asp. Archived CABA forum postings can be viewed at: http://www.synergyaids.com/caba/cabaindex.asp, and resources related to children affected by AIDS can be found at: http://www.synergyaids.com/caba/resources.asp. Subject: Request for (Parental) HIV Disclosure Materials, To: CABA@LIST.S-3.COM.

69. **U.S. Agency for International Development and The IMPACT Project.** ***Rwanda and HIV/AIDS: Key Talking Points.*** **2000. http://63.107.122.20/documents/549_Rwanda.PDF.**

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81. Vozniuk, A.M., V.B. Taseev, and Y.M. Smoliakov. 1999. *How the Identification and Placement of Orphans and Children Left Without Parental Care Has Been Resolved in the Samara Region.* UNICEF and the Department for the Affairs of the Family, Women, Children and Youth, Ministry of Labour and Social Development, Russian Federation.