

# **Overview of Services for Orphans and Vulnerable Children in Ethiopia**

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## **1. Introduction**

This report is prepared for a workshop which was held on March 27-29, 2001 in Kigali, hosted by the Ministry of Local Government and Social Affairs of the Republic of Rwanda. The objective of the workshop was to seek appropriate policies on the care and support of orphan and vulnerable children.

The Displaced Children and Orphan Fund, an office of USAID fully sponsored the trip to Rwanda, in order to share the experiences of Ethiopia in caring for Orphan and Vulnerable Children (OVC) during the last two decades. The International Rescue Committee of the Rwandan Program, facilitated the trip.

The report has attempted 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 that are involved in an efforts to stop the proliferation of residential services for orphans and promote other forms of family and community services in other countries.

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

Highlights of the Swedish Save the Children and the former Relief and Rehabilitation Commission’s experience in reunifying unaccompanied minors has also been discussed. This will provide readers an insight on the process that may possibly be followed in launching Child Family Reunification. Possible problems that can be encountered in the process of reunifying children in an emergency situation is also discussed.

The Integrated Child-Based Community Development Project of SKIP, Pestalozzi Children’s Foundation, is presented as a model project that managed to reintegrate and reunify all children under its custody and shifted the project to a community development program addressing the root causes of poverty.

The recent policy shift, from residential services for orphans to other family and community based services, both by the government and NGOs has also been presented.

Government policies that encourage alternative approaches are highlighted in the report. Finally, some suggestions for future action in the Ethiopian context that will help to address the needs of orphan and vulnerable children in the country are included.

It is hoped that this report assists field workers in other developing countries that are faced with the challenges of orphans and other vulnerable children's issues.

## 2. Ethiopia, background information

Ethiopia is located in the northeastern part of Africa neighboring the Sudan, Eritrea, Djibouti, Somalia and Kenya. It covers an area of 1.1 million sq. km with an estimated population of 64 million, of which 17% account for the urban population. According to the CIA – The World Fact Book 2000 – Ethiopia, children between the age of 0-14 years accounts for 47% (30,144,741). The total population growth rate is estimated to be 2.76% while the birth rate is 45.13/1000.

Ethiopia is one of the “least developed and most seriously affected countries” of the world. The information from the CIA indicated that “...Ethiopia’s economy is based on agriculture, which accounts for half of the GDP, 90% of exports, and 80% of total employment”. The agriculture sector suffers from frequent periods of drought and poor cultivation practices, and as many as 4.6 million people need food assistance annually.

As a result of the existing low level of socio-economic status of the country, exacerbated by recurrent draught and war, millions of children in Ethiopia are deprived of the right with basic needs and survival. The situation is exacerbated by the AIDS pandemic, ravaging the country and deteriorating the active labor force that can a significant role in the future socio-economic development of the nation. The Ministry of Labor and Social Affairs (MOLSA) estimates those disadvantaged children who are victims of all the above factors to be approximately 5 million.

### **Additional information on the magnitude of the problem of OVC**

- *Estimated number of street children 150,000-200,000*
- *1,000,000 urban poor children were at high risk of becoming street children (the 1991 study conducted by UNICEF).*

### **Children with disabilities:**

- *2.7 million children are estimated to have some sort of physical or mental disabilities.*

### **Children infected or affected by AIDS according to the Ministry of Health**

- *9% of children between the age of 15-49 years is reported HIV positive (3.2 million people infected in Ethiopia, which is 10% of the world’s total)*
- *Current estimate of AIDS orphans is 750,000 and may increase to 980,000 by 2002 and to 2.1 million by 2014.*
- *Cumulative AIDS death /estimate/, 1.2 million in 2000, 1.7 million by 2002, 3.55 million by 2014. Expected morbidity 5.25 million.*

### **Children affected by armed conflict**

*The internal war that ravaged the country for three decades has affected thousands of children affected.*

- *Out of the 1991- 200,000 displaced Ethiopians from Eritrea 120, 000 were children*
- *An estimated 120, 000 children have been displaced as the result of the recent Ethio-Ertria border conflict.*
- *Of the 491,502 returnees from the Sudan, Djibouti and Somalia in the early 90’s, 211,346 (43%) were estimated to be children*

### **Children affected by the two big droughts in the 80’s**

- *1984/85 drought and famine left 36,339 minors unaccompanied*
  - *1987/88 drought and famine left 37,000 orphaned*
- Information on the current (1999 – 2000) drought is not available.*

### **3. Care and support for orphan and other vulnerable children in Ethiopia and associated problems**

Traditional means of caring for orphans, persons with disability, etc. are continuously changing. The responsibility is rapidly shifting from families (both nuclear and extended), communities and churches to different types of institutions. The following section briefly examines the evolution of the childcare system in Ethiopia.

In Ethiopia, as in most traditional societies, there has been a strong culture of caring for orphans, the sick, and disabled and other needy members of the society by the nuclear and extended family members, communities and churches. However, the advent of urbanization exacerbated by the recurrent drought and the resultant famine coupled with the internal and external wars that took place in the couple of last decades have claimed a heavy toll of human life. Millions of people were forced to migrate to centers where food was distributed. Consequently, thousands of children were left unaccompanied as neither family nor communities and religious organizations were able to discharge their traditional roles and functions. This situation therefore necessitated the proliferation of institutional care in Ethiopia at an alarming rate, after the severe drought of 1984/5.

Prior to this period, a few institutions were initiated by faith based organizations and by local elite philanthropists. However, the severe drought of 1984/85 necessitated the need for more orphanages by both government and non-government, as thousands of children were left unaccompanied. Care and support for orphans and unaccompanied children through institutional care was taken as a quick and proper alternative particularly for those who were put in temporary shelters. An assessment made in 1988 by National Children's Commission (NCC), indicated there were 106 orphanages in Ethiopia operated by government, non-government organizations and city councils caring for 21,318 children.

Earlier reports indicated approximately 20,000 orphaned and destitute children were being cared for in 93 homes in Ethiopia. 86.02% of those homes were supported by NGOs catering to the needs of 59% of the total 20,000 children. The report indicated that, homes run by government were having more number of children in a single institution, denying individual care and attention by adults. For example, Children's Amba, the largest orphanage in the country, was catering to over 4000 children.

#### **3.1. General problems associated with institutional care:**

Most of orphanages were initiated as a quick response to solve the problem of unaccompanied and orphaned minors. Because of this situation many problems were faced by the home.

In this regard, an assessment made by the former Children and Youth Affairs Organization should that the following are found to be among the major problems:

- In adequate funding to support programs designed for the children
- Shortage of trained personnel
- Inadequate skills training that resulted in long care in orphanages
- Lack of psychosocial services
- Lack of long-term strategic planning.

As a result of these and other problems, the children in the orphanages often elicit unwanted behavior; the following of which are the main ones:

- Feelings of loneliness and hopelessness
- Dependency on the adult population for all their needs. (some children have never counted money or gone out of the orphanage for shopping)
- Low self esteem and feeling of inferiority
- Rearing second generation of orphans. (the children are attracted to each other as they grow)

Most problems are associated with the lack of adult guidance. There is also limited participation of children in the centers even in decisions that determine their future; and children not being provided with minor responsibilities to handle while they are in the center.

### **Experience of the Ethiopian orphanage\***

**a) Problems related to the formation and operation of the orphanage:**

*Initiating the home without proper planning, lack of adequate source of fund, shortage of trained human resources and other administrative problems.*

**b) Problems related to children under orphanage are:**

- *Keeping children over the age of 18 years*
- *Lack of individual attention from care takers*
- *Feeling of considering properties of the center as personal and creating problem with the workers over this issue.*
- *Unexpected needs of children which was not compatible with the available resources.*
- *Pre-marital sexual practice among children and unwanted pregnancy*
- *Non willingness to be re-united or re-integrated because of the attraction to urban life.*
- *Children engaged in illegal activities such as alcoholism, etc.*

**c) Problems related to the caretakers:**

- *Lack of skills of workers to cope with the frequent changing behaviors of children*
- *Developing sexual relation between the male children and female caretakers (The other way round has also been observed in other orphanages.*
- *Frequent change of caretakers and disagreement with the children.*

**d) Conflicts resulting from orphanage management and the children:**

- *Failure by the management to comply with its plan of providing certain items to the children such as clothes, shoes, etc due to shortage of funds.*
- *The wrong perception that the children had about the management's low level of concern about their wellbeing.*
- *The children desire to be employed by the orphanage upon completion of high school.*
- *Uncertain feelings of children about the length of their stay in the center. Policies are not clear to the children, so they develop an insecure feeling of being abandoned again.*

*According to the report the management has made all efforts to avert serious problems that can possibly be escalated due to the above problems. Such measures include but are not limited to:*

- *Providing training for the caretakers*
- *Availing counseling service for the children*
- *Discharging staff that do not have the necessary skills or interest to work*
- *Providing education on adolescent reproductive health for the children*
- *Creating a forum where the staff and the children will voice their concerns such as budget utilization, disciplinary issues, employment opportunities, etc.*

*Despite all the above-mentioned efforts, the problem between staff and children as well as community children, remained the same. As a result, out of the total 250 orphans 52 of them left the orphanage on various grounds. 39 left on their own accord, of which 5 were pregnant.*

*This was shared by the home Director at a training of trainers' workshop organized for senior orphanage staffs in 1994.*

#### **4. Alternative care for:**

While numerous institutions were created to care for children national, international and government organizations were also experimenting providing alternative care for orphans and unaccompanied minors. This section will review such responses given to the felt needs of unaccompanied minors in shelter areas.

The Relief and Rehabilitation Commission (RRC), in addition to facilitating and coordinating the work of NGOs involved in promoting the permanent institutional services for orphans, has also managed to reunify thousands of children who became separated from their parents and relatives. This work was conducted in close collaboration with other government and international organizations mainly Save the Children UK, USA and Sweden. SC-USA, SC-Norway and the Pestalozzi Children's Village (SKIP) have attempted to solve the problem of unaccompanied minors through establishing community-based programs.

Other national and international organizations such as the Ethiopian Evangelical Church Mekane Yesus, Christian Children's Fund USA and Canada have attempted to solve the problem through non-institutional approaches that include family sponsorship programs and day care centers. Children (orphan & destitute) were provided with meals, education, medical care and clothing. Approximately 13,000 children have benefited through these programs.

For the purposes of this report, the experience of Save the Children Sweden and that of the Ethiopian Government and SKIP, are taken as the models from where drew a lesson.

##### **4.1. Child Family Reunification Program as a response to the problem of unaccompanied children residing in temporary shelters:**

The 1984/85 severe drought claimed the lives of millions lives Survivors were forced to flee to urban areas as well as temporary shelters areas. Hundreds of thousands of children were put in temporary shelters, mostly in the North and Western parts of the country. The Children were separated from their families due to various reasons, such as:

- Separation of families during of mass exodus to shelters and/or urban centers
- Lack of proper record keeping on families
- The establishment of separate shelters for children, with the intention to provide special care and protection
- Children some times leave their families or communities to go to shelters
- Abandonment of children around shelters by parents or guardians
- Death of parents or caretakers at home or as a result of difficulties in reaching the centers.
- The re-settlement scheme where family members were separated on their way to the settlement sites to the west from drought and prone areas of the north.
- Parents' death from diseases transmitted with in the new settlement sites.

These factors, particularly in the north, were exacerbated by the internal wars that were being waged in the drought-affected areas inflicting death and displacement.

Soon after the emergency situation was over, a survey was conducted in 18 temporary shelters and information was gathered on 26,000 children. Of these, 1000 were reunified by Save UK in co-operation with ICRC. Save the Children Sweden latter joined the RRC and SCF-UK in their effort to launch a Child Family Reunification Project, both in the north and western resettlement areas of the country.

#### **4.2 Process of actual CFRU followed by RRC and Swedish Save the Children Project**

In order to gain a comprehensive view on the magnitude of the problem and to map out intervention areas from numerous organizations a survey was conducted before launching the actual child family reunification task.

The following steps were followed with due care before the actual reunification took place.

1. Developing different formats/guidelines to be used to collect information on families and children and commitments to be entered by families or guardians.
2. Assigning the required staff to provide training on childcare and issues related to CFRU principles and guidelines to facilitate the implementation of the project.
3. Information gathering using documents and interviews with staff and children. This was followed by medical screening and taking photographs.
4. Family Tracing: Different mechanisms were used to trace families based on the information gathered. Market places, social gatherings, religious ceremonies and farmers' associations are used to trace families or guardians. Photographs are also displayed. Once parents or guardians offer the willingness to take the child, the actual CFRU will take place.

##### **4.2.1 Reunification:**

The reunification takes place at the closest Farmer's Association Offices, guardian's home or the shelter where the child lives. Parents or guardians enter into a commitment to provide the necessary care to the child, they then receive support, with the children and local officials looking on. A total of 2200 unaccompanied children were reunited as at June 30,1990, when the project was terminated. An additional 200 children who were categorized as non-reunifiable, due to various reasons, were referred to different childcare centers for permanent placement.

Social and medical follow-ups are made by trained social workers and medical personnel on the reunited families to check on the child's adjustment in the new family and community as well as the health status. Additional support is also provided during such visits.

##### **4.2.2 Problems encountered in the process of child –family reunification:**



As indicated in the terminal report of the project (September 1990), the very nature of reunification work is usually delicate, time consuming and unexpected hurdles are in every stage of the process. Each reunification has its own specific conditions. Sometimes the children, their parents and/or relatives, the project initiators, the implementing agencies and mass organizations became more of the problem than part of a solution. However, it is also one of the most gratifying methods when one witnesses the moment of initial reunification.

The following are among the major problems encountered:

***General:***

- Lack of adequate documentation, especially in the resettlement areas
- Lack of adequate equipment such as weighing scales.
- Shelter staffs advise children to claim they are orphans. (Fear of unemployment)
- Children above the age of 14 many times provide distorted information- false names, etc.
- Small children and children with some physical and mental problems are unable to give proper information. Workers depended on available documents.

***Tracing:***

- The inaccessibility of rural villages
- Time required to trace families, due to inaccurate information
- Movement of families looking for seasonal employment, requiring several visits
  - Lack of response/willingness from low income, old age, and large size families with poor health status.
  - Security situation delayed the reunification process.

***Reunification:***

- Some children preferred the shelters that had better provisions; and they became accustomed in that environment
- Security situation hampered reunification
- Lack of co-operation from the government health institutions to give free medication
- Transferring children without doing pre-discharge medical screening. This also delayed the reunification of children with medical problems.
- Distance travel from the settlement site (Gambella) to the transit home in Dessie – over 1200 kms.

***Follow-up***

- Social workers' failure to conduct visits per schedule.
- Security problems sometimes hampered medical and social follow-up

***Family Support:***

- Some guardians chase out the children when family support discontinues or is delayed in commencing.
- Distant relatives were attracted to take children because of the family support provided.

***Runaways:***

4% of the 1986/87 reunified children became runaways for the following factors:

- Hated to be involved in domestic and fieldwork. ....
- Families, in some instances, were unable to provide for their basic needs (food, clothing, education, etc.)
- Some preferred to go out and fend for themselves, as a daily laborer whenever there was a disagreement in the family.
- Lack of attention due to the guardians old age or large family size
- Some were attracted by the shelter life and claimed to be readmitted (complaint included missing education, the environment, friends, etc.)
- Delay made by the Farmer's Association to grant a plot of farm land which resulted in neglecting new comers by large families
- Some (old ones) decided to join farmers association around settlement sites and some even got married, etc.

***Contributing factors for the mal-adjustment of children in the new families.***

- Young children had difficulty in boarding with family.
- Guardians hesitate to keep the children if they can't help in domestic duties due to young age.
- Guardians fear that the child brings in "unwanted habits" and spoil other children. This creates a feeling of unwantedness on the reunited child.
- Older children were prone to run away due to their exposure to urban life and the desire to be self sufficient
- Not observing the child's interest or non-interest to be reunified
- Those who stayed longer in the shelter are more vulnerable to run away as compared to others

***Absence of Children during transfer***

- Lack of proper communication between shelter staff and the regional co-ordinating project offices. So, children go out to visit friends or for other reasons when social workers arrive
- Time gap between the interview and the actual reunification process. Some lost confidence and left the shelter to look for relatives by themselves.
- Some lost interest to leave the shelter to fend for themselves.
- Some were agitated by shelter staff to change their mind or hide as the project team shows up
- Expectation and fear of hardship awaiting at the would-be-home makes them hide or disappear during the time of transfer.

## **5. Lessons learnt from SKIP's Integrated Child-Based Community Development Program Dimtu, Ethiopia.**

The Stiftung Kinderdorf Pestalozzi Children's Foundation (SKIP) is a Swiss-based international organization that has the objective of improving the lives of needy people in Ethiopia. SKIP took over the Dimtu shelter that was catering to the needs of 179 accompanied minors and 25 adults who were victims of the 1984/85 drought.

The Dimtu Project is located 300 km Southwest of Addis Ababa. The project site has an area of 14 hectares consisting of farmland, residential area and gardens. The Center housed boys and girls whose families fled the region after the famine that followed the drought of 1984/85. The local people collected the children and asked authorities for help, who then reported to National Children's Commission (NCC). NCC in turn approached SKIP to assist. Prior to the intervention of SKIP, a temporary shelter had been set up where children were accommodated. However, many children died because of poor management, prior to the interventions of SKIP.

The project was started in August 1987, in close co-operation with the former National Children's Commission. The project objective was to provide not only basic services like shelter, food, cloth and education, but also skills training. Encouraging and supporting family regrouping wherever possible has generally been a cardinal objective of the project.

### **5.1. SKIP's major interventions:**

#### **5.1.1. Residential service:**

The first task of SKIP was to improve the health situation of the children. Secondly, a kindergarten was opened for young children, while school age children enrolled in the nearby elementary school. The older children were also provided with basic vocational training that would help them to be involved in different self-help schemes in the future.

The way of life the children lived in the center was similar to that of the local standard from the very on-set of the project and staff benefits set by the government.

#### **5.1.2. Community Assistance**

The project has always made an effort to render small services to the community. such as, transporting drugs for the local clinic; helping teachers to procure text books; creating employment opportunities for the villagers, supplying water to the surrounding areas through

*The children's home, with its thatched-roofed round huts can be taken for any local village. The walls, partitions, seats and beds are made in the traditional way, using locally available materials. "Medeb" (platform of earth, stone and grass, plastered with cow dung) is used for sitting and sleeping by children and staff alike. Children are fed with the traditional: injera' or bread as it would happen in any home. They are dressed in simple outfits with materials produced in the country and locally tailored. No shoes are worn and decorations of any sorts are nonexistent. Salaries paid to workers from the vicinity are the minimum set by the Government. The project maintains equal standards with the community with which it is clearly identified.*

*Evaluation of SKIP-Program  
August, 1992*

spring protection and river diversion and others that have enhanced its credibility, etc. Communities also benefited from the various skill-training programs, which further enhanced the acceptance of the project in the community.

### **5.1.3. Child family reunification:**

It was discovered that most of the adult survivors of the drought returned home after learning of reports of rain in their villages. This was a decisive factor that motivated the project to launch child family reunification activities. Information was gathered on the status of the families from documents, community members, etc. Based on the available information, families or relatives were traced and were asked their willingness to take their children back. Then social workers visited families together with the children, before the actual reunification took place.

A total of 106 children were reunified by 1992. The rest were either reunified or reintegrated in the community in the next three years. The task of the reunification was relatively simple because of the high degree of involvement of the children, staff and the community at large from the inception of the project.

In addition to provide skill training to the children the project provided services to the community members, in areas such as installation of shower and piped water, pit latrines. They were also trained how to construct chicken huts, improved stoves and granaries, etc. The community readily accepted the children seeing them as a viable contributor towards improving their community.

Children also participate in managing their own horticultural plots and have learned improved agricultural practices, which has benefited the community.

#### ***The Project and the local Culture and Religion***

*There is high degree of adaptedness to the community as observed by the similarity in house building, type of furniture, the language spoken by the project staff, and the religious activities undertaken. Children are dressed in the same way as others in the region; they work on the farm as well as in the village. All Muslim children attend koranic lessons two to three evenings a week, and services at the mosque for the major Muslim holidays. The Sheik in the nearby mosque acknowledged satisfaction with how the village goes on with its activities.*

### **5.1.4. Children in foster homes**

Through its foster care program, the project provided service for 18 children. Three to four children (between five and 12 years old) were assigned to one foster mother, two of whom are former adult beneficiaries of the project.

Adopting abandoned or orphaned children in the Oromo culture takes place often. Once a child is adopted, that adoptive family takes full responsibility of the child. The child upon changing the name to that of the father automatically makes that child a full-fledged member of the family. He or she is entitled to inheritance and all other entitlements that a

biological child receives. It is anticipated that such a cultural practice has a positive influence on the newly initiated model foster care program.

## **5.2. General Lessons Learned**

SKIP has good experience in providing alternative childcare support rather than focusing on institutional care. It has overcome problems and facilitated a smooth project implementation through adhering to basic principles such as sticking to strict local community standards, educating the children on how to be self-supporting and contributing citizens; and strict observance of cultural and religious values of the community.

Unlike almost all orphanages and temporary shelters in Ethiopia, children with SKIP are encouraged to be engaged in agriculture and other activities such as weaving and handicrafts from the time they arrive. This provides responsibility as well as self-esteem to those children. In addition, the children raise income of their own: for every 10 Birr saving of a child, an additional 2 Birr is given by the Project. Furthermore, if a child reaches 50 Birr, an additional 20 Birr will be given. This practice helped the children to develop the culture of hard work & the habit of saving money. As a result, they were able to own domestic animals, which helped to facilitate the reunification and reintegration of the children in to the communities. The project also encouraged contact between the children and communities. This high level contact created between the children and the families prior to reunification has enhanced the bondages, which ultimately helped to create a lasting relationship.

The project's decision of providing support to the community is a key factor for successful implementation of the project as is the close collaboration with the existing specialized government offices that are operating in the project area.

By 1995, the project successfully completed its original mission. SKIP without any reservation shared its experiences for concerned organizations in all available forums. SKIP, together with other organizations, has played a role of paramount importance in influencing the policies and practices of shifting from institutional care to seeking other alternative care and empowering children to be self supporting and productive citizens. Currently, the project has replicated its experience and managed to de-institutionalize an orphanage that was run by the Jimma City Council caring for 185 orphans. Furthermore, it has successfully changed the previous project (Dimtu) to a rural development project trying to address the root causes of poverty. Currently, it reaches approximately 3000 families. The ultimate goal, according to the country representative, is to expand the service to 20-30,000 families. The community contributes 50% of all investments to be made by SKIP.

## 6. Policy shift from institution to other family and community based alternative care

The Ethiopian government, led by the former National Children Commission and Relief & Rehabilitation Commission, the Rehabilitation Agency for the Disabled and Ministry of Labor & Social Affairs (MOLSA) and City Councils and other national and international organizations have made an extensive effort to provide services for orphans and vulnerable children through institutional care. The government, in addition to upgrading its existing orphanages, established the largest orphanage that serves over 4000 children at a time.

The Ethiopian Orthodox Church was also able to expand its services caring for thousands of children through establishing different homes the regions. The Jerusalem Association Children's Home initiated six orphanages as a quick response to the 1984/5 drought, serving 1000 children. Other individual NGOs also initiated institutions where they provided permanent placement for over 21,318 children in 106 orphanages. Almost all orphanages had the objective of saving the lives of children. Provisions, with the exception of few; like Hope Enterprises, Selam Children's Village was focussing on academic education. Life skills were not part of the education system. Some opted to have their own schools, which secluded the children from interacting with the community whereas others usually send the children to the public schools. As a result, those children that completed high school were forced to sit idle in the institutions without getting involved in meaningful activities. Those who even completed their National Military Service were coming back for re-admission into their previous orphanages. There were instances where the demobilized orphan soldier during the change of government in 1991 came back also to their previous institutions, as this has been the only contact they had prior to joining the army.

In most instances, a feeling of hopelessness was prevalent among the children and youth in the centers. They tended to fight with community children. Violence was a common occurrence in most places. They were demanding more services and tried to evict staff members. Many children were coming to the former Children's Commission to complain about the way they were

*There were instances where orphans raised the issue of their own identity. A group of children who were cared for in "Ethiopian orphanage" came to the former Children's Commission where I was serving as a senior officer in the Social Welfare Department and demanded to be sent back to their family village in the northern province of the country. The area, however, was found to be highly devastated by the drought. Moreover, the rebels from the north were operating close to the area. So it was not found to be a safe place to go to. On top of this, the residents had either died or left the area because of the severe drought. The Commission & the home management made the situation clear to them. The only response they were giving was that "Yes we know it all, but help us to go to our original place so that at least we can see the remaining trees and the mountains". It was with great effort that the children were persuaded to remain in the home. This situation reminds us that children should not be taken far away from their original villages with the purpose of rehabilitation or service provision. On the other hand, I had encountered that there were some organizations that had a clear policy of not allowing survivor relatives to visit the children. So, these were among the many factors that created misunderstandings among children and the management in many institutions.*

treated. Some of the home managers also complained to the government the problems they were facing while running the institutions. So, these and other factors encouraged the government to look for alternative care. But this took nearly a decade of constant advocacy work through exchange of experience and lobbying efforts by NGOs and proposals in the field. The following section will briefly scrutinizes why the current shift of policy of the government as well as NGOs took place.

### **6.1. How did the current shift of policy come about?**

Policies and procedures that address to the needs of orphans both at the micro and macro level are in the process of shifting from institutional care to family and community based services. Accordingly, individual NGOs have nearly stopped initiating new orphanages. Government organizations also took a bold initiative of reunifying and reintegrating the children under their custody.

Factors that led to this shift was mainly in the clear understanding and appreciation of problems associated with institutional care among all stakeholders. The NCC and later the Children, Youth and Family Welfare Organization, which was a government organization charged with the responsibility of children's affairs in the country, has in all fora sensitized the NGO community to look for other alternative care other than expanding institutional care. NCC, from its inception, was instrumental in the creation of a number of orphanages. However, realizing the aforementioned problems, it shifted its policy and engaged in advocating for a non-institutional approach.

The Christian Relief and Development Association, the only NGO Umbrella Organization was also heavily involved in sensitizing as well as supporting the NGO community to look for other alternative care rather than residential services. Existing experiences of CFRU of RRC/Radda Barnen, SF-UK, the community based foster home experience of Redd Barna, SC-USA, SKIP's CFRU & Foster Home Experiences were shared in a number of fora. Organizations involved in caring for orphans were provided with the opportunity to come together to share their experience (both negative and positive). Home managers and childcare workers of both government and NGOs were given skill-training programs, which helped them to render better services as well as to focus on de-institutionalization. The writer of this report both as member of CRDA and specially as a chairperson of the Childcare interest group of the member organizations, in the early 90's, has an extensive involvement in organizing different sessions of this nature. So, he has witnessed the slow but fundamental shift policies and practices that has taken place in the sector in terms of giving emphasis to other alternative childcare approaches.

### **6.2. Major examples of policy shifts and the subsequent measures that took place in the last few years:**

#### **6.2.1 Experience of Jerusalem Children's Homes (JACH) in de-institutionalization.**

JACH, which is an indigenous NGO, had six homes caring for over 1000 orphan children who were victims of the 1984/85 drought. Because of the realization of the importance of community and family based service, decided to reunify smaller children and reintegrate

the older ones through providing different forms of skill training. JACH has resisted the pressure by local authorities to take new children because of its newly adopted strategy of helping orphans and vulnerable children within the family or the community they are residing.

Currently, JACH is left with only 120 orphans. The management anticipates that 45-50 of the remaining 120 children will be rehabilitated as at end of this year. 85 children are now getting skill training that will prepare them, for successful future reintegration in to the community.

### **Current strategic direction of JACH**

As indicated above, JACH is near to terminating all its institutional based services. The homes are changing their previous objective of caring for orphans and instead to be able to undertake activities those contribute to poverty alleviation efforts both in urban and rural areas in and around the project and other areas.

Accordingly, it has developed an urban program in the nearby city, Bahir Dar, and provides a tutorial program; a public library and information center to be used by both school and out of school children and the community members. Most of all it has manage to and mobilize and strengthen community based orphan support groups that have currently managed to contain \_\_\_\_ orphans in the family the community they are in.



***Network of Organizations working in support of orphans and vulnerable children***  
**Establishment**

As part of its urban program, is an environment protection health project which is currently launching a sensitization program on STDs and HIV/AIDS; improvements of garbage collection mechanisms, efforts; the construction of public toilets; and the installation of fuel saving stoves.

Several women headed families are also benefiting from its micro-credit program around its project. JACH, through its agricultural activities around the homes makes available fresh dairy products and other food for the children. Development workers, including government employees, use the Bahir Dar project as a demonstration field to learn different agricultural methods and better sustainable practices.

Its integrated, community based rural development program has targeted 1354 households with a total of 6407 people. Program components include credit, improvement of dairy production, forage development, bull service, and the establishment of a veterinary clinic. The project is also helping to increase the household income through improved bee-keeping, small-scale cattle fattening and homestead vegetable production for women.

JACH is also engaged in improving the existing social services through building capacities of community schools, installation of grain mills and health posts.

### **6.2.2. Lessons learnt**

**JACH**, based on its successful undertakings in addressing the basic needs of the community, orphan and vulnerable children is under preparation to replicate similar projects in other areas of Ethiopia.

*The Network of Organizations Working in Support of Orphans and Vulnerable Children was established in 1998 through technical, financial and facilitation support from Pact-Ethiopia/DCOF and the previously named Children and Youth Affairs Organization of the Ministry of Labor and Social Affairs. The number of members has grown from 14 to 23 at present.*

### **Major Objectives**

- 1) To coordinate the efforts of the NGOs' and Government Agencies who are working to provide services to orphans and other vulnerable children;*
- 2) To pool resources to bring meaningful impact in program implementation;*
- 3) To share experience among member organizations to enhance the effectiveness and efficiency of services provided to disadvantaged children as well as to provide viable alternative to child support programs; and*
- 4) To pay an advocacy role to support a favorable policy environment for organizations working to support children's services.*

### **Membership**

*All organizations both national and international, funding, implementing and the private sector, that are dealing with the issue of orphans or vulnerable children or who have programs that support orphans may become members of the Network.*

### **Achievements to Date**

- ◆ 7 Local experience sharing visits to child-oriented organizations to examine best practices;*
- ◆ Equipped members with information on relevant national and international policies, guidelines and conventions through 2 workshops and meetings;*
- ◆ Shared knowledge and experience on viable alternative child support programs for orphans and vulnerable children, topics included foster care, adoption, community-based child care, reintegration, etc.;*
- ◆ Promoted the exchange of information and communication to enable members to better address the needs of disadvantaged children; and work towards developing a better*

It is currently houses and acts as secretariat for the network of the organizations involved in providing services for orphan and vulnerable children.

JACH is in its last stage of de-institutionalization. JACH facilitated a domestic exposure visit to its one of the homes members of the network where home managers took part and exchanged their experiences. Furthermore, it is preparing itself to host a conference with the view to sharing its effective ways of shifting from institutional care to family and community based development interventions that can prevent the abandonment of orphan and vulnerable children.

JACH as a learning organization is also looking for innovative ways of reaching more children who are victims of HIV/AIDS with the objective of providing care & support within the family and the community.

### **6.3. Government experience in the de-institutionalization process and issuing policy guidelines**

As stated earlier, concerned government organizations have played a significant role in contributing to the process of shifting from institutions to family and community based services. Accordingly, there was a high degree of participation in all forums initiated to discuss the issue. High-level government officials since the late 80s, have stressed the importance of focusing on family based care. It has also taken the initiative of reunifying or reintegrating children under its custody with the view to setting an example for others. It has also issued different policies and guidelines as can be seen hereunder:

#### **6.3.1. Reintegration and reunification of children in government owned orphanages**

The Children's Amba, the largest orphanage in the country has now transferred all children to the community through reintegration and reunification. According to the former General Manager of this orphanage, 1400 remaining children were supported to be with their parents and relatives, while up to 1000 children were transferred to the existing government sponsored orphanages. The rest were provided with initial 750 Birr. They will also get 60 Birr per month until they finish high school.\*

On the other hand, the Children & Youth Affairs Organization (CYAO) that had about 1000 children in three orphanages launched a successful youth reintegration project in co-operation with the Italian Co-operation (IC). 80 boys and girls aged 21 and above who had

#### ***Future Plans***

- ◆ *To improve the networking system among organizations rendering services/programs for orphans and vulnerable children;*
- ◆ *To promote de-institutionalization programs with the aim of fostering alternative community-based childcare programs;*
- ◆ *To strengthen networking to influence policies and national programs in the country on child care programs for orphans and vulnerable children;*
- ◆ *To work to establish a central database system on orphans and vulnerable children in Ethiopia.*

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finished grade 12 and graduates of vocational training were identified based on their willingness to be reintegrated. They were given 2000 Birr “rehabilitation fund” which is a one and half years salary.

CYAO & IC’s project, in addition to reducing the number of current children in the government run orphanages, has provided practical experience for others and also served as one of the bases for the promulgation of guidelines for alternative care by the Ministry. Both project holders had properly documented the process and launched an evaluation of the program in Oct. 1996. The findings showed that the majority of the children have either secured a job or started their own income generation schemes. Few have also preferred to be enrolled in further skill training programs using the rehabilitation fund they were provided. Generally, the project has brought fresh experience to the sector that helps in all future endeavors.

### **6.3.2. Policy issues:**

The cardinal roles that should be played by the families, communities and the government in promoting the welfare and wellbeing of the children is clearly stipulated in all policies issued so far. The Constitution of the Federal Republic of Ethiopia, and the different conventions and human right treaties that the country had ratified or signed.

The development welfare policy of the government has recognized the role of communities in the provision of care and support to children. The government is also a signatory of the UN Convention on the Rights of the Child that encourages state parties to give priority attention for the promotion and protection of the best interest of the child at all levels.

Article 36(2) of the Federal Democratic Republic of Ethiopia’s’ Constitution states that:

- “In all actions concerning children undertaken by the public and private welfare child institutions, courts of law, administrative authorities or legislative bodies, the primary consideration shall be the best interest of the child.”
- “Juvenile offenders admitted to corrective rehabilitative childcare institutions, and juveniles who become wards of the State or who are placed in public or private orphanages, shall be kept separately from adults.”
- “The state shall accord special protection to the orphans and shall encourage the establishment of childcare institutions, which ensure and promote their adoption and advance their welfare, and education.”

The issuance of a separate family law, which was promulgated in the last few months, will have a significant role in protecting and promoting the rights of children. Particularly, issues related to the question of inheritance, lineage, attaining majority age, etc are made clear.

The Ministry of Labor and Social Affairs has recently issued a guideline on alternative childcare programs through meaningful participation of concerned organizations. The guidelines issued include institutional care, reunification, foster family care and adoption. The guidelines were developed based on the findings of an assessment of existing services in the country. Government, national and international organizations were given the opportunity to discuss the draft guidelines.

The Ministry called on all child-focused organizations and institutions to promote alternative approaches. It also encouraged all stakeholders to continue dialoguing to improve the guidelines based on the objective realities of the country and ensure its effective implementation.

The different guidelines have set standards, focusing on family and community based child support programs and regulates also the proliferation of orphanages in the country. This is clearly showed in the content of the guidelines for institutional childcare, which was taken as a last resort. The general objectives of issuing this guideline is “whenever possible and appropriate, to reunify unaccompanied children with their families or place them in other alternative child care programs”. Furthermore, among other basic and psychosocial services, the specific objective included reunification and reintegration.

The Ministry of Labor and Social Affairs is an organ of the government charged with the responsibility of promoting the welfare and wellbeing of the children in Ethiopia. In order to be able to discharge its responsibilities, it has committed itself in working together with non-government and bilateral and international organizations. In this regard, it has a joint project with UNICEF [regional level] that caters to the needs of working children and their families and communities. It has also a similar project with Italian Co-Operation. It has played a significant role in the establishment and operation of the network of organizations caring for orphans. All these efforts will obviously enhance the efforts being made to focus on alternative care for orphans and vulnerable children based on the principles of the “best interest of the child”.

## **7. The way forward**

The role being played by the Pact/DCOF/USAID to enhance capacities of families and communities through building the institutional capacity of the civil society has become instrumental in reaching out thousands of orphans and vulnerable children. Organizations such as Forum on Street Children, the Ethiopian Orthodox Church and many others are making an effort to support hundreds of families through innovative family and community based services.

However, the services being rendered doesn't at all tally with the magnitude of the problem. Most of all the response given to HIV/AIDS orphans is very insignificant because of the social stigma attached to it. There are only a handful of organizations involved in providing, counseling and social services. Such organizations include Social Service for AIDS; Medical Missionaries of Marry, Marry Joy Aid for Development and other faith based NGOs. Two organizations staffed by PLWA, Dawn of Hope and Mekdim are at the top of educating the public through different fora and also providing counseling and other social services to HIV/AIDS victims. These services however are small in comparison to the size of the problem in the country.

Although the HIV/AIDS policy has clearly mandated that orphans have the right to get basic services, there is no effective mechanism in place to implement this policy at the grassroots level. Children who have lost both parents due to AIDS are evicted from their homes, which are administered by the local administration offices for failing to pay a

house rent. Those offices even resist to accept current rent, demanding back payments those parents should have paid before they died.

Furthermore, there are instances where relative of the AIDS orphans come and take over the relatives' property, throwing the children out onto the streets. There is a resistance by schools, health and other institutions seeking proper identifications and legal guardianship of orphans. Therefore, this situation calls for the establishment of proper mechanism for implementing the policy at the grassroots level.

Well-meaning organizations are joining hands with the national AIDS Council, which is making efforts of mobilizing the community against the AIDS pandemic. The government, NGOs, communities and all other civic organizations need to exert a coordinated effort to address the basic needs of the orphans while they are with their families and communities. This indeed, has to be considered as a basic human rights issue.

In order to minimize the social stigma attached to the HIV/AIDS, the current awareness creation effort needs to be expanded. School clubs and community-meeting places should be effectively utilized. Community caregivers that can support refer and liaise with concerned organizations should be trained and empowered to properly discharge their responsibilities. Volunteers should be identified and trained who can provide support for child headed families to be able to contain children within the family and community. Most of all, other counseling and social services should be availed to HIV/AIDS victims.

The current efforts of the network of organizations caring for orphans and vulnerable children to bring other groups that are caring for AIDS orphans and launch preventive street children programs should be encouraged as all the phenomenon stated above are interrelated. Such a coordinated effort can be instrumental in effectively fighting the stigma attached to the HIV/AIDS orphans and subsequently improve their condition. The current efforts of JACH and MMM's can be taken as an example to build on. Both organizations have initiated community based development projects that addresses the needs of HIV/AIDS victim without segregating them.

Most of all, the creation of local, regional, and global network is of a vital importance to be able to exchange information, experience and resources to ultimately improve service delivery for OVC.

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