



ALTERNATIVE CHILDCARE GUIDELINES

on

Community-Based Childcare,
Reunification and Reintegration Program,
Foster Care,
Adoption and
Institutional Care Service

Addis Ababa – June 2009

These Alternative Childcare Guidelines have been updated in the framework of the “Program in Support of Children and Adolescents Living in Vulnerable Circumstances”, funded by the Italian Development Cooperation.

PROGRAM IN SUPPORT OF CHILDREN AND ADOLESCENTS IN VULNERABLE CIRCUMSTANCES



Ministry of Women's Affairs



TABLE OF CONTENTS

	PAGE
Acronyms	iii
<i>Preface</i>	1
SECTION - I: BACKGROUND	3
Introduction	3
Rational for revising the guideline	3
The State of alternative childcare services	5
Objectives of the Guideline	6
Guideline Principles	7
Definition of Terms	8
SECTION - II: ALTERNATIVE CHILDCARE GUIDELINES	14
Guideline on Community-Based Childcare.....	14
Guideline on Reunification and Reintegration Program.....	21
Guideline on Foster Care	28
Guideline on Adoption	38
Guideline on Institutional Care	47
SECTION - III: ESTABLISHMENT, CODE OF ETHICS AND MONITORING AND EVALUATION	64
Establishment and Licensing of Childcare Organizations.....	64
Registration Procedures.....	64
Code of Ethics	66
Accountability	67
Monitoring and Evaluation Systems	67
Application of the Guidelines.....	69
References	70

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ASPO	Adoption Service Provider Organization
BoLSA	Bureau of Labour and Social Affairs
BoWA	Bureau of Women's Affairs
CBO	Community-Based Organization
CBCCO	Community-Based Childcare Organization
FDRE	Federal Democratic Republic of Ethiopia
IDC	Italian Development Cooperation
IGA	Income Generating Activities
HIV	Human Immunodeficiency Virus
MoFA	Ministry of Foreign Affairs
MoJ	Ministry of Justice
MoLSA	Ministry of Labor and Social Affairs
MoWA	Ministry of Women's Affairs
NGO	Non-Governmental Organization
NPA	National Plan of Action for Children (2003-2010 and beyond)
OVC	Orphans and Vulnerable Children
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund

Preface

A child should grow up in a family environment in an atmosphere of happiness, love and understanding for his/her full and harmonious development. However, where a child is temporarily or permanently deprived of his/her family environment the child is entitled to special protection and assistance. The Government is responsible for providing appropriate non-institutional or institutional alternative care to such children, with or through Government and other duly authorized institutions in accordance with its national laws. It is also the role of the Government to regulate and supervise the provisions of alternative care to children and ensure the safety, well-being and development of the children who are receiving alternative care.

In 2001, the Ministry of Labor and Social Affairs, the then responsible Ministry for the Implementation of the Convention on the Rights of the Child, intending to enhance the protection and well-being of children who are in need of alternative care prepared Guidelines on Alternative Childcare Programs. The Guidelines were prepared for wide dissemination and implementation among all concerned with alternative childcare.

In 2008, the Ministry of Women's Affairs - the present governmental body which is in charge of children's affairs - conducted an assessment to evaluate the effectiveness of the Guidelines. The outcome of the assessment indicated the need for revision and updating of the Guidelines. Accordingly, the 2001 Alternative Childcare Guidelines are revised pursuant to The Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the laws of the country and in consultation with childcare institutions, concerned professionals and children.

The revised Guidelines among others provide the minimum conditions for services where Government, non-governmental, religious and other institutions who are giving alternative childcare should adhere to. It outlines measures and good practices to support, care and protect children without parental care in institution or outside of institution within the economic, social and political context of the country.

Given the dire poverty and ever increasing number of children left without parental care due to HIV/AIDS pandemic, natural and manmade disaster, the role of alternative childcare is not negligible. But institutional care should be taken as a last measure. It should not aim to become a permanent residence, nor should it encourage such thoughts to form in the minds of the children under its care. It should strive to provide effective alternative care – adoption, domestic and inter-country, community care, reintegration and reunification – before the children reach the age of maturity. Furthermore, all actions of the childcare institutions within the scope of these Guidelines must be made in line with the principles of the best interests of the child, non-discrimination, survival and development and participation of the children needing the service.

I am confident that these Guidelines will be useful frameworks to protect the rights and needs of children without parental care, orphan and vulnerable children, separated children and will support Government and non-governmental childcare institutions in their work.

A happy childhood is a strong foundation for today's child mental, physical, emotional and psychological development and for tomorrow strong societies.

Mufriat Kemal
Minister, Ministry of Women's Affairs

Addis Ababa, Ethiopia
June 2009

SECTION I: BACKGROUND

1. INTRODUCTION

The population in Ethiopia is generally characterized by a very young structure, with children below age 18 years accounting to 52% of the national population. Children below age 15 represent 44% of the national population. The number of children living in difficult circumstances is noted to be significant due to social, economic, political as well as cultural factors (MOLSA, 2005). It is currently estimated that there are about 4.6 million orphans, out of which 1 million have lost their parents due to AIDS (UNICEF, 2004). Many studies indicated that there are at least 100,000 street children in Ethiopia (about 25% are girls). UNICEF's projected estimate puts the figure to 185,000 in 2003 (UNICEF, 2001). Children with disabilities account for 51%, out of the estimated 4.9 million persons with some impairment in the country (NPA, 2004). It is to be noted that there is also a large number of Ethiopian children who are in conflict with the law, children working in hazardous conditions, displaced and refugee children.

Ethiopia has ratified the United Nations Convention on the Rights of the Child (UNCRC) and designed favorable policies and national plans to address the plights of children. However, the emphasis directed to mitigate the problems of children living under difficult circumstances still requires much more effort from all concerned actors. In this regard, various governmental and non-governmental organizations are making efforts to support children in general and children under difficult circumstances in particular through different modes of care and services.

Despite the fact that the practice of rendering childcare services for unaccompanied children has a long history in the country, it was not until 2001 that standardized regulatory mechanisms (Alternative Childcare Guidelines) were developed. This was made possible by a joint undertaking of the Ministry of Labor and Social Affairs (MoLSA) and the Italian Development Cooperation (IDC), as part of the interventions to alleviate the problems of children under difficult circumstances in the country. Accordingly, the national Guidelines consisting of services on institutional care, community-based child support programs, adoption, foster-care and child-family reunification were developed in 2001.

2. RATIONALE FOR REVISING THE GUIDELINES

The idea of revitalizing the former Guidelines primarily emanated from the outcomes of the assessment made on the implementation of the Guidelines. The following factors warranted revision of the Guidelines:

- The previous national Alternative Childcare Guidelines were less familiar to the front line practitioners of the childcare programs;

- Previous national Alternative Childcare Guidelines were of ideal standard and did not recognize the objective realities of the childcare systems in the country;
- The Guidelines were not detailed and exhaustive (missions and visions stated for different alternative guidelines were almost uniform);
- The Guidelines were also outdated and need to be revisited.

Therefore, updating the Guidelines was considered paramount important to ensure the smooth and efficient implementation of the minimum conditions of care to children by all actors in the alternative childcare system.

Development intervention has recently shifted from what is termed as a needs-based approach to a rights-based approach that emphasizes entitlements over needs. Although both approaches are based on a desire to help people to survive and develop their full potential, and both seek to identify a range of assistance and actions that are needed to achieve this goal, the two approaches significantly differ in their underlying assumptions and the implications of these assumptions on care and assistance strategies. Where needs-based approaches assumed assistance was a voluntary and even charitable deed wholly dependent on the good will of providers, the rights-based approach attaches legal obligations and accountability on parties responsible for meeting the basic needs and rights of disadvantaged people and makes assistance to such people more than just a moral obligation. Rights holders are also empowered to seek and demand for the fulfillment of their rights¹. Accordingly, care and assistance strategies for vulnerable children have been moving towards this later perspective. Although there is increasing understanding by many care givers of the value of this approach, very few have taken practical steps to translate the approach into action and rarely revised their care strategies in accordance with the rights-based approach.

Recent trends in the sector demand a system that considers and ensures empowering the target groups to participate on matters that affect their lives and the duty bearers to discharge their obligations. In light of this, societal responses are encouraged to be redirected towards promoting a strategic shift from subsistence form of care to a more sustainable and meaningful service systems. Therefore, updating the existing Guidelines and making them suitable to the existing objective reality of the childcare system in the country is essential in view of the new policy frameworks which came into force and of the dynamism and changes of the existing circumstances. It is against this backdrop that the IDC “Program in Support of Children and Adolescents Living in Vulnerable Circumstances”, in collaboration with MoWA, took the initiative to update the Alternative Childcare Guidelines.

¹ For a rigorous analysis of why and how a rights-based approach works, see *Child Rights Programming, How to Apply Rights-Based Approaches in Programming*, International Save the Children Alliance, 2002.

3. THE STATE OF ALTERNATIVE CHILDCARE SERVICES

Nowadays, a number of governmental and non-governmental organizations are increasingly opting towards implementing integrated childcare programs with a variety of alternative care components. This can be taken as a good practice in terms of widening the opportunities made available to the diverse needs of target groups leading to a larger margin of inclusion. The range of services on offer must take into account and seek to fulfill the wide range of needs of vulnerable children and the diverse deprivations of rights that such children suffer from. Diversification and integration of services, although increasingly being adopted, is however still in its infancy and needs further development.

Each type of alternative care program - whether it is institutional care, adoption, foster care and the like - likely to have its strengths as well as weaknesses. It ought to be understood that the provision of a particular form of alternative care program can offer some children the chance to develop in new ways. On the contrary, for others, the very services designed to 'look after' them can fail to provide well enough for their care and development and, in some cases at the worst, lead to serious abuse of their rights. As such, organizations should critically see the choices and options available and make informed decisions on the choices that are most beneficial to the child. The point of making such a critical assessment is to make available the type of care that best fits the interests and well being of the child. Although it may not be always easy to balance children's wishes with their needs and the types of care available, and developing a care strategy custom tailored to suit the needs and circumstances of each individual child is, for all practical purposes, virtually impossible, care givers should, at the very least, attempt to strike this balance.

The participation of children and the community seems to be largely overlooked in the process of decision-making. All children, as stated in the UNCRC, have the right to participate in and state their views on all decisions that can potentially impact on their lives. Service providers and care givers need to realize that children are not merely passive recipients of care and support: their views and wishes should be taken in to account in the design and delivery of services. Their participation is not just a simple matter of rights although that by itself is more than sufficient. Therefore, recognizing children as participants in the process of delivering care and support and facilitating avenues for children's participation is very decisive. Care providers also need to involve communities in their activities as much as that is possible. Meaningful and effective community participation is crucial to the success of alternative care strategies. This is beyond people's participation, as it involves the community in all aspects of decision-making and ownership.

Another lacuna in alternative childcare programs is the lack of detailed and up-to-date information on the backgrounds of vulnerable children included in care packages, on the intervention strategies employed and on their outcomes. Information should be collected and documented on the details of the background of

children receiving care, the type of intervention or care strategies employed, the resources used in such strategies and their outcomes. Such information, if properly gathered, validated and documented, can provide a useful feedback to inform further planning and intervention. Proper documentation systems - it should be understood - do more than just record information. There is no point in demanding time consuming records if they are not used for review and planning; developing sound intervention strategies requires reliable information on the detailed background of target children and/or families.

Further, many of the care givers currently working on alternative care do not have well developed internal operational guidelines that can serve as references for staff on how to deal with children in the process of service provision. Some organizations implementing institutional care use disciplinary rules and regulations developed with the principal aim of disciplining the children as working guidelines. But such rules often focus on the obligations of children and do not take into account their views and rights.

These updated Alternative Childcare Guidelines derive from the recognition of these existing realities surrounding childcare in the country and it is expected that they will contribute to improve the situation of children being assisted under various alternative childcare programs.

4. OBJECTIVES OF THE GUIDELINES

4.1. General Objective

The overall objective of the Alternative Childcare Guidelines is to establish a regulatory instrument on childcare systems with a view to contribute towards improving the quality of care and service provided by governmental and non-governmental organizations involved in childcare and advance the welfare of the orphans and other vulnerable children (OVC) in the country.

4.2. Specific Objectives

- 4.2.1. To facilitate the provision of quality and effective care and support to OVC, based on the principles that they ensure the best interests of the child;
- 4.2.2. To set minimum conditions on the delivery of alternative childcare services in the country, so that organizations can adopt and apply them in the context of the objective reality of their regions;
- 4.2.3. To develop sound child-oriented operational frameworks in accordance with the rights-based approach both at institutional and community levels, so that all children will be ensured of the necessary protection;
- 4.2.4. To promote a participatory approach of dealing with the care and support of orphans and vulnerable children.

5. GUIDELINE PRINCIPLES

5.1. These Guidelines are based on the **ethical principles and legal provisions** given in:

- 5.1.1. The UNCRC;
- 5.1.2. The African Charter on the Rights and Welfare of the Child;
- 5.1.3. The Ethiopian Laws and Policies.

5.2. Basically, the Guidelines took into account the **four basic principles of the UNCRC**, which emphasize:

- 5.2.1. The best Interest of the Child;
- 5.2.2. Non-discrimination;
- 5.2.3. Survival and development of the child;
- 5.2.4. Child participation.

5.3. **The Guidelines specifically recognize that:**

- 5.3.1. Every child has the right²:
 - a. To life;
 - b. To a name and nationality;
 - c. To know and be cared for by his or her parents or legal guardians; and
 - d. Not to be subject to exploitative practices, neither to be required nor permitted to perform work which may be hazardous or harmful to his/her education, health or well-being.
- 5.3.2. “[...] in all countries in the world there are children living in exceptionally difficult conditions and [...] such children need special consideration” (UNCRC, Preamble).
- 5.3.3. “States parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.”(UNCRC, Article 12 (1)).
- 5.3.4. “[...] States Parties shall, in accordance with their national laws, ensure alternative care for a child temporarily or permanently deprived of his or her family environment, or in whose best interests cannot be allowed to remain in that environment” (UNCRC, Article 20 (1)).
- 5.3.5. “[...] The child shall have the right to know and be cared for by his or her parents” (UNCRC. Art. 7(1)).
- 5.3.6. If a child can not be cared for by his/her biological parent/s, an agency operating child-family reunification shall consider reunification of the child with the extended family.
- 5.3.7. “States parties shall, in accordance with their national laws, ensure alternative care for such a child [...] such care could include, *inter-alia*, foster placement, *Ka-falah* of Islamic law, adoption or, if necessary,

² The following rights are included in the Constitution of the Federal Democratic Republic of Ethiopia - Art. 36 (1).

placement in suitable institutions for the care of children [...]” (UNCRC, Article 20 (2 &3)).

- 5.3.8. “States parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall recognize that inter-country adoption may be considered as an alternative means of a child’s care, if the child can not be placed in a foster or an adoptive family or can not in any suitable manner be cared for in the child’s country of origin” (UNCRC, Article 21)).
- 5.3.9. “The state shall accord special protection to orphans and shall encourage the establishment of institutions which ensure and promote their adoption and advance their welfare and education” (Constitution of the Federal Democratic Republic of Ethiopia (FDRE). Article 36 (5)).
- 5.3.10. “[...] in all actions concerning children undertaken by public and private welfare institutions, courts of law, administrative authorities or legislative bodies, the primary consideration shall be the best interests of the child” (Constitution of the FDRE. Article 36 (5)).
- 5.3.11. “Before approving the agreement of adoption, the court shall decisively verify that the adoption is to the best interest of the child” (Revised Family Code. Article 194 (2)).

6. DEFINITION OF TERMS

6.1. Abandoned Child

For the purpose of these Guidelines, an abandoned child is the child who is left unattended or deliberately rejected by his/he parents.

6.2. Adoption

For the purpose of these Guidelines, adoption is a childcare and protection measure that enables an unaccompanied child to benefit from a substitute and permanent family care.

6.3. Adoption Service Provider Organization (ASPO)

For the purpose of these Guidelines, an Adoption Service Provider Organization (ASPO) is a legally registered and licensed agent to carry out inter-country adoption service.

6.4. Adoptive parent

For the purpose of these Guidelines, an adoptive parent is an Ethiopian and/or an expatriate who have adopted an Ethiopian child.

6.5. Best interests of the child

For the purpose of these Guidelines, best interests of the child signify the situation of taking into account the most beneficial advantages of the child in every action or decisions concerning him/her. The child’s best interests could

be determined by consulting the child, care givers, laws and appropriate governmental bodies.

6.6. Biological Parent/s

For the purpose of these Guidelines, biological parent/s means both birth parents if they are alive, or the mother or father if one is deceased.

6.7. Childcare Institution:

For the purpose of these Guidelines, a childcare institution is an establishment founded by a governmental, a non-governmental organization or individuals according to the procedures in section three of these Guidelines. It shall give an all rounded care and support for a/more group/s of disadvantaged children in a center. The childcare institution will have the following main distinct features as compared to other childcare set ups:

- Children get accommodation/boarding service in the compound of the institution;
- An institution accommodates a number of children larger than the family care;
- It is meant only for children to be admitted based on the eligibility criteria stated in these Guidelines.

6.8. Child

For the purpose of these Guidelines, a child means every human being below the age of 18 years.

6.9. Children in Institutional care

For the purpose of these Guidelines, children in institutional care are those children who are admitted to particular childcare institutions to receive care and support based on the eligibility criteria set forth in these Guidelines.

6.10. Community

For the purpose of these Guidelines, a community means a group of individuals living in one locality, who share a set of common values, interests, intent, belief, resources, preferences, needs, risks, etc. and have a common obligation to the welfare of their children.

6.11. Community-Based Childcare Program

For the purpose of these Guidelines, a community-based childcare program is a childcare service planned and implemented within the community setting, in order to cater for the needs/rights of orphans and vulnerable children with the full involvement and ownership of the community.

6.12. Community-Based Organization (CBO)

For the purpose of these Guidelines, community-based organization is a local structure and system set up through the interest of the community members or

a group of individuals in a given community. For example: *Idir, Mahber, Iqub*, Youth Associations, Self-help Groups, etc.

6.13. Community-Based Childcare Organization (CBCCO)

For the purpose of these Guidelines, a Community-Based Childcare Organization is a governmental and/or non-governmental organization, community circle, religious group, an individual and any other setting that empowers a community with financial, material, technical or other resources to set-up or run a community-based childcare program.

6.14. Relevant Authority

For the purpose of these Guidelines, a relevant authority is a Federal or Regional Government body (organization) legally mandated to facilitate, certify, monitor and evaluate childcare programs, which includes MoWA, BoWA, BoLSA and others.

6.15. Domestic adoption

For the purpose of these Guidelines, domestic adoption is an adoption that involves adoptive parents and a child of the same nationality and the same country of residence.

6.16. Fostering Agreement

For the purpose of these Guidelines, a fostering agreement is a document that should be signed prior to the placement of the child with the foster family specifying the rights and responsibilities of the foster family, of the biological parent/s (if alive) and of the foster family care organization.

6.17. Foster Applicant

For the purpose of these Guidelines, a foster applicant is a person or a family who applies to a foster family care organization to be a foster parent.

6.18. Foster Family

For the purpose of these Guidelines, a foster family is a family which has applied to and is selected by a foster family care organization to provide a temporary physical care and emotional support and protection for an unaccompanied child placed through a foster family care program for an unspecified time.

6.19. Foster Family Care

For the purpose of these Guidelines, a foster family care is a planned, goal-directed alternative family care where an unaccompanied child is temporarily placed and gets adequate physical, emotional and psycho-social care and protection until he/she is either reunified with his/her biological parent/s or placed within another type of permanent care or institution.

6.20. Foster Family Care Organization

For the purpose of these Guidelines, a foster family care organization is an organization which is registered and licensed by the accredited governmental body to implement foster family care placement.

6.21. Institutional Childcare Services

For the purpose of these Guidelines, institutional childcare services are holistic types of care and supports designed to fulfill the physiological and psychosocial needs of children in the childcare institutions which are offered by professionally qualified workers (or experienced personnel who is supervised by such qualified workers), until the children are transferred to a more permanent alternative care program.

6.22. Inter-country Adoption

For the purpose of these Guidelines, inter-country adoption is an adoption that involves a change in the child's habitual country of residence, whatever the nationality of the adopting parents. It also includes an adoption that involves parents of a nationality other than that of the child, whether or not they reside and continue to reside in the child's habitual country of residence.

6.23. Single Orphan

For the purpose of these Guidelines, single orphan refers to a child who lost one of his/her biological parent/s regardless of the cause of the loss.

6.24. Double Orphan

For the purpose of these Guidelines, double orphan refers to a child who lost both of his/her biological parent/s regardless of the cause of the loss.

6.25. Orphans and Vulnerable Children (OVC)

For the purpose of these Guidelines, Orphans and Vulnerable Children (OVC) are children whose survival and development is jeopardized by certain circumstances and are therefore in need of alternative childcare services. The type of target children under this category includes - but is not limited - to the following groups:

- a. Single and double orphans;
- b. Street children;
- c. Abandoned children whose parents /families are untraceable;
- d. Children with disability;
- e. Trafficked children;
- f. Children exposed to the worst forms of child labor;
- g. Children infected or affected by HIV/AIDS;
- h. Victims of sexual abuse and exploitation;
- i. Displaced children;
- j. Non-orphan children whose parents are not able to support the child due to illness, injury or detention;
- k. Child mothers;

- l. Children in conflict with law;
- m. Child headed households;
- n. Separated children;
- o. Refugee children;
- p. Other target children, depending on the local definition of vulnerability.

6.26. Psychosocial service

For the purpose of these Guidelines, psychosocial support is the type of support that goes beyond catering for the physical and material needs of the child. Psychosocial support emphasizes one's emotional and spiritual well-being and has a bearing on one's psychological health. In other words, it is an ongoing process of meeting emotional, social, mental and spiritual needs, all of which are considered essential elements for the meaningful and positive development of the child.

6.27. Reintegration

For the purpose of these Guidelines, reintegration refers to a rehabilitative intervention meant for children whose parents/extended families are untraceable or for those who reach the maximum age limits in the institution to facilitate their permanent placement in a community environment either individually or in groups.

6.28. Reunification

For the purpose of these Guidelines, reunification refers to a rehabilitative intervention designed to facilitate the reunion of orphans or other vulnerable children separated from their families with biological parents or member/s of the extended family to restore a family environment as a means of a permanent placement for the proper upbringing and development of the child.

6.29. Youngster

For the purpose of these Guidelines, "youngster" refers to a teenager over the age of 15 who is eligible for the reintegration program.

6.30. Monitoring

For the purpose of these Guidelines, monitoring is a continuous or periodic review of program/project implementation, focusing on inputs, activities, work schedules and outputs. It enables timely identification and correction of deviations of the project.

6.31. Evaluation

For the purpose of these Guidelines, evaluation refers to a systematic periodic review of the performance, effectiveness and impacts of the project/program. Evaluation can be done during implementation, some years or several years after the completion of the project and it focuses on making judgments on the value, outputs and impacts of the program/project.

6.31.Indicators

For the purpose of these Guidelines, indicators are markers of observable changes or variables which enable to measure change against objectives set in the project. Effective Indicators of change could focus on the following five major dimensions:

- a. Changes in the life of the children;
- b. Changes in the community response and practices towards care and support for OVC;
- c. Changes in the participation of children;
- d. Changes in nondiscrimination of children;
- e. Changes in policies and laws.

SECTION II: ALTERNATIVE CHILDCARE GUIDELINES

A. GUIDELINE ON COMMUNITY-BASED CHILDCARE

1. GENERAL

Community-based childcare is an alternative that provides care and support to the children in a state of condition that is familiar to the children who used to experience it. The objective of the Community-based Childcare Service is to mobilize the community, its resources and indigenous knowledge with the ultimate goal of addressing the needs and rights of orphans and other vulnerable children (OVC) in a sustainable manner. Practically, community-based childcare is believed to be a better alternative because of the fact that it is by far cost effective and its greater advantage of reaching large number of target children in a given community. This approach encompasses a wide range of preventive, curative and rehabilitative strategies which respond to the needs and best interests of the target children. The underlining rationale behind this approach is that the grassroots community structures and organizations can provide for and fulfill the emotional, social, physiological and spiritual needs of OVC and effectively protect them from abuse and exploitation, without such children being removed from their families or community environment. Thus, organizations engaged in the provision of community-based childcare programs should focus more on building the capacity of the community to care for its orphans and vulnerable children and working with existing structures, institutions and organizations and empowering them to assume responsibilities for providing care and support for OVC. This endeavor requires guidelines on how it should be done.

2. OBJECTIVES

2.1. General Objective

The overall objective of the community-based childcare program is to mobilize the community and its resources with the ultimate goal of ensuring a sustainable and healthy growth and development of orphans and vulnerable children within a given community.

2.2. Specific Objectives

- 2.2.1. To enhance the participation and capacity of the community-based organizations so as to enable them to deliver a sustainable care and support for orphans and vulnerable children.
- 2.2.2. To fulfill the basic rights/needs of orphans and vulnerable children including their rights of access to:
 - a. Shelter;

- a. Food;
- b. Supplementary nutritional assistance;
- c. Academic and/or vocational education;
- d. Care and affection;
- e. Health care and counseling;
- f. Play and recreation;
- g. Special care and attention for children with disabilities.

3. ELIGIBILITY

3.1. Eligibility of a Community

- 3.1.1. From the perspective of the community-based childcare organization, eligibility of a community shall be established on the basis of the findings of a situation analysis or case study conducted with active participation of the community members to identify problems, target children, assets, resources of the community.
- 3.1.2. The situational analysis or case study should fully engage a community in the process of problem identification, definition/issue selection, conducting the research and interpreting the results.

3.2. Eligibility of a Target Child

- 3.2.1. All the target children under the category of OVC stated in section one, article 6.25 of these Guidelines are eligible to benefit from a community-based childcare programme;
- 3.2.2. Detail criteria for prioritization of the most vulnerable target children shall be established by the organization based on the existing reality and the results of the situational analysis. However, the community should be actively involved in the identification and selection of target children;
- 3.2.3. When identifying the eligible child, Community-Based Childcare Organizations (CBCCO) shall make sure that the child has not already been recruited for a similar support by another organization.

4. ROLES AND RESPONSIBILITIES OF CBCCO

4.1. A CBCCO shall have the following major roles and responsibilities:

- 4.1.1. Initiate, plan, implement, follow-up, monitor and evaluate the childcare program;
- 4.1.2. Design and mainstream child protection policy of the organization at the program and institutional levels to make sure that the rights of the child are fully protected;
- 4.1.3. Raise funds, mobilize resources and solicit support from members of the community and external sources;

- 4.1.4. Facilitate the meaningful participation of the community and its target children/families in its program;
- 4.1.5. Build the technical and financial capacity of CBCCOs, with a view to enable them to deliver proper care and support for OVC in the community environment;
- 4.1.6. Advocate for the rights of OVC and create a conducive environment where children could receive sustainable assistance from their community;
- 4.1.7. Assist a community and its members to identify, develop and utilize skills and resources they need to effect changes in their own communities in order to enhance their capacity to care for children;
- 4.1.8. Empowering members of a community to recognize their responsibility and obligation to the welfare/well-being of children in their community;
- 4.1.9. Design, with the full involvement and participation of community members, an appropriate alternative childcare program that addresses the needs of children which has the best interests of the child at its core;
- 4.1.10. Plan, and implement programs through which the rights of the child are understood and observed by every member of a community;
- 4.1.11. Create Network and collaboration with likeminded CBCCOs and other stakeholders to strengthen linkages and referral systems;
- 4.1.12. Submit quarterly, biannual and annual reports to the relevant authorities.

5. SERVICES

5.1. Mechanisms for Intervention

Community-based childcare organization shall be engaged in preventive, remedial or rehabilitative interventions through community-based childcare approaches and the services provided within this framework shall:

- 5.1.1. Be initiated from the situational analyses in which children and the community members have fully participated in;
- 5.1.2. Focus on orphans and vulnerable children as the prime targets;
- 5.1.3. Be carried out based on the priority needs of the target children;
- 5.1.4. Address the multifaceted needs of the children via integrated interventions;
- 5.1.5. Target the rights of the child with special needs (such as children with physical and mental disabilities, children living with HIV, children victims of abuses, etc.).

5.2. Types of Services

The types of services and minimum required activities of a community-based childcare organization shall include but not be limited to:

- 5.2.1. Food:

- a. Train care givers and the community at large on proper food handling and feeding practices, including exclusive breastfeeding, safe complementary feeding practices, nutrition practices and food preservation;
- b. Create access to food for OVC by directly involving the care givers in income-generating activities;
- c. Encourage urban agriculture and backyard gardening to increase household production of food with technical and material support;
- d. Encourage community initiatives that are designed to address nutritional support for OVC;
- e. Conduct advocacy work by mobilizing duty bearers for sustainable food/nutrition supply to OVC.

5.2.2. Education:

- a. Work with CBOs to identify OVC in need of educational services and potential resources available locally;
- b. Facilitate enrollment of OVC into academic or vocational education and ensure that girls right to an affirmative action of accessing education is being implemented;
- c. Build the capacity of OVC and their care givers to have access to educational facilities;
- d. Provide school supplies such as stationery and uniforms when necessary and particularly at the initial stage;
- e. Work closely with the schools to promote care for target children in the school system;
- f. Facilitate access of alternative basic education for those target children who have no access to formal education and special needs education for children with disabilities.

5.2.3. Health:

- a. Identify and verify the health services available in the community;
- b. Train community-based care providers about the child's right to health care;
- c. Provide parents and care givers with information about preventive and curative measures on child health problems;
- d. Build the capacity of the community to have understanding about health care;
- e. Provide age-appropriate health education/information for target children;
- f. Work closely with the health institutions to facilitate and ensure access to formal referral systems and free health services for OVC.

5.2.4. Economic Support:

- a. Identify elder OVC/guardian/relatives and assess their economic needs;

- b. Identify locally available potential resources, map market demands and service providers and utilize accordingly;
 - c. Provide training for beneficiaries on business development, financial management, etc.;
 - d. Support beneficiaries for economic engagement after training;
 - e. Link trainees to market opportunities;
 - f. Establish and strengthen cooperatives and self-help groups for sustainable support.
- 5.2.5. Psychological support and counseling:
- a. Assess the emotional situation of target children and identify their psychosocial needs;
 - b. Provide training to care givers and volunteers on how to recognize and address psychosocial needs of children;
 - c. Promote children's interaction with their peers and adults;
 - d. Facilitate the provision of counseling service for traumatized children;
 - e. Facilitate access to safe and supportive environments for recreation, play and cultural activities in conjunction with other children;
 - f. Sensitize communities on needs of OVC in order to address and eradicate stigma and discrimination.
- 5.2.6 Parenting Education:
- a. Ensure that care givers and the community are given training on parenting;
 - b. Follow-up if the care givers are properly raising the children.
- 5.2.7 Legal Protection:
- a. Identify legal services available in the community;
 - b. Protect the inheritance rights of target children;
 - c. Build the capacity of legal enforcement bodies at all levels;
 - d. Conduct community-based education and awareness raising around child rights, child related laws;
 - e. Advocate for the protection of the rights of orphans and vulnerable children;
 - f. Refer and link OVC and their care givers with appropriate legal services when required;
 - g. Establish and strengthen networking system of legal protection with other services like shelter, medical care and psychosocial support.

6. ALTERNATIVE PLACEMENTS

- 6.1. Depending on the extent of vulnerability of children as defined by the community, **community-based childcare organizations shall work with the grassroots structures and explore other alternative models of placements within the community setting.**

6.2. Alternatives for placement of orphans and vulnerable children in the community include:

- 6.2.1. Kinship care: facilitate the support and care by placing children in the extended family systems;
- 6.2.2. Sponsorship care: facilitate the provision of care and support to OVC and their family through volunteers and organizations (inside and outside the country);
- 6.2.3. Child-Headed Household: community-based childcare organizations shall support the placement of orphans (siblings) intact in their home with the elder siblings acting as a parent. This alternative is appropriate when there are children fifteen years or older in the family to take care of the younger siblings;
- 6.2.4. Group home: Orphans and vulnerable children can be placed in a community-based group home, where by a group of six to eight children are placed under one roof with a surrogate mother assigned to them as caretaker;
- 6.2.5. Foster family care: placing the children for a short or long term care with a volunteer family is also another option to facilitate family-oriented care and support to OVC.

6.3. Organizations implementing community-based childcare programs should take the following into account when making decisions about placing children in one or the other arrangements:

- 6.3.1. Assess locally acceptable and appropriate model of placement;
- 6.3.2. Enhance the capacity of the family where OVC are placed through imparting knowledge, providing training and creating access to microfinance service;
- 6.3.3. Provide parenting skills for care givers;
- 6.3.4. Build OVC's capacity through Income Generating Activities (IGA) in order to help them become self-supportive;
- 6.3.5. Discourage separating siblings in OVC placements;
- 6.3.6. Network and coordinate with organizations working with OVC;
- 6.3.7. Consider the participation of OVC and the community at large in the process.

7. INFORMATION MANAGEMENT SYSTEM ON TARGETS

7.1. A community-based childcare organization shall keep a record on the background and progress of all its targets, which includes a baseline and periodic follow-up reports.

7.2. Follow-up on the growth and development of target children shall include information on the child's:

- 7.2.1. Health status;

- 7.2.2. Nutritional status;
- 7.2.3. Physical development;
- 7.2.4. Psychological status;
- 7.2.5. Educational status;
- 7.2.6. Social development;
- 7.2.7. Emotional and spiritual development.

8. CORE VALUES

8.1. Community Participation

Participation is a key for a successful community-based childcare intervention. Direct and meaningful involvement of the community is very crucial in all aspects of decision-making and ownership. Thus, the community should be encouraged to participate in designing, implementing, managing, evaluating and mobilizing resources for the project.

8.2. Participation of the Child

Children have the right to participate in and influence matters affecting their lives and their experiences and opinions about their own situation should form an integral part of the decision-making process of organizations on issues concerning the child. Child participation structures should be designed and mainstreamed into the operational structures of the organizations by which group of child representatives take part on decisions affecting the life of the target children.

8.3. Holistic Approaches

Recognizing that improving the situation of children requires the participation of all actor - including families, communities and other parties - while making strategic choices, priorities and taking specific actions, childcare programs need to adopt a multi-sector intervention including education, health and reproductive health, income generation and skills training, family planning, advocacy, rehabilitation services on disability, HIV/AIDS prevention, child rights protection and promotion, community sensitization, environmental sanitation, self-help development, reunification, reintegration and foster care programs.

8.4. The child at the centre but not the child in isolation

Every endeavor directed to the welfare of children shall put children at the centre and recognize them as rights-holders and social actors. The child should be the focus of programs but should not be considered in isolation from the family and community environments, social and cultural structures.

8.5. Mainstreaming disability and gender

All programs and program components should take into account and deal with discrimination along gender and disability.

8.6. Program Phase-out and Sustainability

Childcare interventions should be designed with a well-thought plan and specific phase-out strategies that are fully shared among the community and other pertinent stakeholders in order to attain financial and institutional sustainability of the services. Involving the community from the inception of the services throughout the program cycle, building the capacity of the families, the grassroots structures and the local government institutions have paramount importance to ensure the continuity of the services.

8.7. Protection and Safety of the Child

Childcare programs should give adequate emphasis to protect children from all forms of violence and abuse which in one or another way affect the survival and development rights of the child. To this effect, organizations involved in childcare program shall develop internal guidelines/policy on the safety and protection of the target children to create an environment free from all sorts of abuse.

B. GUIDELINE ON REUNIFICATION AND REINTEGRATION PROGRAMS

1. GENERAL

Reunifying children separated from their parents/relatives due to natural or man-made catastrophe to their birth families or relatives is a widely recognized practice as a primary alternative against residential care and other out-of-home child welfare services. Undeniably, children can best develop a feeling of security, physical/mental health and personal identity within their families. Hence, organizations engaged in institutional care have a responsibility to implement reunification/reintegration as an ongoing and integral part of their services. Therefore, returning children as early and safely as possible to their families or communities is strongly recommendable as a means to achieve better outcomes for children, retention of important family connections and avoid their drift into long-term and often problematic pathways in out-of-home care. Such reunification and reintegration should not be done haphazardly, and there is a need to set standard procedures and modalities which can inform and guide the reintegration process.

2. OBJECTIVES

2.1. Objectives of the Child-Family Reunification Program

- 2.1.1. Restore child-family ties by reuniting the child with biological parents or extended family members;

- 2.1.2. Facilitate conditions for the assimilation of children with their parents and members of the extended family and promote their all rounded development;
- 2.1.3. Create opportunities for children in which they can learn familiar and social values and norms living with their parents and/or members of the extended family;
- 2.1.4. Support parents and/or members of extended families to re-assume their responsibility to cater for their children.

2.2. Objectives of the Reintegration Program

- 2.2.1. Facilitate conditions for children's adjustment in the community;
- 2.2.2. Equip the children with necessary skills and financial resources to enable them to become independent and self-reliant citizens;
- 2.2.3. Create opportunities in which children can interact in the community life, learn socio-cultural values and norms of the community for their proper development and reintegration.

3. ELIGIBILITY

3.1. A child is eligible for child-family reunification if:

- 3.1.1. The Child preferably be below the age of 15;
- 3.1.2. The child is willing to be reunified with his/her biological parents or member/s of extended family;
- 3.1.3. The biological parents or members of the extended family are mentally sound and free from terminal illness;
- 3.1.4. The reunification would ultimately serve the best interests of the child.

3.2. A Youngster is Eligible for Reintegration if He/She:

- 3.2.1. Reaches the maximum age limit (18 years) under the care of a childcare institutions;
- 3.2.2. Is willing to be reintegrated before reaching the maximum age limit and is, preferably, over the age of 15;
- 3.2.3. Reaches the maximum age limit, but his/her parents are untraceable or certified by accredited bodies to be terminally ill;
- 3.2.4. Is unable to pursue his/her academic education while living in the childcare institution;
- 3.2.5. Demonstrates readiness to lead an independent life.

4. ROLES AND RESPONSIBILITIES OF THE ORGANIZATION

4.1. A childcare organization implementing reunification/reintegration program shall have the following main roles and responsibilities:

- 4.1.1. Properly plan the reunification and reintegration as an integral part of its ongoing programs;

- 4.1.2. Allocate/assign proper financial, material and human resources to carry out the reunification and reintegration program;
- 4.1.3. Give adequate attention to the participation of children on matters that affect them in the process of planning and implementing the programs and keep the staff informed about the objectives and desired outcomes of the strategy;
- 4.1.4. Make every possible effort to carry out the program in accordance with the best interests of the child;
- 4.1.5. Provide the parents an induction on parenting skill and the rights of the child;
- 4.1.6. Conduct family tracing and identify biological parent/s and/or member/s of extended family; convince them about their obligations and proceed to reunify the child if the outcome of the tracing is not against the best interests of the child;
- 4.1.7. Conduct periodic follow-up and evaluation on a reunified/reintegrated child during the first year, and once in a year thereafter till the child is well adjusted;
- 4.1.8. Submit quarterly, biannual and annual activity reports of the organization to the competent government authority.

5. REUNIFICATION AND REINTEGRATION PROCEDURES

5.1. Reunification Procedure

Child-family reunification involves a series of steps starting from pre-reunification and reunification to post reunification activities that need to be carried out for a successful and safe placement of the child to his/her biological parents or extended family. The following must be carried out in each phase of the reunification process.

5.1.1. Pre-Reunification Phase

- a. Preparation of the reunification program:
 - i. Allocate the necessary financial, material and human resources to carry out the program;
 - ii. Form a reunification team composed of at least the director/manager/coordinator, social worker, psychologist and health personnel;
 - iii. Regularly sensitize/orient the staff and the children about the purpose, procedures and significance of the reunification program;
 - iv. Establish collaborative working relationships with relevant stakeholders (governmental and non-governmental organizations).
- b. Collecting and managing appropriate background information on the child:

- i. Confirm the willingness of the child and when the child is 15 years and above years of age obtain the written consent of the child;
 - ii. Interview the child (when he/she is mature enough to express his/her ideas), staff and his/her close friends admitted from the same locality to know more about the background of the child;
 - iii. Consult available documents including children's personal files/biography, photograph and/or other relevant information about the background of the child;
 - iv. Conduct a case study on the child to evaluate the problems and needs of the child;
 - v. Record detailed information about the background and progress of the child right from the time of admission into the institution.
- c. Tracing a Family and Confirming Eligibility:
- i. From the information, gather, trace and locate the biological parent/s, if they exist or are traceable, or the extended family members in cases where the parents do not exist or cannot be traced;
 - ii. In due course of family tracing, the following points need to be considered: a) make sure to obtain all sufficient information about the child including a recent photograph of the child to present to the members of the family so as to get confirmation, and b) have background information/knowledge about the cultural, religion and social values of the area where the child's family is residing;
 - iii. Those involved in tracing a family shall have an official supporting letter from the relevant authority explaining the purpose of tracing;
 - iv. Create tracing networks in collaboration with the concerned regional government bodies, *kebeles* (peasant associations), etc. to facilitate family tracing activities. Market places, feeding centers, schools, farmers' cooperatives etc. could be used as a means to locate the families in the rural areas;
 - v. Conduct case study on the parent/s and/or member/s of the extended family and evaluate their psychosocial and economic status;
 - vi. Conduct a case study of the family and a brief socioeconomic assessment of the village, to help making decision on whether the family environment and the locality as a whole are safe and appropriate to provide

the basic physical and emotional needs of the child after reunification;

- vii. Confirm the eligibility of the parent/s and/or member/s of the extended family.

d. Providing pre-reunification Services:

- i. Notify the child about the findings of the family tracing to keep the child psychologically prepared for the reunification process;
- ii. Offer counseling to the child to avoid possible adjustment problems;
- iii. Offer psychological, economic and legal advice and counseling to the family creating awareness as to the nature and rationale of child-family reunification, to avoid any possible post-reunification adjustment problems;
- iv. Provide medical check-up and treatment for the child;
- v. Provide necessary appliances for children with disabilities.
- vi. Facilitate and encourage visit to parent/s or member/s of extended family before reunification;
- vii. Collect the child's transcript and other educational evidences from schools to enable smooth transition of his/her enrollment after reunification;
- viii. When necessary, materials such as bed, blanket, bed-sheets, etc. shall be ready.

5.1.2. Reunification Phase

- a. The reunification phase encompasses two major processes i.e. the transport arrangement and the actual reunion of the child with the parents or the extended family;
- b. Trip to the family:
 - i. A childcare organization implementing reunification program shall use appropriate means of transportation;
 - ii. While traveling to join the family, children shall be accompanied at least by a social worker;
 - iii. When travel arrangements are made, the following items need to be taken along with the child: a) school certificates, b) personal belongings, clothes, blankets, bed sheets (when it is necessary), c) first aid kits including some simple medicines, d) snacks (biscuits, cookies, etc.) and drinking water.
- c. Services at the Time of Reunification:
 - i. Provide, where necessary, material and financial support to the child's parent/s or members of extended family to cover costs that may arise due to inclusion of the child into the family;

- ii. Provide the child with basic material support, including, clothing, sanitary materials, etc. and financial input covering transport and other expenses;
- iii. Support where necessary economically disadvantaged families with a sustainable means of income to guarantee the child's healthy post-reunification adjustment. The support provided shall be determined based on the finding of the family tracing and assessment made before the reunification takes place.
- iv. A reunion agreement should be signed between the family and the organization in the presence of the local administration and/or the Regional Labor and Social Affairs representative or the Regional Women's Affairs representative.
- v. Establish continued collaboration with the relevant local and regional authorities to facilitate post reunification follow-up.

5.1.3. Post Reunification (Follow-up phase):

- a. After reunification, after reunifying the child with his/her family, the organization shall conduct regular follow-up - at least once in every three months for the first year of reunification and once in a year starting from the second year of reunification - until the child reaches the age of 18 years. The follow-up shall include the child's development with respect to his/her:
 - i. Health status;
 - ii. Nutritional status;
 - iii. Physical development;
 - iv. Educational development;
 - v. Adjustment in the family, peer and neighborhood relationship, etc;
 - vi. Emotional and spiritual development.
- b. A childcare organization shall provide the necessary periodic counseling to the child and the family to enable the child to be well adjusted within the family and the surrounding environment;
- c. A childcare organization shall take necessary precaution on the frequency of follow-up lest it would strengthen dependency of the children on the organization;
- d. The summary of the periodic follow-up shall be included in reports that shall be submitted to the relevant authority.

5.2. Reintegration Procedure

A childcare organization implementing reintegration programs shall develop a series of steps involving pre-integration, integration and post integration phases.

5.2.1. Pre-Reintegration Phase:

- a. *Pre- Integration Services*

- i. Provide guidance and counseling focusing on vocational and career development of the youngsters to raise the psychological readiness of the target children;
- ii. Assist and encourage the youngsters (target groups) to come up with a proposal for vocational training and a business plan after offering them the necessary orientations and counseling;
- iii. The proposal of the youngsters shall be appraised for its feasibility by a concerned staff or a committee and proper advice and recommendations should be given;
- iv. Provide medical check-up and treatment for the youngster;
- v. Pre-reintegration life-skills training on interpersonal communication, money handling and management, creativity skills, reproductive health and HIV/AIDS, etc. shall be given to the target youngsters;
- vi. When necessary and convenient, encourage children to visit youngsters reintegrated earlier to share experiences and learn best practices for a successful reintegration in the future;
- vii. Equip youngsters with necessary skills based on their talents and in line with their business plan to facilitate their integration.

5.2.2. Reintegration phase:

- a. Reintegration agreement shall be signed between the organization and the youngster verifying the types of support delivered to the youngster at the time of reintegration;
- b. A youngster shall be entitled to take his/her belongings away, such as clothes, blankets and bed sheets, at the time of leaving the institution;
- c. At the time of reintegration, targets shall be provided with transport facilities and where necessary lodging arrangements and living cost for at least 6 months with the necessary working tool kits and a start up capital, based on the approved business plan to enable them launch their own small scale business;
- d. A childcare organization implementing reintegration programs shall keep records about the address of the reintegrated child, the type of business plan the youngsters intend to undertake, the type of support received at the time of reintegration and the child's background information, etc. for future follow-up.

5.2.3. Post-reintegration phase:

- a. A childcare organization working on reintegration, after completing the reintegration process, shall conduct follow-up at least once in a year on the progress and adjustment of the youngster within a given community. Among others, the follow-up shall include the youngsters development with respect to:

- i. Career development (employment/self employment of the youngster);
 - ii. Social development and interaction;
 - iii. Emotional and spiritual development;
 - iv. Status of self-reliance /independence.
- b. A childcare organization shall provide the necessary periodic advice and counseling to enable the youngster to be well adjusted within the surrounding environment;
- c. A childcare organization shall take necessary precaution not to strengthen dependency of the youngster on the organization.

The summary of the periodic follow-up shall be included in reports that shall be submitted to the relevant authority.

C. GUIDELINES FOR FOSTER CARE

1. GENERAL

Foster Care is one component in a continuum of alternative childcare services. It refers to short or long term care within the private house of foster families, mainly addressing those children who are unable to live with their biological parents and families. Providing foster care is often a difficult and demanding job, for both the organization and foster families and, as such, some financial contribution can be and is often paid to the foster family to compensate the additional costs incurred by the foster child. Although foster care is often difficult, it has several advantages over other alternative childcare services, especially over institutional care. First and arguably most important of these benefits, is that Foster Care can provide the child with a high level of attention, nurturing and continuity only possible within a family. Placement in the foster parent's family gives the child a better chance of getting acquainted with life in a family environment and facilitates his/her smooth integration into the community at a later stage. Furthermore, as practice in some organizations has shown, placing children in a foster family has served as a stepping-stone to child-family reunification. In light of this, implementing foster care arrangement needs guidelines that should be adhered by foster care implementing organizations.

2. OBJECTIVE

2.1. General Objective

The overall objective of foster care service is to secure a substitute and temporary familial environment for orphans and vulnerable children on a temporary basis, till a child is reunified with his/her extended family or placed in other permanent alternative childcare program.

2.2. Specific Objectives

The specific objectives of a foster care service involve securing:

- 2.2.1. Shelter;
- 2.2.2. Food;
- 2.2.3. Education;
- 2.2.4. Health care;
- 2.2.5. Play and recreation;
- 2.2.6. Psychologically stimulating familial environment.

3. ROLES AND RESPONSIBILITIES

3.1. A foster family care organization with respect to the child has the right to:

- 3.1.1. Apply to the relevant authority for the review of and to get information on the status of a child when there are adequate grounds indicating that the child is abused, neglected and/or exploited and, for his/her best interest, can not be allowed to remain in his/her present family environment;
- 3.1.2. Select the appropriate foster family for a child when the biological parents, the extended family and/or guardians are absent or deemed unable or unfit to give their views on the characteristics of the foster family;
- 3.1.3. Seek and get information on the growth and development of the child from the foster family through periodic home visits and reports;
- 3.1.4. Terminate the foster placement and change the foster family when the care given to the child is deemed to be not adequate to the child's healthy development and growth;
- 3.1.5. Terminate the foster family care and transfer the child to other permanent alternative childcare program when such a transfer is in the best interests of the child.

3.2. A foster family care organization, with respect to the child, has the obligation to:

- 3.2.1. Work in close collaboration with the police and whenever available with child protection units and child-focused organizations, in order to reach out for a child who is abused, neglected and/or exploited and for her/his best interests to place him/her in foster care;
- 3.2.2. Consult and involve the child in a manner appropriate to his/her age and degree of maturity in the process of foster care placement;
- 3.2.3. Respect the right of the child to get information on his/her biological parents and/or members of the extended family unless it is deemed to be against the best interests of the child;
- 3.2.4. Whenever possible, place siblings with the same foster family, except in cases where it is against the best interests of the child; when the latter is the case, make arrangements to support regular contact between siblings;

- 3.2.5. Search for permanent alternative family care in cases where reunifying the child with his/her biological parents is not possible or against the best interests of the child.
- 3.3.** A foster family care organization, with respect to the biological parent/s and/or member of the extended family, has the obligation to:
 - 3.3.1. Consider the opinions of the biological parent/s and/or members of extended family on the processes of the selection of a foster parent in relation with religion, language, ethnic and cultural background, etc.;
 - 3.3.2. Respect the rights of the biological parents and/or members of extended family to get information on the child placed in foster family care unless it is believed to be against the best interests of the child;
 - 3.3.3. Promote partnership between the biological parent/s and the foster family, when deemed convenient and useful to ensure the best interests of the child;
 - 3.3.4. Inform the biological parent/s and/or members of extended family of any significant event in the child's life unless it is deemed to be against the best interests of the child;
 - 3.3.5. Accept grievances, opinions, and comments of the biological parents, members of the extended family and/or guardians on the status of the child placed in a foster family care in writing and take corrective measures when deemed appropriate;
 - 3.3.6. Reunify a foster child to his/her biological parent/s when the relevant authority that had terminated the parental rights reviews the case and re-establishes the parental rights with the conclusion that the family condition has returned to normal.
- 3.4.** A foster family care organization, with respect to a foster family, has the right to:
 - 3.4.1. Interact with the foster family for devising and monitoring a plan for each child;
 - 3.4.2. Follow-up and monitor the care offered to each child through the foster care placement service it provides.
- 3.5.** A foster family care organization with respect to a foster family, has the obligation to:
 - 3.5.1. Cover the expenses necessary to care for the child placed in foster care (if the foster family does not volunteer to cover the expenses);
 - 3.5.2. Pay the foster parent/s a service fee (if the foster parent/s does/do not volunteer to give service for free).
- 3.6.** A foster family, with respect to a foster family care organization, has the right to receive information that pertains to the psychological, emotional or health history of the child and his/her family.
- 3.7.** A foster family, with respect to a foster family care organization, has the obligation to:

- 3.7.1. Participate in the devising and revising of a plan for each child in care;
 - 3.7.2. Report to the organization all information related to the child's progress/problems (if any); and/or
 - 3.7.3. Report to the organization in the case of injury, disappearance or any other major event in relation to the child.
- 3.8.** A foster family, with respect to the child, has the obligation to:
- 3.8.1. Provide the child with adequate material care and emotional support;
 - 3.8.2. Protect the child from any type of abuse and neglect.
- 3.9.** A foster family care organization, with respect to the relevant authority, has the right to get feedback on periodic evaluation of its activities.
- 3.10.** A foster family care organization, with respect to the relevant authority, has the obligation to:
- 3.10.1. Submit quarterly, biannual and annual report to the relevant authority;
 - 3.10.2. Treat all placement records as classified documents.
- 3.11.** A relevant authority, with respect to the foster family care organization, has the right to follow up and monitor the services the organization provides to children and families.
- 3.12.** A relevant authority, with respect to the foster family care organization, has the obligation to evaluate the activities of the organization and give feedback to the organization.

4. ILLEGAL ACTS

- 4.1.** It is illegal for a foster family care organization to use the placement of a child in a foster family as a source of financial or other gains;
- 4.2.** It is also illegal to place a child into a foster family against the regulations of the relevant authority.

5. ELIGIBILITY

5.1. Eligibility of a Child

- 5.1.1. Foster care is especially appropriate in conditions where:
 - a. The child is under 18 years of age;
 - b. The child is double orphan or the child is abandoned or the child's parents are untraceable or are certified to be terminally ill or mentally incapacitated by relevant authority; or
 - c. The child is separated from his biological parents due to detention and left unattended by extended families;

- d. The child can not be allowed to remain in his/her family environment for her/his own best interests;
 - e. The child is affected by some physical or mental disability and at risk of being placed in institutional care due to the family's inability to provide ongoing physical and emotional care for their disabled child;
 - f. The child is being - or is likely to be - subjected to physical, sexual and other form of abuse, or
 - g. Adequate provision is not being made or is likely not to be made for the child's care and proper development in his/her present environment.
- 5.1.2. Foster care may NOT be appropriate where:
- a. The child needs a temporary placement free from the emotional pressures and expectations of a family life;
 - b. The child needs a structured therapeutic environment where his/her severe behavioral problems can be dealt with;
 - c. There is a need to keep large sibling groups together and there is no available fostering care for them.

5.2. Eligibility of an Applicant

- 5.2.1. Based on local conditions, an individual or a family to be eligible for offering foster family care shall satisfy the following criteria:
- a. Ethiopian by nationality;
 - b. At least 25 years of age;
 - c. Sufficient income to raise the child;
 - d. Free from any incurable and/or contagious disease and mental health problem;
 - e. Ability to produce a document from the relevant authority certifying that she/he is free from any criminal activities/past record;
 - f. Ability to produce the consent of the applicant's spouse, if married;
 - g. In case of an emergency placement, the foster family care organization shall secure the written consent of the foster parent/s to produce all the necessary information for the finalization of the agreement within one month's time following the emergency placement. If the foster parents could not produce the necessary information within this period, the foster family care organization is entitled to reclaim the custody of the child on grounds of eligibility of the foster parents/s.

6. LEGAL MATTERS AND CLOSURE

6.1. Closure

In the event of the closure of a foster family care organization, the relevant authority shall have the responsibility to ensure the transfer and preservation of documents and records to the substituting foster family care organization.

6.2. Expenses

- 6.2.1. All expenses incurred during the processing of a placement of a child in a foster family shall be the responsibility of the foster family care organization;
- 6.2.2. All expenses incurred after the placement of a child in a foster family on the child's basic needs may either be covered by the foster parent/s or by the foster family care organization;
- 6.2.3. All expenses incurred after the placement of a child in a foster family on administrative and technical activities as in follow-up, evaluation, etc. shall be taken care of by the foster family care organization.

6.3. Foster family care

- 6.3.1. The foster care organization shall be responsible to confirm that the child meets all criteria of eligibility;
- 6.3.2. A child shall not be placed with the potential foster parent/s before the placement agreement is signed.

7. FOSTER CARE PLACEMENT PROCEDURE

7.1. Foster care organization shall choose anyone of the following models for placing children in foster care, depending on the case study and best interests of the child:

- 7.1.1. Transitional homes: where children shall be placed in a family or a center until they get other permanent alternative placement;
- 7.1.2. Foster family care: where children shall be placed within a volunteer family supported by the Foster Care Organizations;
- 7.1.3. Community-based foster homes: where a group of children who are full orphans or whose parents/relatives are untraceable shall be placed in rented houses in the community and cared by a home mother/caretaker recruited by the organization.

7.2. Assessment and Screening before placement in foster family care

- 7.2.1. Case Study of a Potential Foster Child:
 - a. Before deciding to place a child in foster care, the organization must ensure that a thorough assessment of the child and, whenever applicable, of his/her family has been made and that all possible efforts have been exhausted to maintain the child within his/her biological family;

- b. All relevant documentation including psychological assessments, family history, etc. should, as much as possible, be obtained and considered during assessment;
- c. A case study shall, at least, include where available:
 - i. General description, including: a) two recent photographs of the child; b) the child's first name, father's name, mother's name, grandparents' names; c) the child's age, date of birth, sex, ethnic group, language, religion and other identifying features, d) the child's psychological status, indicating social interaction, mode of behavior, attitude, etc.; e) family history, including:
 - The identity, location, characteristics and psycho-social and economic status, health history of the biological parents and their relationship with the potential foster child;
 - The identity, location, characteristics and psycho-social status of siblings and their relationship with the potential foster child;
 - The identity, location, characteristics and economic status of members of extended family and of their relationship with the potential foster child.
 - ii. A chronological placement case history report, if the child does not have traceable familial background, as in the case of abandoned children;
 - iii. A list of the child's needs, including emotional, educational, medical, social, cultural and religious needs to ensure that the most appropriate placement option for the child can be made during matching;
 - iv. A list of recommendations by the multidisciplinary professional experts working for the foster care organization, regarding the foster placement option that best fits the child;
 - v. The child's psychosocial status, including:
 - Physical status;
 - Health status;
 - Nutritional status (anthropometry);
 - Educational status;
 - Pre-foster family care placement environment (biological parents, foster home, institution, adoption, etc.);
 - The child's opinion of the foster placement, if the child is mature enough to give her/his opinion on the subject.
 - Justification for foster family care placement;
 - Recommendation of the multidisciplinary professional experts of the foster care organization on the foster placement.

7.2.2. Case Study of an Applicant:

- a. The foster care organization shall conduct a case study on the applicant to establish eligibility;
- b. The case study shall be supported by documents and all documents shall be appended;
- c. A case study on an applicant shall, at least, include:
 - i. General description, including: a) two recent photographs of the applicant; b) the applicant spouse's (if any) recent two photographs; c) the applicant's first name, father's name (first, middle and last names); d) the applicant spouse's (if any) first name, father's name (first, middle and last names); e) the applicant's age, date of birth, sex, ethnic group, language, religion, and other identifying features; f) the applicant spouse's (if any) age, sex, date of birth, ethnic group, language, religion, and other identifying features and g) full address.
 - ii. Family history, including: a) the applicant's family history, marital status, characteristics of spouses (if any) children, relatives, accommodation, social status, community environment, etc.; b) the applicant's psycho-social status, including: economic status, physical status, health status, educational status, experience/familiarity with children's behavior, ability to deal with interpersonal conflict and/or stress, motivation and realistic expectations and recommendations by the multidisciplinary professional experts of the foster care organization.

8. MATCHING AND SELECTION OF A FOSTER FAMILY

- 8.1. In matching a child with potential foster parent/s, the child's needs are paramount, not those of the prospective family.
- 8.2. Among others, cultural background, socio-economic factors, the dynamics of the foster parent/s, geographical factors and educational needs of the child need to be considered in matching.
- 8.3. Every attempt should be made to place the children with families of their own culture and/or religion.

9. APPROVAL OF A FOSTER FAMILY

- 9.1. The organization shall proceed to pre-placement procedures when:
 - 9.1.1. The assessment of both the child and the potential foster family or families has been completed;

- 9.1.2. References have been obtained from the relevant authority as to the credibility of the potential foster parent (s);
- 9.1.3. Appropriate matching between the child and the foster family has been done.

10. INTRODUCTORY PERIOD

- 10.1.**With the exception of emergency placement, the child's introduction into foster care should proceed slowly.
- 10.2.**The agency in consultation with the child (where appropriate) and the foster parent/s should decide upon the length of the introductory period.
- 10.3.**A prospective foster child and the applicant shall be provided with preparatory counseling to create psychological preparedness and avoid maladjustment after the foster placement.
- 10.4.**To facilitate the adjustment process a prospective foster child and the applicant shall be given an opportunity to introduce each other in person before the actual foster placement.

11. PLACEMENT AND FOLLOW-UP

11.1. Preparation of the Child:

- 11.1.1. The child should be prepared as fully as possible for his/her move into foster care, taking into account the nature of the placement and the child's age and stage of development;
- 11.1.2. When the foster agreement is completed, the child is entitled to a life story in a documented form. This 'life book' shall contain the background and other relevant information on the child;
- 11.1.3. A written placement agreement should be drawn up between relevant parties before the placement of the child in the foster parent's family.

11.2. Follow-up after Foster Placement:

- 11.2.1. The foster family care organization shall take the responsibility of following-up the adjustment and development of the child placed with foster parent/s;
- 11.2.2. The foster family care organization shall organize the necessary training on child development and childcare for foster families;
- 11.2.3. The foster family care organization shall collect information on the adjustment and development of the child and prepare quarterly, biannual and annual reports and, when needed, take actions with respect to the best interests of the child till the child is reunified with his/her biological parent/s or placed in other alternative childcare program;

- 11.2.4. The foster family care organization shall collect information on the adjustment and development of the child through various channels.

12. RELATIONSHIP WITH BIOLOGICAL PARENTS

Whenever possible, the continuance of a relationship between the child and his/her biological family is crucial and should be encouraged by the organization except in cases where this is considered not to be in the best interests of the child.

13. PLACEMENT DISRUPTION

13.1. In cases where the foster placement needs to be terminated, the organization shall:

- 13.1.1. Wherever possible, plan and manage the change to another family or facilitate with great care and refrain from hasty and sudden changes;
- 13.1.2. Help the child to understand why the disruption has occurred;
- 13.1.3. Conduct a Disruption Review which includes a review of the detailed history of the child's life, together with a report on the placement so as to gain some understanding of what went wrong and to learn from mistakes;
- 13.1.4. Disruption review and placement of the child should be limited and consideration be made to resort to other childcare options.

14. RECORD KEEPING

The foster family care organization shall record and keep every piece of information about the child.

15. PERSONNEL

The foster care organization shall have personnel with multidisciplinary professional qualifications - including social workers, psychologists, etc. - with adequate experience in foster family care and/or related childcare programs.

16. TRADITIONAL FOSTER CARE MODALITIES

16.1. Traditional foster care modalities, especially in the rural areas, shall be encouraged since this allows a child to live in a familial environment and, at the same time, the child to stay in her/his habitual locality.

16.2.Local government authorities and child rights committees shall as much as possible support and monitor traditional foster care especially in the rural areas.

D. GUIDELINES ON ADOPTION

1. GENERAL

The importance and expansion of adoption services as one alternative form of care is necessary as a lot of children are left to fend for themselves owing to the dire poverty and the spread of HIV pandemic in the country. This condition also contributed to mushrooming of childcare institutions and adoption agencies in great numbers in the country, to address the plight of orphans and abandoned children through inter-country adoption service. While inter-country adoption is taken as an alternative form of childcare, local adoption seems largely neglected or utterly out of the focus of attention of many adoption service provider organizations. In any case, the provision of adoption service in general and that of inter-country adoption in particular requires strict adherence to the law of the land and guidelines and even stricter enforcement of the law on the part of the authorities in charge.

2. OBJECTIVES OF ADOPTION

2.1. General objective

The main purpose of adoption service is to cater for the proper care and development of orphans and destitute children by placing them in a substitute and suitable familial environment.

2.2. Specific Objectives

2.2.1. Securing basic services to adopted child, including:

- a. Shelter;
- b. Food;
- c. Education;
- d. Health care;
- e. Psychologically stimulating familial environment.

2.2.2. Establish a substitute parental care and emotional bond between the child and adoptive parents.

3. ILLEGAL ACTS

3.1. The relevant authority shall take a corrective measure when adoption service providing organizations are engaged in the following and other illegal acts according to the law of the land:

- 3.1.1. Falsifying the information about the child and his/her family background;
- 3.1.2. Misleading/misinforming parents about the purpose and intent of adoption;
- 3.1.3. Facilitating adoption without the knowledge and informed consent of the child's parents or guardians;
- 3.1.4. Using adoption as a source of financial or other gains
- 3.1.5. Abusing, selling and/or trafficking children through adoption;
- 3.1.6. Facilitating an adoption without the knowledge of the Ministry of Women's Affairs (MoWA) and other relevant authorities.

4. ROLES AND RESPONSIBILITIES OF ADOPTION SERVICE PROVIDER ORGANIZATIONS

- 4.1. Assist in building the capacity of childcare institutions/orphanages in an effort to organize and compile relevant and up-to-date data about the background and progress of children.
- 4.2. Sensitize the public to encourage domestic adoption.
- 4.3. Make sure that the employees they hire have the required qualifications and experiences in the areas of childcare.
- 4.4. Support every effort being done to encourage domestic adoption.
- 4.5. Organize and document pertinent data on children adopted by foreign countries and submit timely reports to the relevant Government according Institution to the timetable set for such reports.
- 4.6. Facilitate conditions and provide the necessary support for young people who were adopted from Ethiopia to foreign countries as children and who plan to come to Ethiopia, either individually or in group.
- 4.7. Make sure that adoptive parents, unless forced by circumstances beyond their control, come to Ethiopia and take their adopted child/children in person.
- 4.8. Provide support to destitute children living with their families.
- 4.9. Avoid selecting a child for adoption on the basis of ethnicity and religion.
- 4.10. Submit quarterly, biannual and annual reports to the relevant authority.

5. ROLES AND RESPONSIBILITIES OF CHILDCARE INSTITUTIONS IN ADOPTION

- 5.1.** Record and document detail and up-to-date information about the background and progress of the children.
- 5.2.** In collaboration with relevant bodies, make every effort possible to encourage domestic adoption.
- 5.3.** Sensitize the public to encourage domestic adoption.
- 5.4.** Give a child under their care to any legally registered and licensed Adoption Service Provider Organization (ASPO) through legal procedures.
- 5.5.** Before giving the child for adoption, provide sufficient information to the relevant authority, having the authority to follow up the well being of children, the identity of the child, how the orphanage received the child and about the personal, social and economic position of the adopter.
- 5.6.** In cases where the child is not having parents, sign adoption agreement with the adopter.
- 5.7.** Make sure that children admitted to a childcare institution are not given for adoption before, at least, two months of stay under institutional care and until all other alternatives are exhausted.
- 5.8.** Consider adoption only when receiving permission to facilitate the adoption of a child from a relevant authority.
- 5.9.** In collaboration with the ASPO, give pre-adoption orientation and counseling for older children.
- 5.10.** Ensure that siblings are not separated and are adopted by the same family or to the same area.

6. THE ROLES OF MoWA IN ADOPTION

- 6.1.** Make a periodic visit to ASPOs and childcare institutions in adoption to ensure if they are working according to the Guidelines.
- 6.2.** Confirm that the child and the applicant of adoption meet the criteria of eligibility for inter-country adoption.
- 6.3.** Give opinion to the court on whether adoption is beneficial to the child or not, considering the best interests of the child.

- 6.4. Make periodic follow-up on the status of the adopted children.
- 6.5. Provide technical supports to the Adoption Service Facilitating Organizations.
- 6.6. Design appropriate working procedures, manuals and guidelines on the standards of adoption services in the country.
- 6.7. In consultation with other relevant authorities of the receiving state, be responsible for arranging alternative placement of a child if both the adoptive parents die, abandon the child or when they are legally, physically or mentally incapacitated.
- 6.8. Respect the right of an adopted child to information about his/her parents.
- 6.9. Advocate and strive for legal reforms to discourage private adoption.
- 6.10. Monitor and evaluate inter-country adoption services in line with the policy, guidelines and procedures of the country.

7. ELIGIBILITY OF A CHILD

- 7.1. A child is eligible for adoption if he/she is:
 - 7.1.1. An orphan who has no guardian/relatives to take care of him/her;
 - 7.1.2. Abandoned child whose parents are untraceable;
 - 7.1.3. Certified by accredited body that his/her parents are not able to take care of him/her owing to medical or economical reasons;
 - 7.1.4. Under the age of 18 years;
 - 7.1.5. Willing to be adopted if he/she is ten years and over;
 - 7.1.6. A child whose parent/s or legal guardians give their consent to the court when they are proved to be destitute by accredited body.

8. ELIGIBILITY TO ADOPT

- 8.1. An applicant is eligible for **domestic adoption** if he/she is:
 - 8.1.1. Ethiopian by nationality;
 - 8.1.2. At least, twenty five years of age and at most 60 years of age (when adoption is made by two spouses, it is sufficient for one of them to be of twenty five and above years of age);
 - 8.1.3. Able to produce a document from a relevant authority certifying that he/she has an income that is sufficient to raise the child;
 - 8.1.4. Able to produce a document from a relevant authority certifying that he/she is free from any incurable and/or contagious disease and mental health problem;

- 8.1.5. Able to produce a document from a relevant authority certifying that he/she is free from any criminal activities;
 - 8.1.6. Able to produce a marriage certificate or prove otherwise if the potential adoptive parent is married or is living with a partner as per legally recognized relation;
 - 8.1.7. Able to produce the consent of the applicant's spouse to adopt the child, in cases when the applicant is married or living in a legally recognized bondage.
- 8.2.** An applicant is eligible for **inter-country adoption** if he/she is:
- 8.2.1. Able to produce a document certifying that the applicant's state law is consistent with the legal requirements of Ethiopia on adoption;
 - 8.2.2. At least, twenty five years of age and at most 65 years of age;
 - 8.2.3. Able to produce a document from a relevant authority certifying that he/she has an income that is sufficient to raise the child;
 - 8.2.4. Able to produce a document from a competent and relevant authority certifying that he/she is free of any incurable and/or contagious disease and mental health problem;
 - 8.2.5. Able to produce a document from a competent and relevant authority certifying that he/she is free from any criminal activities;
 - 8.2.6. Able to produce a marriage certificate if the applicant is married;
 - 8.2.7. Able to produce a document certified by a relevant authority, indicating the consent of the applicant's spouse to adopt the child, in cases when the applicant is married.

9. ADOPTION PROCEDURE

9.1. Regardless of the type of adoption (whether domestic or inter-country), the process of adoption shall proceed through a series of steps beginning from identification of the child and adoptive parent/s till the placement of the child in the adoptive family and beyond.

9.2. Identification and Application

9.2.1. Domestic Adoption:

- a. A child is eligible for domestic adoption based on the criteria set forth in article 7 of these Guidelines;
- b. An agreement of adoption shall be signed between the potential adopter, the applicant and the parent/guardian of the child;
- c. The applicant shall submit his/her application to the court in order to adopt the child that he/she has identified; with a copy of his/her application to the relevant authority;
- d. In applying for adoption, an applicant should fulfill the requirements and eligibility criteria stated in sub article 8.1. of these Guidelines;

- e. The relevant authority shall complete a detailed case study on the child and on the personal, social and economic position of the applicant;
- f. The contents of the case studies shall include all variables specified but not limited to in article 9.2.3. of these Guidelines.
- g. A child shall not be placed with the applicant before the contract of adoption is finalized with the court's approval;
- h. The ASPO shall, before giving the child for adoption, provide sufficient information to the relevant authority as to the identity of the child, how the organization received him and about the personal, social and economic position of the adopter.

9.2.2. Inter-Country Adoption:

- a. A child and an applicant for inter-country adoption shall be identified based on the criteria set forth in article 7.1. and sub-article 8.2. of these Guidelines;
- b. After identifying the eligible child from a legally registered childcare institution, the local agent - i.e. an ASPO - shall prepare a monthly follow-up/progress report about the details of the child and his/her background history, and send it to the adoptive country to search matching parents to adopt a child;
- c. After the matching is made, an adoption agreement shall be signed between the applicant/s/their representative and the childcare institution or a guardian;
- d. A case study shall be conducted by professional experts of the childcare institutions and/or the relevant authority on the child to establish eligibility and baseline data;
- e. When necessary, age determination test of the eligible child, can be done;
- f. The local agent makes sure that the following documents are fulfilled by the applicant before submitting them to the relevant authority:
 - i. Adoption agreement (contract of adoption);
 - ii. Application and list of documents about the child, stamped by the guardian (i.e. the orphanage);
 - iii. Copy of the family's power of attorney;
 - iv. The permit for adoption;
 - v. Copy of the case study of the applicant/s and the child;
 - vi. Copy of the birth certificate of a potential adoptive family (the applicant);
 - vii. Copy of the marriage certificate of the applicant/s or certification that the applicant is single;
 - viii. Copy of the declaration of income, property and bank account, with supporting documents;
 - ix. Copy of health certificate of the applicant/s;
 - x. Copy of a document from a relevant authority certifying that the applicant did not have criminal record;

- xi. All the above documents should be translated into Amharic language;
The local agent has to check that the documents are authenticated by the Ethiopian Embassy in the applicant's state of origin and by the Ministry of Foreign Affairs in Ethiopia;
- g. The applicant submits his/her application along with all other certified documents stated in article 8.2.2.6. to the court and a copy of the application and the entire document to the relevant authority through ASPO;
- h. The relevant authority shall review all the application documents and case study reports, and send letter of opinion to the court about the eligibility of the child and the applicant and commenting on whether adoption is beneficial to the best interests of the child or not.

9.2.3. Case studies of a Child and an Applicant:

- a. A case study on a potential adoptive child shall, at least, include where available:
 - i. General description, including: a) two recent photographs of the child; b) the child's first name, father's name, mother's name, grandparents' name; c) the child's age, date of birth, sex, ethnic group, language, religion, identifying features, etc. and d) full address;
 - ii. Family history, including: a) the identity, location, characteristics and psycho-social status, health history of the biological parents and their relationship with the potential adoptive child; b) the identity, location, characteristics and psycho-social status of siblings and their relationship with the potential adoptive child; c) the identity, location, characteristics and psychosocial status of members of extended family and their relationship with the potential adoptive child.
 - iii. The child's psycho-social status, including: a) physical status; b) health status; c) nutritional status (anthropometry); d) educational status; e) social interaction, mode of behavior, attitude, etc.; f) characteristics of present environment in which the potential adoptive child exists (biological family, foster care, institution, etc.) and g) justification for adoption indicating that adoption is the last resort for the child.
- b. A case study on an applicant shall, at least, include:
 - i. General description, including: a) the applicant's recent two photographs; b) the applicant spouse's recent two photographs, if any; c) the applicant's first name, father's name (first, middle and last names), if any; d) the applicant spouse's first name, father's name (first, middle and last names); e) the applicant's age, date of birth, sex, ethnic

- group, language, religion and other identifying features; f) the applicant spouse's age, date of birth, sex, ethnic group, language, religion and other identifying features;
- ii. History of the family, including the applicant's family history, childhood experience, marital status, characteristics of spouse's children (if any), relatives, accommodation, social status, community environment, etc.;
- iii. the applicant's psychosocial status, including: a) economic status (including source of income, assets, savings, etc.); b) physical status; c) health status (mental health, chronic diseases, terminal illness, etc.); d) educational status; e) an applicant's psychological assessment, indicating his/her motivations for the adoption.

9.3. Preparing the Child for Adoption

- 9.3.1. In inter-country adoption, the childcare institutions and ASPO shall provide the would-be-adopted child with pre-adoption orientation and counseling in view of psychologically preparing the child for adoption;
- 9.3.2. Among others, preparation of the child should include:
 - a. Securing his /her consent for adoption;
 - b. Counseling;
 - c. Medical screening and treatment;
 - d. Orientation about the culture and lifestyle of the country of the prospective adoptive families;
 - e. When necessary, training the child on the language spoken by adoptive families;
 - f. In the case of domestic adoption, a professional from the relevant authority shall provide the child with the counseling and orientation.

9.4. Approval and Placement

- 9.4.1. An agreement of adoption shall become effective when approved by the court;
- 9.4.2. Following the court's approval, ASPO shall collect the original copies of the court decision and adoption agreements and submit the same to relevant authority;
- 9.4.3. The child may be placed in a transitional home before departure only when it is deemed beneficial to the best interests of the child until his/her adoptive parents take him/her;
- 9.4.4. After receiving the court's approval, relevant authority shall write a letter of support to facilitate issuing the birth certificate and passport to the adopted child;
- 9.4.5. ASPO shall process the issuance of visa for the child from the respective embassy of the country of origin of the adoptive families.

The following documents should be submitted to the embassy for processing the visa:

- a. Child's passport;
 - b. Authenticated birth certificate of a child;
 - c. Authenticated contract of adoption;
 - d. Authenticated court's decision;
 - e. Abandonment certificate;
 - f. Medical check-up report;
 - g. Copy of the documents from adoptive family and the power of attorney;
 - h. When necessary, supporting letter from relevant authority.
- 9.4.6. When the adopter is a foreigner, it is commendable that the adoptive family should appear in person to take the child after court's decision instead of sending the child abroad with a representative.

9.5. Follow-Up after Placement

9.5.1. Domestic Adoption: the regional relevant authorities shall follow-up the general situation of the adopted child;

9.5.2. Inter-country Adoption:

- a. Without prejudice to the power and responsibility of the relevant authority, ASPO shall assume full responsibility for the follow-up of the adjustment and development of the adopted child, particularly focusing on the child's health status, nutritional status and physical development;
- b. ASPO shall collect information on the adjustment and development of the child and submit bi-annual reports for the first year after adoption and annual reports, starting one year after the adoption until the age of fifteen to relevant authority. However, relevant authority may demand ASPO any additional report as deemed necessary;
- c. ASPO shall collect information on the adjustment and development of the child through various channels, including: a) parental report; b) report of accredited governmental bodies in the receiving state and c) reports of the Ethiopian Embassy in the receiving state;
- d. The party that conducts the follow-up on an adopted child shall keep the follow-up records.

10. LEGAL MATTERS

In the event of the closure of an agency, the latter shall have the responsibility to arrange for the transfer of documents and records to the relevant authority and to other accredited governmental organization/s.

10.1.Effects of Adoption

- 10.1.1. Once a contract of adoption is signed and approved by the court, the biological parents, members of the extended family and/or guardians of the child have no right and obligation concerning the upbringing of the child;
- 10.1.2. Once a contract of adoption is signed and approved by the court, the adoptive parents assume all parental duties, rights and responsibilities over the child;
- 10.1.3. Once a contract of adoption is signed it is irrevocable. However, the court may revoke the adoption if the adopter, instead of looking after the adopted child as his own child, handles him as slave or in conditions resembling slavery, or make him engage in immoral acts for his gain, or handles him in any other manner that is detrimental to his future;
- 10.1.4. The adopted child has the same rights as a biological child born to an adoptive parent;
- 10.1.5. Adoption does not terminate filial bond of lineage (relationship);
- 10.1.6. An adopted child has the right to acquire information about his biological parents and roots unless the accredited governmental body finds it against the best interests of the child;
- 10.1.7. Biological parents, members of the extended family and/or guardians of the child have the right to ask the accredited organization/s information as to the growth and development of the adopted child;
- 10.1.8. All legally permitted expenses incurred during the processing of a contract of adoption shall be the responsibility of the adoptive parent/s;
- 10.1.9. The child, after reaching majority, has the right to choose and decide on his/her identity.

E. GUIDELINE FOR INSTITUTIONAL CHILDCARE SERVICE

1. GENERAL

It is widely accepted that childcare within an institutional setting should be used as a short-term alternative care strategy and only as a last resort when all other types of childcare options have been exhausted. Countries which have traditionally relied on institutional care are now making major transformations to their childcare and social welfare policies, moving towards community care options. Such transformations are rooted in the research-based evidence of the impact of institutions on children's development the vulnerability to abuse within the institutional settings and the high operational costs such institutional care often requires (Better Care Network 2006). Both international and local experiences have shown that long periods in an institution make it harder for a child to assimilate back into the community and deny them access to the life-long attachments and community support systems that family

relationships and communities can provide. Hence, early intervention is of paramount importance for placing children in other alternative childcare programs, so that they would experience proper personality development. When all options are exhausted, upbringing children in institutions requires acceptable standards that should be adhered for the best interests of the child.

2. OBJECTIVES

2.1. General Objectives

The overall objective of institutional childcare is to contribute towards the improvement of the physical, social, psychological well-being and ensuring self-reliance among children in the childcare institutions, by creating access to the fulfillment of their rights for basic and psychosocial services and seeking every other possible alternative placement for permanent upbringing of children.

2.2. Specific Objectives

- 2.2.1. To cater for the basic and psychosocial needs (food, shelter clothing, education, sanitation and health, play and recreation, counseling, emotional needs as well as social interaction) of children in the childcare institutions for their wholesome growth and development;
- 2.2.2. To enable children to develop their skills and potentials to become self-reliant individuals valued by the community;
- 2.2.3. To strive to solicit other options for placing the children in other alternative childcare programs with the view to enhance proper development of children.

3. ELIGIBILITY

The following target children are eligible for admission into the childcare institutions:

- 3.1. Children who are double orphans (regardless of the cause of death of their parents, sex, religion, ethnicity and disability status of the child) and who have no one to take care of them in the family or community.
- 3.2. Children who are single orphans, when the living parent is incapable of providing support to the child owing to illness, detention or any other valid reasons proved by relevant authority.
- 3.3. Abandoned children or children whose parents are not traceable.
- 3.4. Children whose parents are certified by the appropriate or accredited body as terminally ill or mentally incapacitated to take care of them.
- 3.5. The child is under the age 18 years.

4. ADMISSION

4.1. A childcare institution shall exclusively accept a child when his/her eligibility is approved and admission requested by the relevant authority.³

4.2. Screening at the Time of Admission⁴

A childcare institution shall conduct a screening at the time of admitting the child on various developmental statuses of the child including:

- 4.2.1. Age determination test (if the exact age of the child is not known);
- 4.2.2. Health status;
- 4.2.3. Physical disability;
- 4.2.4. History of abuse (if any);
- 4.2.5. Psychological condition of the child;
- 4.2.6. Family history/status.

5. ROLES AND RESPONSIBILITIES

5.1. Keeping the common obligations of organizations indicated in section three of these Guidelines in mind, **childcare institutions** shall discharge the following responsibilities:

- 5.1.1. Provide care and support for children admitted into the institution based on the eligibility criteria and objectives of the institutions;
- 5.1.2. Make sure that the number of children accepted is properly balanced to the financial, material and human resource capacity of the institution;
- 5.1.3. Explore every possible effort to provide other alternative care (reunification, reintegration, foster care, community-based care and adoption) as early as possible based on the best interests of the child. In the cases of abandoned children, however, they should not be made eligible for adoption before two months of stay under the care of the institution;
- 5.1.4. Provide care to children with disabilities without any discrimination and immediately report the presence of these children within the institution to the relevant regional government authority, to facilitate collaboration with other organizations for the provision of appropriate services to them;
- 5.1.5. Prepare internal child protection policy of the organization to make sure that every child in the institution is protected from all forms of violence, abuse and exploitation;

³ However, in case of emergency situation, when abandoned children are sent to institutions by the Regional Police, the institutions should immediately report the case to the competent regional authority together with the copy of the police's report.

⁴ The purpose of screening the child is not for decision to admit him or her. It would rather help the institution know about the background of the child and his/her main problems to be able to design appropriate intervention mechanisms in light of the situation of the particular child concerned.

- 5.1.6. Arrange ways and means to enhance the involvement and interaction of children under their care with the community members in the area. Childcare institutions should give adequate emphasis to the participation of children in all matters that concern them with due consideration to their age, mental and physical levels of maturity;
- 5.1.7. Work in collaboration with relevant bodies to ensure that the properties of orphaned children admitted to institution are protected and their inheritance rights are legally protected;
- 5.1.8. In order to protect the well-being of children, childcare institutions should never give children to either adoptive parents or ASPO prior to the order of the relevant court. Moreover, during the adoption process, institutions should make sure that siblings are not separated and are adopted by the same family and/or to the same area;
- 5.1.9. If any child under the care of childcare institutions passes away, the concerned institution must report the incidence within maximum of two days, together with the cause of death, date and place of death and funereal to the relevant authority.
- 5.1.10. A childcare institution must immediately report to the relevant authority any case of epidemic outbreak so that immediate interventions could be taken;
- 5.1.11. A childcare institution must keep records (data) about the profile of every child under their care and make sure that the files are kept under the strict confidentiality;
- 5.1.12. Establish and strengthen networking among other institutions to promote experience sharing and collaboration;
- 5.1.13. A childcare institution has the obligation to submit bi-annual and annual report to the accredited and competent Regional Government authority;
- 5.1.14. A childcare institution shall participate in the preadmission assessment of the child to learn about the background of the child, together with the experts from Regional Government authority.

5.2. The relevant Regional authority, with respect to a childcare institution, has the responsibility to:

- 5.2.1. Follow up, monitor and evaluate the care offered to a child placed in institutional care;
- 5.2.2. Give feedback concerning the activities of the institutions based on the periodic reports and findings of monitoring and evaluation reports;
- 5.2.3. Provide technical assistance to the childcare institutions (facilitate the linkage and network to enhance the services for children with special needs);
- 5.2.4. Assure the smooth transfer or placement of a child to an alternative childcare program or to another childcare institution when a childcare institution terminates its functioning before a child reaches the age of 18 years.

6. STRATEGIES FOR INTERVENTION

6.1. Integration of Services

Recognizing the diverse needs of target children, along with basic services, childcare institutions need to design interventions informed by a holistic approach involving psychosocial care, preventive and rehabilitative activities.

6.2. Early Intervention on Alternative Care

It is evident that longer stays in the institutions could lead the children to develop high levels of dependency and lower self-esteem. Thus, exploring other possible alternative care systems in accordance with the best interests of the child and at the earliest period would be of paramount importance to ensure the proper growth and development of children.

6.3. Enhancing interaction with the community

It is not advisable to limit provision of all the services within the compounds of the institutions for it excludes children from the world outside the institutions. For the purpose of future integration, childcare institution should take appropriate measures for facilitating the interaction of children with the communities around the orphanages, so that children could feel part of the neighboring community. This effort could be enhanced through:

- 6.3.1. Enrolling children in to schools outside the institution;
- 6.3.2. Allowing and encouraging children to attend social events in the community;
- 6.3.3. Encouraging summer visits to the family/relatives/friends/neighbors;
- 6.3.4. Organizing various clubs (music, theatre, drawing, etc) and arranging shows in the community;
- 6.3.5. Celebrating holidays with the community/relatives;
- 6.3.6. Inviting renowned personalities from the community to share experience to children;
- 6.3.7. Organizing various competitions in and outside the institutions with the participation of the community;
- 6.3.8. Other related activities.

6.4. Maintaining manageable size

Childcare institutions should always strive to maintain the number of children accommodated within a manageable size and in accordance with the capacity of their compounds in general and the living rooms in particular. It is logical to think that childcare institutions can fulfill the emotional needs of children only when children sufficiently interact with the caretakers and other staff.

7. PHYSICAL STRUCTURE

7.1. Location

- 7.1.1. The location of the childcare institutions shall take into account the availability and accessibility of the following infrastructures:
 - a. Potable water supply;
 - b. Road (either a dry or all weather road);
 - c. Electric power or generator;
 - d. Preferably telephone communication;
 - e. Education facilities;
- 7.1.2. Should be free from dangerous environments or settings with potential hazards (areas susceptible for recurrent dangers) such as military camps, war-prone areas, places with dangerous wild animals, flood-prone areas, polluted areas, high traffic areas, etc.;
- 7.1.3. Childcare institutions should be situated within the premises of the community where the children can get access to social services (schools, hospitals, clinics, market places etc.) with reasonable distance.

7.2. Compound and Facilities

- 7.2.1. A compound of a childcare institution shall have adequate space relative to the number of children under its care;
- 7.2.2. A compound of a childcare institution shall be free of hazardous situations and elements. Thus, a childcare institution shall be:
 - a. well fenced to protect the children from intruding threats;
 - b. free from chemical, noise, air, pollution, etc.;
 - c. free from hazardous physical structures like wells, swamps, unprotected ponds, open sewers, deep ditches, etc.;
 - d. free from disturbances of landlords if the orphanages function in a rented house;
- 7.2.3. The compound of childcare institutions shall have service giving buildings/rooms and administrative building/rooms and facilities;
- 7.2.4. The buildings of the service and administration rooms shall be approved by relevant authority and shall be appropriate enough to address the mobility needs of children with disability;
- 7.2.5. A service giving building of a childcare institution shall, at least have:
 - a. Lodging (dormitory or self-contained homes);
 - b. A counseling office (therapy room);
 - c. At least one hall/dining room;
 - d. One first-aid room;
 - e. Recreational facilities (in-door and out-door facilities);
- 7.2.6. An administrative building of a childcare institution shall, at least, have:
 - a. One administrator's office;
 - b. One record office;
 - c. Finance office;
 - d. Storeroom;

- e. Meeting room.

8. TYPES OF SERVICES

Generally, the types of services to be provided by the childcare institution can be grouped into the following three categories: Basic Services, Psychosocial Services and Alternative Childcare Services.

8.1. Basic services

8.1.1. Lodging:

- a. Lodgings in a childcare institution shall, at least, be constructed from non-toxic materials that are widely used in the locality;
- b. The number of children residing in one-bed room in a dormitory should depend on the age group, gender and size of the room. However, the institution should exert every effort not to create overcrowded environment and extreme congestion so that children can move around within the bedroom easily;
- c. Lodgings should accommodate the child's belongings in a cupboard, bags or any other appropriate compartments and one bed for the home mother/father in each dormitory, group home or self contained home should be available;
- d. In the lodgings, double deck beds are not allowed for children under the age of seven;
- e. Lodgings in a childcare institution shall be well ventilated and well lighted, and toilets, shower rooms and washing basins should be easily accessible. These facilities shall be kept clean/ready all the time;
- f. The number of children residing in a self-contained home should not exceed eight;

8.1.2. Food:

- a. A childcare institution shall, at least, provide:
 - i. Milk every two hours for children below four months;
 - ii. Milk and supplementary food every three hours for children between four and twelve months;
 - iii. Milk and supplementary food every four hours for children between one and three years;
 - iv. Four meals a day for children from four to seven years of age;
 - v. Three meals a day for children above seven years of age.
- b. The food served in childcare institution should:
 - i. Be fresh and nutritious enough for the healthy development of the child;
 - ii. Address the food culture of the locality;

- iii. As much as possible approximate the quality and quantity of food available in an average household in the community in which the childcare institution is situated;
- c. The type, quality and quantity of food served in a childcare institution should be checked regularly by the health personnel or nutritionist;
- d. The health assistant should prepare and submit a monthly report to the administration of the childcare institution on the type, quality and quantity of the food served in the childcare institution;
- e. A childcare institution should encourage older children to participate in cooking their food and in the purchasing of food items (exercise shopping). The purpose of this exercise should be limited to familiarize children with food preparation and shopping so that they could easily cope with such exercise when they leave the institution. This activity, however, should not lead to child labor exploitation.

8.1.3. Clothing:

- a. A childcare institution shall provide various types of clothing for the children including: personal clothing, shoes and bed wear;
- b. A childcare institution should make sure that similar supplies are provided (in color and design) not to expose children for labeling and discrimination. Children’s opinion and participation in the purchasing should be encouraged;
- c. In providing clothing, the institution should consider clothes which are appropriate to the weather conditions of the locality and special wearing and appliances for children with disability;
- d. The minimum amount of clothing that institution can provide for different age groups per year is indicated in the table below.

Age groups	Institutions provide at least the following clothes per annum
Children below one year	<ul style="list-style-type: none"> ▪ six sets of sanitary clothing; ▪ four sets of personal clothing; ▪ two pair of shoes; ▪ two sets of bed wear; ▪ four sets of towels.
Children between one and three years	<ul style="list-style-type: none"> ▪ two sets of sanitary clothing; ▪ two sets of personal clothing; ▪ two pairs of shoes; ▪ two sets of bed wear; ▪ two sets of towels.
For children from three to six years	<ul style="list-style-type: none"> ▪ two sets of personal clothing; ▪ kindergarten uniform; ▪ two pair of shoes and one pair of sandal shoes;

	<ul style="list-style-type: none"> ▪ two sets of bed wears for the first year and one set for subsequent years; ▪ two sets of towels.
For children seven years and above	<ul style="list-style-type: none"> ▪ two sets of personal clothing; ▪ school uniform; ▪ two pair of shoes and one pair of sandal shoes; ▪ two sets of bed wears for the first year and one set for subsequent years; ▪ two sets of towels.

8.1.4. Health, Sanitation and Hygiene:

A childcare institution shall provide health services to the children. Any childcare institution shall, at least, have a first-aid giving room. A health service in a childcare institution shall include:

a. Preventive health service:

- i. Regular medical check-ups for children below one year;
- ii. Under normal condition biannual medical check ups for children six years and above;
- iii. Immunization for children under five years;
- iv. Sexual education for adolescents;
- v. Education on the prevention of HIV/AIDS.

b. Remedial and rehabilitative health service:

- i. First aid service;
- ii. Referral links to the nearby health center or hospital;
- iii. Residential care for children who are AIDS patients;
- iv. Facilitation of the provision of Anti-Retroviral drugs and related treatments for children living with HIV including regular medical and psychosocial support;
- v. Health facilities within institutions need to be equipped with essential drugs;
- vi. A childcare institution shall, at least, make the following sanitary materials (including tampons and sanitary towels for girls) available to beneficiary children: a) personal sanitary materials; b) laundry materials; c) sanitary materials for keeping the sanitation of the site and the building and; d) waste disposal facilities;
- vii. A childcare institution shall provide the necessary hygienic training to the children starting at early years;
- viii. A childcare institution shall make the necessary sanitary service available and: a) encourage the children to contribute to the sanitation and tidiness of the site, homes/ dormitories, etc. and b) encourage adolescents

- to keep their rooms clean and wash their clothes by themselves;
- ix. the health assistant should check the sanitary condition of the site and buildings monthly;
- x. Health assistant should prepare and submit a monthly report on the sanitary condition of the site, homes and/or buildings to the administration of the childcare institution;
- xi. The health assistant should check the children's hygiene weekly and, if necessary, instruct the institution staff on how to better care for children's hygiene and facilitate the transmission of hygiene education to the children;
- xii. The health assistant should prepare and submit a monthly report to the administration of the childcare institution on the children's hygiene.

8.1.5. Education:

a. Academic Education:

- i. A childcare institution has the responsibility to provide educational opportunities to all the children under its care from kindergarten to higher levels of education;
- ii. A childcare institution shall have its own center for early childhood (pre-school) education either in the form of non-formal basic education or kindergarten within the compound of the childcare institution;
- iii. A childcare institution shall provide all the necessary educational materials to the children;
- iv. A childcare institution shall offer supportive educational services to children with educational difficulties;
- v. A childcare institution shall continue to offer support to children who join higher institutions;
- vi. The counselor should follow up the educational development of the children regularly;
- vii. The counselor should prepare a quarterly report on the educational development of the children and submit the same to the administration of the childcare institution;
- viii. A childcare institution shall have a reading room, preferably with necessary reading materials/ books;
- ix. It is conditional for a childcare institution not to build primary and secondary schools within the compound of the institution. However, where building such schools within the institution is considered necessary, the institution should actively encourage the enrollment of children from the surrounding community in its school(s) to minimize the risk of isolating children under its care. No special uniforms should be imposed to the institutionalized children so that they should not be distinguished from other children living in the community.

- x. Childcare institutions should encourage and motivate children to perform better in their education.
- b. Technical and Vocational Training:
 - i. A childcare institution shall create access to technical and vocational training to eligible groups of children either within the institution or outside;
 - ii. A child is considered eligible for a vocational training when he/she at least: a) is fourteen years of age and above; b) has completed grade eight; c) has openly expressed his/her interest to attend vocational training; d) has failed to continue in his/her academic education and is deemed to benefit from vocational training; e) is ready for reintegration into the community after the training.
 - iii. A childcare institution shall cover the training fees and all the necessary material to children attending vocational training;
 - iv. A childcare institution shall provide all the necessary support including registration, enrolment and arrangement of transportation for children who need to join vocational training;
 - v. The counselor should make monthly follow-ups of the vocational development of trainees attending vocational training;
 - vi. The counselor should prepare a quarterly report on the vocational development of children attending vocational training and submit the same to the administration of the childcare institution;
 - vii. A childcare institution shall provide the necessary support to children who completed the technical and vocational training to facilitate their reintegration and self-employment;
 - viii. Eligible children should actively participate in deciding the type of vocational training and other related matters.
- c. Special care for unaccompanied children with disability:
 - i. A childcare institution shall provide special services to children with disabilities. These services can be provided for inside or outside the institution and the services for this group of children should include: a) provision of prosthetic/orthopedic appliances (including wheel chairs) and b) provision of special services (like brail training, sign language, special education and skills training).
 - ii. A childcare institution shall make whatever facilities available in the compound of the institution easily accessible for children with disabilities.
- d. Psychosocial Services:
 - i. Play, Recreation and Emotional Care:

- A childcare institution should recognize that play is a fundamental instrument for: a) relaxing children and creating pleasure in their daily life and b) fostering the cognitive and physical and emotional development of children;
- During establishment, a childcare institution shall make sure the environment/set up of the place is appropriate enough for addressing the recreational/play needs of children;
- A childcare institution shall make the necessary play and recreational materials available to the children. These may include: a) puppets, puzzles, dolls, story books and other visual as well as sound stimulating play materials for children under the age of five; b) various indoor and outdoor play materials important for sport, music and drawings, etc for older children and c) at least one television set, one radio set and other indoor facilities common in the locality;
- A childcare institution shall facilitate for children to make use of outdoor playgrounds (such as football fields) in the neighboring community when such facilities are not available in the compound of the institution;
- A childcare institution shall organize different activities for the children (different clubs composed of children such as drama, music drawing clubs, etc.) based on their interests;
- A childcare institution shall organize periodic excursion programs for children to recreational places and cultural exchange among children in different settings;
- A childcare institution shall put all effort into addressing the emotional needs (need for love and attachment) of children. The following points will help enhance children's emotional interaction: a) as small children always want to feel secure with someone around, care givers in the institution should often be in a close proximity to the children's living / bed rooms or play area; b) in case of infants and toddlers, embracing and cradling while feeding the child is important to establish a home mother-child attachment.
- Care takers should provide proper physical and verbal response to children's inquiries which might

be presented in a form of cry, speech, babblings, body/facial expressions etc.;

- Care takers should avoid any physical punishment and instead use negative reinforcements by prohibiting the child from some privileges. Children should be protected from emotional abuse such as insulting, warning, belittling, bullying, teasing and etc. Care givers and workers employed in the childcare institution should be free from history of abusing children and they should not be suspected abusers;
- Staff in general, and caretakers in particular, need to make frequent interactions with the children (listen to the children, play with them, discuss and help the children share their feelings, etc.);
- Visiting children in the dining room, play fields, schools, etc. and giving encouragements will help to develop trust and better relationships.

ii. *Guidance and counseling:*

- A childcare institution shall provide guidance and counseling service to the children. Guidance and Counseling service in a childcare institution shall include: a) educational guidance; b) vocational guidance; c) behavioral guidance and counseling; d) health counseling and e) group play therapy;
- The counselor should follow-up the psychosocial, educational, etc., development of every child;
- The counselor should document the psychosocial, educational, etc. development of every child;
- A childcare institution shall not violate the ethical principles of counseling, among which confidentiality is a core one;
- The counseling room should be very quiet and free from any frightening or disturbing objects. The counseling room should be a comfortable place for the children and the institution should ensure that the children enjoy the service, for example, by furnishing the room with: a) attractive children's drawings and play materials; b) conformable seats and seating arrangements; c) reading materials, preferably story books appropriate for various age groups. The room should not be crowded and congested with furniture and materials.

e. *Life skills training:*

- i. A childcare institution shall provide life skills training and orientation on child rights to the children. These skills are

vital for building self-confidence and assertiveness. Such life skills training should include: a) interpersonal communication and relationships positive thinking and creative skills; b) basic conflict handling and stress management techniques; c) money management/handlings time management and d) reproductive health, child rights and other related topics.

ii. A childcare institution shall make sure that children who are eligible for reintegration have gone through adequate orientation and training on the above life skills before leaving the institution.

f. Alternative Childcare Services:

A Childcare institution shall provide the following alternative childcare services based on the particular needs and best interests of the child:

- i. Family Reunification for children below the age of 14;
- ii. Reintegration for children above 14;
- iii. Foster care service;
- iv. Adoption (local and Inter-country);
- v. Group Home Service in the Community.

Specific modalities and procedures for implementing the above alternative cares are indicated in detail below. In all modalities, childcare institutions shall also provide legal aids to OVC to protect them from all forms of child rights violations.

9. HUMAN RESOURCE

9.1. Responsibilities

A Childcare institution shall:

- 9.1.1. Have both service giving and supportive staff relative to the population of the target children in the institution;
- 9.1.2. Check the background of the staff at the time of recruitment to make sure that he/she is free from mental illness and any abusive records or crimes that may threaten the well being of children in the institution;
- 9.1.3. Provide periodic on-the-job trainings, in order to enhance and update the capacity of the staff for effective and efficient service delivery;
- 9.1.4. At least, have the following staff:
 - a. Manager/Administrator;
 - b. Secretary Cashier;
 - c. Finance Officer;
 - d. Purchaser/Store Keeper;
 - e. Guards;
 - f. Health Assistant;
 - g. Counselor;
 - h. Home Mothers.

9.2. The profile of the human-power

- 9.2.1. Manager/Administrator: he/she shall have at least his/her first degree in sociology, psychology or other related fields of study with, at least, two years of relevant experience;
- 9.2.2. Secretary Cashier: he/she shall, at least, have a diploma in office management, accounting or other related fields with, at least, two years of experience in similar line of work;
- 9.2.3. Finance Officer: he/she shall, at least, have a diploma in accounting or other related fields with a minimum experience of two years in the area;
- 9.2.4. Purchaser/Store Keeper: he/she shall, at least, have a diploma in material management or other related fields with a minimum experience of two years in the area;
- 9.2.5. Guards and Sanitary assistants : Cleaners and guards should have completed at least grade six, with a minimum experience of two years in similar child-related environments;
- 9.2.6. Health assistant: he/she shall, at least, have a certificate with a minimum experience of two years in the area;
- 9.2.7. Counselor: he/she shall, at least, have his/her first degree in psychology with a minimum experience of two years in the area;
- 9.2.8. Home Mothers: a Home Mother should have completed at least grade six and shall have at least a three months relevant training and a minimum experience of one year as an assistant home mother.

10. RECORD KEEPING

10.1. A Childcare institution shall:

- 10.1.1. Collect and document detailed data and information on the life histories/background of all children from all available and relevant sources. A separate file should be opened for each child and the file should accompany the child when he/she is transferred from one institution to another or leaves the country for adoption;
- 10.1.2. Make efforts to set up a memory box where grown-up children could write about their life history and family background. For small children, staff members should take care of this task and handover to the child when he/she is able to write (when necessary it should be supported by audio visual information) and deliver to the child at the time of leaving the institution;
- 10.1.3. Upon admission of a child, attach a photograph of a child with the admission format;
- 10.1.4. Upon admission of a child, include at least the following information in the admission formats:
 - a. Name;
 - b. Age and sex;
 - c. Family name;

- d. Family history;
 - e. Place and date of birth;
 - f. Previous and current address;
 - g. Religion;
 - h. Education;
 - i. Health status;
 - j. Nutritional status;
 - k. Physical disability (if any);
 - l. Psychological profile;
 - m. History of abuse (if any);
 - n. Status of a child at admission (orphan/abandoned/parents terminally ill or mentally incapacitated);
- 10.1.5. Keep a periodical record of the follow-up on the development of the child on a standardized form with respect to:
- a. Health status;
 - b. Nutritional status;
 - c. Physical development;
 - d. Educational development;
 - e. Emotional and spiritual development;
 - f. Social development.

10.2. Responsible personnel in a childcare institution in charge of keeping a regular follow-up record concerning the development of the children, should be:

- 10.2.1. The counselor on educational, social, emotional and spiritual development of the children;
- 10.2.2. The health assistant for the health, nutritional status and physical development of the children.

11. TERMINATION OF SERVICE

11.1.A childcare institution shall initiate reunification or placement service in alternative care program immediately after admission of the child. Accordingly, the institution shall provide its service to a beneficiary till:

- 11.1.1. The child is reunified into his/her family; or
 - 11.1.2. The childcare institution places the child in an alternative childcare;
- In case the above two options are not feasible, the institution shall provide its service until the child reaches the age of 18).

11.2.A childcare institution shall inform the child about the eventual termination of its service starting at the age of understanding and provide necessary counseling services.

11.3.A childcare institution terminating its service to beneficiary child shall give at least two months prior notice to the Regional relevant authority as to the

reasons and measures taken to facilitate the transfer of the child to other types of care and/or the reintegration into the community.

11.4.The institution shall activate all institutional capacity and other networks to facilitate the identification of opportunities of social reintegration so as to ensure a progressive economical transition.

12. COMMUNITY PARTICIPATION

12.1.A childcare institution shall advocate for children's rights in the surrounding communities;

12.2.A childcare institution shall facilitate conditions for the children to interact among themselves and for the community to interact with the children in the institution;

12.3.A childcare institution shall facilitate conditions for children to participate in the activities within the institution as well as in community activities to avoid segregation and discrimination;

12.4.A childcare institution shall make continuous efforts to secure the collaboration of the community;

12.5.Childcare institutions shall encourage renowned personalities to appear in the institutions and share their personal life history and experiences to the children in the institution.

SECTION III: ESTABLISHMENT, CODE OF ETHICS AND MONITORING AND EVALUATION

1. ESTABLISHMENT AND LICENSING OF CHILDCARE ORGANIZATIONS

- 1.1.** The establishment of an organization engaged in any type of alternative childcare services shall be preceded by a registration and approval of Memorandum of Association and Project Proposal of the program by a relevant authority.
- 1.2.** An organization that proposes to establish an alternative childcare service shall produce a document affirming that it has the required financial, material, human power and technical capacity.
- 1.3.** A childcare organization can be established by the governmental, non-governmental organizations or the community groups.

2. REGISTRATION PROCEDURES

- 2.1.** Registration of a childcare service providing organization shall be governed by application procedures and requirements for non-profit making organizations established by Associations' Registration Office in the Ministry of Justice (MoJ);
or
- 2.2.** A National NGO/Association applying for registration to carry out childcare programs is required to produce and submit the following documents to the Associations' Registration Office:
 - 2.2.1.** Original copy of the Memorandum of Association (by-Laws) signed by five founding members;
 - 2.2.2.** An application signed by each founding member and appended with a passport size recent photograph and a profile form describing the background of the founding members;
 - 2.2.3.** Copy of the Identity Card of each founding members, residence permit or other documents issued by any authorized governmental body certifying his/her identity and permanent address;
 - 2.2.4.** The Project Proposal on which the organization/association intends to execute following registration (approval of the Project Proposal by pertinent professionals in the accredited government body is a prerequisite for registration).
- 2.3.** An International NGO applying for registration to carry out childcare services in Ethiopia shall be required to produce and submit the following documents to the Ethiopian Mission/Embassy in its country of origin:

- 2.3.1. Authenticated certificate(s) that stipulates the applicant to be a legal non-profit making foreign organization in the country of formation or registration;
- 2.3.2. Authenticated by-Laws or Constitution or Statutes or internal regulation and program that confirm its present spheres of activity;
- 2.3.3. Letter of support relating to its current activities and those under considerations, from the Ministry of Foreign Affairs (MoFA) or a supervisory body of non-profit making organizations situated at Head Office;
- 2.3.4. Project profile revealing the intended activities to be carried out in Ethiopia;
- 2.3.5. Authenticated Power of Attorney or Letter of Appointment by the country representative to represent the non-profit making foreign organization in Ethiopia;
- 2.3.6. If an organization is an ASPO, in addition to the points enumerated above, the ASPO shall be required to produce the following documents:
 - a. Authenticated assessment report of the work of the ASPO by the Supervisory Authority in the country of formation;
 - b. Authenticated copy of a written guarantee from Government institute affirming its responsibility for the children in case the Agency discontinues its work in Ethiopia or in country of formation due to any reasons;
 - c. The condition, status and list of the children ASPO previously adopted from Ethiopia;
 - d. Renewed and authenticated certificate of registration that verifies the applicant to work as an ASPO;
 - e. An applicant should produce a Project Proposal in addition to adoption on any social development sector to be implemented in Ethiopia after registration.
- 2.3.7. Based on the particulars of the MoFA of the FDRE, the Embassies or Consulates and permanent representatives in the country verify, authenticate and transmit the documents along with its findings to the Ministry's Directorate to International Organizations and Economic Cooperation for approval by the Ministry;
- 2.3.8. The organization, if permitted to get registered and operate in Ethiopia, shall enter Ethiopia, submit its documents to the protocol Directorate of the MoFA, secure a document of authenticity and commence the registration process with the MoJ.

2.4. Renewal of registration

- 2.4.1. Organizations applying for the renewal of their work permit should submit:
 - a. Annual audit reports (original) by certified accountant. Organizations with annual income amounting to less than ETB 50,000 (fifty thousand Ethiopian Birr) should submit financial

- statement/report prepared by their Head of the Finance Department and approved by the internal auditor;
- b. Annual activity report of the organization /associations.
 - c. Both the financial and activity reports should be approved/endorsed by the general assembly of the organization/association.

3. CODE OF ETHICS

- 3.1.** Organizations engaged in any type of alternative childcare service adhere to the law of the land and respect all codes of conduct that are/will be developed by relevant and authorized Government body.
- 3.2.** In all its activities, an organization engaged in childcare service strives to ensure the best interests of the child.
- 3.3.** An organization shall refrain from making childcare services as a means of income generating and ensure that the income is solely used for all round development and well-being of the children.
- 3.4.** An organization shall refrain from involvement in activities other than those legally permitted to it and the objectives it is established for.
- 3.5.** An organization makes sure that its management and implementation of the services are guided by the principles of good governance with accountability and transparency and meaningful participation of its constituencies.
- 3.6.** Ensures that children (target groups) are not discriminated due to their sex, color, disability, race, religion, language, HIV status and any other condition.
- 3.7.** In the performance of its functions, an organization discharges its duties incorruptibly and in a non-abusive manner of any privilege availed to it.
- 3.8.** Every childcare organization shall develop and apply a child protection policy that should be signed and respected by the staff.
- 3.9.** A childcare organization makes sure that the provision of the type of alternative childcare service is conducted in a manner that does not violate the rights of children and damage their physical and psycho social conditions.
- 3.10.** Respect the privacy of the target groups and confidentiality of personal data on the life histories of children and other related issues that need to be kept confidential regarding their life.

3.11. A childcare organization shall establish networks with concerned governmental and non-governmental organizations to avoid duplication of resources, efforts and check multiple servicing for the same target groups.

3.12. The MoWA will ensure liability to regulatory measure on organizations which fail to observe this code of ethics and other regulatory provisions of operation.

4. ACCOUNTABILITY

4.1. A childcare organization shall be governed by policies formulated by the accredited governmental bodies.

4.2. An organization running a childcare program shall be accountable to the accredited governmental bodies.

4.3. An organization running a community-based childcare program shall also be accountable to the target groups and community within which it implements its programs.

4.4. A childcare organization shall submit quarterly, biannual and annual reports to the accredited governmental body.

5. MONITORING AND EVALUATION SYSTEMS

Monitoring and evaluation system is essential for the realistic project planning and for having a working management information system that is crucial for successful implementation of project/programs. Hence, along with the development of the Guidelines, it is essential to design a system for maintaining the quality of childcare standards through regular assessment, monitoring and evaluation of organizations involved in any of the alternative childcare programs.

5.1. Designing a Monitoring System

5.1.1. The following factors need to be considered by childcare providing organizations while designing an efficient monitoring system:

- a. What is to be monitored? This refers to the selection of indicators which will be monitored and which reflect the effects of the project. The identification process should be participatory to get the different views of stakeholders about the observable changes expected out of the project activities;
- b. Who collects monitoring data? This refers to designation of appropriate personnel to monitoring activities. To minimize biases, target groups and community leaders can be involved depending on their capacity and time availability;

- c. How to collect monitoring data? There are different tools of collecting monitoring data including interview with individuals and groups, surveys, participatory rapid appraisal and observation. The kind of tools to be used depends on the nature of the project and the capacity of the staff. It is also necessary to consider that since monitoring is an ongoing process, there is a need to gather information repeatedly;
- d. What kind of records need to be kept for continuous assessment?
 - i. Progress Reports on quantitative and qualitative data;
 - ii. Staff meeting minutes (project staff and management committee and project review meetings);
 - iii. Field visit report of project staff or other stakeholders and donors;
 - iv. Audio visual information: photographs, newspaper, video, etc.
- e. How to use the information collected (monitoring results) for timely management decision? Conduct regular review meeting with stakeholders, project users, project staff and community representatives to discuss the project in light of the monitoring reports. Such meeting is of great importance to present evidence about the progress of the project and will help the management rectify mistakes or redesign the objectives and plans.

5.2. Designing an Evaluation framework

- 5.2.1. Defining the project objectives: the first step in developing an evaluation plan is to formulate objectives. The objectives should be simple, measurable, achievable/realistic and time bounded;
- 5.2.2. Devise a set of impact indicators: once the objectives are defined and specified, the next step is to devise indicators to measure progress toward achieving the objectives;
- 5.2.3. Define means of verifications: after the indicators have been identified, the next logical step is to verify their actualization and determine the sources of information which give evidence for the changes/impacts made;
- 5.2.4. Define critical assumptions: defining and analyzing the assumptions allows the stakeholders to realize that the proposed project in some cases might be unlikely to be successful due to some uncontrollable external factors. Hence, the management can take decisions before proceeding on the project or monitor the situation to reduce the risk of failure.

6. APPLICATION OF THE GUIDELINES

- 6.1.** MoWA or the relevant governmental body is responsible to promote the application of the Guidelines by all concerned childcare organizations;
- 6.2.** The following procedures are suggested as a core strategies to facilitate effective application of the Guidelines:
 - 6.2.1. A full scale and successive familiarization program should be organized to sensitize all childcare organizations about the revised Guidelines;
 - 6.2.2. Provision of technical support such as training and other capacity building activities to the childcare institutions;
 - 6.2.3. Translation of the Guidelines into local languages or working languages and dissemination of sufficient copies to all childcare institutions;
 - 6.2.4. The MoWA should make sure that all the Project Proposals submitted by childcare organizations for appraisal and registration comply with the Guidelines;
 - 6.2.5. Periodic assessment on the status of application, challenges in the implementation of the Guidelines and new trends in childcare services, etc. to obtain feedback for future improvement of the Guidelines.

References

CYAO, *Draft Guideline on Child-Family Reunification Program*, 1997.

HAPCO, *Comprehensive Community-based Care and Support Guideline for PLWHA, OVC and Affected Families*, 2006.

JeCCDO, *Proceedings of the Workshop on Deinstitutionalization: the Way to Community-based Child Support Programs*, 2002.

Mekdes, G. & Tesage, *Assessment Report on the Use and Implementation of the National Guidelines on Alternative Childcare*, 2006.

National Steering Committee for Sexually Abused and Exploited Children, *Child Friendly Rehabilitation/Treatment Guideline for Sexually Abused and Exploited Children*, 2007.

SCAB, *Study on Community-based Alternative Childcare in Addis Ababa*, 2006.

- , *Working Guideline of Adoption Service*, 2006.

Tenange, A., *Practice of Inter-country Adoption in Ethiopia: M.A Thesis, Addis Ababa University*, 2006.

The African Charter on the Rights and Welfare of Children.

The FDRE, *Revised Family Law*, 2002.

United Nations, *UN Convention on the Rights of the Child*, 1991.

**Federal Democratic Republic of Ethiopia
Ministry of Women's Affairs
Addis Ababa - May, 2009**



