# Country Care Profile

# Liberia

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Country Care Profile

# Liberia

**Acronyms and abbreviations**

| | |
|---|---|
| AIDS | acquired immunodeficiency syndrome |
| BCN | Better Care Network |
| CRC | Convention on the Rights of the Child |
| CWC | Child Welfare Committees (of the MoGD) |
| DHS | Demographic Health Survey |
| DSW | Department of Social Welfare |
| De-Plan | Deinstitutionalization and Alternative Care Planning Division |
| DCOF | Displaced Children and Orphans Fund |
| DSW | Department of Social Welfare |
| IAC | Independent Accreditation Committee |
| ICA | kinter-country adoption |
| IRCL | Inter-Religious Council of Liberia |
| KAP | Knowledge, Attitude and Practice (survey) |
| HIV | human immunodeficiency virus |
| MoGD | Ministry of Gender and Development |
| MoHSW | Ministry of Health and Social Welfare |
| MoJ | Ministry of Justice |
| MPCHS | Mother Patern College of Health Sciences |
| NGO | non-governmental organization |
| TWGD | Technical Working Group on Deinstitutionalisation of Children |
| UNMIL | United Nations Mission in Liberia |
| UN | United Nations |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |

# Contents

# Executive Summary

## 1 Introduction

### 1.1 Purpose and objectives

The Better Care Network (BCN) and UNICEF, supported by the President's Emergency Plan for AIDS Relief (PEPFAR)/ US Agency for International Development (USAID), commissioned Maestral International LLC to document significant child-care reform work being carried out at country level in three African countries, to promote information exchange and learning within the region, and reinforce and encourage care reform in other countries. These reforms involve legislation, policies and programmes, including service delivery, advocacy and networking. The three countries reviewed for the country profile study were: Ghana, Liberia and Rwanda. All three country profiles and the general summary report are available on the BCN website: <www.bettercarenetwork.org>.
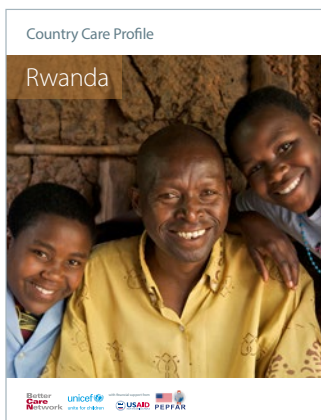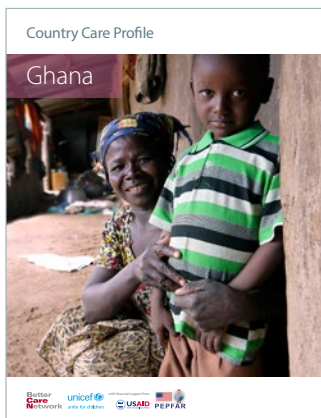
The country profiles document efforts to support care reform within these countries. Based within a framework reflective of the 'Guidelines for the Alternative Care of Children',[1] the profiles provide an overview and analysis of key areas in alternative care services provision and reform efforts. The key areas are:

- National enactment and implementation of the legal and policy framework;
- Preventive and family support services;
- Availability and range of family-based alternative care services;
- Residential care and deinstitutionalization efforts;
- Supporting children exiting or leaving alternative care arrangements;
- Domestic and inter-country adoption;
- Information management systems; and
- Social welfare workforce.

The profiles provide an overview of key lessons learned, including successes, challenges and areas for progress, and gaps in learning and best practice.

The goal of the country profiles is to inform the strengthening of care-reform efforts in the sub-Saharan Africa region. It is envisaged that they will build on the positive momentum generated by recent regional conferences, child protection systems strengthening initiatives, deinstitutionalization efforts, and country-level child protection and care networks. The profiles can contribute to the exchange of information between and among countries on successes and challenges in implementing care-reform efforts, facilitate the development of a community of practice in Africa, and harness reform and political will among donor, government and non-governmental actors. Ultimately, these care profiles can increase collaboration between national and regional actors who are supportive of care reform, strengthening child-protection systems and promoting family-based care options for children.

### 1.2 Methodology

The international and regional child-rights based instruments that framed the documentation of the care profiles included: the UN Convention on the Rights of the Child (CRC), the 'Guidelines for the Alternative Care of Children',[2] the African Charter on the Rights and Welfare of the Child,[3] and the 1993 Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption. All definitions of the range of alternative care options were informed by these key international and regional framework documents. Additionally, efforts were made to ensure that the literature review and in-country research included active involvement of children and caregivers in order to gain a deeper understanding of the views of these key stakeholders. Sound ethical research design, such as ensuring consent, referrals where appropriate and following child participation guidelines, was used to ensure the safeguarding of participating children and

their caregivers. Detailed information on the process and steps taken to collect information is included in Annex 1.

### 1.3 Structure of the country profile
Following the country field visits, a detailed profile was developed for each country documenting, summarizing and analysing the core components of the alternative care system and care-reform initiatives. The country profiles are based on documents reviewed and the field visits in April/May 2013.

The content of each of the country profiles addresses the following topics:
• Overview of country context, including the population of children living outside of family care or at risk
• Description of child protection and child-care system, including national care-reform initiatives
• Child-care legal and policy framework for the country
• Preventing the need for alternative care, including analysis of national deinstitutionalization strategies and interventions
• Analysis of formal alternative care
• Analysis of informal alternative care
• Domestic and inter-country adoption
• Care during an emergency
• Public awareness and advocacy
• Conclusion
• Reference materials for the country

## 2 Overview of national care-reform initiative

### 2.1 Country context
Liberia is situated in West Africa with a population of 4,128,572,[4] with approximately 47 per cent of the population below the age of 15.[5] In 2003, Liberia emerged from 14 years of civil unrest and violent conflict, which had resulted in the deaths of approximately 270,000 people and collapse of traditional and formal structures and institutions.[6] As a result of the civil war and its aftermath, nearly two-thirds of Liberians currently live in poverty; three-quarters live on less than one dollar a day[7] and face a range of social problems and resource constraints. This in turn impacts the growth, development and long-term prosperity of the country's children and youth.[8]

Years of conflict, civil unrest and endemic poverty have resulted in an increased number of vulnerable families and traditional support structures being undermined or breaking down, resulting in children being exposed to risks of abuse, exploitation and neglect and living outside of family care (see Textbox 1).[9] This has led to shifting the alternative care arrangements in Liberia. Before the war began in 1989, according to reports from the Ministry of Health and Social Welfare (MoHSW), there were only 10 orphanages in Liberia,

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**Textbox 1**

**Key child protection indicators:**

• 0.7 per cent of children under 15 living in a household have lost both parents, and 5.8 per cent have lost at least one parent.
• Only 48.9 per cent of children under 15 live with both parents. This is the lowest percentage among West Africa countries.
• 20.8 per cent of children between 5 and 14 years of age are engaged in child labour.
• 48.7 per cent of women between 20 and 24 years of age were married/in union before they were 18 years old.
• 3.6 per cent of births are registered at birth (for children under 5).
• 94.0 per cent of children between 2 and 14 years have experienced psychological or physical punishment.
• 39.2 per cent of girls between 15 and 19 years experience physical violence.
• 58 per cent of women between 15 and 49 years of age undergone female genital mutilation/cutting (FGM/C).

(SOURCE: LIBERIA DEMOGRAPHIC AND HEALTH SURVEY, 2007)[12]

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**Textbox 2**

**Alternative care in Liberia:**

• As of 2013, there were 83 residential care facilities housing a total of 3,357 children. This is a reduction from 2009 when there were 114 residential care facilities, with total of 4,683 children.
• 27 per cent of households are providing informal foster or kinship care. The proportion of informal care arrangements is much larger (33 per cent) in urban areas compared to 24 per cent in rural areas.
• No formal foster care or formal kinship care placements have been recorded to date.
• No formal supported living arrangement placements have been recorded to date.
• At the time of writing, there had been 14 domestic adoption placements.
• Between 2003 and 2011, 1,399 inter-country adoption placements took place from Liberia. The majority of these occurred between 2005 and 2008, with just 34 such placements in 2012.

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inter-country adoption (ICA) was not widely practised, and orphaned children were traditionally cared for by extended family members or in informal community arrangements. The war led to an increased national focus on residential care (114 private orphanages in 2008) and ICA (between 2003–2011, 1,399 ICAs took place from Liberia) as the primary responses to children deprived of adequate family care, shifting national resources away from more appropriate family-based alternative care models.[10] Even after the war ended, children continued to be separated from their families and were placed in orphanages unnecessarily. For example, in August 2006 more than 700

children were removed from their families and taken to a newly opened and unaccredited orphanage.[11] See Textbox 2 for an overview of the different types of alternative care currently available in Liberia.

### 2.2 Care-reform results and promising practices

The Government of Liberia, with support from UNICEF, the US Agency for International Development (USAID) and a wide range of non-governmental partners, has responded to these shifts in care patterns by investing in reforming the child-care system. Liberia has shown considerable commitment to bring about deinstitutionalization of the alternative care system and is an example of a promising practice that has emerged from sub-Saharan Africa. With leadership from the Ministry of Health and Social Welfare's (MoHSW) Department of Social Welfare (DSW) Family Division, the Government of Liberia launched the Deinstitutionalization of Children and Promotion of Alternative Care Project in September 2009, with support from USAID, UNICEF and Save the Children. The project provides a national framework on alternative care to improve child-care services, prevent and mitigate against family separation of children, promote family-based care and the deinstitutionalization of the care system, improve the legal and regulatory framework, and promote child protection and children's rights more broadly across the country. Within the MoHSW's DSW, a separate staffed office (the Deinstitutionalization and Alternative Care Planning Division or 'De-Plan') has been established to lead the national deinstitutionalization strategy and programme.[13]

Led by the team dedicated within the MOHSW and supported by two active inter-sectorial committees (the Independent Accreditation Committee [IAC] and Technical Working Group on Deinstitutionalization of Children [TWGD]), the national programme has made great progress. More than 600 children have been reintegrated back with their families since 2009; and the overall number of children in institutional care has been reduced from 14,000 in 1998, to 5,000 in 2000 and 3,357 in 2013[14] (although this initial reduction can be attributed to the response to the civil war). The number of orphanages has decreased from 121 in 1991 to 83 in 2013, as a result of setting up a national accreditation system, setting up a national tracking system for children in institutional care, closing down institutions, transforming institutions into day-care centres and putting institutions on probation. At the same time, the legal and policy framework (the Children's Law and Residential Care Standards) is in line with the CRC and the 'Guidelines for the Alternative Care of Children'[15] and supports the shift from a residential care-focused system to one centred on family-based care.

For a list of all the key government and non-government stakeholders in Liberia that are supporting national care-reform efforts, see Table 1.

The core objectives of the deinstitutionalization strategy are to:[16]

1 Improve the capacity of the Ministry of Health and Social Welfare (MoHSW) and partners: Core areas include training, relocation and reunification of children from homes recommended for closure, and establishment of the committee (IAC) and working group (TWGD) (see Table 1).
2 Strengthen and disseminate national legislation, policies and guidelines: Tools and Regulations for the Appropriate Use and Conditions of Alternative Care for Children (which are based on the 'Guidelines for the Alternative of Children')[17] were developed through a consultative process and have been disseminated via trainings, workshops and mass distribution.
3 Build and strengthen information to allow better tracking of children in the care system.
4 Launch national awareness and advocacy campaigns on the value of family-based care.

The De-Plan and broader care reform have been successful in putting in place a number of key initiatives, frameworks and promising best practices, as outlined below.

#### Legal and policy framework

Regulations for the Appropriate Use of Alternative Care and Deinstitutionalization Strategic Plan were developed; these have been disseminated, including through trainings conducted by the MoHSW. The Children's Law, meanwhile, was enacted in 2012. This provides a clear, systematic framework to help guide activities to strengthen the overall child protection system, especially in stipulating the role and responsibilities of different actors, both government and non-government. Prior to the law's enactment, Liberia lacked a comprehensive child protection legal framework.

Liberia provides a useful example of using the care-reform process to influence wider child protection legal reform and systems strengthening. The findings from alternative care assessments have informed the need for improved oversight, regulatory, coordination and capacity provisions. The analysis and profiling of children in alternative care have also helped to identify gaps within the overall child protection system and so contributed to a more holistic vision of child protection. This is now reflected in the Children's Law.[18]

#### Information management system for children in residential care

MoHSW with support from UNICEF has initiated a national data collection system for children in residential care. The database has been developed to monitor alternative care providers and profile children living in residential care. Save the Children with support from USAID has set up a county-level database in six counties with links to the national

**Table 1**

**Key Liberia child-care reform stakeholders**

| | Stakeholders | Responsibilities |
|---|---|---|
| Government | Ministry of Health and Social Welfare (MoHSW) – *primary ministry* | • MoHSW's Department of Social Welfare (DSW) Family Division leads alternative care efforts.<br>• Within the DSW, separate staffed office – the Deinstitutionalization and Alternative Care Planning Division or 'De-Plan'. |
| | Ministry of Gender and Development (MoGD) | • MoGD's Child Welfare Committees (CWC) support MoHSW functions. |
| | Ministry of Justice (MoJ) | • MoJ's Women and Children unit supports MoHSW child protection functions. |
| | Other line ministries | • Ministry of Education, Ministry of Health and Ministry of Labour. |
| Networks and Committees | Technical Working Group on Deinstitutionalisation of Children (TWGD) | Chaired by the MoHSW, the group provides technical guidance to promote family-based care, review and strengthen national regulations on alternative care, and ensure that standards of care are enforced in existing orphanages as the process of deinstitutionalization continues. |
| | Child Protection Network (CPN) | National-level coordinating body for government ministries and non-governmental organizations (NGOs) involved in child protection and child rights, chaired by the MoGD and co-chaired by the MoHSW and MoJ. |
| | Independent Accreditation Committee (IAC) | Established in 2010 to monitor the implementation of the national regulations for residential care. |
| | Union of Orphanages | As one of the members of the Independent Accreditation Committee, the Union of Orphanages is involved in orphanage inspection and standards development. The union is seen as an important and influential body within the child protection system, and also as having a vested interest in promoting the use of institutional care as a response to child protection issues. |
| Faith-based organizations | Inter-Religious Council of Liberia (IRCL) | Jointly run by Christians and Muslims, the Women of Faith and Youth desk of IRCL focuses on maintaining family unity at the community level. |
| Social work institutions | | • Mother Patern College of Health Sciences (MPCHS), a training institution in Monrovia, offers an Associate in Social Work degree.<br>• United Methodist University offers a basic social work degree. |
| UN and NGOs | | UNICEF, Save the Children, ACDI/VOCA, Christian Aid Ministries, Handicap International, SOS Children's Village, World Learning and Helping Hands Liberia. |
| Donors | | USAID and the Displaced Children and Orphans Fund (DCOF). |

database. Thus, the collection and use of data on children residing in residential care has improved since 2006. The existing data establishes a clearer picture of the number and profile of children living in residential care.

**Capacity building and raising awareness**

MoHSW has increased capacity and understanding of alternative care issues as a result of its extensive capacity-building and awareness-raising activities. The capacity of MoHSW and line ministries has been enhanced via national training of staff on: child protection, utilization of new laws and regulations, prevention of family separation, promotion of family-based care, family tracing and reintegration, and behaviour change.[19] The trainings have been rolled out in seven counties via trainings of trainers.[20] In addition, a capacity needs assessment

of MoHSW staff has been conducted, as well as ongoing coaching and mentoring.

The Ministry of Health and Social Welfare, in partnership with UNICEF and Save the Children, has also conducted capacity-building activities with government staff, orphanage directors, community members, parents and children to increase their awareness and knowledge on alternative care-related issues. Campaigns have taken a multi-pronged approach, for example, town hall meetings, radio talk shows and focus group discussions. National stakeholders have also played a major role in informing public opinion and shifting positions around alternative care, while the media has been instrumental in raising awareness regarding abuses in orphanages and the links between child trafficking and ICA.

As a result of these awareness-raising activities, there is an increased level of knowledge and understanding on child-care provision and alternative care, in particular within the MoHSW and MoGD. Shifts in public perceptions are illustrated by the 2012 KAP survey, in which 95 per cent of caregivers and 83 per cent of children agreed that children should only be sent to an orphanage if there is no family to care for them.

**Accreditation of residential care**
Between 2009 and 2013, monitoring and inspection mechanisms were set up for alternative care facilities. With the assistance of a multi-sectorial national Independent Accreditation Committee (IAC), MoHSW is now accrediting residential care facilities across the country. Using the Regulations as the framework document, 88 orphanages have provided documents to apply for accreditation. As at the time of writing, a four-member Independent Accreditation Committee team had visited 48 homes; of these 18 were set for accreditation, 20 were set a six-month probation, and 10 homes were due to be closed. As of September 2013, a total of 26 homes had been closed as a result of this accreditation process.

**Gatekeeping and care planning**
One of the biggest issues found in the 2006–2007 assessments was the 'open door policy' of orphanages and the active recruitment of children. A 2006 assessment found that 95 per cent of the children living in the orphanages had been recruited for placement by the staff of the orphanages without meeting the basic criteria for placement.[21] Parents were enticed to bring their children to orphanages with the promise of free education and better care than in the family home.[22] The situation has improved since 2007 and there is no longer an 'open door policy'; the government, police and partners have brought in community chiefs and leaders to raise awareness about the real conditions in the orphanages. The police have been trained on the dangers of recruitment processes and increasingly have a better understanding of the issues, resulting in them being involved in stopping recruitment and the movement of children.[23] For example, while the consultant was in Monrovia in April 2013, there was a case in which the police had stopped the movement of boys and girls to an orphanage by a child recruiter.

In terms of meeting the gap in services for working parents, the government is beginning to transform orphanages into day-care centres, which is helping to support working parents to continue to care for their children rather than placing them in institutional care or sending them to live with extended family members.

The 2006–2007 assessments found that there was a poor level of registration and recordkeeping for children in the orphanages. As a result of these findings, the government has tried to improve care planning and monitoring of children once

they enter residential care, and with this in mind established the Regulations for the Appropriate Use and Conditions of Alternative Care for Children (2010) and the Children's Law (2012), which together deliver clear provision for care plans for children placed in alternative care. Each registered child has a profile and the DSW knows which child is entering and exiting an orphanage. Studies have found that there is the increasing use of individual care plans and monitoring mechanisms in some care facilities.[24]

In order to fill care planning and gatekeeping capacity gaps, Save the Children has also supported MoHSW in creating child placement committees in six counties (Bomi, Gbarpolu, Montserrado, Bong, Margibi and Nimba) to shift the decision-making away from Monrovia to the county level. Each committee is responsible for reviewing the needs of children outside of family care and for recommending placement options based on the needs and best interest of the child. The committees include Child Welfare Committee members and are chaired by MoHSW and Ministry of Gender and Development (MoGD) staff. Committee members are trained in the UN Convention on the Rights of the Child (CRC) and 'Guidelines for the Alternative Care of Children'.[25] Each committee holds quarterly meetings, monitors the institutions and ensures that each individual child has a care plan.[26]

Table 2 highlights key milestones in child-care reform in Liberia.

**2.3 Challenges identified and lessons learned**
The current care-reform process, although positive in many aspects, has not been without its challenges.[27] The process of closing orphanages has been slow due to: lack of resources to support the accreditation and closure process (e.g. lack of transport); difficulty finding alternative or family-based care options (often children are moved to other institutions); and the political dynamics around closure.[28] As one of the IAC representative noted during the field visit: *"We are still finding it difficult to visit the orphanages to assess them due to the management's resistance."* IAC members often have to make multiple visits to each orphanage; this in turn is difficult because of transport and resource limitations. The IAC also makes recommendations, but does not have the authority to enforce a closure, while the process of making a recommendation itself is time consuming, especially if it includes discussion on transforming an institution. Additionally, there is often a lag period between visits and actual closure, leading to *"orphanages going back to business as usual."* [29]

Then there is the problem of unregistered children's homes continuing to open outside the auspices of the government. There is a limited number of staff to monitor residential care facilities and provide alternative care services in general, while a number of country-level experts believe that the current

**Table 2**

**Key milestones in child-care reform in Liberia**

| Year | Milestones |
| --- | --- |
| 1989–2003 | • Rapid increase of residential care facilities (from 10 in 1989 to 121 in 1991) and inter-country adoption (ICA). |
| 2004–2008 | • Government, UN and international organizations commission assessments of orphanages and ICA in Liberia, due to the rapid increase in numbers of residential care facilities established during and the following the civil war. |
| 2009 | • Government of Liberia, under leadership of MoHSW and with support from USAID, UNICEF and non-governmental organizations, begins the process of deinstitutionalization of the child-care system.<br>• Within the MoHSW's DSW, a separate office (the Deinstitutionalization and Alternative Care Planning Division or 'De-Plan') is established to lead the national deinstitutionalization strategy/programme.<br>• Government issues a moratorium on ICA. |
| 2010 | • Approval of Regulations for the Appropriate Use and Conditions of Alternative Care for Children. |
| 2012 | • Approval of Children's Law, the key objectives of which are to: coordinate and stipulate which alternative care services are appropriate when biological parents are unsuitable, deceased or absent and the child cannot be raised either in kinship or foster-care arrangements; and establish standards for the accreditation of care institutions and provision of family-based alternatives as a priority over residential care. |
| 2009–2013 | • DSW, with support from UNICEF and non-governmental partners, decreases the number of orphanages from 121 in 1991 to 83 by 2013; the number of children living in these facilities decreases from 5,000 in 2009 to 3,357 in 2013.<br>• Government, in collaboration with partners, develops draft adoption bill. |

standards for accreditation are too high for existing institutions in Liberia.[30] The objective of the standards was to enforce closure of residential care facilities that do not meet minimum conditions and standards, but this, *"may serve to undermine government authority as children continue to stay in unregistered orphanages, many of which continue to receive government subsidies."*[31] Finally, the accreditation and registration process highlights the importance of involving multiple ministries, which has been a challenge in Liberia.

Training also remains a challenge among all actors, in particular around case management, care planning, gatekeeping and family-based care placements. Training to date has not been systematic, nor has it been of sufficient scope to reach all personnel working with children, including law enforcement officials, judges, prosecutors, teachers, health workers and social workers.[32] Social workers working with the MoHSW lack sufficient technical capacity and programme management skills to enable them to work efficiently and effectively.

Despite considerable and positive efforts to raise awareness, recent studies and surveys have shown that some confusion remains around ICA, institutional care, and the benefits of foster care and family-based care at the community level. For instance, 21 per cent of caregivers said they would send their children to an orphanage if necessary.[33] Challenges also remain around educating the public on the new legislative framework and benefits of the care-reform initiative.[34]

Community-based organizations are finding innovative ways to support vulnerable communities and social protection schemes have been piloted in some counties. Despite this, a broader range of family-based care alternatives and supportive and prevention services need to be available to children for the system to be fully deinstitutionalized. The prevention side has also received less attention in the care reform. At the time of writing, the only available option for many children in residential care or living on the streets is to be moved to another institution,[35] as temporary care and family-based care options continue to be underdeveloped and resourced. Nonetheless, a process of connecting alternative care to other parts of the child protection system is starting to be considered.

While there is growing attention on reforming ICA practices, with the moratorium on all ICA and drafting of an Adoption Law, challenges and outstanding issues remain – such as the ratification of the Hague Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption (Hague Convention 1993) and the creation of effective oversight mechanisms.

Lastly, to date, the care reform has been occurring in isolation of the wider child protection system reform and other parts of the continuum of care, despite the recent adoption of the Children's Law. Up to now, the focus has been on issue-based programming rather than addressing cross-cutting governance and system changes, which are critical to the overall sustainability and transformation of the national child protection system, including the care components. Ensuring that care system strengthening links to wider child protection initiatives is an important lesson and challenge for the future.

The full country profile provides a detailed overview of the country context, care reform, emerging promising practices and lessons learned for other countries in the region.

# 1 Overview of country context

## 1.1 Country context

Liberia is situated in West Africa with a population of 4,128,572,[36] with approximately 47 per cent of the population below the age of 15.[37] In 2003, Liberia emerged from 14 years of civil unrest and violent conflict, which had resulted in the death of approximately 270,000 people and collapse of traditional and formal structures and institutions.[38] As a result of the civil war and its aftermath, nearly two-thirds of Liberians currently live in poverty and three-quarters live on less than one dollar a day.[39] Liberians face a range of social problems and resource constraints, which impacts the growth, development and long-term prosperity of the country's children and youth.[40] Since 2011, the Government of Liberia, with support from the United Nations (UN) and non-governmental partners, has begun to rebuild its institutional, economic and governance systems and mechanisms and has seen considerable progress.[41]

## 1.2 Population of children living outside of family care or at risk

Years of conflict, civil unrest and endemic poverty have resulted in an increased number of vulnerable families and traditional support structures being undermined or breaking down, resulting in children exposed to risks of abuse, exploitation and neglect (see Textbox 1) and living outside of family care.[42] The population of children that are vulnerable to living outside of a family include: children separated and displaced during the conflict; refugee and migrant children; children associated with the street; victims of abuse, neglect and exploitation; victims of trafficking; victims of armed conflict; and children with special needs.

While data are scarce, those that are available depict a complex picture of the population of children living outside of family care or at risk. In terms of orphanhood prevalence, according to the 2007 Liberia Demographic and Health Survey (LDHS), 0.7 per cent of children under 15 living in a household have lost both parents (double orphans); and 6.5 per cent have lost at least one parent (single and double orphans combined).[43]

There is a significantly higher percentage of single and double orphans combined living in a household in rural (7.3 per cent) compared to urban areas (5.2 per cent). In the West Africa context, Liberia's percentage of children living in a household who have lost one or both parents is in the higher range: it is well below Sierra Leone (10.6 per cent) and Togo (9 per cent), but significantly higher than Burkina Faso (4.7 per cent), Nigeria (5.2 per cent) and Mali (5.4 per cent). Given that the vast majority of children under 15 in Liberia still have both parents (92 per cent)[44] orphanhood is unlikely to be the main factor for children not to be living with their parents.

According to LDHS, there are different patterns and forms of living arrangements and parental status for children under 15.[45] In Liberia, only 48.9 per cent of children under 15 live with both parents. The comparison between urban and rural settings is striking, with a significantly higher number of children under 15 living with both parents in rural areas (53.8 per cent) than in urban ones (40.3 per cent).

There are also significant regional differences in Liberia; for example, in Monrovia only 38.4 per cent of children under 15

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**Textbox 1**

**Key child protection indicators:**

- 0.7 per cent of children under 15 living in a household have lost both parents, and 5.8 per cent have lost at least one parent.
- Only 48.9 per cent of children under 15 live with both parents. This is the lowest percentage among West Africa countries.
- 20.8 per cent of children between 5 and 14 years of age are engaged in child labour.
- 48.7 per cent of women between 20 and 24 years of age were married/in union before they were 18 years old.
- 3.6 per cent of births are registered at birth (for children under 5).
- 94.0 per cent of children between 2 and 14 years have experienced psychological or physical punishment.
- 39.2 per cent of girls between 15 and 19 years experience physical violence.
- 58 per cent of women between 15 and 49 years of age have undergone female genital mutilation/cutting (FGM/C).

(SOURCE: LIBERIA DEMOGRAPHIC AND HEALTH SURVEY, 2007)

Figure 1

**Residence and survival status of parents: children under 15 living with both parents**
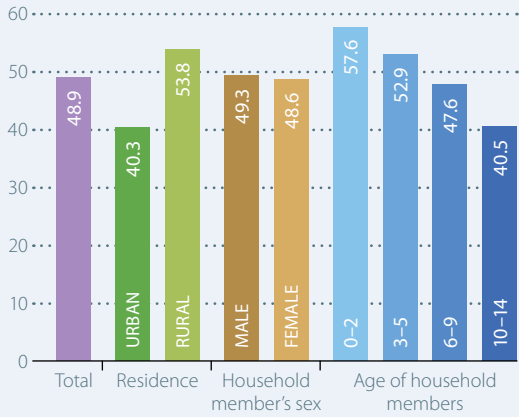


SOURCE: ICF INTERNATIONAL, 2012; MEASURE DHS STATCOMPILER, <WWW.STATCOMPILER.COM>
(ACCESSED OCTOBER 2013)

live with both parents. Children aged 0 to 2 are significantly more likely to be living with both their parents (57.6 per cent). However, by 10–14 years of age only 40.5 per cent live with both parents, a significant decrease indicating change of care patterns for children (and for a smaller percentage, indicating the result of parental death). Although the difference is progressive between age groups, the drop in the percentage of children who live with both parents in the age group 6–9 (47.6 per cent) compared to 10–14 (40.5 per cent) is considerable, indicating that changes in living situations are particularly acute at 10 years of age and upwards.[46] Liberia's percentage of children under 15 living with both parents is the lowest among West Africa countries. It is almost two-thirds lower than that of Burkina Faso (79.8 per cent), Mali (77.7 per cent) and Nigeria (73.7 per cent), with only Sierra Leone (51.8 per cent) coming close, followed by Cote d'Ivoire at (56 per cent).[47]

Another striking finding that has emerged from the DHS data is that Liberia, together with Sierra Leone, has one of the highest percentages of children under 15 who are living with their fathers only (7.8 per cent), even though their mothers are alive. This is not only in the West Africa context, but also when compared to all 69 countries across the globe for which these DHS data are available.[48] This points to the important role of culture in care and living arrangements in Liberia, with older children moving to live with their fathers, away from their mothers. It will be important to understand better the role paternal care plays for those children and the contexts and situations in which this takes place. It is also important to note that Liberia's percentage of children under 15 living with their mothers, but not with their fathers even though their fathers are alive (18.5 per cent), is among the highest in West Africa.

This figure is below Mauritania (23.6 per cent), Senegal (22.8 per cent) and Ghana (19.6 per cent), but well above Burkina Faso (5.7 per cent), Mali (6.9 per cent) and Guinea (8.7 per cent).

Liberia has one of the highest percentages (20 per cent) of children under 15 in a household not living with a biological parent (regardless of the survival status of their parents) in West Africa. This figure is just behind Sierra Leone (23.4 per cent), but well above that of Ghana (16.1 per cent), Togo (15.5 per cent) and Senegal (13 per cent). The vast majority of these children (16.8 per cent) still have both parents alive.[49]

Thus, the DHS data illustrate that orphanhood is not necessarily the main driving factor for the low numbers of children living with both parents, but instead point to other factors such as cultural practices or migration to access education or work. The data on education from the DHS, for example, show significantly lower percentages of children accessing education in rural compared to urban settings. The current school attendance rate for children aged 10–14, whose parents are

Figure 2

**Liberia: children under 15 living in a household with or without their parents**



- Living with both parents
- Living with father only
- Living with mother only
- Not living with either parents
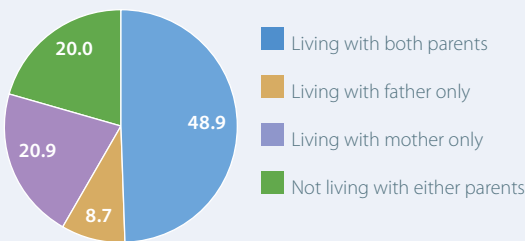
SOURCE: BCN, 2013

Figure 3

**West Africa Region: Percentage of children under 15 in a household not living with biological parents (parent alive or dead)**
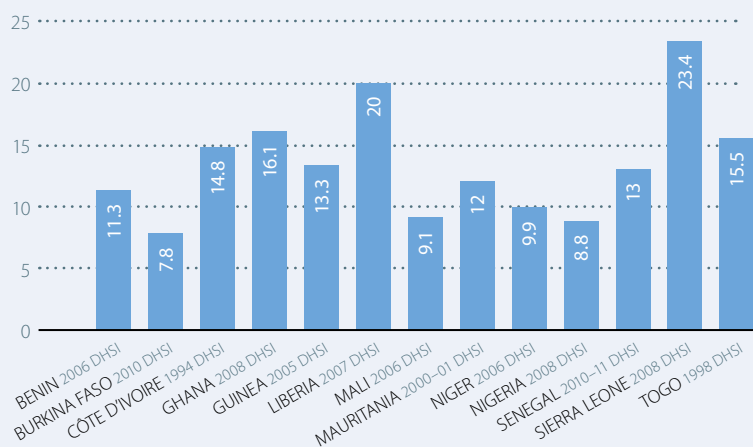


SOURCE: BCN, 2013

both alive and who live with at least one parent, is 84.2 per cent in urban and 55.4 per cent in rural areas (67.3 per cent in total). For children in that age range who have lost one or both parents, the current school attendance rate is even lower in rural areas: 41 per cent in rural compared to 84.5 per cent in urban areas (total of 57.2 per cent).[50] These data, as well as informant interviews in Liberia, suggest that access to education may be a major factor in children moving from rural to urban areas and placement with extended family members, informal foster care, residential care, or even ICA.

Other driving factors identified as leading to children living outside of parental care include:[51]
- *Poverty-related factors:* Residential care is seen to provide access to better living conditions and services, in particular education (as discussed above).
- *Family breakdown:* Following the civil war, Liberia is increasingly facing high rates of divorce and remarriage, while extended family structures for care and protection are no longer functioning as effectively. Children are being placed in informal foster care or residential care as a result.
- *Teenage pregnancy and child abandonment:* Teenage pregnancy is a serious source of concern in Liberia, affecting approximately 31 per cent of girls between 15–19 years.[52] Unable to care for their children appropriately, high numbers of teenage mothers resort to placing their children in residential care, placement with other family or community members, or abandonment.

Textbox 2 provides an overview of the available data on placements of children in alternative care and adoption in Liberia. The data will be further analysed and discussed in the context of the care-reform initiative in the rest of the report.

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**Textbox 2**

**Alternative care in Liberia:**

- As of 2013, there were 83 residential care facilities housing a total of 3,357 children. This is a reduction from 2009 when there were 114 residential care facilities, with a total of 4,683 children.
- 27 per cent of households are providing informal foster or kinship care. The proportion of informal care arrangements is much larger (33 per cent) in urban areas compared to 24 per cent in rural areas.
- No formal foster care or formal kinship care placements have been recorded to date.
- No formal supported living arrangement placements have been recorded to date.
- At the time of writing, there had been 14 domestic adoption placements.
- Between 2003 and 2011, 1,399 inter-country adoption placements took place from Liberia. The majority of these occurred between 2005 and 2008, with just 34 such placements in 2012.

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# 2 Child protection and child-care system

## 2.1 Stakeholders and groups
There are a number of government and non-governmental actors and groups that are providing child and family welfare services in Liberia, as described below.

### Government
The Ministry of Health and Social Welfare (MoHSW) is the lead government ministry responsible for implementing and coordinating child protection services in Liberia. Within the ministry, the Department of Social Welfare (DSW) Family Division is in charge of family welfare policies. Under the DSW Family Division's leadership a national framework on alternative care has been developed to: improve child-care services; promote family-based care and the deinstitutionalization of the care system; improve the legal and regulatory framework; and promote child protection and children's rights more broadly across the country. Within the MoHSW's DSW, a separate office (the Deinstitutionalization and Alternative Care Planning Division or 'De-Plan') has been set up to lead the national deinstitutionalization strategy. The De-Plan has seven staff members to lead the programme and, until recently, was supported by a consultant to build staff capacity. It continues to receive oversight and support from UNICEF and Save the Children.

All departments within the MoHSW are highly centralized and primarily operate at the national level, with limited outreach to the county, district and community levels. At the county and community levels other line ministries (i.e. the Ministry of Gender and Development [MoGD], Ministry of Health [MoH] and Ministry of Justice [MoJ]) support the MoHSW. At the county level, the MoGD has set up Child Welfare Officers to promote the welfare of families and communities.[53] At the community level, the MoGD has set up Child Welfare Committees to develop and implement child protection functions across and between agencies. However, these community bodies are weak and cannot be used for monitoring and oversight. MoHSW is also supported by the MoJ's Women and Children Unit, which exists in all county-level police stations and receives training and support. The MoHSW and MoGD both work on child protection issues, at times in parallel rather than together. A number of informants interviewed mentioned that there is a need for the two ministries' child protection functions to be better streamlined and coordinated, in order to further strengthen the overall child protection system.[54]

### United Nations and civil society organizations
MoHSW works closely with the UN and the non-governmental sector to support the delivery of family and child welfare services. The UN, international and national non-governmental organizations (NGOs), and community-based and faith-based organizations all play a role in either strengthening or delivering

care services in Liberia. These organizations include: UNICEF, Save the Children, ACDI/VOCA, Christian Aid Ministries, Handicap International, SOS Children's Villages, World Learning and Helping Hands Liberia, among others.

In addition, faith-based communities play an important role and are extremely influential in Liberia in relation to alternative care. For example, Christian Aid Ministries[55] funds approximately 80 per cent of orphanages in Liberia. In recent years and under the reform initiatives, Christian Aid Ministries and other faith-based groups have been brought into awareness-raising discussions (see sections below).

**Social welfare workforce and academia**

The child protection capacity of MoHSW and line ministries is limited. It is estimated that the ratio of government social workers to clients is 1 per 60,000 people;[56] MoHSW employs one social worker in each of Liberia's 15 counties.[57] These government social workers also face a number of limitations, such as transportation. For example, the social workers only have access to motorbikes or have access to vehicles without a budget for fuel, making it difficult for them to fulfil their duties.

This lack of capacity, human resources and logistical support has been recognized by the MoHSW as a critical gap in effectively carrying out its family and child welfare functions. In order to help fill this gap, MoHSW recently developed the Essential Package of Social Services: 2011–2021. In addition, Save the Children is supporting the MoHSW by deploying two additional social work assistants per county in six counties to boost capacity (see Textbox 3 for additional information). Via USAID funding, the DSW has also received financial support to allow staff to study for master's degrees in social work, as well as capacity building in social service provision.[58]

One critical shortcoming in this area is weak social work academic institutions. Historically, Liberia has relied on sending students abroad (i.e. to Ghana, United Kingdom or United States) to gain technical capacity and knowledge in social work and welfare. Since 2011, Liberia has begun to strengthen its academic and research institutions, particularly in the field of social work. Mother Patern College of Health Sciences (MPCHS), a training institution in Monrovia, offers an Associate in Social Work degree. This degree was initially a four-month certificate course on social work that was offered during the war and its immediate aftermath. MPCHS also offers social work training, supportive supervision and in-service training to government and non-governmental partners (see Textbox 3 for more information).[60] In addition to MPCHS, the United Methodist University also provides a basic social work degree. Recognizing that formal training on child protection issues is a critical need in Liberia, the Program Learning Group of the Child Protection Network has begun to develop a professional

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child protection curriculum to be piloted as a professional certificate, as well as being incorporated within the social work curriculum and master's-level programme (see footnote for additional information).[61] [62]

**Committees and networks**

There are a number of committees and networks that have supported alternative care-reform efforts in Liberia:[63]

• *Technical Working Group on Deinstitutionalization of Children (TWGD):* Chaired by the MoHSW, the group provides technical guidance to promote family-based care, review and strengthen national regulations on alternative care, and ensure that care standards are enforced in existing orphanages as the process of deinstitutionalization

continues. Members include representatives from the Ministry of Justice, MoGD, Ministry of Education (MoE), Ministry of Labour, Save the Children, UNICEF, the Union of Orphanages, ACDI/VOCA, Inter-Religious Council of Liberia (IRCL), Liberia Refugee Repatriation and Resettlement Commission, Christian Aid Ministries, Orphan Relief and Rescue, and World Learning.

- *Child Protection Network:* National-level coordinating body for government ministries and NGOS involved in child protection and child rights, chaired by the MoGD and co-chaired by MoHSW and MoJ. The Technical Working Group on Deinstitutionalization of Children is one of the sub-groups of the Child Protection Network, with a focus on alternative care and orphans and vulnerable children.

- *Independent Accreditation Committee:* Established in 2010, this committee was set up to monitor the implementation of the national regulations for residential care. The membership of the committee has been expanded to include both government and non-governmental actors (e.g., Union of Orphanages) to gain the trust and buy-in of community members.

- *Union of Orphanages:* As one of the members of the Independent Accreditation Committee, the union is involved in orphanage inspection and standards development. The union is seen as an important and influential body within the child protection system, and also as having a vested interest in promoting the use of institutional care as a response to child protection issues. Assessments have found that the union has played a conflicting role, since it is involved in both policy development and also influencing policy to prevent closures.[64]

- *Inter-Religious Council of Liberia (IRCL):* Jointly run by both Christians and Muslims, the Women of Faith and Youth desk of IRCL focuses on maintaining family unity at the community level. IRCL is now a member of the TWGD.

**Donors**

Liberia receives funding from the European Union and the World Bank, among others, to support wider child and social protection programming.[65] In terms of specific funding for care and social welfare reform efforts, the primary donor has been the United States Agency for International Development (USAID) and Displaced Children and Orphans Fund (DCOF). Since 2009, USAID has provided funds for family and community strengthening programming, family reintegration, deinstitutionalization and capacity building. The funding from USAID is due to expire in 2014. Between 2009 and 2012, DCOF supported the national-level reform initiatives via UNICEF and MoHSW.[66]

## 2.2 Government commitment
Within the MoHSW, the DSW has shown considerable commitment to the issue of alternative care (as illustrated above).

However, in the past the issue has failed to attract the political commitment of high-level officials within the MoHSW, within other ministries, or the executive and legislative branches of government. The Minister or the Deputy Minister of Health and Social Welfare are often unable to participate in the discussions and forums around alternative care reform. Representatives from the Ministries of Planning, Finance, Health, Justice and Education also rarely participate. This restricts access to future national planning and budgetary discussions, as well as inter-sectorial collaboration.[67] As can be seen in other countries around the world, a champion for alternative care within the executive and legislative branches is often critical to advance child-care reform, including to counter anti-reform advocates who have wielded a powerful voice in high levels of government. For example, members of the Cabinet, House of Representatives and Senate are reported to have often exertedtheir political power to prevent the closure of some institutions, as well as in supporting ICA.[68]

Alternative care stakeholders are hopeful that there will be a shift in the government's political commitment due to the recent appointment of a Senator (the former Minister of Health and Social Welfare), who is a vocal advocate for child-care reform.

## 2.3 Information management system (IMS)
As part of care reform, the Government of Liberia has placed importance on improving its information management system, specifically in developing a national data collection system to monitor alternative care providers and to better track children in residential care. The information held established a clearer picture of the number and profile of children living in residential care (see Annex 3 for additional information).

However, the continued lack of a central data collection system for wider child protection is a source of concern and has been identified as a priority by the CRC, as well as USAID, Save the Children, UNICEF and other key partners in Liberia.[69]

*"The lack of national data management to track even the most basic child protection trends is a major challenge. No national data exists on the movement of children in and out of residential care. Available statistics are collected from ad hoc assessments, which often provide inconsistent information and are quickly outdated. Although government staff are posted in every county and monthly coordination meetings are held to share information across agencies, standard reporting formats and agreed upon national child protection indicators are not yet established."* [70]

As UNICEF highlighted in a recent report:
A USAID representative noted during the field visit: *"We do not have the baseline social welfare data to inform policy."*[71]

### 2.4 Interface of care and child protection systems
In its recent analysis of the Child Protection and Alternative Care System in Liberia, Child Frontiers found that:

*"From the perspective of strengthening the broader child protection system, the research found an overemphasis has been placed on alternative care and deflected attention away from other parts of the child protection system. This has led to an imbalance in which support to the alternative care subsystem has overshadowed support to the broader child protection system."* [72]

The analysis recommended a process of connecting alternative care to other parts of the continuum of care and child protection system. This is beginning to happen, in particular around legislative reform (alternative care data informed the development of the Children's Law, which is discussed in Textbox 4) and recent social welfare capacity building.

In the future, it is important to ensure that the alternative care systems strengthening links to a wider systems strengthening approach, namely: legislative reform; internal organizational and management; capacity building of government structures and institutions; inter-sectorial coordination and collaboration among various line ministries; linking social protection and child protection initiatives; ensuring that child protection is not issue based and linking alternative care to other child protection issues (i.e. violence against children, child labour); effective budgeting, planning and financing; and strengthening prevention, as well as response services. To date, the focus has been on issue-based programming rather than cross-cutting governance and systems changes that are critical to overall

sustainability and transformation of the national child protection system, including the alternative care components. Ultimately, the alternative care system, in common with the wider child protection system, should have the child and the family at the centre and all services and supportive mechanisms linked to them. As Liberia continues to forge ahead with its alternative care-reform efforts, it is critical that it is approached via a systems lens rather than being issue based.

**Table 3**

**Ratification of key international human rights instruments**

| Convention or Protocol | Ratification status |
| --- | --- |
| Convention on the Rights of the Child (UNCRC) | Ratified without reservations, 4 June 1993 |
| CRC Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography | Signed, 22 September 2004 |
| CRC Optional Protocol on Involvement of Children in Armed Conflict | Signed, 22 September 2004 |
| International Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) | Acceded, 17 July 1984 |
| International Labour Organization (ILO) Convention 183 on the Worst Forms of Child Labour | Ratified, 2 June 2003 |
| International Covenant on Economic, Social and Cultural Rights (CESCR) | Ratified, 22 September 2004 |
| International Covenant on Civil and Political Rights (ICCPR) | Ratified, 22 September 2004 |
| Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption (Hague Convention) | Not signed |
| Convention on the Rights of Persons with Disabilities | Ratified, 3 December 2010 |
| Optional Protocol on the Convention on the Rights of Persons with Disabilities | Ratified, 26 July 2012 |
| International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families | Ratified, 22 September 2004 |
| African Youth Charter | Ratified, May 2011 |
| African Charter on the Rights and Welfare of the Child | Signed, 14 May 1992 |

# 3 Legal and policy framework

## 3.1 Ratification of key international instruments

Liberia has upheld its international commitments and is signatory to the majority of key international and regional conventions and protocols. Table 3 summarizes Liberia's ratification status.[74]

As noted in Table 3, the Government of Liberia has yet to sign the 1993 Hague Convention. This is a critical gap and issue of concern for the Liberian legal framework in relation to children. There have been discussions to ratify the Hague Convention in the past, but no concrete actions have so far been taken.[75] See Section 7 on domestic and inter-country adoption for additional information.

## 3.2 Laws, policies, guidelines and regulations

Since 2011, Liberia has enacted a number of laws, policies, and national strategies to ensure greater care and protection of children. Table 4 summarizes key laws and policies, which stipulate child and family welfare, alternative care, and child protection provisions.[76]

> ### Table 4
>
> **National laws and policies pertaining to child-care and children's rights**
>
> • Constitution of the Republic of Liberia (1984).
>
> • Children's Law (2012):[77] Coordinates and stipulates for appropriate alternative care services where biological parents are unsuitable, deceased or absent; stipulates standards for the accreditation of care institutions; and provision of family-based alternative care (as a priority over orphanages).
>
> • Regulations for the Appropriate Use and Conditions of Alternative Care for Children (2010): Guidelines for appropriate use and conditions for alternative care for children, with focus on residential care in line with UNCRC and the 'Guidelines for the Alternative Care of Children' (2009).[78]
>
> • Juvenile Court Procedural Code (Judiciary Law, Ch. 11).
>
> • Liberian Diversion Guidelines (Final), 01/05/2013.
>
> • Domestic Relations Law of Liberia (1976): Governs marriage, divorce and child custody, including domestic adoption.
>
> • Public Health Law (1976): Regulates conditions for children's institutions, including schools holding more than 50 children.
>
> • Adoption Law (1956): Guides domestic adoption.
>
> • National Social Welfare Policy and Action Plan (2012):[79] Establishes a fundamental framework for social welfare services, including capacity building and delivery.
>
> • An Act to Amend the New Penal Code Ch. 14 Sections 14:70 and 14.71 and to Provide for Gang Rape (2005).

## 3.3 Reforming the legal and policy framework

Previous assessments and analysis of the alternative care system found that one of the major gaps in Liberia was the weak legal and regulatory framework for childcare.[80] As a result, since 2008 there has been an ongoing effort by the Government of Liberia to reform the legal framework for care. The reform efforts were set out in the Deinstitutionalization of Children and Promotion of Alternative Care Project.

One of the first issues tackled by the government was strengthening the regulatory framework of residential care by enacting the Regulations for the Appropriate Use and Conditions of Alternative Care for Children (2010). This was a direct result of findings that emerged from alternative care assessments and media reports between 2004 and 2009. The assessments found that: children living in orphanages were living in unsuitable conditions and denied basic human rights; management were often motivated by personal self-interest, making it difficult for children to exit and to close down the home; and orphanages were often a vehicle for child trafficking.[81] Thus, one of the first priorities for the MoHSW was to establish regulations to respond to these concerns and regulate services to be in line with the Guidelines for the Alternative Care of Children,[82] UNCRC, and international best practice.

In 2012, following many years of discussions, the Children's Law was passed, which enacted into domestic law the UNCRC and the 'Guidelines for the Alternative Care of Children'.[87] The Children's Law provides a clear, systematic framework to help guide activities to strengthen the overall child protection system, especially in stipulating the role and responsibilities of different actors, both government and non-government. Prior to the law's enactment, Liberia lacked a comprehensive child protection legal framework.

The Children's Law contains substantial reference to alternative care, in particular on the provision of residential care, and is aligned with the Alternative Care Regulations. The law, as well as the National Social Welfare Policy, upholds the importance of parental responsibility for children living within the family environment and provides provisions on how the government can support parents and families to prevent unnecessary family separation.[88] The Children's Law, as well as the Regulations for the Appropriate Use and Conditions of Alternative Care for Children, also specifies provisions to ensure that the possibility of family-based alternative care for a child is considered before envisioning placement in a residential care facility, when in the best interests of the child.

While the policy and legal framework has been strengthened, there continue to be some gaps. In order to better protect older children and youth, guidelines are necessary for children aging out of care or leaving care, to strengthen the existing

law related to the provision of after-care services. There is also a need for national family reintegration guidelines, as well as oversight mechanisms for family-based alternative care arrangements.

### 3.4 Enactment and implementation of the legal and policy framework

Significant gaps remain regarding the implementation of the provisions contained in both the Children's Law and Alternative Care Regulations and more specifically the required human and financial resources. Many informants during the country visit noted that the, *"mechanisms are still not in place to shift policy into practice."*[89] For example, in terms of upholding parental responsibility and supporting families as outlined in the Children's Law, support services are currently limited or have inadequate coverage. Additionally, ensuring the availability of a range of care options faces challenges in implementation since gatekeeping and family-based alternative care services continue to be underdeveloped. While the Alternative Care Regulations have been disseminated and residential care staff have been trained, orphanages are still encountering challenges in their implementation.[90] Numerous informants in the field visit noted that many facilities are not adhering to the standards and additional training and supportive supervision are necessary. Some informants felt that, while it is critical for children's rights in the country to be upheld in line with international frameworks, *"the standards are set too high for Liberia and standards need to meet the Liberian context and existing capacity and resources."*[91]

In addition, awareness and understanding of the new legal framework among the wider Liberian community continues to be a barrier to implementation. Due to this lack of awareness, as evidenced by the recent Knowledge, Attitude, and Practice (KAP) survey,[92] it was recommended that the Government of Liberia and partners strengthen the implementation and communication of the Children's Law (including using child-friendly language and clarifying basic terminology for alternative care).[93]

## 4 Preventing the need for alternative care

### 4.1 Policies and services available to prevent family breakdown and separation

As discussed in earlier sections, in Liberia the majority of children have been placed in institutional or other alternative care not as a result of orphanhood, but due to lack of access to education services, the very poor socioeconomic situation at home, or being in conflict with the law.[94] Communities and families are continuing to face the long-term and intergenerational psychological and economic impact from mass displacement, death, family separation and general upheaval,

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**Textbox 5**

**Accreditation of residential care**

Liberia has used its Regulations for the Appropriate Use and Conditions of Alternative Care for Children (2010) to accredit residential care facilities. Between 2009 and 2013, monitoring and inspection mechanisms were set up for alternative care facilities. With the assistance of a multi-sectorial national Independent Accreditation Committee (IAC), the MoHSW is now accrediting residential care facilities across the country. Using the Regulations as the framework document, 88 orphanages have provided documents to apply for accreditation. By the time of writing, a four-member IAC team had visited 48 homes; of these, 18 were set for accreditation, 20 for six-month probation and 10 homes were due to be closed. As of September 2013, a total of 26 homes had been closed as a result of this process. Nonetheless the country continues to face challenges and problems.[83] For instance, the process of closing orphanages has been slow due to: lack of resources to support the accreditation and closure process (e.g. lack of transport); difficulty finding alternative or family-based care options (often children are moved to other institutions); and because of the political dynamics around closure.[84] As one IAC representative noted during the field visit: *"We are still finding it difficult to visit the orphanages to assess them due to the management's resistance."* IAC members often have to make multiple visits to each orphanage; this in turn is difficult because of transportation and resource limitations. The IAC also makes recommendations, but does not have the authority to enforce a closure; and the process of making a recommendation in itself is time consuming, especially if it includes discussion on transforming the institution. There is often a time lag between visits and actual closure, leading to *"orphanages going back to business as usual."*[86] Additionally, at the time of writing few institutions were transforming into day-care centres, child–family centres or other community-based services.

At the same time, unregistered children's homes continue to open outside the auspices of the government, while there is a limited number of staff to monitor residential care facilities and provide alternative care services in general. The objective of the standards was to enforce closure of residential care facilities that do not meet minimum conditions and standards, but this *"may serve to undermine government authority as children continue to stay in unregistered orphanages, many of which continue to receive government subsidies."* Finally, the accreditation and registration process highlights the importance of involving multiple ministries, which has been a challenge in Liberia.

Despite ongoing challenges, the MoHSW has had significant success in putting in place residential care monitoring and inspection mechanisms.

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illustrated by high levels of unemployment, school drop-out rates, migration, family breakdown (i.e. divorce, domestic abuse and violence), teenage pregnancy and other societal problems. These problems are contributing to high numbers of children living outside of family care. Thus, family supportive services are a critical component of the Liberian alternative care system.

As a consequence of the long-term effects of civil war, fragmentation of social welfare and referral systems, and shifting from provision of emergency to non-emergency services, Liberia is only just beginning to develop preventive and supportive services. Only a small number of support services are available, such that children are still being separated from their families unnecessarily.[95] As outlined in the 'Guidelines for the Alternative Care of Children', services required include: economic empowerment and livelihood strengthening, psychosocial support, daycare, family mediation, substance abuse treatment, legal assistance, respite care, family planning, parenting, counselling, nutrition programmes, education services and services for children with special needs, among others.[96] With the country's extensive socioeconomic problems having been exacerbated by the trauma of the civil war and its aftermath, the provision of these supportive services has been identified as a priority by the government.[97]

In response to the above-mentioned issues, the Government of Liberia has begun to shift the emphasis of the care system to place more of a focus on supporting families, as illustrated by the Regulations for the Appropriate Use and Conditions of Alternative Care for Children, Children's Law, National Social Welfare Policy and the Essential Package of Social Services.[98] The Children's Law and the National Social Welfare Policy, in particular, place strong focus on strengthening the family unit. However, as discussed in the legal framework section, challenges remain in implementation of these provisions due to the lack of available services, funding and mechanisms.

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**Textbox 6**

**Shiata Women of Faith Project**

A community-based initiative, the Shiata Women of Faith Project in Careysburg, provides an example of a community-driven response to support teenage mothers. Careysburg, in common with many communities in Liberia, is facing a high rate of teenage pregnancy and child marriage.[101] As a result of socioeconomic pressures – or even due to the circumstances leading to the pregnancy – teenage mothers often abandon their children or place them in orphanages. The Shiata Women of Faith Project, which is supported by the Inter-Religious Council of Liberia and UNICEF, provides community mentors to teenage mothers to allow them to go to school and establish a home for their child. The mentors, women from the community, care for the children during the day, allowing the young mothers to go to school. The project also provides vocational and business development training to further empower these young women. The community mentors counsel the girls in life skills and connect them to health clinics to prevent future pregnancies. As a result of the awareness raising, the community health clinic in Careysburg has noticed a sharp increase in young women accessing family planning services (285 girls accessed the clinic in 2012, an increase from previous years).[102]

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**Textbox 7**

**Transforming institutional care into day-care centres**

The process of transforming the first institutional care facility into a day-care centre took almost five years. It began with several sensitization and advocacy meetings with the Union of Orphanages on the effects of institutional care and the importance of family and community-based care. The first orphanage that opted to shift from residential care was the Hawa Massaquoi Orphanage, which requested that the MoHSW help it transform into a day-care centre.

In 2010, the orphanage had been marked for closure by the DSW accreditation process due to it being well below the Regulations' standards (i.e. more than 100 children were sleeping in just two rooms). The DSW began a dialogue with the management and staff of the orphanage and community leaders to initiate the transformation process. Following these discussions, the management agreed to transform the orphanage into a community-based day-care centre in 2011, the first such transformation in Liberia. MoHSW provided a series of trainings to the staff on early childhood development, teaching and other skills, as well as hands-on coaching and supervision for the staff at the centre. UNICEF supported renovation of the centre to meet day-care standards. The children in the orphanage were reintegrated with their families.

The centre now functions as daytime facility where parents can drop off their children during working hours. The day-care centre supports working parents to care for their children, rather than removing them from the care of their families.

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The government is also piloting social protection schemes, including a scheme supported by UNICEF in Bomi and Maryland counties that provides assistance to ultra-poor labour-constrained families and includes a top-up component in which a basic cash transfer is increased if children remain in school.  MoGD manages this scheme with technical support from the Ministry of Planning. While the programme is limited in reach and numbers, it has shown some success in supporting single-headed households to keep their children and provide them with schooling.[100] At present, there are no concrete means to link the cash transfer programme with the wider reintegration programme. In addition, this programme could be a point of entry for complementary interventions that could potentially increase impact and further strengthen vulnerable households (e.g. early childhood development interventions, school-related gender-based violence programmes). This is something that should be explored as Liberia expands the cash transfer programme to other counties.

In addition, non-governmental organizations, such as Save the Children and ACDI/VOCA, are providing vulnerable families with cash grants, micro loans, agricultural training, business development, parenting support, nutrition and other support services. For example, since 2011, ACDI/VOCA has partnered with Save the Children to support five children and their

families who have reintegrated home in Bomi and Nimba counties. The staff conduct follow-up visits to find out if the children are going to school and are healthy and happy. ACDI/VOCA provides additional support to prevent readmission to residential care, including technical support and skills training for family members in farming grains and vegetables, as well as linking families with potential buyers. However, these programmes are extremely small scale, and there are no plans for expansion since USAID funding for the initiative was coming to an end at the time of writing. This highlights the challenges of time-bound donor funding, in particular with regard to long-term sustainability and community ownership.

Community-based organizations are also finding innovative ways to support vulnerable communities and help to bridge the gaps between policy and practice, as illustrated by the Shiata Women of Faith Project (see Textbox 6).

In terms of meeting the gap in services for working parents, the government is beginning to transform orphanages into day-care centres, which is helping to support working parents to continue to care for their children rather than placing them in institutional care or sending them to live with extended family members (see Textbox 7).

Despite these positive efforts, the support services that are in place are limited in scope, geography and reach. Nor are they part of a systematic approach to prevention and support. As the CRC Committee noted:

*"The Committee commends the State Party for incorporating many provisions on parents' responsibilities into the Children's Law and developing the National Social Welfare Policy in 2009, which attaches high importance to the family unit. However, it remains concerned at the insufficient resources and measures to enhance the capacities of parents, especially teenage parents, in the performance of their child-rearing responsibilities. It is particularly concerned about the unequal roles of men and women in sharing child-rearing and parental responsibilities; and about the large number of fathers not providing for their children and the difficulties in the recovery of child maintenance allowance despite the existence of a legal obligation to do so."* [103]

Support services for children with special needs are also particularly limited. At the time of writing, there was only one day-care facility to support children with special needs (Antoninette Tubman Churchill Home in Monrovia) for the whole of Liberia.[104] Without access to such facilities, these children are likely to be at greater risk of abandonment and institutionalization.

### 4.2 Policies and services available to promote and support family reintegration

Alternative care assessments found that the majority of children in orphanages had at least one living parent and/or extended families.[105] Since 2007 one of the priorities of the MoHSW, with support from civil society organizations, has been to strengthen family tracing and reintegration programmes, including the deinstitutionalizing of children from orphanages and returning them to their communities. As of September 2013, more than 692 children (391 boys; 301 girls) had been reunified with their families.[106]

With support from UNICEF, Save the Children and other partners, DSW has strengthened its capacity to undertake family tracing and reintegration of children in orphanages as well as those living on the streets. DSW staff, including county social welfare supervisors, have been trained and mentored in case management and reintegration protocols. DSW, with support from partners, strengthens families of reunified children through family assessments, family visits, follow-up monitoring, counselling and empowerment initiatives (i.e., access to education, vocational training and counselling services). For a period of six months to one year, the reintegrated child and family are provided with a standard of five follow-up/monitoring visits, although this depends on each individual child's needs. During the first three months following reintegration, the child is visited once per month. At the six-month mark, the child and family are visited for the fourth follow-up visit, while the fifth and the final visits take place during the last quarter of the first year. However, follow-up may cease if the child and family are adjusting well, and a case can be closed after one year if there is positive progress.[107]

The MoHSW (De-Plan Office) is also in the process of forming an Association of Reunified Children, which will be a support network for adolescents and young adults who have grown up in out-of-home care and have requested MoHSW help with reintegration. The formation of this association is a challenge for the MoHSW since its staff have no similar experience or model to work from.[108]

While the government and its supporting partners have put reintegration mechanisms into place, experience so far has shown reintegration to be challenging (this is in common with other countries in the region). During the country visit, a number of key informants noted some problems of reintegration and as result felt that, *"only 50 per cent of children who have been traced and reintegrated thus far have been successful."* [109] This sentiment was echoed by one of the Independent Accreditation

Committee's members: *"Many of the children who have been reintegrated have left home again and are going back to the orphanage or to the streets."*[110] Other key informants noted, *"it's important to keep in mind that the reintegration needs to be done on a case-by-case basis and reintegration may not be the end goal for all children in care."*[111] In addition, there is no information on the long-term outcomes for the children who have been reintegrated back with their families.

The challenges in successful tracing and reintegration are due to a number of key factors identified during the country visit. These are discussed below:

- *Lack of national guidelines for family tracing and reintegration:* There is a need for a comprehensive, coordinated national process, for example via national guidelines or protocols. The guidelines should place particular attention on reintegrating more difficult groups of children (e.g. street children, adolescents and children who have been in institutional care for a long period of time).
- *Tracing:* Although there have been improvements in developing care plans (see below), some orphanages still lack proper records or hold incorrect information for children. This makes the initial tracing period extremely challenging, with only a small number of children identified as a result: approximately 681 children against a target of 1200.[112] Another issue stems from a lack of cooperation on the part of some orphanage directors, who do not want to release the children in their care.
- *Family assessments:* One of the most complex components of the family tracing and reintegration process is conducting family assessments. Such assessments by trained and skilled staff continue to be a major gap in Liberia and these are at times overlooked.[113]
- *Temporary care:* There is a lack of transit and drop-in centres for children, interim family-based care or other services where children can be placed temporarily while waiting for tracing/reintegration. This results in children associated with the street, for example, being placed in orphanages, whereas one orphanage director observed: *"The goal is for it to be only a temporary placement, but many end up staying permanently."*[114] Orphanages need to be transformed into temporary drop-in centres or other types of facilities to support the reintegration efforts, with a particular focus for children associated with the street.
- *Addressing causes of separation:* A number of informants noted that the underlying causes of family separation and children living on the streets or in residential care are often not addressed during the reintegration period, leading to relapse. These root causes of separation can range from issues related to family breakdown (i.e. divorce, step parents, domestic abuse), lack of access to education or poverty.
- *Lack of available resources for tracing and reintegration:* The availability of human, financial, transportation (vehicles and

fuel) and logistical resources is central to effective reintegration. Yet such resources are extremely limited. As member of the Technical Working Group noted: *"We do not have enough funds or the logistics to take children back home, so they just remain in the orphanage."*[115] A number of stakeholders have recommended government to shift funds earmarked for orphanages towards reintegration and family-based care services.[116]
- *Geographic reach of partners:* There are also limitations in the geographic reach of supporting partners and programmes, in that they only work in a few counties. As ACDI/VOCA noted: *"We are unable to reach all children, since many children are reintegrated back in counties where we do not work."* [117]
- *Sustainability and availability of services:* Government and non-governmental stakeholders noted that there are concerns regarding the sustainability and availability of support services, in particular once USAID funding comes to an end. As ACDI/VOCA noted: *"We are noticing problems with families that we are working with. The family expectation is very high and many expect a continuous hand out. However these projects will not be around forever. Our project will end in November (2013)."*[118] Communication-based protection schemes, in which communities create their own sustainability plans, provide a possible model for future funding.
- The importance of *incorporating lessons learned* from family tracing and reintegration efforts during and following the civil war (see Section 8: Care during an emergency).
- *Timing of reunification:* At the time of writing, reunification needed to be aligned with the school year – since schools will not accept new children in the middle of the calendar year. Lack of such alignment leads to children staying in residential care unnecessarily or even on the streets, and this may cause a failure of future reintegration. Stakeholders noted that it would facilitate reunification efforts if schools were more flexible in admitting children.[119]
- *Older children:* Many older children and adolescents do not want to go home immediately and reintegration takes a longer period of time. Otherwise different alternatives need to be explored, although such alternatives did not exist at the time of writing. Stakeholders need to further examine the needs of this population group and how they might best be supported, either via reintegration or other alternative care options.
- *Monitoring and supervision:* Reintegration needs extensive monitoring and supervision of children and families. At the time of writing, with limited available resources, this is not always possible. There is no systematic process for individual monitoring or providing additional support services to the families. Many felt that six months follow-up and support is not enough to ensure that children are properly reintegrated: *"These children need a lot of monitoring and supervision … However, we are seeing that supervisors are*

*not supporting the community workers to adequately support the families. We have seen high rates of relapse (50 per cent or more). Parents are taking the child back to the orphanage."* A social worker at the Child Fund Juvenile Justice Centre also found that the *"main challenge for reintegration is relapse. In some cases, parents do not cooperate since the children were delinquents or in trouble with the law … There are also issues of step-parents. We have two cases of children coming back to this centre since the food and conditions are better here than at home."*[121] Stakeholders need to explore how budgets allocated to children's homes might be shifted towards support for reintegration and family-based care instead.



## 5 Formal alternative care

### 5.1 Formal alternative care data
According to the database set up by the De-Plan, within the MoHSW DSW, which tracks the number of children in residential care:[122]

- As of September 2013 there were 83 residential care institutions housing 3,357 children in nine counties (including seven homes closed since that count);
- In 2012 there were 88 residential care institutions in nine counties housing 3,637 children;
- In 2011 there were 106 residential care institutions in nine counties housing 4,274 children; and
- In 2009 there were 114 residential care institutions in 13 counties housing 4,683 children.

Data for formal foster-care arrangements was not available. There was some small-scale foster care by NGOs and UN agencies during and immediately following the conflict, involving refugee children and unaccompanied minors (see Section 8: Care during an emergency).

### 5.2 Formal alternative care practices
The Children's Law recognizes the range of alternative care as the following:

*'Alternative care' shall mean the factual provision of care for the upbringing of a child by a person other than a biological parent or by a child-care institution and includes:*
- *caring for a child as result of an adoption order;*
- *foster parenting;*
- *caring for a child with the implied or express consent of a parent or guardian of the child;*
- *caring for a child while the child is in temporary safe care;*
- *caring for a child at a shelter, collective home for children in need of care, or centre where a child has been placed.*[123]

While legal provisions are in place to strengthen and expand family-based alternative care, the shift from policy to practice has been slow and, in practice, the services that are readily available are mainly institution-based. More than 50 per cent of the DSW's budget goes to orphanage subsidies, the largest line item in the DSW budget.[124] At the time of writing there were 83 institutions (orphanages),[125] compared to two family-support providers, two foster family providers, three health institutions, five temporary shelters, three registered inter-country adoption agencies and zero domestic adoption agencies.[126]

There are few formal family or community-based alternative care options available, such as formal foster care, formal kinship care, supported independent living or supported child-headed households. Even with those options there, efforts have been limited in placing children in formal family-based care (for fostering in emergency situations, see Section 8); thus the situation today has not changed radically since 2007.[127]

Further support mechanisms are critical to assist children and adolescents who are aging out of care: lack of preparation in this area is one of the biggest gaps in the formal care system. It is estimated that 40–60 per cent of children in care are now between the ages of 12–18, highlighting the need to prioritize focus and support to children aging out of care.[128] While it is assumed that once children turn 18 and complete high school they will leave residential care, in practice few do. Many continue to live in the facility well into their 20s or early 30s, when there is no place for them to go (such as supported independent living arrangements). Often these children continue to serve as staff in the facility – as was illustrated by one of the orphanages visited during the field visit, where the administrative officer had grown up in the orphanage.[129]

### 5.3 Reforms to strengthen and expand formal family-based alternative care services
The Government of Liberia and partners have made positive in-roads in improving gatekeeping and care planning for

formal alternative care placements. One of the biggest issues found in the 2006–2007 assessments was the 'open door policy' of orphanages and recruitment of children. A 2006 assessment found that 95 per cent of the children living in the orphanages had been recruited for placement by the staff of the orphanages without meeting the basic criteria for placement.[130] Parents were encouraged to bring their children to orphanages with the promise of free education and better care than in the family home.[131] The situation has improved since 2007 – there is no longer an open door policy and the government, police and partners have brought in community chiefs and leaders to raise awareness about the real conditions in the orphanages. Police have also been trained on the dangers of recruitment processes and increasingly have a better understanding of the issues. This has resulted in them being involved in stopping recruitment and movement of children;[132] for example, while the consultant was in Monrovia, there was a case in which the police had stopped the movement of boys and girls to an orphanage by a child recruiter.

In addition, the 2006–2007 assessments found that there was a poor level of registration and recordkeeping for children in orphanages. As a result of these findings, the government has improved care planning and monitoring of children once they enter residential care. Each child has a profile and the DSW knows which child is entering and exiting an orphanage. Studies have also found an increasing use of individual care plans and monitoring mechanisms.[133] In order to fill the care planning and gatekeeping capacity gaps, Save the Children has supported MoHSW in creating child placement committees in six counties (Bomi, Gbarpolu, Montserrado, Bong, Margibi and Nimba) to shift the decision-making away from Monrovia to the county level. Each committee is responsible for reviewing the needs of children outside of family care and recommending placement options based on the needs and best interest of the child. The committees include CWC members and are chaired by staff from the MoHSW and MoGD. Committee members are trained in the CRC and 'Guidelines for the Alternative Care of Children'.[134] Each committee holds quarterly meetings, monitors the care institutions and ensures that each individual child has a care plan. The committees are still relatively new and more capacity building is necessary for them to be fully functional and able to meet the needs of all children, including those living outside of residential care.

With regard to foster care, the MoHSW is working towards formalising the foster-care system – for instance, it held a one-day orientation workshop on foster care in March 2012 for social welfare and child-care stakeholders. However, at the time of this report there were no minimum standards for foster care, selection criteria for potential foster parents, pre-/post-placement training, foster-care agencies, pilot foster-care programmes or foster-care associations. Nor were there any formal initiatives to move children out of institutional care into formal foster-care placements. The MoHSW and partners lack the human and financial capacity necessary to develop a formal foster-care system. This is particularly the case for financial resources, as well as skills, knowledge and understanding of the complexity of implementing a foster-care system. As the staff of MPCHS noted: *"In order to do foster care, Liberia needs a legal framework, with clear monitoring and supervision protocols. At present, Liberia does not have the national capacity to undertake this."*[136]

## 6 Informal alternative care

In Liberia, extended families and communities have traditionally taken in orphaned and vulnerable children. Accordingly, the majority of children placed in alternative care are those placed informally in kinship care or informal foster care with extended kin or community members. The arrangements are made for children who have been orphaned or whose families are unable to care for them due to incapacity, family breakdown, remarriage, divorce or illness, or for reasons of access to services, among others. Informal alternative care is traditionally seen to be a protective mechanism to allow children to attend school or receive instruction in a particular trade while continuing to live in a family environment.

Studies and discussions at the community level have shown that for many children informal kinship care, foster care or community-based care is a positive arrangement (see: Textbox 5 Shiata Women of Faith case study). However, socioeconomic pressures and the impact of the civil war have put great strain on families, making it more difficult to care and adequately provide for these children today. And in some instances, these informal arrangements can have disadvantages and may even be harmful. As Save the Children noted in the field visit: *"In the past informal fostering was seen as a positive support mechanism to allow children to go to school. It is increasingly becoming more exploitative, children are doing manual labour, babysitting other children and not going to school… We are finding that children are not happy in this arrangement, and they may turn to the streets."* [137]

According to the KAP survey, 70 per cent of children in informal care indicated that biological children are given better food, clothing and sleeping arrangements, and have more opportunities for schooling and time for play and study.[138] These findings were echoed by interviews with Child Welfare Committee Children's Club members in West Point during the field visit. The children felt that biological children accessed better education and non-biological children ended up selling goods on the streets or helping around the house. As one club member eloquently observed: *"They are afraid to express themselves since no one will defend them."* [139]

This highlights the importance of having child protection mechanisms in place to identify potential exploitation and risk in informal care arrangements, and to ensure the child receives the best care, has access to education and is protected from abuse and exploitation. As things stand there are no formal or government-led initiatives to support informal arrangements. Most placements are negotiated directly between caregivers and traditional authorities (such as elders or town chiefs), with little if any government oversight.

## 7 Domestic and inter-country adoption

### 7.1 Domestic and inter-country adoption data

At the time of writing, MoHSW had recorded only 14 domestic adoptions.[140] In general, formal domestic adoption is not pursued on a large scale as a care option or as part of the permanency planning for children. Nonetheless in practice informal domestic adoption is more common than formal adoption.[141] Informal adoptions are those in which relatives, neighbours or friends bring up a child in cases where parents are unable to care for them. In such arrangements, there is no formal agreement, the courts are not involved and the child can be returned to his or her natural parents upon request of either the parent or child.

In terms of inter-country adoption (ICA) numbers and trends, following the war the numbers of such adoptions increased dramatically; by 2008, Liberia was one of the top source countries for ICA globally. According to Peter Selman's analysis of ICA trends in sub-Saharan Africa, between 2003 and 2011 there were approximately 1,399 adoptions from Liberia.[142] See Figure 4 for a breakdown by year.

Between 2000 and 2006 adoptions from Liberia to the United States alone increased tenfold.[143] UNICEF, Save the Children, USAID and other partner organizations conducted an analysis of orphan visas and found that between 2003 and 2009, 1,200 children were adopted to the US and Canada. In addition, *"out of all the African countries, Liberia had the highest volume of children being adopted internationally factoring [the] total number of US orphan visas into population for each country"* and globally ranked second, after Guatemala.[144] In response to the rapid rise and concerns about the capacity of the system to oversee these adoptions properly, the Government of Liberia issued a moratorium on ICA from Liberia in 2009; this has resulted in significant drop in numbers since then. The reform efforts will be discussed further below.

### 7.2 Adoption practices

While the 1956 Adoption Law is in place to guide domestic adoptions, judicial mechanisms are not fully in place – such as family or civil courts or a social welfare authority to conduct

**Figure 4**

**Number of inter-country adoptions**

SOURCE: P. SELMAN, 2012
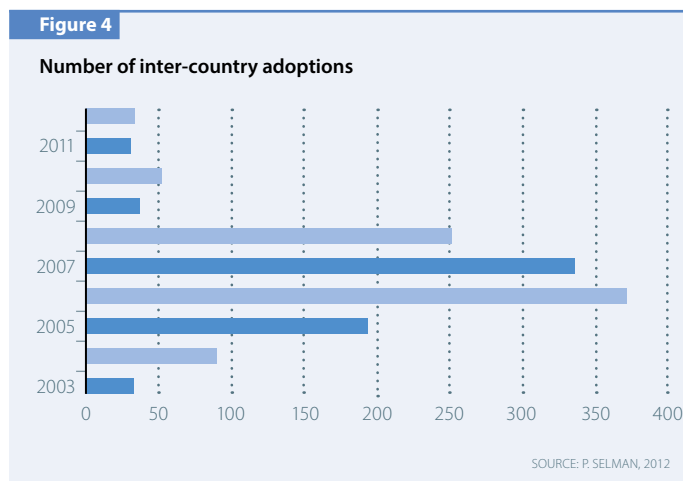
assessments and oversee matching procedures appropriately.[145] At the same time, the existing adoption law is weak and not in line with international best practice.[146]

Although informal adoption (see Section 6) has fulfilled an important role in Liberian society in that it provides a placement for a child within a family environment and avoids institutionalization, it is problematic in that there are no legal safeguards nor any guarantee of permanency for the child.

In its Concluding Observations on Liberia's initial submission, the CRC expressed concern about the *"widespread use of informal adoption practices that are not conducive to full respect for children's rights,"* and urged the government to take measures to eliminate informal adoption.[147] The issue was highlighted again in the CRC Committee's 2012 observations, when it said it was:

*"…concerned at the persistence of informal domestic adoption…in the State party where in many cases the parents' informed consent is not provided. It is also concerned about the exploitation of children as a consequence of informal adoption, and at the lack of legislation on adoption. Committee recommends that, in all cases of adoption, the State party ensure that the best interests of the child are of paramount consideration, and that the parents or legal guardians have given their informed consent to the adoption. It further recommends that the State party take urgent measures to abolish informal adoptions and to expedite the enactment of the Adoption Bill, and to ratify the 1993 Hague Convention."* [148]

In terms of inter-country adoption, there are a number of factors that have led to ICA numbers rising steeply between 2003 and 2008, all of which need to be addressed in the coming years if the system is to be reformed effectively. The legal framework is weak, with the 1956 Adoption Law addressing domestic adoption only and having no specific provisions on ICA. In 2007, Holt International conducted an in-depth assessment of adoption practices and found that Liberia's adoption law fails to address internationally recognized practices as outlined in the UNCRC and the 1993 Hague Convention.[149] The assessment highlighted the continued lack of an adoption regulatory framework, with central government authority, to uphold each child's best interest and regulate and monitor adoption agencies and ICA practices. This has resulted in Liberian adoption agencies not being licensed and little oversight of their practices, causing the suspected recruitment of children into the adoption system through fraudulent means. The study also found that: poverty is often the reason behind relinquishment; birth parents were signing away their parental rights without being fully aware of the ramifications; and that adoptive parents were given little information about the circumstances of the child before they were adopted. The Holt study also found that adoption records were either poorly kept or non-existent, while those that did exist were inaccessible via legitimate means. Government staff were found to lack the skills and resources to be effective and uphold ICA principles, while direct links between orphanages, ICA and child trafficking were also uncovered.[150] The assessment concluded that because of the current legal framework and deficiencies in oversight mechanisms:

"*Liberia is in a reactive rather than proactive stance regarding ICA. Procedures are largely defined by private adoption agencies, attorneys, and adoptive families rather than the government. As a result there are few protections for children's and birth parent's rights. This absence enables the corruption and other abuses reported by many assessment participants including law enforcement personnel, children's rights advocates, and orphanage and adoption agency representatives.*"[151]

These findings were echoed elsewhere. In 2007, UNMIL issued a report on institutional care and adoption in Liberia and strongly recommended that the government put in place regulatory mechanisms to ensure the protection of the rights of children who are adopted internationally.[152] A number of news reports from BBC and other media outlets also confirmed these findings, in particular fraudulent practices[153] and high rates of child trafficking associated with ICA.[154]

### 7.3 Reforms to address concerns about adoption practices

Between 2007 and 2009, a strong network of civil society organizations working around alternative care used the evidence gathered through research and testimonies regarding ICA fraudulent practices and trends to advocate for reform of the adoption system in Liberia. These advocacy efforts ultimately led to the Government of Liberia recognising this information and calling for a suspension of all ICA from Liberia on 26 January 2009. At the time of writing, this moratorium was still in effect and ICA was only legally available for children with severe medical conditions. The government also established an Inter-Ministerial Commission to conduct a comprehensive assessment of the laws, policies and practices of ICA and to make recommendations to address the loopholes. As part of these reform efforts, the government has revised the legal framework. The new Children's Law lays down a supportive environment to address illicit and irregular activities related to ICA. With support from UNICEF, embassies, and civil society partners, the Government of Liberia also developed a draft Adoption Bill taking in recommendations of the assessments.

Despite these positive efforts, there continue to be a number of fundamental challenges. First, the future of the Adoption Bill was still unclear at the time of this report. The original draft, which was in line with the 1993 Hague Convention and international best practice, has been 'watered down' and amended by various constituents.[155] The current status and version of the bill is unclear and it continues to wait for approval in the Upper House Chambers. It is also believed that delays in passing the Children's Law were due to the ICA provisions.[156] A second challenge is that, despite the government's recent call to possibly open up ICA again,[157] the protocols and mechanisms that it promised to put in place are still to be implemented. Despite public messages by the government,[158] the 1993 Hague Convention has not been ratified and the critical steps needed for ratification, such as establishment of a central authority, remain to be undertaken. Only three ICA agencies are registered and approved by the government to work in the country to support medical emergency placements.[159]

There is a concern that once the Adoption Bill is passed, the moratorium will be lifted without ratification of the 1993 Hague Convention and development of key structures and policies needed to effectively curtail fraudulent adoption practices. As one informant noted in the country visit, "*If the moratorium is lifted, we will just go to how it was done before. The bad practices will continue and the numbers of adoptions will increase again.*"[160] Informants also expressed concern that if the doors open for ICA again, but without a reformed adoption system in place, there will be no mechanism to ensure appropriate care decisions are taken for children, including whether ICA is in the best interest of a particular child and not a first resort.

The network of civil society stakeholders calling for adoption reform has weakened with a shift in partnerships, changes in personnel and ICA no longer being a top priority. Thus, there is no longer a coalition pushing for adoption reform, as was the case between 2007 and 2010. At the same time there is a strong group of actors, both from Liberia and abroad, who are advocating for the opening up ICA as soon as possible and are trying to curtail reform efforts. Lastly, even though the suspension of the law prohibits ICA, there are no arrangements to regulate and monitor the practice and the wider care system. There is concern that ICA may be still taking place covertly. Once the moratorium came into effect, all the discussions and debates moved to within the government and the external debate became silent.

In relation to domestic adoption, there have been no concrete efforts by the government and local stakeholders to regulate informal adoption practices and promote formal domestic adoptions, despite recommendations from the CRC Committee.

## 8 Care during an emergency

### 8.1 Existing emergency care policies and interventions

At the time of writing, there was no national, government-led child protection emergency preparedness and response plan. A discussion process is underway with the Child Protection Working Group to develop a national emergency child protection response plan, which would include preventing family separation, interim care arrangements, and tracing and family reintegration.

The UN has emergency preparedness plans, which have been developed in collaboration with the relevant government counterpart ministries. In respect of care provision, the UN Refugee Agency (UNHCR) and UNICEF have a draft Standard Operating Procedure (SOP) on cross-border tracing and reintegration. These plans also include policies and interventions to support family tracing and reintegration and interim care services.

### 8.2 Liberia's response during and following an emergency with regard to alternative care

Liberia's 14-year civil war (1989–2003) led to mass displacement, family breakdown and separation, recruitment of child soldiers,[161] and an increase in both institutional care and fraudulent ICA practices. Reports by Save the Children found that child soldier recruiters used orphanages as recruitment mechanisms.[162]

While the war led to a number of negative practices and trauma for children, the emergency also catalysed some promising

**Textbox 8**

**Helping Hands**

Helping Hands[165] is a national NGO working in Nimba county. During the civil war, the organization shifted to working more on child protection issues, since it identified this to be a major problem in the region. Helping Hands, with support from UNICEF, helped demobilize child soldiers and reintegrate them back with their families by providing: counselling services to the children and families, behaviour change and skills training, and extensive follow-up and support. Among the key lessons learned from the emergency period was that extensive individualized follow-up services are needed to support both the child and family in such cases. In addition, the child, caregiver(s) and community structures should be actively involved throughout the process. At the time of writing, Helping Hands, via a partnership with Save the Children, is using these lessons to support families and communities (especially teenage mothers) to care for their children and reintegrate children living in orphanages or on the streets. Supportive services include economic strengthening for families, training in parenting and small business management training. Helping Hands is working closely with community support mechanisms (i.e. with Child Welfare Committees, women's groups and local leaders), parents and individual children.[166]

care practices. A number of successful efforts were recorded on reuniting children separated from their families as a result of civil war. For example, in 2002, according to the Guidelines for Liberian Separated Children in Alternative Care, 502 Liberian children had been identified as separated and were being provided with family tracing and reunification and alternative care services.[163] Parents played a major role in preventing children from forced recruitment. Experience during the war period also showed that children in the care of their parents or foster parents were much safer than children on their own or in institutional care.[164]

Save the Children and UNHCR, among other organizations, are supporting the Government of Liberia to provide alternative care and family tracing and reintegration services for Ivorian separated and unaccompanied children in Nimba and Grand Gedeh counties. Via the Best Interests Determination (BID) process, the partners have been effective in providing foster care, supported independent living and other supportive services to unaccompanied and refugee children, albeit on a small scale.

As part of the care reform, it is important for the government and non-governmental partners to draw on lessons learned and promising practices from the emergency and post-emergency period to inform current alternative care, tracing and reintegration, and family support services.

# 9 Public awareness and advocacy

## 9.1 Awareness-raising campaign

One of the core objectives of the national deinstitutionalization strategy is to address misperceptions of out-of-home care and raise awareness on the value of family-based care through national advocacy campaigns. For many Liberians, the general perception has been that residential care, as well as ICA, is a positive form of care and an avenue for children to access education.

The Ministry of Health and Social Welfare, in partnership with UNICEF and Save the Children, has conducted capacity-building activities with government staff, orphanage directors, community members, parents and children to increase their awareness and knowledge on alternative care-related issues. The Department of Social Welfare, under the leadership of Deputy Assistant Ministers and the National Director of De-Plan, has conducted a series of ongoing regional awareness-raising campaigns on family preservation, child protection and community-based care in Margibi, Bong, Nimba and Montserrado counties (in both rural and urban areas). The campaigns have taken a multi-pronged approach: town hall meetings, radio talk shows and focus group discussions with community members. By the time of writing, a total of 206 people had participated. The information disseminated emphasized the importance of family- and community-based care, orphanages as a 'last resort' and protection of children. DSW, in collaboration with the Health Promotion Division at MoHSW and with support from UNICEF, also developed information education and communication/behaviour change communication (IEC/BCC) materials on the promotion of family preservation and community-based care. These materials included: awareness-raising posters, stickers, brochures, T-shirts and radio messages on family-care practices and the risks of institutional care, which have been disseminated in all counties.[167]

In addition, more than 180 Community Child Welfare Committees are supporting awareness-raising campaigns and meetings on the prevention of family separation and importance of children growing up in a family setting.

Recently, MoHSW has brought in the Union of Orphanages and Christian Aid Ministries to help raise awareness around reforming institutional care, closing poor-quality facilities and shifting to a family-based care approach. Both networks are extremely influential in Liberia and this partnership *"has helped in building trust in the process and awareness raising, since it's no longer perceived as [a] 'Government' process."*[168] In 2013, the Christian Aid Ministries, which funds approximately 80 per cent of orphanages in Liberia, issued a message from its head office stating a shift from an institutional care-based strategy to one that is more family oriented. The Inter-Religious Council of Liberia has also been brought into the awareness-raising discussions, since the majority of orphanages are faith-based and faith-based leaders have a great deal of influence within their respective communities.

National stakeholders have played a major role in informing public opinion and shifting positions around alternative care. For example, the collective partnership and strong advocacy of the Child Protection Network played a significant part in influencing government decisions around care reform. The media have also been instrumental in raising awareness regarding abuses in orphanages and the links between child trafficking and ICA, in particular from 2006 to 2008.

## 9.2 Public perception

As a result of these awareness-raising activities, there is an increased level of knowledge and understanding on child-care provision and alternative care among some stakeholders, in particular within the MoHSW and MoGD. Shifts in public perceptions are illustrated by the 2012 KAP survey, in which 95 per cent of caregivers and 83 per cent of children agreed that children should only be sent to an orphanage if there is no family to care for them. However, at the same time 21 per cent of caregivers said they would send their children to an orphanage.[169] During the field visit focus group discussions with community members, a number of parents noted that they had begun discouraging family and community members from sending their children to residential care and had encouraged children to remain with their families and communities.[170]

Despite these efforts and concrete shifts in public perception, there is a continued widespread misconception among parents and caregivers about the realities of institutional care and ICA.[171] A lack of awareness on the benefits of a family environment also continues to be a contributing factor to the high number of children in Liberia's orphanages. The 2007 UNMIL report found that orphanage staff described how some parents placed their children in orphanages to ensure their basic needs were met, and to allow them to get an education. Some orphanage owners also expressed regret about the lack of opportunities available for children who had been returned to their relatives.[172] While these findings stem from a 2007 report, informants during the country visit shared similar observations. For example, Liberians continue to refer to residential care as a *"mission,"* referring to missionary schools and viewing residential care as a boarding school rather than an orphanage.

Government officials, community leaders and the wider public also remain ignorant of the child protection implications of institutional care and ICA.[173] According to the KAP study, 18 per cent of caregivers and 14 per cent of children do not list separation or abandonment by parents or guardians among

the risks to children. In addition and according to the study, 41 per cent of those surveyed thought that most children in orphanages do not have living parents; 37 per cent believed that when a child is sent to an orphanage, the parents no longer have rights and obligations with respect to the child; and 35 per cent believed that when parents cannot care for a child, the law in Liberia says the child should be sent to an orphanage.[174]

In a number of communities, as is the case in Nimba where Helping Hands operates, orphanages continue to open informally and families place their children in them.[175] Orphanage directors and political leaders also maintain their opposition to closing poor-quality homes. The Independent Accreditation Committee has been able to overcome some of this resistance by making them aware of the process, but this remains a challenge.[176]

It is important to note that there are differences in public perceptions on alternative care, which reflect geographic and tribal variations in child-care practices and perceptions in Liberia. For example, as Save the Children noted during the field visit, in Lofa county there are no orphanages because kinship care is commonly practised in that community.[177]

In addition, there are misconceptions and lack of awareness in regards to adoption, foster care and kinship care. The 2007 adoption study found that many people interviewed (including those in civil social services) were ill-informed about the benefits and disadvantages surrounding ICA.[178] The KAP survey found that common misconceptions about alternative care include thinking that if parents give their child up for adoption to the US, parents may be able to join them later (48 per cent). The KAP study also found that children being adopted internationally were only a concern for 3 per cent of caregivers.[179] In terms of foster care, while the Children's Law provides provision for formal foster care, stakeholders felt that informal fostering would continue to be more widespread. There is also a lack of awareness regarding the differences between foster care, adoption and kinship care.

## 10 Conclusion

### 10.1 Child-care reform successes
In response to the rapid rise of institutional care and ICA following the civil war period, the Government of Liberia is leading a reform of its child-care system. Under the national deinstitutionalization programme within the MoHSW, the government, with support from partners, has set a national regulatory framework to improve child-care services, promote deinstitutionalization and raise awareness on the importance of family-based care. Led by a dedicated team within the



MoHSW, which has received extensive capacity building, and supported by two active inter-sectorial committees (the Independent Accreditation Committee and Technical Working Group on Deinstitutionalization of Children), the national programme has made great progress. More than 600 children have been reintegrated back with their families since 2009; and the overall number of children in institutional care has been reduced from 14,000 in 1998, to 5,000 in 2000 and 3,357 in 2013[180] (although this initial reduction occurred before the start of reform efforts and can be attributed to the response to the conflict). The number of orphanages has decreased from 121 in 1991 to 83 in 2013, as a result of setting up a national accreditation system, setting up a national tracking system for children in institutional care, closing down institutions, transforming institutions into day-care centres and putting institutions on probation.

The legal and policy framework (the Children's Law and Residential Care Standards) is in line with the CRC and the 'Guidelines for the Alternative Care of Children' and supports the shift from a residential care-focused system to one centred on family-based care. Liberia's national social protection strategy and schemes, such as the cash transfer programme, further encourage the care-reform efforts by promoting prevention of separation and helping to support and empower vulnerable families in Liberia. Community-based initiatives have also emerged to promote and strengthen informal care arrangements and supportive mechanisms. A network of non-governmental actors and networks are supporting the government by advocating for reform efforts, supporting reintegration, building the capacity of government partners and raising awareness on the importance of family-based care.

In response to the high numbers of ICA and fraudulent practices, the Government of Liberia called for a moratorium of ICA in 2009 and subsequently drafted the Adoption Bill.

## 10.2 Key findings and areas of learning for other countries

As this country profile illustrates, child-care reform processes around the world require significant human and financial resources, coordination, and government ownership and commitment. In sub-Saharan Africa, in particular in post-conflict contexts such as Liberia, there are also the challenges of a fragile or underdeveloped formal welfare sector, governance issues and lack of support for well-established family care arrangements. These in turn are undermined by a legacy of conflict, poverty, lack of access to basic services, recurring crises, an underdeveloped social welfare workforce and budgets for child welfare services being highly reliant on external donors rather than built into government budgets.

Nonetheless, there are positive steps being undertaken to reform the child-care system in Liberia. The following tables summarize key areas of learning from the child-care reform process, with promising practices highlighted in the first table. These include examples of positive initiatives around strategy, coordination, public awareness and the role of children. The challenges being faced, meanwhile, can serve as areas for improvement and learning for Liberia, as well as other countries in the region. Identified challenges and lessons learned are summarized in the second table.

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**Table 5**

**Results of care reform and promising practices:**

1 A comprehensive strategy and vision. The Deinstitutionalization and Alternative Care Planning Division (De-Plan) has provided a clear, mutually understood framework to guide care reform.

2 The creation of a specific government office, with an appointed head, to lead and coordinate the child-care reform process. The Department of Social Welfare (DSW) is the lead agency for the De-Plan, which has an appointed National Director. Also critical to the effort is continued capacity building of that office – in this case by a seconded consultant, and by both Save the Children and UNICEF, in areas of family-based care, case management, reintegration and family support, and wider child protection principles. Strong commitment is demonstrated by the staff as well as eagerness to continually improve and strengthen the national programme.

3 Recognition of the important role that the policy and legal framework can play in protecting children outside of family care or at risk. The national child-care reform efforts placed priority in developing national frameworks to enhance implementation, oversight and monitoring of alternative care, with the development of the Children's Law, Regulations for the Appropriate Use and Conditions of Alternative Care for Children, and the National Social Welfare Policy and Action Plan. However, implementation is just as critical as enactment of the law and resources and capacity should be devoted to ensure effective implementation.

4 Recognition of the important role that non-governmental and community stakeholders and coalitions play in improving family-based care practices. Between 2007 and 2009, the Child Protection Network effectively utilized evidence-based data and research to advocate for the need to reform the national child-care system, including adoption. Current reform efforts are also strengthened by the involvement of a range of committees and associations, while community-based organizations are piloting innovative programmes to support communities to care for their children. NGOs and community structures are playing an important role in raising awareness.

5 Positive examples of transforming sub-standard care institutions into innovative day-care facilities. This is a promising practice that should be scaled up and expanded across Liberia, and can be replicated in other countries in the region.

6 Creation of the multi-sectorial Independent Accreditation Committee, development of monitoring standards, creation of a database to track children in residential care facilities, creation of care placement committees and other gatekeeping mechanisms.

7 Linking social protection schemes with alternative care strategies – such as integrating the cash transfer programme with the current reintegration efforts. The government is increasingly recognising the importance of linking reunified families with existing social protection support services.

8 National awareness and advocacy campaigns on the value of family-based care and risks of out-of-home placement. Liberia has undertaken a number of creative initiatives to raise awareness, such as development of IEC/BCC materials to promote family preservation and community-based care.

9 While the war led to a number of negative practices and trauma for children, the emergency also catalysed some promising care practices, namely: successful family tracing and reintegration; learning from efforts to demobilize child soldiers; utilizing parents to prevent the forced recruitment of children; and effective foster-care programmes in refugee camps and within the community. Countries in the region can learn from Liberia's experiences during the emergency period, to support families and communities to care for their children and reintegrate children living in orphanages or on the streets. The Government of Liberia, as well as other governments in the region, can draw on these promising practices to inform current alternative care, tracing and reintegrating, and family support services.

10 Liberia has placed great emphasis on reintegration of children from institutional care. Large numbers of children have been reintegrated, although the effectiveness of reintegration efforts is not clear (see challenges and lessons below).

**Table 6**

**Identified challenges and lessons from the care-reform process:**

1   The deinstitutionalization programme started with a narrow view of the issues and concerns surrounding alternative care. The Government of Liberia and implementing partners did not take a holistic, systematic approach, examining the preventive as well as response measures in place and the full range of services. The entry point in reforming the alternative care system was centred on institutional care, while a wider baseline assessment on alternative care practices is needed. The pull and push factors of why children are placed in institutional care should be examined, along with shortcomings across the entire alternative care and child protection system, in particular provision of prevention services.

2   Limited commitment within other departments, ministries and at higher levels of government other than within the Ministry of Health and Social Welfare (MoHSW) and the Ministry of Gender and Development's (MoGD) child protection departments. This is illustrated by De-Plan project activities not being included in the national budget. The care reform may fail to draw on the expertise and services of the health, finance, planning and – in particular – education sectors. For efforts to be more sustainable and effective, all these sectors need to be engaged. For example, for the accreditation of institutions to be effective, the team needs to include a wide range of ministries. In addition, a sector-wide approach to child protection and alternative care planning and policy development is necessary, while MoHSW and MoGD child welfare functions should be better streamlined and co-ordinated (e.g. merging MoHSW and MoGD social workers).

3   Family support services continue to be weak and the system focuses on rescue and response rather than prevention. These services, in particular psychosocial support and counselling due to the long-term impact of war, should be strengthened and the national cash transfer programme should be linked more concretely with deinstitutionalization efforts, via guidance documents. Family support can help prevent children from entering institutional care.

4   Studies on kinship care and other informal care arrangements have shown that in some instances there are concerns about exploitation and abuse, due to the lack of adequate support. The focus needs to shift to better understanding the different types of informal living arrangements, supporting kinship care families when required and developing mechanisms to identify situations of abuse, neglect and exploitation.

5   The range of alternative care is limited, and the system continues to be institutional- rather than family-based. The Government of Liberia and partners need to turn their attention to strengthening the range of family-based care options available for children, including: foster care (interim and long-term), kinship care, supported independent living arrangements and national adoption. It can do this by developing national guidelines, piloting family-based care programmes and shifting the budget allocated to children's homes to support reintegration and family-based care instead. In order to implement an effective, functioning family-based alternative care system, human and financial resources need to be invested.

6   Public awareness and perceptions around alternative care continues to be a major issue, as many continue to believe that residential care and even ICA are good options for vulnerable children to access basic services. Government and non-government partners in Liberia need to build on ongoing awareness-raising activities, evaluate the outcomes of the KAP study, turn to community-based organizations and coalitions, and use models in the region to develop a more far-reaching national advocacy plan.

7   At present, there is no national government emergency preparedness plan for child protection and alternative care. In order to be prepared for an emergency, it is critical for the government, with support from partners, to continue the discussions already underway to develop a national preparedness plan for child protection.

8   Liberia has made progress in the new legal and policy framework in recognizing the need to support children and youth exiting care. However, this population group is generally poorly served. Liberia can learn from other countries in the region, such as Kenya, as well as promising practices globally to ensure that children and youth have a voice and are prepared for independent living.

9   One subgroup that has not been specifically considered within current care-reform processes is children with special needs – who may be abandoned or institutionalized as a consequence. The requirements of these children can be addressed by: collecting data on children with special needs and at risk of living outside of family care; initiating specialized/therapeutic foster-care programmes for these children; building capacity among caregivers, families and residential care staff to care for children with special needs; and ensuring that this subgroup of children are mentioned in all future government alternative care strategies, regulatory frameworks and guidelines.

10  In order to better support children entering the alternative care system, the Government of Liberia and partners need to strengthen rescue and response services when children enter the system, in particular for street children. More transit centres and rescue services are necessary, in particular for boys.

11  Liberia has made great strides in reforming its national adoption system. However, the country cannot lose this positive momentum and needs to continue to strengthen the system by establishing a central authority, ratifying the 1993 Hague Convention, creating a national database to track children being adopted, and finalizing the draft Adoption Bill and ensuring that it is in line with the 1993 Hague Convention and CRC. Liberia should also address concerns around informal adoption practices and strengthen and promote domestic adoption practices.

12  It is critical that care-reform processes are mainstreamed and linked to wider alternative care reform and child protection systems-strengthening in terms of: legislative reform; internal organizational and management; capacity building of government structures and institutions; inter-sectorial coordination and collaboration among line ministries; linking social protection and child protection initiatives; ensuring that alternative care is not issue based and linking it to other child protection issues; effective budgeting, planning and financing; and strengthening prevention as well as response services.

## **11** Endnotes

**1**  The 'Guidelines for the Alternative Care of Children' were welcomed by the UN General Assembly in 2009. The guidelines are a framework to guide governments and partners to promote, facilitate and guide the progressive implementation of the Convention on the Rights of the Child in this particular area of concern. For more information visit: <http://bettercarenetwork.org/BCN/initiatives.asp>, accessed 2013.

**2**  United Nations, 'Guidelines for the Alternative Care of Children', 2009, <www.unicef.org/protection/alternative_care_Guidelines-English.pdf> accessed 2013.

**3**  UNICEF website, 'African Charter on the Rights and Welfare of the Child', <www.unicef.org/esaro/African_Charter_articles_in_full.pdf>, accessed 2013.

**4**  World Bank Country Profile, Liberia, <http://www.worldbank.org/en/country/liberia/overview>, accessed 7 June 2013.

**5**  Government of the Republic of Liberia, Ministry of Health and Social Welfare, Essential Package of Social Services, 2011–2012, p. 25, citing *Liberia Census Report 2007*.

**6**  Government of the Republic of Liberia, Essential Package of Social Services.

**7**  Ibid.

**8**  Ibid. See also: World Bank Country Profile, Liberia.

**9**  Government of the Republic of Liberia, Essential Package of Social Services.

**10**  United Nations Mission in Liberia (UNMIL), Human Rights in Liberia's Orphanages, March 2007. See also: Parwon, Sophie, *Orphanage Assessment Report* for Ministry of Health and Social Welfare, 2006, <http://bettercarenetwork.org/BCN/details.asp?id=17242&themeID=1003&topicID=1023>, accessed 2013.

**11**  UNMIL, Human Rights in Liberia's Orphanages.

**12**  Liberia Institute of Statistics and Geo-Information Services (LISGIS) and Macro International Inc. MEASURE DHS STATcompiler, *Liberia Demographic and Health Survey 2007,* Monrovia, Liberia, <www.statcompiler.com> (accessed October 2013).

**13**  Zaway, Victoria, Presentation by the Deinstitutionalization and Alternative Care Planning Division Director during the consultant's visit to Monrovia, Liberia, on file with the consultant.

**14**  No information is available on children who were reintegrated between 1998–2000, since there were no follow-up mechanisms in place for children who left residential care.

**15**  United Nations, 'Guidelines for the Alternative Care of Children', 2009, <www.unicef.org/protection/alternative_care_Guidelines-English.pdf> accessed 2013.

**16**  Zaway, De-Plan Presentation.

**17**  Government of the Republic of Liberia, Ministry of Health and Social Welfare, Regulations for the Appropriate Use and Conditions of Alternative Care for Children, 2010, <http://bettercarenetwork.org/BCN/details.asp?id=22443&themeID=1002&topicID=1017>, accessed 2013; United Nations, 'Guidelines for the Alternative Care of Children'.

**18**  Child Frontiers, Family Support Services, Background Paper.

**19**  UNICEF, *Liberia – Final Report for Displaced Children and Orphans Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems, January 2012a. See also: UNICEF, Liberia – Fifth Progress Report for Displaced Children and Orphans Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems,* January 2012b.

**20**  Zaway, De-Plan Presentation.

**21**  Parwon, Orphanage Assessment Report.

**22**  UNMIL, Human Rights in Liberia's Orphanages; Parwon, *Orphanage Assessment Report.*

**23**  Key informant interview with DSW and Save the Children during the 21–26 April 2013 Liberia field visit.

**24**  Child Frontiers, Family Support Services and Alternative Care in Sub-Saharan Africa, Background Paper, 2012, <https://childfrontiers.app.box.com/s/z7lvgiv6mxb505tqdm9n>, accessed 2013. See also: Child Frontiers, *Alternative Care and Child Protection Systems: Comparative Analysis Paper – Cambodia, Guatemala and Liberia,* February 2012.

**25**  United Nations, 'Guidelines for the Alternative Care of Children'.

**26**  Save the Children, *USAID – Educating and Protecting Vulnerable Children in Family Settings in Liberia: Mid-Term Review,* prepared by Rebecca Smith, Children without Appropriate Care Adviser, Save the Children UK, August 2013.

**27**  Child Frontiers, *Family Support Services, Background Paper;* Child Frontiers, *Alternative Care, Comparative Analysis Paper.*

**28**  Key informant interview with Independent Accreditation Committee's (IAC) members during the 21–26 April 2013 Liberia field visit.

**29**  Ibid.

**30**  Key informant interview with managers of residential care facilities, donors, NGOs and government representatives during the 21–26 April 2013 Liberia field visit. See also: Save the Children, *USAID – Educating and Protecting Vulnerable Children in Family Settings in Liberia.*

**31**  USAID and Save the Children, 'Request for Proposal: Technical Assistance Consultancy for the Development of Alternative Care System for Children without Appropriate Alternative Care in Liberia (September 2013)', Better Care Network website, <http://bettercarenetwork.org/BCN/details_news.asp?id=31746&themeID=1001&topicID=1010>, accessed 30 September 2013.

**32**  E.g. CRC Committee raised concerns that child protection trainings have been ad hoc, dispersed and not systematic and recommended that all professionals need to be trained (UN Committee on the Rights of the Child, Concluding Observations, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, CRC/C/LBR/CO/2-4, 11 December 2012; UN Committee on the Rights of the Child, Concluding Observations, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, 36th Session, CRC/C/15/Add.236, 1 July 2004).

**33** Ruiz-Casares, *Child Protection Knowledge, Attitudes and Practices (KAP) Study.*

**34** Ruiz-Casares, Monica, *Child Protection Knowledge, Attitudes and Practices (KAP) Study,* Draft Final Report, submitted to Save the Children, September 2011.

**35** Studies have shown that residential care is not the place for a child to grow up and provides limited interactions and opportunities for learning. See: Engle, P.L., V.K. Groza, C.J. Gorak, A. Greenberg, K.M. Bunkers and R.J. Muhamedrahimov, 'The Situation for Children without Parental Care and Strategies for Policy Change', in R.B. McCall, M.H. van IJzendoorn, F. Juffer, C.J. Groark and V.K. Groza, eds., *Children without permanent parents: Research, practice, and policy,* Monographs of the Society for Research in Child Development, vol. 76, Issue 4, 2011, pp. 190–222.

**36** World Bank Country Profile, Liberia, <http://www.worldbank.org/en/country/liberia/overview>, accessed 7 June 2013.

**37** Government of the Republic of Liberia, Ministry of Health and Social Welfare, Essential Package of Social Services, 2011–2012, p. 25, citing Liberia Census Report 2007.

**38** Government of the Republic of Liberia, Essential Package of Social Services.

**39** Ibid.

**40** Ibid.

**41** Ibid. See also: World Bank Country Profile, Liberia.

**42** Government of the Republic of Liberia, Essential Package of Social Services.

**43** Better Care Network, *Liberia: Children's Care and Living Arrangements, Demographic Health Survey (DHS) 2007,* 2013.

**44** Ibid.

**45** Ibid.

**46** Ibid.

**47** Ibid.

**48** Ibid.

**49** Ibid.

**50** Ibid.

**51** United Nations Mission in Liberia (UNMIL), Human Rights in Liberia's Orphanages, March 2007; Parwon, Sophie, *Orphanage Assessment Report* for Ministry of Health and Social Welfare, 2006, <http://bettercarenetwork.org/BCN/details.asp?id=17242&themeID=1003&topicID=1023>, accessed 2013; Child Frontiers, *Alternative Care and Child Protection Systems: Comparative Analysis Paper – Cambodia, Guatemala and Liberia,* February 2012.

**52** Liberia Basic Indicators, citing Liberia Demographic and Health Survey 2007, <www.unicef.org/wcaro/english/wcaro_liberia_fact_CP_indicators.pdf>, accessed 29 September 2013.

**53** Government of the Republic of Liberia, Essential Package of Social Services.

**54** Key informant interviews with donors, NGOs and government representatives during the 21–26 April 2013 Liberia field visit.

**55** Christian Aid Ministries website, <www.christianaidministries.org/>, accessed 2013.

**56** Government of the Republic of Liberia, Essential Package of Social Services, p. 17.

**57** Government of the Republic of Liberia, Emergency human resources for health plan: Ministry of Health and Social Welfare 2007–2011, 2007.

**58** Save the Children, *USAID – Educating and Protecting Vulnerable Children in Family Settings in Liberia.*

**59** USAID and Save the Children, 'Monitoring, Evaluation and Reporting Plan for LGSM 001, Year 3'. See also: interviews with MPCHS and assistants during 21–26 April 2012 Liberia field visit; Save the Children, *USAID – Educating and Protecting Vulnerable Children in Family Settings in Liberia.*

**60** Key informant interview with MPCHS during 21–26 April 2012 Liberia field visit.

**61** Deitz, Rena, Rationale for a Liberian Child Protection Curriculum: A Literature Review, Child Protection in Crisis Network, New York, July 2013. See also: Child Protection in Crisis (CPC) Network Coordinator in New York, personal communication (on file with consultant).

**62** The decision has been made to develop the curriculum at three levels. The first is at the certificate level, where individuals already working in the field of child protection can obtain some formal education in working with children. Thus, the certificate programme is open to all professionals who work with children. All college graduates can apply, while those who have no college diploma must have a high school diploma and a minimum of three years' related experience. A draft had already been finalized at the time of writing. The second stage of the curriculum is to identify key child protection courses that can be incorporated into the social work curriculum to enable social work students to be able to specialize in child protection (Bachelor's of Social Work majoring in Child Protection). The third stage is the development of a master's-level programme. The second and third level curriculums were yet to be finalized at the time of writing. The plan is that these programmes will be piloted at the University of Liberia before expansion to other universities in the country. See: UNICEF Liberia and Save the Children Liberia, personal communication, 19 February 2014 (on file with the consultant).

**63** Child Frontiers, *Family Support Services, Background Paper;* Child Frontiers, *Alternative Care, Comparative Analysis Paper;* Parwon, *Orphanage Assessment Report;* UNICEF, Assessment Report – Strengthening the Liberian National Child Protection System, 28 October–2 November 2012, internal document on file with consultant.

**64** Parwon, *Orphanage Assessment Report.*

**65** For information regarding European Union funding, see: Jackson, Heston M., 'Donor funding targets Liberian households', 18 November 2011, <http://news.xinhuanet.com/english2010/world/2011-11/18/c_131255806.htm>, accessed 2013.

66   UNICEF, *Liberia – Final Report for Displaced Children and Orphans Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems,* January 2012a. See also: UNICEF, *Liberia – Fifth Progress Report for Displaced Children and Orphans Fund (DCOF), Deinstitutionalizing Children in Liberia: Building Child Protection and Welfare Systems,* January 2012b.

67   This was noted by all the alternative care stakeholders that were gathered during the country visit debriefing on the 26 April 2013. The point is illustrated by the fact that neither the Minister nor the Deputy was present, and there was no representation from other ministries.

68   Informants during the April 2013 Liberia field visit noted this issue.

69   UN Committee on the Rights of the Child, Concluding Observations, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, CRC/C/LBR/CO/2-4, 11 December 2012; UNICEF, *Liberia – Final Report for DCOF* and UNICEF, *Liberia – Fifth Progress Report for DCOF;* key informant interview with donors, NGO and government representatives during 21–26 April 2013 Liberia field visit.

70   UNICEF, *Liberia – Final Report for DCOF* and UNICEF, *Liberia – Fifth Progress Report for DCOF.*

71   Key informant interview with USAID during 21–26 April 2013 Liberia field visit.

72   Child Frontiers, *Family Support Services, Background Paper;* Child Frontiers, *Alternative Care, Comparative Analysis Paper.*

73   Child Frontiers, *Family Support Services, Background Paper.*

74   See: University of Minnesota, Human Rights Library, Ratification of International Human Rights Treaties – Liberia, <www1.umn.edu/humanrts/research/ratification-liberia.html>, accessed 2013.

75   African Child Policy Forum, 'Africa: The New Frontier for Intercountry Adoption', 2012; Joyce, Kathryn, *Orphan Fever: The Evangelical Movement's Adoption Obsession,* Mother Jones, Issue May/June 2013, <http://bettercarenetwork.org/BCN/details_news.asp?id=30981&themeID=1002&topicID=1014>, accessed 2013; The Shuster Institute for Investigative Journalism, Brandeis University, 'News Reports of Adoption Irregularities in Liberia', including BBC 2008 Report, <http://www.brandeis.edu/investigate/adoption/LiberiaNews.html>, accessed 2013.

76   Child Frontiers, *Alternative Care, Comparative Analysis Paper.*

77   Government of the Republic of Liberia, Ministry of Health and Social Welfare, Children's Law, 2012.

78   United Nations, 'Guidelines for the Alternative Care of Children'.

79   Government of the Republic of Liberia, Essential Package of Social Services.

80   Child Frontiers, *Alternative Care, Comparative Analysis Paper;* UNMIL, Human Rights in Liberia's Orphanages; Parwon, *Orphanage Assessment Report.*

81   Parwon, *Orphanage Assessment Report;* UNMIL, Human Rights in Liberia's Orphanages; Ghouri, Nadene, 'Liberia's orphan trade', BBC News, November 2008, <http://news.bbc.co.uk/2/hi/programmes/crossing_continents/7726687.stm>, accessed 2013; IRIN News, 'Liberia Orphanages Accused of Child Trafficking', 2006, <www.irinnews.org/Report/58262/LIBERIA-Orphanages-accused-of-child-trafficking>, accessed 2013; Houreld, Katherine, 'Liberian orphanages steal, exploit children', RedOrbit, November 2005, <http://www.redorbit.com/news/health/295116/liberian_orphanages_steal_exploit_children/>, accessed 2013; humantraffiking.org, 'Orphanages Accused of Child Trafficking', 17 August 2006, <http://www.humantrafficking.org/updates/406>, accessed 2013.

82   United Nations, 'Guidelines for the Alternative Care of Children'.

83   Child Frontiers, *Family Support Services, Background Paper;* Child Frontiers, *Alternative Care, Comparative Analysis Paper.*

84   Key informant interview with Independent Accreditation Committee's (IAC) members during the Liberia field visit, 21–26 April 2013.

85   Ibid.

86   USAID and Save the Children, 'Request for Proposal: Technical Assistance Consultancy for the Development of Alternative Care System for Children without Appropriate Alternative Care in Liberia (September 2013)', Better Care Network website, <http://bettercarenetwork.org/BCN/details_news.asp?id=31746&themeID=1001&topicID=1010>, accessed 30 September 2013.

87   United Nations, 'Guidelines for the Alternative Care of Children'.

88   Government of Liberia, Children's Law, Act V.

89   Key informant interviews with NGOs and government officials during the April 2013 Liberia field visit.

90   Child Frontiers, *Family Support Services, Background Paper.*

91   Key informant interview with managers of residential care facilities, donors, NGOs and government representatives during the Liberia field visit, 21–26 April 2013. See also: Save the Children, *USAID – Educating and Protecting Vulnerable Children in Family Settings in Liberia.*

92   The KAP survey set out to establish a baseline of knowledge, attitudes and practices on issues in child protection and to identify resources for vulnerable children and underserved communities in target counties (Ruiz-Casares, *Child Protection Knowledge, Attitudes and Practices [KAP] Study).*

93   Ruiz-Casares, *Child Protection Knowledge, Attitudes and Practices (KAP) Study.*

94   Paines, Katie, and Subah Belleh Associates, *Situational Analysis of Orphans and Children Made Vulnerable by HIV/AIDS in Liberia: A Report for Liberian Government and UNICEF,* June 2005; Parwon, *Orphanage Assessment Report;* UNMIL, Human Rights in Liberia's Orphanages.

95   Child Frontiers, *Family Support Services, Background Paper;* Child Frontiers, *Alternative Care, Comparative Analysis Paper;* USAID and Save the Children, 'Request for Proposal'.

96   United Nations, 'Guidelines for the Alternative Care for Children', paras 32–38.

97   Government of the Republic of Liberia, Essential Package of Social Services; Child Frontiers, *Family Support Services, Background Paper;* Child Frontiers, *Alternative Care, Comparative Analysis Paper;* USAID and Save the Children, 'Request for Proposal'.

98 The Essential Package of Social Services is the new evidence-based strategy for social programming. The three core packages of services include: community welfare (psychosocial services, case management); family welfare (promotion of family-based care and reunification); and rehabilitation services (physical, mental health). At the time of writing, the MoHSW was working on defining what these services would cost through costing an 'Essential Package of Social Services'. This document could then be used to advocate for more funding from the Ministry of Finance. This was due to be a major step towards the sustainability of the programme.

99 Key informant interview with UNICEF, MoGD and field visit in Bomi, Liberia.

100 During the field visit, the consultant met with two female-headed households. One of the women had had to place her children with her elderly mother before she joined the programme, since she was unable to provide for them. Once she joined the programme and started earning money, she was able to bring her children home and is raising them.

101 In Lofa Country, for example, a survey on reproductive health undertaken in 2007 found a teenage pregnancy rate of 68 per cent among girls aged 15 to 19 (consideration of reports submitted by State Parties under Article 44 of the Convention, Combined 2nd, 3rd and 4th periodic reports by the State Parties due in 5 August 2009, para 227, p. 52).
See: <http://tbinternet.ohchr.org/_layouts/treaty bodyexternal/ Download. aspx?symbolno=CRC%2fC%2fLBR%2f2-4&Lang=en>, accessed 2013.

102 Members of the Shiata Women of Faith Project and UNICEF, field visit, 2013.

103 CRC, Concluding Observations, 11 December 2012, para. 53.

104 Antoninette Tubman Churchill Home was visited during the country field visit. It is a privately run institution providing care to children and adults with special needs. The home established a day-care facility for children with special needs in April 2013, and supports 30 children. It has seven employed staff members, is free for parents and has advertised its services over the radio. It is under government authorization, but receives funds from a UK group.

105 Parwon, *Orphanage Assessment Report*. According to UNMIL, Human Rights in Liberia's Orphanages, 70 per cent of children had one living parent.

106 Save the Children Liberia office, personal communication.

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109 Key informant interview during Liberia field visit, April 2013.

110 Key informant interview with IAC members during Liberia field visit, 21–26 April 2013.

111 Key informant interview during Liberia field visit, 21–26 April 2013.

112 Save the Children, *USAID – Educating and Protecting Vulnerable Children in Family Settings in Liberia.*

113 Discussions with key informants and visits with orphanage directors and DSW staff during the field visit.

114 Key informant interview with orphanage director during Liberia field visit, 21–26 April 2013.

115 Key informant interviews with Technical Working Group members during Liberia field visit, 21–26 April 2013.

116 Ibid.

117 Key informant interview with ACDI/VOCA during Liberia field visit, 21–26 April 2013.

118 Ibid.

119 Key informant interview with ACDI/VOCA, Save the Children, government and orphanage directors during Liberia field visit, 21–26 April 2013.

120 MCPHS has been commissioned to train assistant social workers in monitoring reintegration (key informant interview with MCPHS during Liberia field visit, 21–26 April 2013).

121 Key informant interview with Child Fund Juvenile Justice Centre during Liberia field visit, 21–26 April 2013.

122 Save the Children Liberia, personal communication.

123 Government of Liberia, Children's Law.

124 Child Frontiers, *Family Support Services, Background Paper;* Child Frontiers, *Alternative Care, Comparative Analysis Paper.*

125 Updated data provided by UNICEF and Save the Children Liberia, personal communication, September 2013.

126 Child Frontiers, *Family Support Services, Background Paper;* Child Frontiers, *Alternative Care, Comparative Analysis Paper.*

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129 Key informant interview with Sis Iye Orphanage Home staff during Liberia field visit, 21–26 April 2013.

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131 UNMIL, Human Rights in Liberia's Orphanages; Parwon, Orphanage Assessment Report.

132 Key informant interview with DSW and Save the Children during Liberia field visit, 21–26 April 2013.

133 Child Frontiers, *Family Support Services, Background Paper.* See also: Child Frontiers, *Alternative Care, Comparative Analysis Paper.*

134 United Nations, 'Guidelines for the Alternative Care of Children'.

135 Key informant interview with Mother Patern College of Health Sciences staff during Liberia field visit, 21–26 April 2013.

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137 Key informant interview with Save the Children during Liberia field visit, 21–26 April 2013.

138 Ruiz-Casares, *Child Protection Knowledge, Attitudes and Practices (KAP) Study.*

139 Focus group discussion with CWC'S Children's Club Members during Liberia field visit, 21–26 April 2013.

140 The data was provided via personal communication between the author and Save the Children and UNICEF Liberia.

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142 Selman, Peter, 'Intercountry Adoption from Africa 2003–2011', presentation, 2012 (on file with consultant).

143 African Child Policy Forum, 'Africa: The New Frontier for Intercountry Adoption', 2012, citing US State Department.

144 Fact Sheet: Intercountry Adoption – Liberia, West Africa (on file with author). The data is from the US Department of State, Bureau of Consular Affairs, 'Intercountry Adoption', <http://adoption.state.gov/>, accessed 2013; population information from the CIA, 'The World Factbook', <https://www.cia.gov/library/publications/the-world -factbook/rankorder/2119rank.html>, accessed 2013.

145 UNMIL, Human Rights in Liberia's Orphanages; CRC, Concluding Observations, 11 December 2012.

146 UNMIL, Human Rights in Liberia's Orphanages; CRC, Concluding Observations, 11 December 2012; Holt International, An Assessment of The ICA Laws, Policies, Practices in Liberia, a joint consultancy between UNICEF and Holt International Children's Services: Final Report, 2007, <http://bettercarenetwork.org/BCN/details.asp?id= 19199&themeID=1001&topicID=1010>, accessed 2013.

147 CRC, Concluding Observations, July 2004.

148 CRC, Concluding Observations, 11 December 2012.

149 Holt, *An Assessment of The ICA Laws, Policies, Practices in Liberia.*

150 Ibid.

151 Ibid.

152 UNMIL, Human Rights in Liberia's Orphanages.

153 One practice that has been noted in reports is adoption agencies using nutrition or health programmes as a way to enter communities and ultimately recruit children for adoption.

154 Ghouri, 'Liberia's orphan trade'; Shuster Institute, 'News Reports of Adoption Irregularities in Liberia'; Fact Sheet: Intercountry Adoption – Liberia, West Africa.

155 Key informant interviews with UNICEF, Save the Children and USAID during the Liberia field visit, 21–26 April 2013.

156 Key informant interviews during the Liberia field visit, 21–26 April 2013.

157 Media reports have stated that Liberia may reopen overseas adoptions soon (Joyce, *Orphan Fever*).

158 Informants noted that, during the President's early 2013 messages to the public, she did include ratification of the 1993 Convention on Protection of Children and Co-operation in Respect of Inter-Country Adoption as one of her administration's top priorities.

159 Key informant interview with DSW during the Liberia field visit, 21–26 April 2013.

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# Annexes
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## Overview of process and steps for collecting information

**Identifying countries**

The first step in the process was identifying countries in sub-Saharan Africa that have implemented significant child-care reform efforts. The consultants first conducted an initial assessment of sub-Saharan Africa and identified 13 countries that are or have been involved in child-care reform initiatives. The team used a four-topic matrix, which included the following components of child-care reform:

1 Presence of legal and policy framework for child protection, childcare and alternative care;
2 Completion of systems mapping or child-care assessments;
3 Presence of networks, inter-sectorial collaboration; and
4 Presence of concrete actions related to child-care reform.

The 13-country list included countries representative of: East and Southern Africa and West and Central African regions, a range of socioeconomic status, emergency and non-emergency settings, and Anglophone and Francophone countries. The matrix was sent to UNICEF East and Southern Africa and West and Central Africa Regional Offices as well as Save the Children Africa Regional Office for review and selection of four to eight countries. Based on feedback from UNICEF, Save the Children and BCN, the consultants narrowed the initial list to seven countries: Kenya, Rwanda, Ghana, Liberia, Sierra Leone, Benin and Cote d'Ivoire.

The second step consisted of a literature review of relevant documentation of the seven selected countries. This included a comprehensive review of:

• Published literature, including peer-reviewed journal articles;
• Grey literature; national and regional policy, standards and legislative documents; and conference materials, presentations and outcome documents (e.g., the 2011 'Way Forward' conference, 2011 US Government 'Evidence Summit on Children Outside of Family Care', 2010 Leiden 'Conference on the Development and Care of Children without Permanent Parental Care',[181] 2009 Nairobi 'Family-Based Care Conference', 2009 'Wilton Park Conference', 2012 'Inter-country Adoption Conference' in Addis Ababa, and the 2012 'Conference on the Strengthening of Family and Alternative Care in the French-speaking sub-Saharan Africa');
• News articles from international and national media outlets; and
• Country child-care and child protection systems assessments conducted by universities, UN agencies, NGOs, the CRC Committee and Hague Secretariat.

The literature review was supported by Internet searches, a call for grey literature via the BCN, OVC Support, the Coalition for Children Affected by AIDS (CCABA), the Inter-Agency Task Team (IATT), Child Rights International Network (CRIN), Child Protection in Crisis Network (CPC) Network, Faith to Action

Initiative and other information exchange platforms, and communication with key actors/organizations working in alternative care including UNICEF country office staff, the BCN Steering Committee and Advisory Group members, NGOs, donors, academics and researchers.

In order to guide the literature review and the process of mapping the child-care reform in each country, the consultants developed a country analysis matrix. The matrix includes over 50 childcare-related themes and topics (see below for matrix template). The matrix helped identify the available information in regards to the country's legal and policy framework, childcare/protection system, preventive services, formal and informal alternative care services, adoption (domestic and inter-country), care during an emergency situation, and public awareness, advocacy, and networking around family strengthening and alternative care.

A general checklist and a brief synthesis were also developed to help in summarizing the care-reform situation in each country. The following core child-care issue areas, which are linked to and influenced by the 'Guidelines for the Alternative Care of Children' (UN, 2009), framed the checklist:
1  Enactment and enforcement of the legal and policy framework;
2  Preventive services;
3  Availability and range of family-based alternative care services;
4  Domestic adoption;
5  Inter-country adoption;
6  Networks and partnership; and
7  Public awareness and advocacy.

Based on the analysis, three countries were selected for the country profiles: Rwanda, Ghana and Liberia. These countries showed the most information and evidence of promising policies and practices in the region. While the three countries were selected as the initial countries to be documented, it is foreseen that additional countries will be documented within the region and other regions in the future.

**Collecting country information and data**
Once the three countries were identified, a more detailed literature review was conducted, including: published and 'grey' literature; documentation, data and reports from government, BCN, UNICEF and relevant organizational and technical specialists across the three countries; a review of all relevant country laws, policies, standards and regulations; and a review of alternative care tools and training materials. The materials were drawn from BCN, UNICEF, country-level alternative care networks, internet searches, as well as the resources indicated above in use for the global scan. The literature review built upon pre-literature review findings and informed the country field visits. Telephone consultations

with key global and regional-level stakeholders and technical experts with in-depth knowledge of the country context supplemented the literature review. Around 50 documents and websites were reviewed for the Liberia report (see Section 12).

Once the desk review and key informant interviews were finalized, a five-day field visit to each country was conducted in order to meet with key stakeholders and undertake focus group discussions (FGDs) and key informant interviews with country-level child-care actors to expand on the initial information gathered through interviews and literature review. The key informants included representatives from the respective government ministries, foster-care and adoption agencies, non-governmental organizations, faith-based and community organizations, care associations and networks, and academic institutions, as well as children, families and caregivers (see Annex 2 for a full list of key informants interviewed in Liberia in April 2013).

The objectives of the country visit included the following:
•  Confirm information collected during the desk review;
•  Collect updated data on specific issues related to child-care reform;
•  Review recently published documentation, resources, guidelines, tools, and information on key actors that might not have been included in or were inaccessible during the desk review phase;
•  Hold focus group discussions and key informant interviews with key stakeholders to collect their views on specific aspects of the care-reform process, including children and caregivers;
•  Create opportunities to hear voices not necessarily represented in the documentation (e.g., care leavers, caregivers, children and families, faith-based groups, community members); and
•  Attempt to gather information that was identified as knowledge 'gaps' during the desk review.

# Data collection matrix

**Description and purpose of the matrix:**

*Child-care reform process:* This questionnaire has been developed to guide the process of mapping the child-care reform process. The questionnaire will help identify the available (as well as missing) information in regards to the country's legal and policy framework, child-care/protection system, preventive services, formal and informal alternative care services, adoption, care during an emergency situation, and public awareness, advocacy and networking around this issue. The starred questions are core questions that we hope to answer for each country.

*Sources used to develop the matrix:* 'Guidelines for the Alternative Care of Children' (UN, 2009); *The Assessment Tool for the Implementation of the UN 'Guidelines for the Alternative Care of Children'* (Nigel Cantwell, for SOS Children's Villages International, 2012); Child Protection System Mapping and Assessment Toolkit (Maestral International, LLC for UNICEF, 2010).

| Availability of reports, research and general information about alternative care | | |
|---|---|---|
| Question | List and describe | Sources |
| 1* Are there country-level child protection systems or child-care assessments; reports, studies, research, websites on alternative and childcare available for the country? | | |
| 2* If reports are available what are the main issues, challenges and successes highlighted in the reports about child-care reform in the country? | | |

| Country-level legal and policy framework | | |
|---|---|---|
| Question | List and describe | Sources |
| 3* Has the country ratified key child protection human rights instruments (CRC, Hague Convention etc.)? Please list the instruments and dates of ratification. | | |
| 4* Are there laws, policies, guidelines and regulations and standards specific to childcare and alternative care? | | |
| 5* In general, is the country's legal and policy framework in line with the CRC and Alternative Care Guidelines principles (i.e., best interests of the child)? | | |
| 6* Does the legal and policy framework reflect the Hague Convention for the Protection of Children and Co-operation in Respect of Adoption, especially the subsidiarity of inter-country adoption to domestic family-based care options? | | |
| 7* Is there a government-approved strategy for bringing about deinstitutionalization of the alternative care system?<br>— In general<br>— For children under 3 to 5 years<br>— With a target timeframe | | |
| 8* Are there existing efforts to reform the child-care/alternative care policy and legal framework? | | |
| 9 Does legislation require the implementation of specific measures and services to prevent family separation? | | |
| 10 Does legislation require the implementation of given processes and measures to ensure that the suitability of family-based alternative care for a child is considered before envisioning placement in a residential facility? | | |
| 11 Is the process of leaving and aftercare supported in the law? | | |

**Description of child protection/child-care system**

| Question | List and describe their roles and responsibilities in service delivery, advocacy and networking | Sources |
|---|---|---|
| 12* Description of the population of children living outside of family care or at risk. This should include description of the particular threats to children and families that lead to children living outside of family care (i.e., HIV, disability, armed conflict, disaster, trafficking, labour, abuse etc.). | | |
| 13* Description of the key social welfare workforce groups/cadres and service providers of children in alternative care, including government, NGOs, FBOs, for profit. Also mention if these service providers work together and if there are collaborative mechanisms in place for this type of coordination. | | |
| 14* Description of other actors involved in alternative care: alternative care networks; youth or care leavers network; foster parents association; etc. | | |
| 15 Are children and caregivers actively engaged in policy and programming that directly affect them and does the legal and policy framework support this? | | |
| 16 Description of key donors supporting child protection and alternative care. | | |
| 17 Describe the political will and commitment of the government in relation to child-care/alternative care. E.g., Executive Branch leadership; alternative care in national development plans etc. | | |
| 18 Does the national budget include line item on child protection and specifically alternative care? | | |
| 19 Is there a national information management system specific to child protection, in particular collecting data on children in alternative care? | | |

**Preventive services**

| Question | List and describe | Sources |
|---|---|---|
| 20* Describe the range of services and the quality of services that are available to prevent family breakdown and separation, e.g., cash transfers, daycare, respite care, income-generating activities, PSS, etc. | | |

**Formal alternative care services**

| Question | List and describe | Sources |
|---|---|---|
| 21* Are there data or credible estimates of the number of children placed in formal alternative care? E.g., residential care, formal foster care, small group homes, etc. | | |
| 22* How many children are in residential care versus family-based alternative care (i.e., formal foster care, formal kinship care)? | | |
| 23* What is the range of formal alternative care options available to children? | | |
| 24* Are there legally recognized alternative care options specifically for: emergency care; short-term care, long-term care? | | |
| 25* Are there national reform efforts in place to try to strengthen and expand family-based alternative care service provision? | | |

**Formal alternative care services**

| Question | List and describe | Sources |
|---|---|---|
| 26  In general what is the capacity of government and non-government actors to properly carry out various forms of alternative care service delivery? | | |
| 27  Are there trainings and capacity-building initiatives to address capacity/skill gaps for the social welfare workforce and for caregivers? | | |
| 28  What are the main reasons/driving factors for placement in alternative care? How and who has documented this? | | |
| 29  Are there clear gatekeeping mechanisms and admission policies and procedures in place for residential care? Foster care? Other types of alternative care? | | |
| 30  Are children given clear care plans and monitored throughout placement? Residential care? Foster Care? Other types of alternative care? | | |
| 31  To what extent are children in alternative care being reintegrated into their families or communities of origin? | | |
| 32  Are children/youth provided with preparation and support upon leaving/exiting care? Please include who provides this preparation and support, if known. | | |
| 33  Are formal alternative care facilities authorized, registered, inspected, and monitored by authorizing bodies on a regular basis? | | |
| 34  Are there standards of care developed, disseminated and utilized in the formal alternative care facilities? | | |
| 35  What types of formal alternative care services are available for children with special needs? | | |
| 36  What is the quality of formal foster care in general? | | |
| 37  What is the quality of residential care in general? | | |
| 38  Are there general and widespread concerns about rights violations of children in formal care settings? | | |

**Informal alternative care services**

| Question | List and describe | Sources |
|---|---|---|
| 39*  Are there data or credible estimates of the number of children placed informally outside the parental home? E.g., with grandparents, with other relatives, with local community, in sibling groups (child-headed households) etc. | | |
| 40*  Has the State taken any initiatives to establish or improve support or oversight of informal arrangements? E.g.,<br>— Voluntary registration of informal carers<br>— Provision of financial allowances<br>— Making available/increasing access to support services<br>— Combating exploitative practices | | |

## Adoption (domestic and inter-country)

| Question | List and describe | Sources |
|---|---|---|
| 41 Are there general and widespread concerns about rights violations of children in informal care settings? | | |
| 42* Are there data or credible estimates of number of children placed in domestic adoption? Inter-country adoption? | | |
| 43* How widely is domestic adoption practised? If practiced widely, what are the reasons and good practices? If not practised widely, what are the challenges? | | |
| 44* How widely is ICA practised? What are the main issues and concerns in terms of ICA? | | |
| 45* If there are concerns with adoption practices, are there reform efforts to address these issues? | | |

## Care during an emergency

| Question | List and describe | Sources |
|---|---|---|
| 46* Has the country recently experienced an emergency? If so, how has it responded in terms of alternative care? Challenges? Successes? | | |
| 47* Has the emergency resulted in child-care reform efforts? If so, please describe. | | |

## Public awareness and advocacy

| Question | List and describe | Sources |
|---|---|---|
| 48* What are the key child-care advocacy initiatives in place? | | |
| 49* Is there any national awareness-raising campaign specific to childcare? If yes, please describe. | | |
| 50* What is the role of media in childcare and awareness raising? Role of government? Civil society? | | |
| 51 Has the government and/or civil society organized conferences or workshops on this issue for key stakeholders? | | |
| 52 What is the general public perception on child-care provision, role of residential care, availability and acceptance of other alternative care options, etc.? | | |
| 53 Have there been any documented and publicized abuse, exploitation and neglect of children in alternative care? | | |

# List of key stakeholders interviewed for Liberia

| | Name of informant | Title and place of work |
|---|---|---|
| 1 | Minister Vivian Cherue | Deputy Minister, MoHSW |
| 2 | Victoria Zaway | Director of Alternative Care-Deinstitutionalization Programme, Department of Social Welfare |
| 3 | Ophelia Kennedy | Director of Children's Division, MoGD |
| 4 | Tatajana Colin | Chief of Child Protection, UNICEF |
| 5 | Miatta Abdullai | Child Protection Specialist, UNICEF |
| | Lilit Umroyan | Child Protection Specialist, UNICEF |
| | Christopher Nugwereme | Social Protection Specialist, UNICEF |
| 6 | Geoffrey Oyat | Chief of Child Protection, Save the Children |
| 7 | Rashid Bangura | Child Protection Specialist, Save the Children |
| 8 | Sophie Parwon | Deputy Team Leader, USAID Health Team, USAID Mission, Liberia |
| 9 | Dr. Ibe | Senior Community Health Services Advisor, USAID Mission, Liberia |
| 10 | Asatu Kamara | Director of Safe House (Women Aid Inc.) |
| 11 | Laveto Akoi | Project Manager, ACDI/VOCA |
| 12 | Sama Tegli | Member of Independent Accreditation Committee |
| 13 | Momo Duke Fahnbulleh | Member of Independent Accreditation Committee |
| 14 | Rev. Victor B. Tiah | Member of Independent Accreditation Committee |
| 15 | Victoria W. Zaway | Member of Independent Accreditation Committee |
| 16 | Rev. Alexander Stemn | Director, Union of Orphanages |
| 17 | Rev. St. John York | Director, Inter-Religious Council of Liberia |
| 18 | Badiatu Tunis | Women's Desk Coordinator, Inter-Religious Council of Liberia |
| 19 | Hawa Massaquoi | Director, Hawa Massaquoi Day Care Centre (transformed institutional care facility) |
| 20 | Mr. and Mrs. Sayklon | Directors, Peter Sayklon Orphanage Home |
| 21 | Tomah Johnson | National Coordinator, Social Cash Transfer Programme |
| 22 | | Social cash beneficiary #1 (informal interview), Bomi |
| 23 | | Social cash beneficiary #2 (informal interview), Bomi |
| 24 | | Focus group discussion with representatives from Children's Club in West Point Town, Monrovia |
| 25 | | Focus group discussion with representatives from Child Welfare Committee |
| 26 | Rose Wackins | MoHSW Social Worker, Child Fund Juvenile Transit Home |
| 27 | Georgia D. Collins | Director, Antoinette Tubman Churchill Home |
| 28 | Isata Momo | Director, Sis Iye Orphanage Home |
| 29 | | Focus group discussion with families of reintegrated children and beneficiaries of Save the Children's family support programme |
| 30 | | Focus group discussion with members of Shiata Women of Faith Project beneficiaries |
| 31 | Denis J. Hynes | Chief of Party, World Learning |
| 32 | Kavin Carew | World Learning |
| 33 | Philomena M'bakellah | Project Coordinator, World Learning |
| 34 | Saye Tiah | Director, Helping Hands |
| 35 | Sister Barbara Brillant FMM | Dean, Mother Patern College of Health Sciences |
| 36 | Ina Christensen | Chairperson, Liberia Child Protection in Crisis (CPC) Network, Program Learning Group |

\* Spoke with two key informants by phone: (1) John Williamson, DCOF/USAID; and (2) Prof. Rebecca Davis, Rutgers University, School of Social Work

# Establishment of the database (source: DSW)

In consultation with the TWG, family tracing and reunification (FTR) forms used during the emergency period were revised and modified to better fit the current situation of children needing FTR interventions. Eight forms were modified and, with support from UNICEF, 5,000 copies of each form were produced. Trainings were conducted on using these forms and ongoing coaching is being carried out to increase staff understanding. The modified forms include the following:
- Child profile
- Registration/documentation
- Child placement
- Tracing action taken
- Handover/reunification
- Child verification
- Adult verification
- Follow-up visit in care/reintegration

A consultant firm was hired by UNICEF to set up the database. Computers and other accessories were purchased and an office created to house the database within the DSW. Two data-entry clerks were seconded to DSW to manage the database, with support from the project consultant.

A rapid assessment was carried out at IRC, ICRC and Save the Children to review their current databases and to adapt where possible in the creation of the Deinstitutionalization of Children's database.

A two-day data-based management information system workshop with inter-agency representatives and partners was held in April 2011. Twenty-eight participants from line ministries, as well as local and international organizations including Don Bosco Homes, SOS Liberia, LRRRC, Christian Children Fund, Save the Children, UNICEF, Vinjim Consults System, the Liberian Red Cross and World Learning, were in attendance.

Major outcomes of the workshop included the following:
1 The need to develop pre-determined fields to facilitate accurate data analysis for reporting and other purposes;
2 Development of new forms for relevant data collection;
3 Restructuring of the coding system to align with national codes; and
4 Profiling of all the children in orphanages has been completed.

At present, the database system is functional, generating reports to assist in the FTR process.

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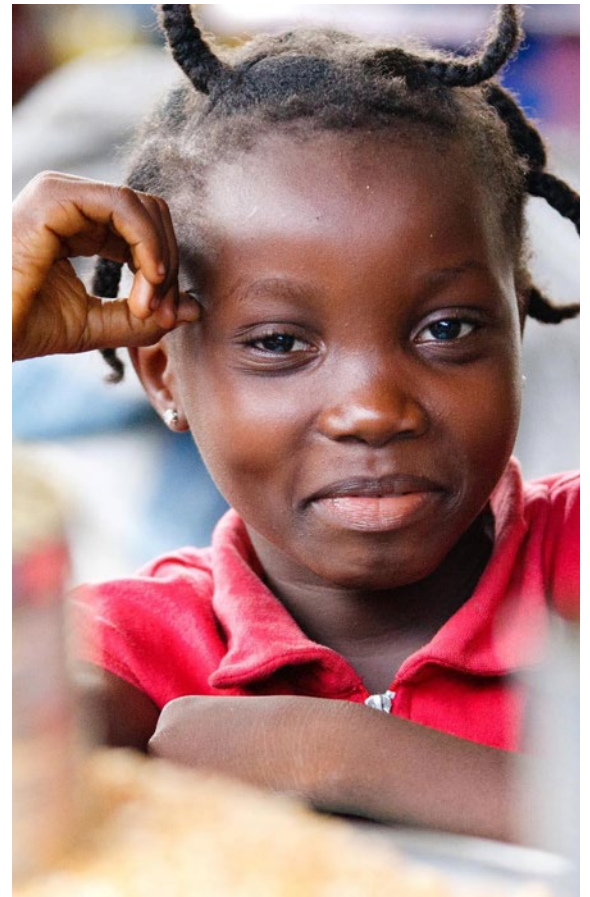
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