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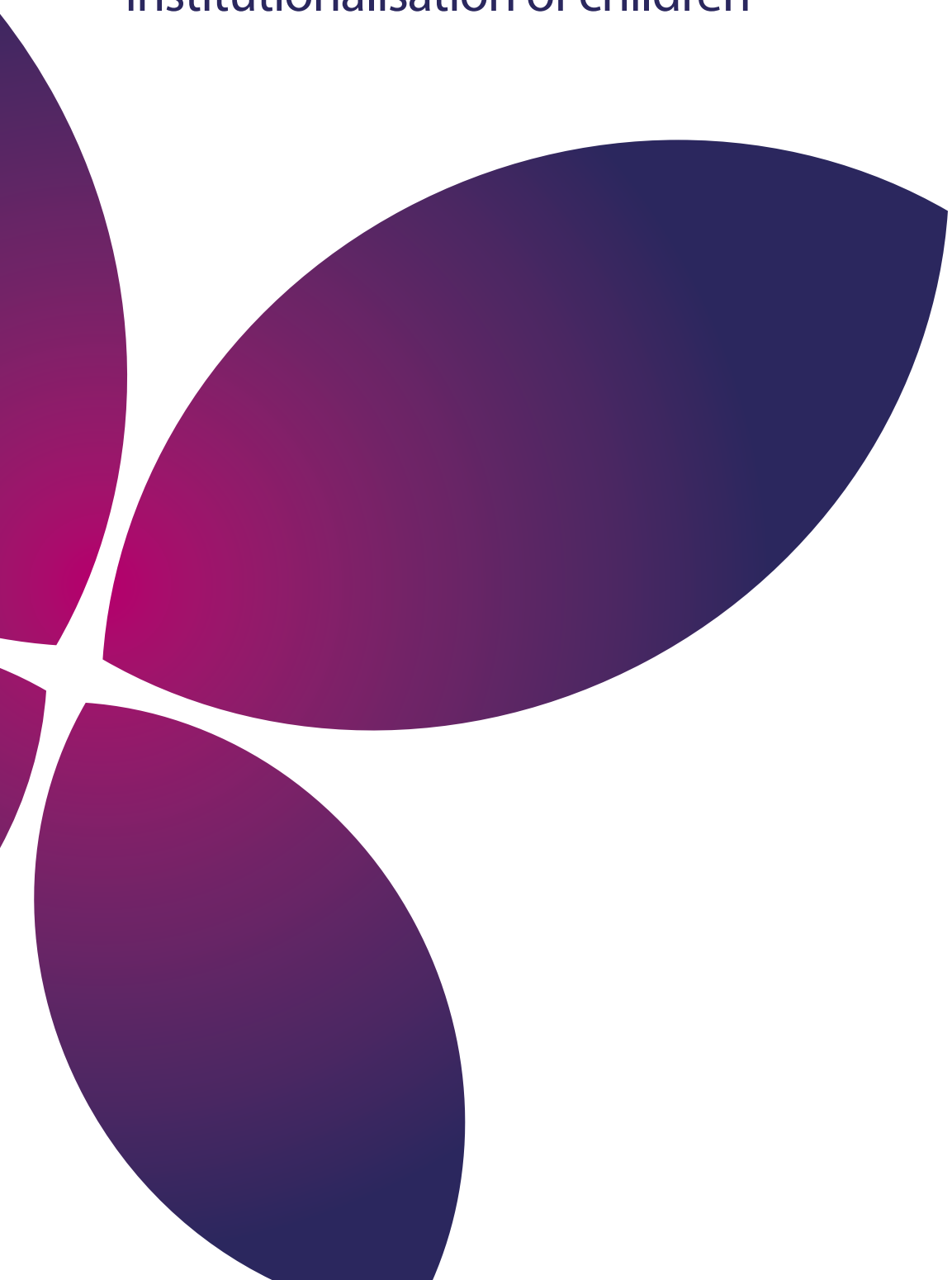
How donors can end the institutionalisation of children



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Florence Martin, Better Care Network
Rosemary McCreery, Maestral International
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Acronyms

CBO - Community-based organisation

CDC - Centers for Disease Control

CEE/CIS - Central and Eastern Europe and the Commonwealth of Independent States

CHF - Cooperative Housing Foundation

DCOF - Displaced Children and Orphans Fund, USAID

DFID - United Kingdom's Department for International Development

DI - Deinstitutionalisation

DOD - United States Department of Defense

DRI - Disability Rights International

EC - European Commission

EU - European Union

ESIF - European Structural and Investment Fund

GCCPD - Government Commission on Child Protection and Deinstitutionalisation (Georgia)

HIV/AIDS - Human immunodeficiency virus infection and acquired immune deficiency syndrome

IPA - Instrument for Pre-Accession

MoHSW - Ministry of Health and Social Welfare

NCD - National Council for Disability

NGO - Non-governmental organisation

PEPFAR - US President's Emergency Plan for AIDS Relief

OVC - Orphans and Vulnerable Children

SIDA - Swedish International Development Agency

USAID - United States Agency for International Development

UN - United Nations

UNCRC - United Nations Convention on the Rights of the Child

UNCRPD - United Nations Convention on the Rights of Persons with Disabilities

UNICEF - United Nations Children's Fund

UNODC - United Nations Office of Drugs and Crime

US - United States

USD - United States Dollar

VUP - Vision 2020 Umurenge Programme (VUP) (Rwanda)

WFP - World Food Programme

Executive Summary

Purpose of the report

With concerted effort and the right investments, the institutionalisation of children could end globally by 2050. Donors play a vital role in making this a reality and in influencing other stakeholders on the ground, especially those who are resistant to reform.

This report provides donors with the information they need to make informed decisions about investments and funding in relation to the institutionalisation of children, which is known to be harmful to their health, development and future life chances. It encourages donors to review funding procedures to ensure that they are strengthening families through reforming community-based services and not inadvertently funding institutional care.

The report contains examples of both good and poor practices to demonstrate what works and what to avoid – donor 'traps'. It puts forward recommendations to assist donors in planning the use of funds in countries that rely heavily on institutions for vulnerable children.

The institutionalisation of children

The placement of children in so-called 'orphanages', poor quality residential special schools, large children's homes and other types of residential institutions can seriously harm their health, development and future life chances. A body of evidence gathered over more than 80 years attests to this fact. Outcomes for children in institutions are extremely poor, yet paying for a child to live in an institution is significantly more expensive in most cases than supporting a child to live at home with their family.

Despite this, institutions continue to flourish in some parts of the world. This is partly due to myths and misconceptions, for example: that children are in institutions because they are orphans, that institutions are a necessary form of care and that they provide an efficient way of delivering services to children.

In fact, the evidence shows that most children in institutions have living parents and the primary reasons for admission to institutions across the world are poverty and a lack of access to services in the community. Children with disabilities and those from ethnic minority communities are considerably over-represented in institutions.

The key role of donors in ending institutionalisation

In recent years, several bilateral and multilateral donors have been instrumental in transforming health, education and social services in ways that make it possible to reduce reliance on residential institutions. The research for this report found numerous examples of good practice funded by donors, showing a positive trend towards supporting children in families and communities rather than in institutions. A small selection of specific examples is provided in the good practice section of this report (see p18).

However, these efforts lack consistency at times. The research found examples of the same donor agency simultaneously funding conflicting programmes – those aimed at ending institutionalisation and those that reinforce institutions. In other cases, one donor is pioneering the development of community services whilst another is renovating institutions in the same country. Not only does this prolong the period of time that children must spend away from families and in institutions, it also represents an inefficient use of precious financial resources.

Moreover, where donor intervention is inconsistent, governments and communities in receipt of funds receive mixed messages about appropriate forms of development. In such cases, it is unlikely that governments will be able to develop a coherent approach to reforming their approach to vulnerable children.

Investment programmes often leave the most vulnerable children, such as those with disabilities, out of the planning process. These children are more likely to remain longer in institutions, in spite of the fact that they are also likely to suffer greater harm as a result of institutionalisation.

It is also significant that a number of bilateral donors continue to fund institutionalisation abroad, in spite of the fact that they moved away from this model in their own countries decades earlier.

Donor support for institutions: what to avoid

The research highlighted a number of key areas of problematic investment that promoted institutionalisation at the expense of community-based services. The key findings from the examples are summarised below.

Direct support to institutions

Whilst most organisations have moved away from directly funding orphanages, or institutions, there are still examples of this type of donor funding. Money should instead be given to community support services to keep families together and deinstitutionalisation programmes to reunite separated children with their families and to shift resources from institutions to community-based services.

During reform processes, there is evidence of funding provided to improve institutions, instead of - or as well as - funding deinstitutionalisation. Although sufficient standards must be maintained until all children can be moved, too much funding spent on improvements to buildings will hinder or even prevent the deinstitutionalisation process. No improvements should be made that are not strictly necessary for children's safety in the interim period, as they prepare to move. The vast majority of funding should go to setting up services to enable deinstitutionalisation and no children should be left behind.

Support for services within institutions

In some instances, funding is given to provide services to children living in institutions, such as education, medical care or psychosocial support. Whilst this may be beneficial on one level, it can have severely negative consequences, such as encouraging parents to give children up to institutions in order to receive this support. If institution services must temporarily be funded to protect institutionalised children, then community-based services and support for deinstitutionalisation must also be funded.

Support during emergencies

During natural disasters, conflict and other crises, many children become separated from their parents. Funds are often spent on the 'simplest' service to take care of these children: orphanages. Once admitted, children tend to remain in institutions for long periods and little effort is made to reunite them with family. Instead of residential institutions, donors working in disaster situations should fund emergency foster care and kinship care as well as programmes to locate and reunite families. Donors should also ensure any temporary centres that are established are included in a medium-term deinstitutionalisation strategy.

Lack of equity for children with disabilities

There are two key issues here. Firstly, the lack of investment in making mainstream services inclusive of children with complex needs is a key factor driving children into institutions. Secondly, donors frequently fund deinstitutionalisation programmes that do not include children with disabilities or leave services for children with disabilities until the end of the reform process. As numbers in institutions decrease, so does the funding; consequently, the services for children with disabilities reduce in quality.

If the funds in the system are not ring-fenced, they are used on other local necessities. When the time comes to provide services for children with disabilities, authorities sometimes argue that there are insufficient funds in the budget. To avoid these problems, comprehensive plans should be made for funding reform which provide care for all children in the community, including the more intensive services required for children with complex needs.

Conclusions

There is a need for a consistent approach to deinstitutionalisation on the part of donors. This approach should be based on evidence of programmes that result in the best outcomes for children, but should also learn from programmes that have resulted in unintended negative outcomes for children.

Good intentions can result in poor outcomes. Inconsistent approaches to reforming services for children and families prolong the period of time children must spend in institutions and represent an inefficient use of resources. This sends mixed messages to governments in receipt of funds, making it difficult for them to establish coherent development policies and practices.

There is a need to raise awareness among some donors and recipient partners about the harm caused by institutionalisation and the common misconceptions surrounding the practice. Donors can play a key role in informing others regarding:

- **how to avoid inadvertently funding institutions;**
- **where to redirect funds: the best practices for supporting children in families.**

Focusing on shifting funding models will enable changes in practice in relation to the institutionalisation of children. The EU's new regulations on the use of Structural Funds, the US Government's Action Plan on Children in Adversity and the public-private partnership of the Global Alliance for Children all provide excellent examples of major donor efforts to realign resources in the best interests of children – away from institutions and towards community-based services.

Key recommendations for donors:

- Scrutinise proposals and review existing agreements to ensure that funds are not contributing to the institutionalisation of children.
- Invest more in best practices.
- Develop internal policies and regulations that restrict the use of funds for renovating and building institutions, instead prioritising the transition from institutional to community-based services.
- Develop guidance documents for grant managers and governments to ensure that deinstitutionalisation programmes include all children and to avoid common pitfalls in the deinstitutionalisation process.

- With all development and humanitarian investments, ensure that that children in institutions (or those at risk of being institutionalised) are included. Prioritise deinstitutionalisation and the development of community-based services in strategies, funding criteria and plans across all sectors. Plan together with other donors for the most effective reform.
- Establish shared donor principles and recommended practices in relation to funding services for vulnerable children and families. These should be based on evidence of practices and systems that result in the best outcomes for children and the most efficient use of invested funds.
- Work together in a number of demonstration sites on the joint planning and implementation of programmes that seek to replace institutions with community-based services. If a group of donors cooperate in this way, it is likely that outcomes will be better, and funding will be used more efficiently.
- Work together to develop guidance for investment in institutions in emergency situations. Where an institution is developed in response to an emergency, or where the emergency is in the institution itself (such as severe abuse or high mortality rates), urgent investments to improve care and save lives should form part of a medium-term plan for deinstitutionalisation.

Raise awareness and disseminate research

- Work jointly to raise awareness with governments on the harm caused by institutionalisation and the alternatives that exist. Include this as a priority in capacity building for health, education and social service professionals, as well as for politicians.
- Undertake further research into the use of donor funds on institutionalisation and on the development of community-based services. In particular, estimate the sums expended on both and use the information as an advocacy tool for shifting funding from institutions to community-based investments.
- Undertake cost-benefit research into the different forms of care – institutional and family based – in different cultural and economic settings. This research will further assist in identifying what works best in different settings and will provide tools for advocacy and for planning reform.

Introduction

Donors play a key role in propagating or ending the institutionalisation of children around the world. Through choosing the right investments and influencing other stakeholders, institutionalisation could be eradicated globally by 2050.

Increasing awareness amongst donors of the harm caused by institutionalisation – and the importance of strengthening families - has led to real progress in recent decades. For example, strengthening families is a central objective of the United States Government Action Plan on Children in Adversity[1] and the US President's Emergency Plan for AIDS Relief (PEPFAR) Guidance for Orphans and Vulnerable Children Programming.[2] Promoting deinstitutionalisation is part of the regulations governing European Union (EU) Structural and Investment Funds within Europe and a priority for the Global Alliance for Children, a public-private partnership established to promote implementation of the U.S. Government's Action Plan.[3]

This report outlines many examples where donors have proactively:

- Promoted inclusive basic services for children and families;
- Supported initiatives that prevent family separation;
- Contributed to the transition from institutional to community-based services for children;
- Invested in processes that enable children affected by institutionalisation to shape the world around them;
- Worked together with other donors to align their approach at either the national or international level.

However, as the evidence in this report demonstrates, many donors continue to fund the institutionalisation of children. This happens both knowingly and inadvertently. For example:

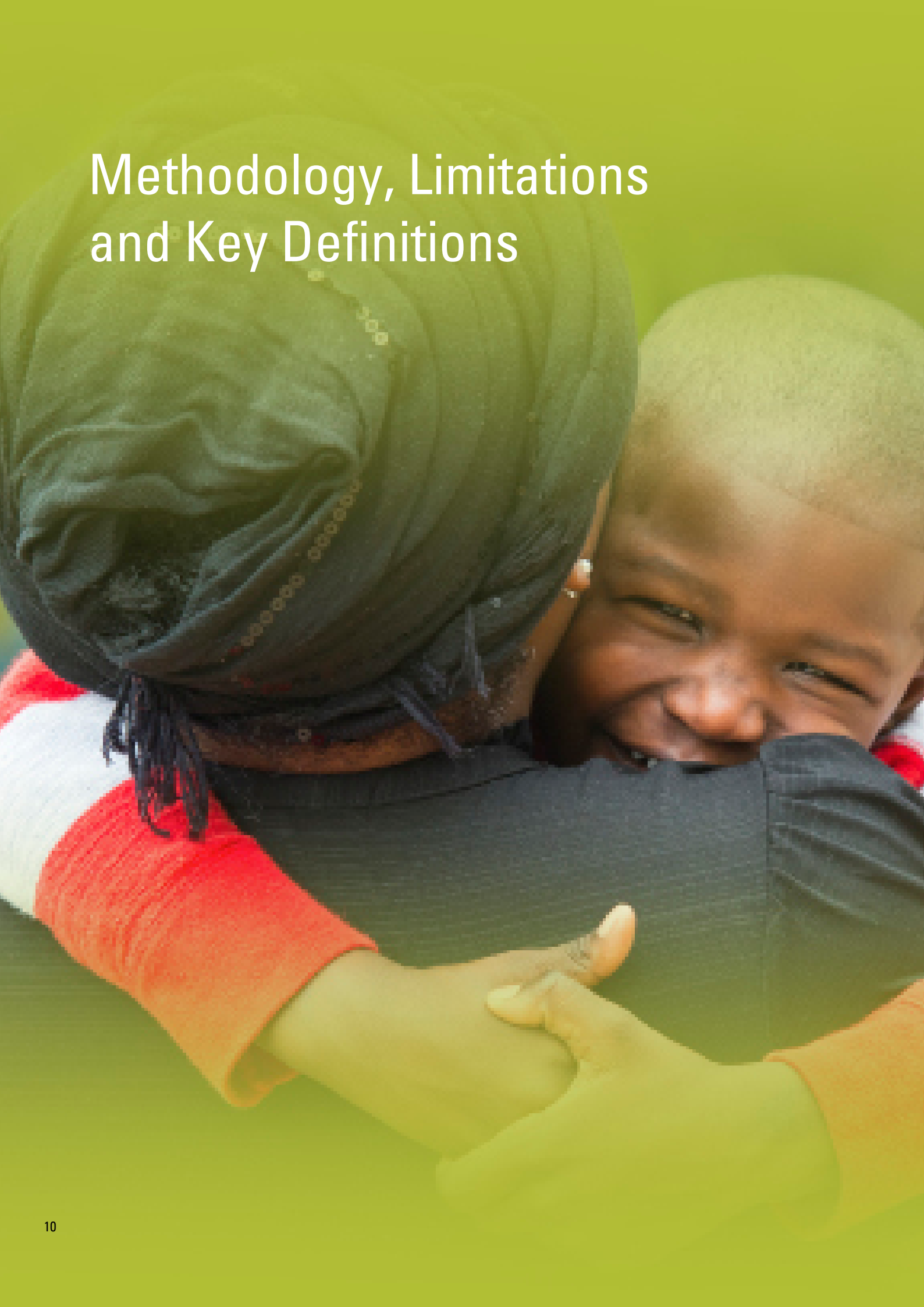
- Donor support for social, educational or health services has been used to fund institutional facilities such as residential schools or homes for children with disabilities;
- Donor investments in infrastructure and maintaining public buildings have been spent on renovating institutions;
- Funds for schools or hospitals have been used to renovate services without making provisions for children with disabilities or other excluded groups, meaning that generations of children may be excluded.

The institutionalisation of children is also perpetuated by a lack of funding for systems and services that prevent unnecessary family separation. These include social protection, inclusive education and community-based health services. It is also the case that different donors, and even various departments within one donor agency, take conflicting approaches in different settings. This can lead to confusion and disjointed planning on the part of the recipient country.

Whilst all donors have a role to play in achieving these outcomes, this report focuses on bilateral and multilateral donors operating around the world.[4]

This report seeks to highlight good and poor practices, so that donors can ensure their funding enables children to live in family settings where they can thrive, rather than in institutions where outcomes are likely to be poor.

Methodology, Limitations and Key Definitions



The report is based on a literature review of the most up-to-date information on donor funding in relation to the institutionalisation of children, and issues related to children outside of family care.

This includes:

- Published and grey literature on institutional and family-based care;
- Studies and assessments from United Nations (UN) agencies, non-governmental organisations (NGOs), human rights organisations and research institutes;
- Strategic documents and policies of key bilateral and multilateral donors (e.g. EU and European Commission (EC), United States Agency for International Development (USAID), Swedish International Development Agency (SIDA), World Bank);
- Information about projects and funding priorities from donors' websites;
- Websites of international campaigns, donors and NGOs.

NGOs, UN agencies, research institutes and human rights organisations - such as ChildPact, Human Rights Watch, the Better Care Network, UNICEF, EuroChild, Family for EveryChild, Hope and Homes for Children and Disability Rights International - were consulted to identify examples of donor expenditure from different geographical contexts. Several donors were contacted directly, including USAID's Displaced Children and Orphans Fund (DCOF), the World Bank and the Department of Foreign Affairs, Trade and Development Canada, for further information and clarification of available information.

This research was designed as an initial rapid assessment. Due to the limited time period and challenges in gathering evidence, the research data upon which this report is based is not fully comprehensive and has some limitations. For example, many donors do not monitor their funds in relation to institutionalisation, making it necessary to rely on select examples rather than a full global picture. We were also unable to conduct interviews with some key donors, such as the US Government's PEPFAR, the European Commission or the United Kingdom's Department for International Development (DFID).

Key Definitions

A children's institution is any residential facility in which:

- Children are separated from their families, isolated from the broader community and/or compelled to live together;
- Children (and their families) do not have sufficient control over their lives and decisions which affect them;
- The requirements of the organisation itself tend to take precedence over the children's individualised needs.[6]

Other terms used to refer to children's institutions include: orphanages, baby homes, residential schools, residential health facilities, children's homes and homes for persons with disabilities that house both adults and children (eg. social care homes).

The institutionalisation of children refers to their placement in an institution in order to access any kind of service.

Deinstitutionalisation refers to a set of actions that include at least:

- Preventing the separation of children from their families, through the development of community-based health, education and social services that are fully accessible to all children and their families;
- Ensuring that every child currently in an institution is supported to move to a placement appropriate for them: their own family where possible, or a substitute family or family-like environment in their community;
- Transferring resources from institutions to community-based services, to ensure financial sustainability for these services;
- Changing attitudes and practices of a broad range of stakeholders – politicians, donors, professionals, parents, children and society at large.

Children in Institutions: Questions and Answers

How many children are living in institutions worldwide?

The exact number of institutions and the number of children living in them are unknown. Past studies have documented between two and eight million children in institutional care, but these estimates are consistently acknowledged to be low and outdated.[7] The actual figure is likely to be higher, due to the continued proliferation of unregistered institutions and the lack of reliable data.[8] In Ghana, for example, a 2013 government audit found that the number of residential institutions had increased by 169% between 2005 and 2012. 96% of the institutions were unlicensed and unregulated.[9]

Children are living in institutions in every region of the world, including in high, middle and low-income countries. For example, according to the best available evidence: in Indonesia[10] there are up to 500,000 children; in Russia[11] around 400,000; in Japan[12] 35,000; and in Brazil [13] 50,500. Several reports provide an overview of numbers worldwide.[14]

Children themselves have consistently highlighted their preference to live in a family setting, rather than an institutional one.[15]

Why are children placed in institutions? Isn't it because they are orphans?

Contrary to popular belief, the vast majority of children in institutions are not orphans.[16] Estimates indicate that at least 80% have a living parent.[17] Often it is poverty that forces parents to place their children in institutions where they can access food, shelter, education, health and other basic services. This is particularly common in the case of children with disabilities or specialist medical requirements for which local support is frequently not available.

In Nepal, for example, prior to the recent earthquake, 85% of children in residential care had one or both parents living.[18] Similarly high figures are seen in Bolivia (54%),[19] Turkey (60%),[20] Haiti (80%),[21] Ghana (80%),[22] Afghanistan (45-70%),[23] Cambodia (77%),[24] Indonesia (94%),[25] and Russia (95%).[26]

Discrimination and exclusion on the basis of disability, ethnicity and gender also drive children into institutions.[27]

In many cases institutions are used as a child protection response. Children are often placed into institutional care as a result of abuse or neglect at home; becoming separated from their families during an emergency; abandonment; parents who are ill, deceased, incarcerated or have migrated. This child protection response is also often used simply where a child's parents have separated or divorced because there is a lack of community-based services available to support single parent families.[28]

Why are institutions harmful to children?

Research over the last 80 years from across the world has clearly demonstrated the harm caused by institutionalisation.[29] Studies have shown that children raised in institutions consistently have poorer outcomes compared with their peers raised in a family setting[30] and there is a strong body of evidence highlighting the benefits of growing up in a family or family-based care as compared with an institution.[31]

Living in an institution can produce long-term and sometimes permanent effects on children's cognitive, physical, intellectual, and social-emotional development.[32] Research shows that positive, consistent interaction between a child and parent or other primary caregiver has a significant impact on the early development of the brain. When this is absent, developmental delays, attachment disorder and neural atrophy in the developing brain can occur. [33]

The negative effects are more severe the longer that a child remains in an institution and are most critical in younger children, especially those under three years of age.[34]

Harvard researchers Berens and Nelson provide a comprehensive overview of these effects and the harmful nature of institutionalisation in a recent review published in the Lancet Medical Journal.[35]

The importance of family-based care for child development has been recognised in several international and regional human rights instruments including the UN Convention on the Rights of the Child[36] and the Guidelines for the Alternative Care for Children.[37] These and other instruments recognise that children have the best chance of developing to their full potential in a safe and protective family environment.[38]

What risks do children face in institutions?

In many institutions, the standard of care is poor; for example, prior to the 2015 earthquake, approximately 85% of residential care homes in Nepal did not meet minimum standards.[39]

This is compounded by the chronic lack of regulation and inspection of institutions, many of which are entirely unregulated. In Uganda, more than 95% of 800 residential care facilities are not appropriately licensed by the government and are operating in violation of national child protection laws.[40] Children in institutions are at increased risk of abuse, exploitation and neglect.[41]

What happens when young people leave institutions?

Research demonstrates that the transitional period from institutionalisation to independent living or adulthood is one of the most vulnerable periods of the child's life. Often those ageing out of care are left with no place to go or no one to turn to.[42] Young people are often confronted with a number of challenges and hardships. These include homelessness, criminal activity and incarceration, mental health problems, early sexual activity and teenage pregnancy, low educational attainment, unemployment and drug abuse.[43]

Statistics in Russia showed outcomes for young adults leaving the institutional care system:[44]

- 1 in 5 committed crimes
- 1 in 7 became a prostitute
- 1 in 10 committed suicide

Is institutionalisation increasing or decreasing?

In many countries, institutional care is increasing.[45] The reasons for this are complex and manifold. They stem from a persistent misconception that institutionalisation is a valid means of delivering social, health, educational and other services to children, or at the very least an inadequate but essential response due to a lack of alternatives.

The increase is also linked to the proliferation of unlicensed institutions, some of which operate to serve commercial interests associated with child trafficking and unregulated inter-country adoption.[46] It is also the result of global trends including those associated with conflict, disasters, migration, HIV/AIDS and other conditions[47] and continued funding for institutionalisation by private, faith-based and public donors.[48]

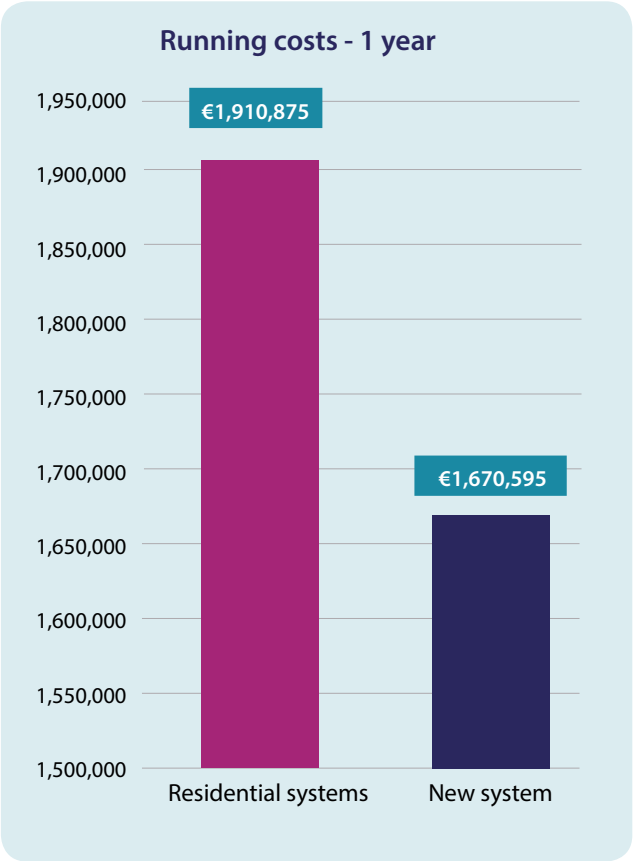
Aren't institutions more cost-effective than alternative forms of care?

No. Several research studies have shown that supporting children in an institution is, on average, six to ten times more expensive than supporting children in their own families or in alternative family-based care.[49] Country-level experience has also consistently shown that investing in vulnerable families, inclusive health and education services and family-based alternative care is a better use of public money than investing in institutions.[50]

There are also several long-term benefits to society of investing in children compared with investments made later in life.[51] Effective support to families and children helps increase the likelihood that children will develop into healthy and productive members of society later on in life. This is vital in order to meet national and international development, humanitarian, and human rights targets. Since many of the children in, or at risk of being in, institutions belong to the most marginalised and vulnerable groups in society, addressing their needs is a priority in order to achieve equity. Investing in institutionalised children, or those at risk of being institutionalised, also reduces the long-term financial burden on state and civil society resources, since fewer children will be dependent on social or economic support in adulthood or engage in crime and other behaviours that have a negative impact on public spending.[52]

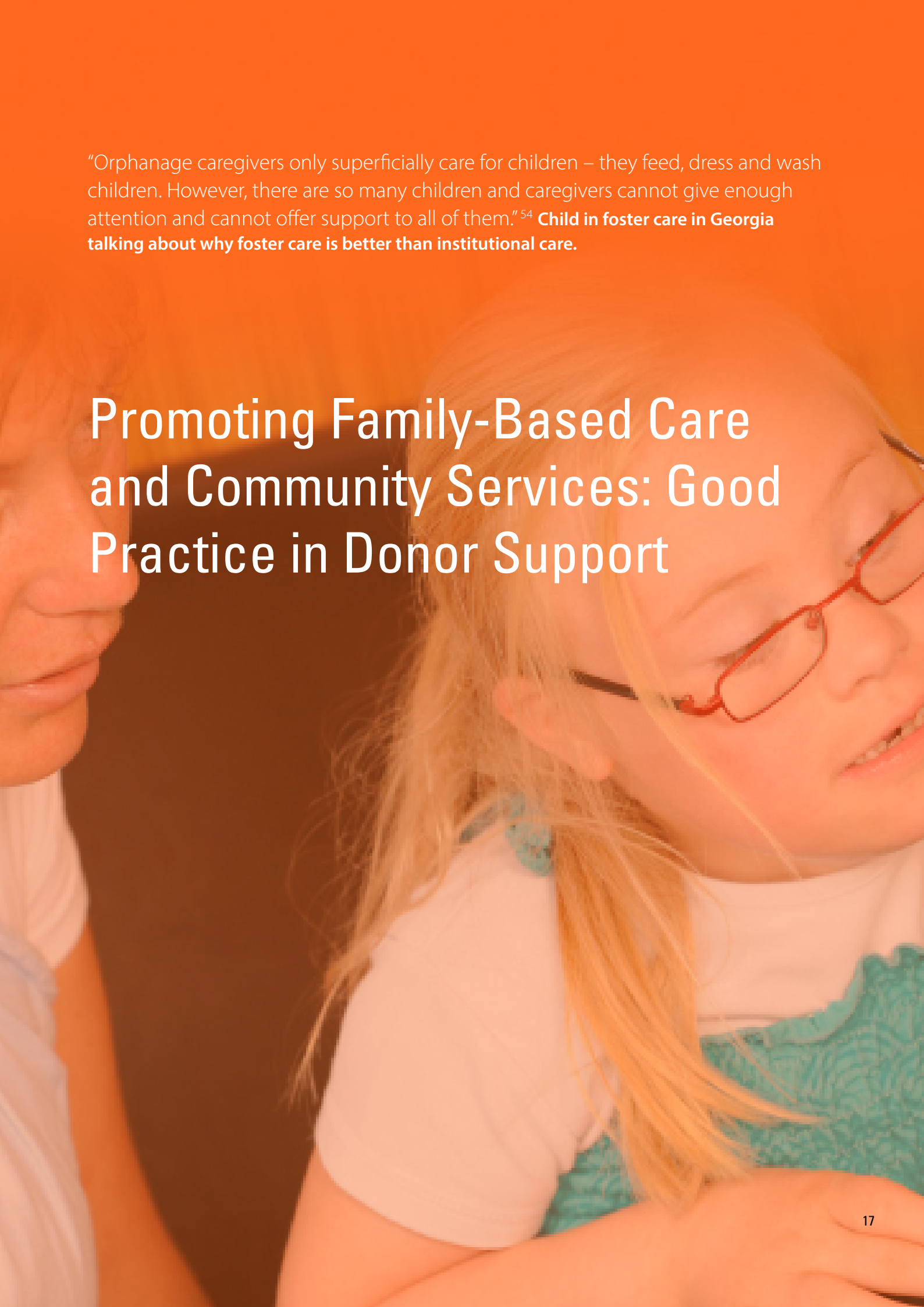
A better use of public money – a Bulgarian example

In one region in Bulgaria the cost for complete deinstitutionalisation is estimated at €2,814,145 for a five year programme. If the regional plan is fully implemented, as agreed, the ongoing running costs for a range of new services would be €1,670,595 per year, compared with the cost of running the current residential system which is €1,910,875 per year, supporting more than 10 times the number of children.[53]



"Orphanage caregivers only superficially care for children – they feed, dress and wash children. However, there are so many children and caregivers cannot give enough attention and cannot offer support to all of them."[54] **Child in foster care in Georgia talking about why foster care is better than institutional care.**

Promoting Family-Based Care and Community Services: Good Practice in Donor Support



a. Characteristics of good donor practice

Successful deinstitutionalisation in a number of regions suggests that donor activity is most effective when:

- donors promote basic, inclusive services for children and families to prevent unnecessary family separation and to ensure that every child grows up living in an appropriate, family-based environment;
- donors review funding procedures and programmes to ensure good practice;
- the process of deinstitutionalisation forms part of a larger 'systems strengthening' reform process and takes time; and
- children are moved according to careful individual assessment, planning and preparation. In some cases, moving children without preparation has resulted in severe trauma and even death. In others, unprepared placements have resulted in family breakdown and re-institutionalisation.[55]

Long-term investment, sustained political support and the coordination of investments and programmes across donors and agencies are vital.

b. Examples of good donor practice

(i) European Union promoting deinstitutionalisation and care reform within Europe

On 20 November 2013, the European Parliament confirmed new regulations governing EU Structural and Investment Funds - a funding stream that channels many billions of Euros across Europe. These regulations ensure that EU funds support the reform of care systems in European Member States and are not used to maintain outdated and harmful institutional models of care.[56]

Specifically, the regulations oblige countries to use Structural and Investment Funds to:

- dismantle institutions and replace them with community-based services;
- adhere to the UN Convention on the Rights of Persons with Disabilities (UN CRPD); and
- prevent funds from being used to renovate or build new institutions.[57]

One example of how the new regulations have been put into action is the Partnership Agreement of the Republic of Bulgaria.[58] This sets out a number of commitments to deinstitutionalisation and the development of community-based services, including:

- ensuring that schools are accessible for all children, including infrastructure investment in buildings and the creation of a supportive environment for children with special educational needs;
- ensuring "integrated measures for investing in early childhood development", including access to childcare, nurseries and parental support and training;
- eliminating institutional care and developing integrated, cross-sector support services for social inclusion for children, families, the elderly, people with disabilities and other vulnerable groups;
- improving the quality of pre-school education and introducing models to evaluate educational needs and difficulties; and
- providing accessible, quality services for complete social inclusion and realisation of rights, including for children with special needs.

The EU has also used the pre-accession process as a way of promoting deinstitutionalisation. For example, in July 2014, deinstitutionalisation was made a key national priority in Bosnia and Herzegovina and an action plan for €1.5 million of EU funding was committed over the following three years to this end.[59]

(ii) US Government prioritising family care first

The US Government has been a pioneer in its commitment to family strengthening within its global policies and strategies:

- The US Government Action Plan on Children in Adversity (APCA) aims to achieve a world in which all children grow up within protective family care and free from deprivation, exploitation, and danger. Crucially, it is an international, whole-of-government plan that applies to US Government interagency partners.[60] The Action Plan sets an important precedent for other donors and governments worldwide; the priority now is for the US Government to ensure that it is implemented to the fullest extent across all government agencies.
- PEPFAR's Guidance for Orphans and Vulnerable Children Programming prioritises preventing and responding to child abuse and family separation by strengthening child protection systems.[61]
- The Global Alliance for Children is a response to the APCA. Founded by a group of foundations, bilateral and multilateral donors, NGOs and private sector partners,[62] it seeks to support the achievement of the three core objectives of APCA in six countries over the course of five years.

c. Country case studies

i) Romania

Twenty-five years after Romania's shocking orphanages were exposed, the country has been heralded as a model in child welfare reform,[63] an "aspiration of what is possible when multiple stakeholders from all levels of policy engagement come together."[64]

Change in Romania was due to political will, coordinated donor support and commitment. Child welfare reforms were high on the EU-Romania agenda and were turned into conditionality for EU accession.[65] The EU's unified position on child protection, targeted investments towards family support and alternative care services, and highly coordinated messaging from the European Parliament and EC were all instrumental.[66]

It is important to note that this period also coincided with investments in child welfare from the EC, the European Development Bank, UNICEF, the World Bank, the International Labour Organization, other bilateral donors (USAID,[67] DFID, CIDA) and foreign international organisations and foundations.[68]

"My sister and I lived for a couple of years in that institution, where we saw sadness and suffering in each child's eyes. We were not happy about living there either. We got lucky when some extraordinary people helped our grandmother to take us back home into the family. They had great confidence in my grandmother and gave us hope. A year has passed since we came home to our grandmother and started going to the mainstream school, which we like a lot...."[69] **Raluca and her sister Angela were reunited with family in Moldova**

ii) Moldova

Between 2007 and 2013 the number of children in Moldovan institutions dropped by 70% (from 11,500 to 3,909), the under-five mortality rate dropped from 14.0 to 12.1 per 1,000 live births[70] and funding was issued for inclusive education in over 40% of schools.[71]

Key drivers for this change were:

- Concurrent deinstitutionalisation and the development of inclusive education. Many of the children in institutions in Moldova had disabilities, meaning that complete deinstitutionalisation would have been impossible without inclusive education in mainstream schools to meet their needs;
- Ring-fencing savings from the closure of institutions and transferring the money to community-based services, such as foster care and inclusive education;
- The Moldovan Government's commitment to child welfare reform, as well as the efforts of local authorities and NGOs on the ground. A combination of programmes with funding from USAID/DCOF, the EU, the World Bank[72] and foundations such as Lumos, Open Society Institute/Soros Foundation, the OAK Foundation, Medicor Foundation and the World Childhood Foundation, delivered significant results.

iii) USAID Supporting Care Reform in Rwanda and Liberia

Rwanda

The impact of the 1994 genocide, illness, unemployment and extreme poverty in Rwanda led to large swathes of society requiring social protection. In 2012, the Government of Rwanda approved the National Strategy for Child Care Reform with the aim of transforming child care into a 'family-based, family-strengthening system'. A survey of child institutions found 3,323 children and young adults living in 33 institutions. The first phase of the strategy included plans to close down all these institutions by 2014 and place residents in alternative care.[73]

Although this ambitious target was not reached, the strategy is progressing and a number of institutions have now closed.[74]

This success is primarily due to:

a) Government support for care reform;

b) USAID support for such programmes;[75]

c) Close collaboration between UNICEF, NGOs and donors.

In addition, the Umurenge Programme (VUP) cash transfer scheme aimed to reduce extreme poverty levels by providing cash to the most vulnerable. Over a five-year period (2008/2009 to 2012/2013), the UK Government's DFID provided £29.03 million in financial aid and technical cooperation.[76] A report on the programme by Family for Every Child recently found that, overall, VUP played a positive role in improving child wellbeing and quality of care. As a

result of families' participation in the programme, children were able to return home to improved conditions.[77] The report also identified a number of areas for improvement.[78]

Liberia

The Government of Liberia has shown considerable commitment to deinstitutionalisation and is an example of promising practice within Sub-Saharan Africa.

The Government of Liberia launched the Deinstitutionalisation of Children and Promotion of Alternative Care Project in September 2009. This provided a national framework to: reform care services; prevent children being separated from their families and promote deinstitutionalisation; improve legal and regulatory frameworks; and promote child protection and children's rights more broadly across the country.[79]

The number of residential care facilities has reduced from 121 in 1991 to 83 in 2013. Funds for family and community-strengthening programmes, family reintegration, deinstitutionalisation, and capacity building were provided by USAID and DCOF, the latter working with national policy reform initiatives via UNICEF and Ministry of Health and Social Welfare (MoHSW).[80]

d. Further examples of global good practices: UN Guidelines

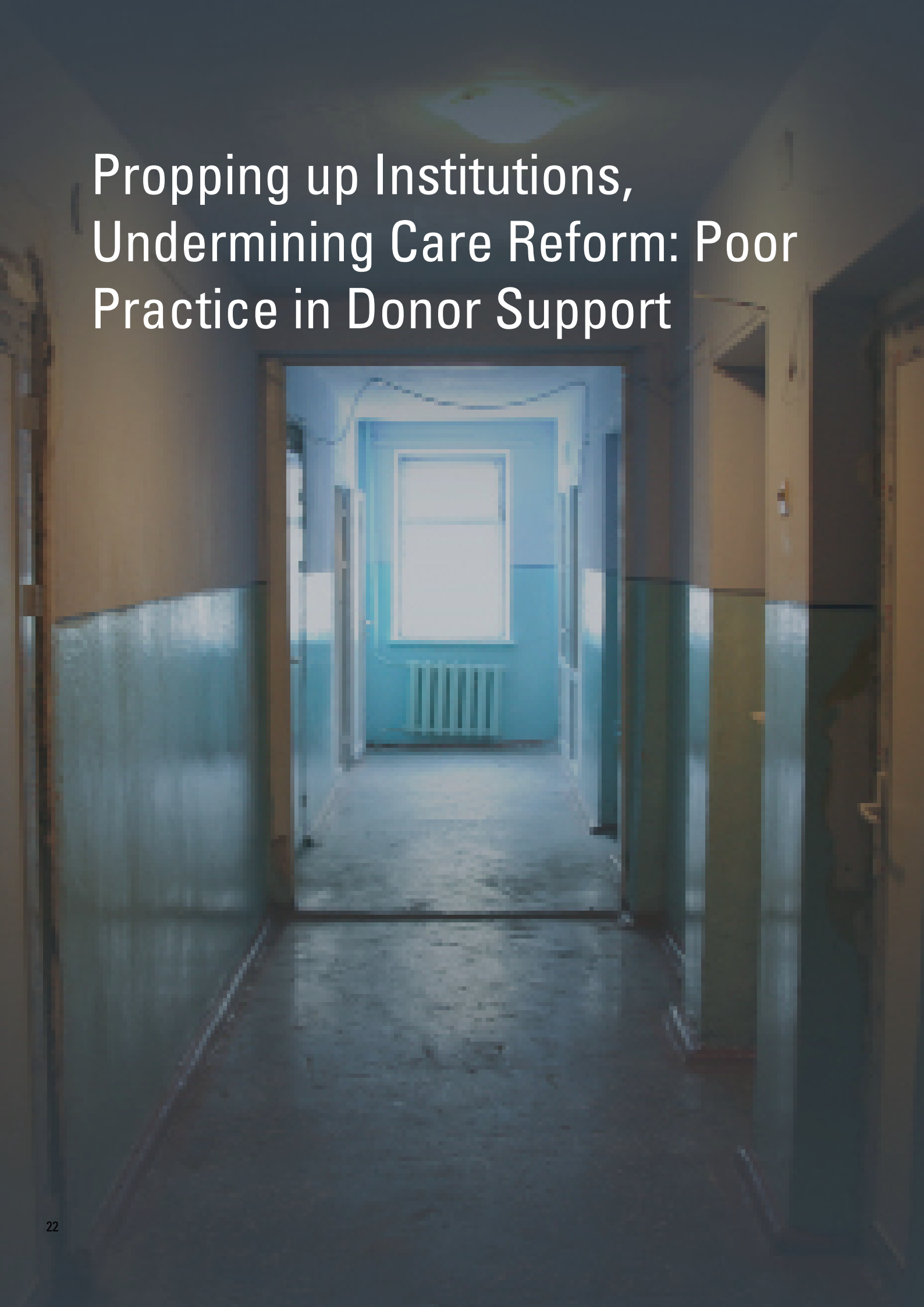
The UN Guidelines for the Alternative Care of Children outline how decision makers should approach preventing family and child separation and providing alternative care where necessary.

The report *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'* aims to connect the guidelines with policy and practice and offers numerous examples of "Promising Practice" in caring for vulnerable children. Not all of these examples are projects with support from bilateral and multilateral donors. However, they include some excellent examples of global good practice and how deinstitutionalisation, community services, prevention and alternative care can work on the ground in a range of contexts.[81]

Good practice checklist for donors

1. **Rather than supporting institutions, allocate funding for deinstitutionalisation programmes and strengthening community support to ensure families remain together.**
2. **Promote basic, inclusive services for vulnerable children and families and other initiatives that prevent unnecessary family separation, including strengthening services such as universal health and education and making them more accessible.**
3. **Place particular importance on ensuring that children and adults with disabilities are prioritised in planning and implementation of reform agendas.**
4. **Scrutinise and review funding and investment processes at all times to ensure that money is not being used to support institutionalisation or to violate children's human rights. This includes support during and after emergencies and humanitarian crises.**
5. **Contribute to the transition from institutional to community-based service delivery and carefully move the children living in institutions to an appropriate, family-based environment.**
6. **Invest in strengthening the wider national child and family social protection system, which should be clarified, streamlined and understood across all donor departments and agencies.**
7. **Work together with other donors to align and coordinate support through a common vision of deinstitutionalisation and family strengthening.**
8. **Ensure long-term investment, including sustained political and financial support – both from government and from donors.**
9. **Occasionally it will be necessary to fund temporary maintenance of a building and essential services while children are prepared to move, but this should only be done as part of a wider deinstitutionalisation strategy.**

Propping up Institutions, Undermining Care Reform: Poor Practice in Donor Support



a. Why are donors funding institutions?

There are many reasons why donors continue to support institutions. The examples in this section show that even some donors that promote family strengthening in principle also contribute, at times inadvertently, to institutionalisation.

The impact of donor activity in support of institutions should not be underestimated. In some countries, funding increases the use of institutions.[82] In Malawi, for example, 70% of orphanages received funding from abroad in 2009.[83]

The most common reasons for continuing to support institutions are:

The belief that institutionalisation is a necessary, if imperfect, response for vulnerable children

Evidence demonstrates that institutions are harmful to children's health and long-term outcomes. Living in an institution produces long-term and sometimes permanent effects on young children's cognitive, physical, intellectual, and social-emotional development.[84]

Widespread misconceptions and misunderstandings about 'orphanhood'

Of the estimated eight million children in institutions worldwide, more than 80% are not orphans. Most have families who want them, but they are driven into institutions because of poverty and discrimination on the grounds of disability or ethnicity.[85] For example, while 77% of children in residential care in Cambodia had at least one living parent in 2009, almost half of donors believed that the primary reason that children were in institutions was because they had no parents.[86]

Lack of equity for children with disabilities and those from ethnic minority communities

Despite the progress that has been made, children with disabilities and those from ethnic minority communities continue to be left behind and are considerably over-represented in institutional care. Many care systems continue to provide limited support to care for children with disabilities in families. This results in large numbers of children with disabilities around the world continuing to be placed in harmful forms of institutional care, depriving them of the individualised and rehabilitative care needed for them to grow and develop.[87]

Renovating existing institutional care facilities or building new ones

While many donors have moved away from directly funding institutions, some still provide explicit support for renovating institutional care facilities and even build new ones. Improving buildings can lead to continued institutionalisation of children, undermining the perceived need to close them and shift to a more family and community-based approach. This is particularly the case for children with disabilities.

Support for services within institutions and broader development investments

Sometimes donors provide support services to children living in institutions. Although this may benefit children already living there, it can also have severely negative consequences. Running services inside institutions can encourage parents to place their child in an institution in order to access these services, as well as providing incentives for the institution to continue to exist and grow. Such interventions should be planned and implemented as part of a longer-term deinstitutionalisation strategy.

Emergency responses that reinforce institutionalisation

During emergencies, donors and the general public are understandably concerned about children, and money is often spent on what is perceived as the simplest service to take care of these children – institutional care. However, this often means the children remain in institutions long after the crisis and insufficient effort is made to reunite them with their family, resulting in long-term damage to these children and to society.[88]

Institutions appear to be the simplest, most trusted and most visible way of administering funds or delivering a service

Transforming services so that they are community-based and inclusive and developing alternative care systems can sometimes seem too long-term and complex.[89] Continuing to fund an institution is often a more attractive proposition to donors and governments wishing to show 'results' in a limited timeframe – but this keeps children apart from families and limits their life chances.

Longstanding relationships and cultural support

Many institutions around the world have entrenched relationships with international donors, who continue to be committed even if institutionalisation has been eradicated in their own countries. Sometimes this arises out of respect for country-led planning. There is arguably also a reluctance amongst donors to divert resources away from an approach that they have endorsed and promoted for so long, for fear of undermining their credibility.

Multiple stakeholders

Continued support for institutions is also the result of the sheer range of different donors, most of which operate entirely independently of each other. These include bilateral and multilateral donors, private individuals, local and international NGOs, faith-based organisations,[90] private businesses, and tourists who donate to orphanages they have visited.[91]

"The widespread misconceptions about 'orphanages' are in large part due to the failure of humanitarian and development agencies to communicate a more positive message about family-based care alternatives. For example, a brightly-painted orphanage filled with children can often leave a more positive impression with a Western donor than the image of a child in a local foster family living in humble surroundings in Sub-Saharan Africa." [92] **Save the Children**

Some of these reasons are illustrated in more depth by the case studies in section c.

b. The problem of parallel funding: supporting deinstitutionalisation and institutionalisation at the same time

Although sufficient standards must be maintained in institutions until all children can be safely moved back to their families or family-based alternatives, too much funding spent on improvements to buildings is likely to hinder or even prevent the deinstitutionalisation process.

"While investing money in improving conditions at these institutions has improved the quality of life for residents, it is a lost opportunity to invest in supportive and independent living programs that could provide even greater benefits."[93] **Human Rights Watch**

The vast majority of funding should go to the creation of a national alternative care system, whereby children are returned from institutions to family and community-based care and to ensure that all children have access to, and are supported by, a strengthened child protection system.

EU Parallel Funding in Bulgaria and the Czech Republic

The EU has played an instrumental role in deinstitutionalisation efforts, as noted. However, large sums of European funds have in the past been used to renovate existing institutions and build new ones.

In 2007, €140,000 of European aid funding earmarked for deinstitutionalisation in Bulgaria was instead spent on renovating an institution for adults and children with disabilities. In spite of the renovations, high levels of mortality resulting from malnutrition were reported by the UN Committee against Torture in an investigation that was carried out just three years after the improvements to the institution.[94]

In the Czech Republic, more than €5.6 million of EU Funding was spent in one county between 2008 and 2012 on renovating baby institutions, children's homes and institutions for children and adults with disabilities. In spite of this expenditure, the Czech Ombudsman highlighted bad practice and serious concerns regarding abuse and neglect in these institutions.[95]

In both of these examples the intentions were good but such institutions failed to provide environments in which children's needs could be fully met.

World Bank parallel funding in Croatia

The World Bank has been a key donor in strengthening social welfare systems in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) and has led to improvements in the lives of children across the region. However, Human Rights Watch has reported continued donor investment in Croatian institutions by the World Bank. This has taken place alongside deinstitutionalisation, underlining a fragmented and conflicting funding structure in respect of funding institutions and community-based programmes.[96] For example, the Croatian Ministry of Health and Social Welfare (MoHSW) received €20 million in World Bank assistance,[97] matched by €10 million of the government's own funds, for improving the social welfare system infrastructure. This partly involved refurbishing 44 institutional care facilities. In parallel to the infrastructure investment, the World Bank partnered with the MoHSW to create community-based programmes such as inclusive education, supportive independent living, daycare centres and family strengthening. However, these programmes only received €4 million in funding, with no matching funds from the government.[98]

In addition to the lack of investment for community-based programmes, the concern here is that a major donor agreed to fund significant renovation of institutions without clear deinstitutionalisation plans in place. Evidence from similar programmes presented above demonstrates that such investments are likely to prolong the use of institutions and make them more difficult to close.

c. Country case studies

Lack of equity for children with disabilities and those from ethnic minority communities: Romania's continued institutionalisation of children

Despite Romania's progress in moving children out of institutions and placing them with families, children with disabilities have, with few exceptions, been left out of reform efforts.

Since Romania joined the EU in 2007, it has received millions of Euros in EU aid to help people with disabilities to live independently in their communities. However, an in-depth study found that approximately €30 million had been spent on renovating over 50 state institutions for people with disabilities, instead of supporting them to live independent lives.[99] According to a news report by Al-Jazeera, some of the EU funds may also have been invested in institutions where there are allegations of abuse.[100] A week before the Al Jazeera programme was due to air, an EU official announced on Romanian TV that "in the future, EU funds would be put into helping disabled people [children and adults] live independently, rather than renovating Romanian state institutions."[101]

The investigative news team also discovered that Romania was not the only Member State to have used EU funding to renovate state institutions for the disabled: approximately €150 million in EU funding has been used to this end in Romania, Latvia, Bulgaria, Hungary, Lithuania, and Slovakia.[102] This is against the EU's Disability Strategy 2010-2020, which prioritises the right of people with disabilities to live independently.[103]

"Roma families can be disadvantaged due to prejudice and school segregation. The current situation is unacceptable. Children with disabilities are very often concentrated in institutions. Deinstitutionalisation has to be reinforced: we have to make sure that EU financial instruments which serve these purposes are implemented with quality and with concrete monitoring of the changes."[104] **European Union Commissioner Andor, calling for strengthening of the deinstitutionalisation process in October 2014**

Emergency responses that reinforce institutionalisation

Post tsunami investments in children's homes in Indonesia

Following the 2004 tsunami, donations from bilateral and multilateral donors played a significant role in the proliferation of institutions.

A report by Save the Children stated that "substantial new funding has been injected into institutional care responses in Aceh as a result of the tsunami both from the Government and from non-governmental organisations, local and international."[105]

A rapid assessment of children's homes in Aceh found that 97.5% of the children placed in residential care in the aftermath of the 2004 tsunami had been placed by their families so they could receive an education. If funding had been directed towards helping families and communities - by providing education in the community - rather than institutions, the majority of these children could have remained with their families.[106]

Ukraine conflict and investments in institutional care

Disability Rights International (DRI) has documented the use of US, Dutch and Czech funds to construct or rebuild institutions in Ukraine despite regulations on the use of EU aid.[107] DRI has called on international donors, such as the US Government and the EU, to adopt appropriate safeguards to ensure that new foreign assistance packages and aid policies support children to remain with their families and address the abuses prevalent in existing institutions. Regulations should clearly stipulate that no new institutions are built or refurbished and that international funding is effectively monitored.[108]

Ebola epidemic

While there is very little documentation on how donor funding has been used to support victims of the Ebola epidemic in West Africa, preliminary findings point to possible funding for different forms of institutional care.[109]

One of the main emergency responses has been building interim care centres to house children temporarily who have been exposed to Ebola and must be isolated during a 21-day quarantine period. In Liberia, implementing agencies are building them in line with the respective government's protocols on alternative care and funding for these centres is coming from bilateral and multilateral donors such as SIDA, the German Government and the Norwegian Government.[110] While these interim centres are probably necessary as a temporary humanitarian response, there is the risk that they will become long-term solutions.

These interim centres receive the bulk of resources, meaning that families with no support are likely to

place their children there in order to protect them and to enable access to the services. Donors must therefore play an active role in ensuring that funds are also allocated for family-based support, and liaise with the Better Care Network and the Child Protection Working Group that are promoting best practices in terms of vulnerable children.

Support for Renovating or Building Institutional Care Facilities

US Department of Defense funding institutions for persons with disabilities in the republic of Georgia

Over the last decade, ambitious reforms and donor funding in Georgia have resulted in the closure of 32 state-run institutions for children and replaced them with community and family-based services. However, a 2013 investigative report by Disability Rights International (DRI) concluded that institutionalised children with disabilities had been largely excluded from this.[111] For most of these children, the only option was to remain in some form of institutional care, with continued exposure to life-threatening abuse, neglect and segregation.[112] DRI found that the US Government, specifically the Department of Defense (DOD), funded the construction of two new segregated institutions for adults with disabilities, opened in 2009 and 2011:[113]

- In 2009, the US Government made renovations to the Martkopi Residence worth $600,000. The US DOD European Command donated $500,000 to the project, and USAID provided an additional $100,000 for furniture and appliances. The project was initiated by a US Marine Corps lieutenant on the recommendation of a US Embassy employee.
- The Temi Institution for Adults with Disabilities was constructed through a contract with the US Army Corps of Engineers. It was an extension to the special needs complex called Temi, which serves as both a home and a school for orphans, children, and adults with special needs, as well as local elderly residents in poor health. The European Command contributed $300,000.

In addition, DRI reported that USAID financed physical improvements at the Tbilisi Infant's House, while the US Department of State provided funds for the same purpose to the Senaki institution for children with disabilities.[114]

In response to the DRI report, the US Senate Committee on Appropriations condemned the use of US Government funds, which "resulted in the improper segregation of children and adults with disabilities during a period in which the Government of Georgia adopted a policy of deinstitutionalisation of children."[115] In 2014, USAID funded DRI for a two-year program in Georgia to ensure that children with disabilities have access to family-based care.[116]

However, in Europe and other regions, DOD continues to fund reconstruction projects that can support orphanages and segregated centers for persons with disabilities. DOD humanitarian assistance and troop training programs have the aim of providing local communities with a well-intentioned service, though without the understanding that these projects potentially support abusive institutionalisation.

Government of Japan renovating orphanage in Timor-Leste

The Government of Japan has supported the refurbishment and renovation of institutional care facilities as part of its objective to support construction and renovation.[117] In 2012, for example, the Government of Japan provided $67,664 for the renovation of an orphanage dormitory in Baucau District in Timor-Leste under the Grant Assistance for Grassroots Human Security Projects. Since 1988, the Salesian Sisters have managed the orphanage dormitory for 120 female students who lost their parents during the crisis under the Indonesian occupation.[118]

The Swedish International Development Agency's (SIDA) support for institutions in Belarus

From 2005-2008, SIDA funded the project 'Improving Care and Institutional Conditions for Orphans and Children Deprived of Parental Rights in Belarus.'[119]

It is not clear why a country like Sweden, which has led the way internationally in deinstitutionalisation, would use its foreign assistance money to 'improve' institutions rather than fully supporting the transformation of systems. At the time this project was being carried out, the Belarusian Government was piloting a deinstitutionalisation programme.[120] Better communication between donors could perhaps have resulted in the SIDA-funded programme supporting other deinstitutionalisation efforts.

d. Avoiding donor 'traps' that keep children separated from families

Though well-intentioned, donor support can lead to continued institutionalisation of children and further entrenchment of the institutional care culture, in particular for children with disabilities.

By improving material conditions, projects may seem beneficial in the short term, but often inadvertently damage children's chances of returning to family-based care, where their social, emotional and developmental needs can be met. Donors' direct investment in institutions, often via renovation or building, makes the need to close them less obvious and delays the shift to a more family and community-based approach.

In general, the more resources invested in institutions, the more children will be admitted and the longer they will stay. The parallel funding examples show that even short-term funding enables institutions to maintain a foothold in the community.[121]

Most importantly, these projects are a missed opportunity to invest time and money in promoting community services, which would enable more children to be supported in families.

Investments should be focused on deinstitutionalisation and improving access to community-based health, education and other social services to ensure families remain together. For broader development investments, links should be established with social services and child protection services in order to maximise the positive impact on child wellbeing and reduce instances of family separation.

Conclusions and Recommendations: What Needs to Change

Conclusions: good intentions, poor outcomes

The harm that institutionalisation causes children and society is now widely recognised and supported by over 80 years of evidence. Institutions have also been proven to be a poor economic investment.

The US and many EU Member States, including the UK and Sweden, moved away from institutionalisation decades ago. This was because of available evidence that institutions harmed children's health and development, resulted in adverse outcomes and were expensive to run. Nevertheless, such evidence has not consistently informed the policies and practices of these countries' international humanitarian and development assistance.

Major donors have played a key role over the past two decades in transforming systems of health, education and social services, making it possible to reduce reliance on residential institutions. Programmes such as those mentioned above (see p17-24) have pioneered change and provided crucial evidence that deinstitutionalisation can work in a variety of settings, including low-income countries and politically unstable environments.

However, it is clear that even when intentions are good, outcomes can be poor. Despite a positive shift in donor funding towards deinstitutionalisation, money can end up propping up harmful institutions and delaying (or blocking) progress towards community-based care reform. This can take place inadvertently if donors do not sufficiently analyse and review funding procedures.

Efforts can also be inconsistent. Funding and investment programmes do not always reflect international conventions and other instruments that are designed to encourage the development of family and community-based services and put an end to institutionalisation.

Parallel funding occurs when a single donor agency simultaneously funds programmes that are aimed at ending institutionalisation as well as those that reinforce institutionalisation, or when one donor pioneers the development of community services whilst another is renovating institutions.

Parallel funding:

- Prolongs the period of time that children must spend away from families and in institutions;
- Represents an inefficient use of precious financial resources;
- Gives mixed messages to governments and communities in receipt of funds about appropriate forms of development;
- Makes it unlikely that governments will be able to develop a coherent approach to reforming systems of care and protection for vulnerable children.

Children with disabilities are often left out of planning under investment programmes. They are more likely to remain in institutions longer, in spite of the fact that they are also likely to suffer greater harm as a result of institutionalisation.

Donor support for 'orphanages' and other types of institutional care diverts much needed resources away from family-based alternatives and perpetuates the use of institutions. The lack of investment in social protection and other support to prevent unnecessary family separation is a key factor driving children out of parental care.

Renovation of buildings, staff training and capacity building are often the focus of donors' continued investment in institutions. Yet improvements are unlikely to be sustainable in the long-term. Institutions are costly to run and – once donor financing ends – governments are left with the responsibility of funding the staffing and maintenance of the institutions. Renovation of buildings does not automatically result in significantly improved outcomes for children. **As a number of the case studies in this report show, donor investment may even increase the number of children in institutions**.

During emergencies and humanitarian crises, it is critical to ensure that donor funds are directed towards interventions that work to ensure families remain together. These include:

- Avoiding support for the creation of new institutional care facilities that provide care on a long-term basis, unlawful inter-country adoption or evacuation of children overseas;
- Targeting support towards programmes to trace and reunify families, supporting children in family-based care and delivering services to strengthen communities;
- Supporting initiatives to build child protection systems on a long-term basis, including deinstitutionalisation.[122]

Efforts to do this in the aftermath of some emergencies have led to significant legislative and programmatic transformations in assistance to children.[123] In addition, foreign assistance packages during emergencies should adequately fund the child protection sector, which is often under-funded compared with other humanitarian sectors.[124] It is critical that these efforts take specific account of the needs of children with disabilities and from ethnic minority communities, who are often left out and living out of the public view in institutions.[125] The case studies from Indonesia, Ukraine and West Africa illustrate the impact of humanitarian assistance on the lives of children and families.

Challenging misconceptions and ensuring evidence-based practice

It is clear that more work is needed to dispel misconceptions around institutional care. A number of those commonly expressed are:

Misconception: Institutions are necessary for certain groups of children, such as those with disabilities.

Fact: Many European countries, the US and Canada have demonstrated that children with disabilities can be supported to live in families or a family-like environment.

Misconception: Institutions provide an economy of scale.

Fact: Data from a range of countries, including low-income countries, consistently demonstrate that family-based care is considerably less costly than an institutional placement for most children.

Misconception: Improving 'bad' institutions will solve the problem.

Fact: Examples in this report show improving institution infrastructure does not lead automatically to better care and better outcomes for children.

There is a need to educate donors and their recipient partners about the harm caused by institutionalisation and the cost-benefit of supporting children in their own families and communities. In addition, donor funding for institutions should be more transparent and accountable. Children and families affected by institutionalisation should be consulted on planned reform. Above all, leadership and political will on the part of donors and governments are essential for driving change.

Shifting funding models to transform practice

Systems of care often require an outside impetus to drive reform. Institutional systems are notoriously difficult to change for a number of reasons:

- Institution budgets are often funded 'per child'. As a result institutions often have a financial incentive to actively seek the admission of children, in order to ensure a continuation of the budget and of staffing levels.
- Once an institution is established, it finds a way to survive. Often, directors and personnel are concerned about their jobs and are resistant to change. Where institutions are situated in small, rural communities, they are often a significant employer of local residents. Resistance to change in such situations may come from a wider group, including local politicians.

- In countries that have relied heavily on institutions for long periods – or that have not yet developed appropriate systems of community-based health, education and social services – decision-makers may find it difficult to envision a system without residential institutions. This, coupled with limited managerial capacity, can make the process of reform appear to be too great a challenge.

Despite the challenges, recent progress in shifting major donor funding away from institutions and towards the development of community-based services provide excellent examples for other donors to follow. Specifically:

- The European Commission's Structural Funds Regulations effectively prohibit expenditure of EU funds by Member States on the renovation and building of institutions. The regulations also encourage governments to prioritise the transition from institutional to community-based services. As a result, many countries in Europe that have historically invested significant sums in institutionalisation are now developing national deinstitutionalisation strategies.
- The US Government's Action Plan on Children in Adversity attempts to bring coherence to all aspects of its international aid provided for children. The focused objectives are based on the best available evidence and provide a solid framework that should make aid investment considerably more efficient.
- The Global Alliance for Children brings together a range of public and private donors and NGOs to undertake the joint planning and implementation of international aid programmes for children. If successful, this will demonstrate how global aid programmes can be effective in supporting governments to transform systems of care.

It is essential to maximise the momentum these commitments have created. With the right investments, and working together, we can end the institutionalisation of children globally by 2050.

Recommendations

These recommendations were developed in consultation with donors, NGOs and experts in the field. They focus on the key role donors can play and are divided into two sections:

1. **Recommendations for all donors;**
2. **Recommendations for specific donors, related to practices identified during this research.**

Recommendations for all bilateral and multilateral donors

- Support the development of agreed joint principles and recommended practices in relation to funding services for vulnerable children and families. These should take into account the best evidence related to practices and systems that result in the strongest outcomes for children and the most efficient use of funds. NGOs, community-based organisations (CBOs) and particularly children and families who have experienced institutionalisation should be encouraged to take a lead role in this effort.
- Work together in a number of demonstration sites on the joint planning and implementation of programmes that seek to replace institutions with community-based services. If a group of bilateral and multilateral donors cooperate in this way, it is likely that outcomes will be better and funding will be used more efficiently.
- Develop internal policies and regulations that effectively prohibit the use of funds to renovate and build institutions, instead prioritising the transition from institutional to community-based services.
- Develop guidance for emergency situations. Where an institution is established in response to an emergency, or where the emergency is in the institution itself (such as severe abuse or high mortality rates), urgent investments to improve care and save lives should form part of a medium-term plan for deinstitutionalisation.
- Ensure that all development and humanitarian investments, together with research and data development, include children in (or at risk of being in) an institution. Prioritise inclusion and deinstitutionalisation in strategies, funding criteria and plans across all sectors. Scrutinise proposals and review existing agreements to ensure that funds are not contributing to the institutionalisation of children.
- Work jointly to raise awareness with governments on the harm caused by institutionalisation and the alternatives that exist. Include this as a priority for health, education and social service professionals, as well as for politicians. In countries where governments favour spending money on improving the institutional system rather than replacing it, engender an understanding that such efforts represent a violation of children's rights and a contravention of international conventions, as well as an inefficient investment of funds.
- Undertake further research into the use of donor funds on institutionalisation and on the development of community-based services. In particular, estimate the sums expended on both and use the information as an advocacy tool for shifting funding from institutions to community-based investments.
- Undertake cost-benefit research into the different forms of care – institutional and family-based – in different cultural and economic settings.

- Build internal awareness on the importance of supporting children in their own families and communities. Conduct internal advocacy and training with policy makers and administrators across all departments. Ensure that all internal departments share common policies and approaches that prioritise deinstitutionalisation and the strengthening of families.
- Prioritise investment in national welfare reform. Support communications campaigns and advocacy so that international, national and local strategies prioritise the shift from institutions to community-based services. Support health, education, social protection and other services to be inclusive and accessible to all at the community level. Develop quality alternative care options such as fostering, supported kinship care or adoption. Build an effective social workforce with the resources, laws, policies and procedures necessary to manage an effective care and child protection system.
- Increase transparency and accountability around deinstitutionalisation and inclusion. Measure the impact of all donor investments in terms of the number of children with disabilities and from excluded groups who have access to quality services in a family setting. Regularly publish accessible data on the volume and impact of investments towards deinstitutionalisation. Build the capacity of NGOs, community-based organisations and others in civil society to scrutinise and report on deinstitutionalisation. Support children affected by institutionalisation, including children with disabilities, to shape decisions affecting them.

Recommendations for the World Bank

- Adopt a policy that prohibits expenditure on the renovation of residential institutions. Issue guidance to those responsible for World Bank funding that relates to the development of health, education and social services, building on the Bank's own examples of good practice in promoting community-based responses to the needs of vulnerable children.

Recommendations for the European Commission

- Guidance and training for Member States on the new Structural and Investment Funds Regulations in relation to deinstitutionalisation are productive. However, more training and support is likely to be required to ensure that all Member States comply fully and prioritise the transition from institutions to community-based services. This is particularly the case for countries where considerable sums have been spent on renovating and building institutions, which will require particular support and monitoring to ensure they use the Structural Funds to reverse this process.
- Close monitoring will be required to ensure that countries implement the regulations effectively, in line with established good practice. The purpose of the new regulations is to end institutionalisation: monitoring processes should ensure funds are not used to create or maintain institutions that have changed their name but maintain their function.
- The Commission should identify ways in which the spirit of the Structural Funds regulations can be applied to all EC funds, including humanitarian and development funding. Guidance should be issued to all officials responsible for EC funds that could inadvertently be used for institutions or for the development of community-based services for children and families.
- Where EC funding provides direct support to a government's budget, and where that country relies heavily on institutionalisation or is at risk of establishing institutions, specific conditions should be attached to this funding. In particular, the conditions should emphasise the need to map out existing institutions and to develop and implement plans for community-based services.

Recommendations for the US Government

- Ensure that the objectives of the US Government Action Plan on Children in Adversity are fully integrated in all its diplomatic, development, and humanitarian efforts.
- The Action Plan's second objective, Put Family Care First, states that US Government assistance will support and enable families to care for their children; prevent unnecessary family-child separation; and promote appropriate, protective family care. The US Government must develop mechanisms to ensure that each US Government agency, department, and office responsible for diplomatic, development, or humanitarian efforts[126] has policies in place to fully and consistently implement the Action Plan's second objective, including robust monitoring, evaluation, and reporting of programme scope, impact, and funding levels.
- Recognising the negative effects of institutionalisation on children, the US Government Action Plan on Children in Adversity states that a specific outcome is to reduce the percentage of children living in institutions. To do so, the US Government should ensure that no US taxpayer dollars are used to support the institutionalisation of children. Instead, US Government programmes should contribute to the development of baseline data to determine the number of children living in institutions and promote and track efforts to reduce the numbers.
- The US Government, in its international aid, should prioritise the integration of children and adults with disabilities into the community. The USAID Disability Policy should be updated to ensure that investments in segregated care are not repeated in the future and that these policies are streamlined and understood across all agencies of the US Government.

Bibliography

Afghanistan Country Report to the Second International Conference. (2003). 'Children & Residential Care. New strategies for a new millennium', Stockholm.

Avery, R. (2010). "An examination of theory and promising practice for achieving permanency for teens before they age out of foster care, Children and Youth Services Review 32.

Baker, A. (2014). "Ebola's Orphans Have No Place to Go." https://time.com/3453660/ebola-orphans/ [accessed November 2014].

Barth, R.B. (2002), Institutions vs Foster Homes: The Empirical Base for a Century of Action.

Better Care Network and EveryChild. (2012). Enabling Reform: Why Supporting Children with Disabilities Must Be at the Heart of Successful Child Care Reform.

Better Care Network, ChildFund Alliance, Consortium for Street Children, Family for Every Child, Keeping Children Safe, Maestral International, Plan International, Retrak, Save the Children, SOS Children's Villages, Terra des Hommes, Terra dos Homens and World Vision (2013) Protect my future. Why child protection matters in the post- 2015 development agenda. London: Family for Every Child.

Better Volunteering, Better Care: Executive Summary. (2014). http://bettercarenetwork.org/BCN/details.asp?id=32465&themeID=1002&topicID=1017 [accessed 10 November 2014].

Boothby, N., Balster, R L., Goldman, P., Wessells, M G., Zeanah, C H., Huebner, G., and Garbarino, J. (October 2012). Coordinated and Evidence-Based Policy and Practice for Protecting Children outside of Family Care. Child Abuse and Neglect, Volume 36, Issue 10.

Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care, Better Care Network and Save the Children.

Central Child Welfare Board (CCWB). (2013). The State of Children in Nepal 2013. Central Child Welfare Board (CCWB). (2011). The State of Children in Nepal 2011. ChildPact (2014), Reform Steps Towards Child Protection Bulgaria-Romania.

A Comparative Approach. http://www.childpact.org/wpcontent/uploads/2014/04/Reform_steps_Romania-and-Bulgaria.pdf Child Protection Working Group of the Global Protection Cluster, Too Little, Too Late: child protection funding in emergencies http://resourcecentre.savethechildren.se/sites/default/files/documents/4382.pdf [accessed15 November 2014].

Creative Associates International, IC. and the Aguirre Division of JBS International, Inc. (2009). The Job that Remains: An Overview of USAID Child Welfare Reform Efforts in Europe and Eurasia: Final Report.

Csaky, C. (2014). Why Care Matters: The impact of care on children and on society. Family for Every Child: London.

Csaky, C. (2009). Keeping Children out of Harmful Institutions: Why we should be investing in family-based care, Save the Children.

DEPSOS, Save the Children and UNICEF. (2007). 'Some one that Matters': The quality of care in childcare institutions in Indonesia, Save the Children UK: Jakarta, Indonesia.

Disability Rights International. (2014). Ukraine International Development Aid Policy Memo, Written by Eric Rosenthal & Eric Mathews. http://www.disabilityrightsintl.org/ukraine-international- development-aid-policy-memo/#_edn4 [accessed November 2014].

Dobrova-Krol, N. A., Van IJzendoorn, M. H., Bakermans-Kranenburg, M.J., Juffer, F., & Cyr, C. (2008). Physical growth delays and stress dysregulation in stunted and non-stunted Ukrainian institution-reared children. Infant Behavior and Development. www.sciencedirect.com/science/article/pii/S0163638308000404.

Doyle, Joanne. (2010). Misguided Kindness: Making the Right Decisions for Children in Emergencies. Save the Children UK.

DFID. (2013). Policy Paper: Vision 2020 Umurenge Programme Rwanda – Business Case and Intervention Summary. https://www.gov.uk/government/publications/vision-2020-umurenge-programme-rwanda-business-case-and-intervention-summary--3 [accessed 13 August 2015].

Embassy of the US in Georgia Embassy News. (2011). "US Ambassador Reopens Home for Adults with Disabilities." http://georgia.usembassy.gov/programs-and-events/embassy-news-2011/home_adults_diasbilities.html [accessed 13 August 2015].

Europe Aid, Health and Training: Establishment of International Rehabilitation Centre for 7-14 Year Old Children with Disabilities. http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=93 [accessed 13 August 2015]

European Commission. (2012). Commission Staff Working Document, Accompanying the document Report from the Commission to the European Parliament and the Council, Annual Report on the European Union's Humanitarian Aid and Civil Protection Policies and their Implementation in 2011. http://www.parliament.bg/pub/ECD/121043SWD_2012_254_EN_DOCUMENTDETRAVAIL_f.doc

European Commission. (2010). European Disability Strategy 2010-2020, p 5-6. http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0636:FIN:EN:PDF

European Commission. (2009). Report of the Ad Hoc Expert Group on the Transition from Institution to Community-Based Care. Available at: http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=614&furtherNews=yes.

EveryChild. (2011). Fostering better care: improving foster care provision around the world. Positive care choices: Working paper 2.

EveryChild. (2011). Scaling Down: Reducing, Reshaping and Improving Residential Care Around the World. Positive Care Choices: Working Paper 1.

EveryChild. (n.d.). Where we work: Russia [Webpage]. http://www.everychild.org.uk/where-we-work/russia [accessed 30 October 2014].

Family for Every Child. (2013). My World, my vision. Consultations with children on their priorities for the post-2015 framework. Written by Gillian Mann.

Foster, G. (2006). Study of the responses by faith-basedorganizationstoorphans and vulnerable children. http://www.unicef.org/media/ files/FBO_OVC_study_summary.pdf [accessed 12 November 2014].

Ghana Business News (GBN). (15 March 2013). "Social Welfare Department Defines Conditions for Placing Children in Orphanages," http:// www.ghanabusinessnews.com/2013/03/15/social-welfare-department- defines-conditions-for-placing-children-in-orphanages/ [accessed 13 August 2015].

Goransson, A., Von Bothmer, A., Makhanko, A. (2008). Improving Care

and Institutional Conditions for Orphans and Children Deprived of Parental Rights in Belarus, Sida Evaluation 2008:20. http://www.sida.se/English/publications/Publication_database/publications-by-year1/2008/june/200820-improving-care-and-institutional-conditions-for-orphans-and-children-deprived-of-parental-rights-in-belarus [accessed 12 August 2015].

Greenberg, A.L. and Partskhaladze, N. (2014). How the Republic of Georgia has Nearly Eliminated the Use of Institutional Care for Children, Infant Mental Health Journal, 35: 185-191. Doi:10.1002/imhj.214234.

Haiti Libre. (2013). 80% of children in orphanages are not orphans http://www.haitilibre.com/en/news-7685- haiti-social-80-of- children-in-orphanages-are-not-orphans.html [accessed 30 October 2014]

Hanmer, S., Greenberg A. and Keshavarzian G. (2009). "Religious Communities Take the Lead." Article was originally published in the April-June 2009 issue of Dharma World Kosei Publishing Company and republished on Baylor University's website. http://www.baylor. edu/content/services/document.php/145965.pdf.

Havlicek. J. (2011). Lives in motion: A review of former foster youth in the context of their experiences in the child welfare system, Child and Youth Services Review 33 (2011) 1090-1100.

Hosegood. (2008). Demographic evidence of family and household changes in response to the effect of HIV/AIDS in Southern Africa: Implications for efforts to strengthen families. Joint Learning Initiative of HIV/AIDS.

Human Rights Watch (September 2011). The Rehab Archipelago: Forced Labor and Other Abuses in Drug Detention Centers in Southern Vietnam. http://www.hrw.org/node/101356/ [accessed 13 August 2015].

Human Rights Watch. (2010a). My So-Called Emancipation: from Foster Care to Homelessness for California Youth

Human Rights Watch. (2010b). Once You Enter, You Never Leave: Deinstitutionalization of Persons with Intellectual or Mental Disabilities in Croatia. https://www.hrw.org/report/2010/09/23/once-you-enter-you-never-leave/deinstitutionalization-persons-intellectual-or [accessed 12 August 2015].

Jareg, E. (2005). Community-based foster homes in Ethiopia: An Account of a Follow-up Experience 10 years after phase out.

Johnson, D. E., & Gunnar, M. R. (2011). IV. Growth Failure in Institutionalized Children. Monographs of the Society for Research in Child Development, 76:92–126. doi: 10.1111/j.1540-5834.2011.00629.x http://onlinelibrary.wiley.com/doi/10.1111/mono.2011.76.issue-4/issuetoc [accessed 12 August 2015].

Lumos. (2014). Ending the Institutionalisation of Children Globally – the Time is Now. http://wearelumos.org/sites/default/files/Lumos%20The%20Time%20is%20Now%20April2014%20FINAL.pdf [accessed 12 August 2015].

Lumos. (2013). Our Words Our Action: Making Lives Better for young People with intellectual Disabilities, Turning Words into Actionhttp://www.wearelumos.org/sites/default/files/2013%2008%2020%20Lumos%20TWIA%20%27Our%20Words.%20Our%20Actions%27%20ENGLISH_0.pdf [accessed 12 August 2015].

Moldovan Ministry of Labour, Social Protection and Family, the Ministry of Education, the Ministry of Health and Lumos, Strategic Review of the system of child protection in the Republic of Moldova, 2014.

Martin, F. and Sudraja,T. (2006). A Rapid Assessment of Children's Homes in Post- Tsunami Aceh, Save the Children UK and Indonesia Minsitry of Social Affairs.

Mathews, E., Ahern, L., Rosenthal, E., Conroy, J., Kaplan, L.C., Robert, Levy, M., McGowan K.G. (2013). Left Behind: The Exclusion of Children and Adults with Disabilities from Reform and Rights Protection in the Republic of Georgia. http://www.disabilityrightsintl.org/wordpress/wp-content/uploads/Left-Behind-final-report.pdf [accessed 12 August 2015].

Ministry of Social Affairs, Veterans and Youth Rehabilitation. (2011). With the Best Intentions: A Study of Attitudes Towards Residential Care in Cambodia 2011. http://www.thinkchildsafe.org/thinkbeforevisiting/resources/Study_Attitudes_towards_RC.pdf [accessed 12 November 2014].

Monasch and Boerma. (2004). Orphanhood and childcare patterns in sub-Saharan Africa: an analysis of national surveys from 40 countries. AIDS. 2004 Jun: 18 Suppl 2:S55-65.

Munson, Michelle and J. Chris McMillian (2009), Natural mentoring and psychosocial outcomes among older youth transitioning from foster care, Children and Youth Services Review 31 (2009), 104-111:

National Council on Disability (2013), Toward the Full Inclusion of People with Disabilities: Examining the Accessibility of Overseas Facilities and Programs Funded by the United States. https://www.ncd.gov/publications/2013/07232013/ [accessed 12 August 2015].

National Council on Disability (NCD). (23 May 2014). NCD Letter to Defense Secretary Hagel Regarding Humanitarian and Economic Assistance to Ukraine. http://www.ncd.gov/publications/2014/05232014/ [accessed 12 August 2015].

Nelson, C., Zeanah, C., Fox, N., Marshall, P., Smyke, A., Guthery, D. (2007). Cognitive recovery in socially deprived young children: The Bucharest early intervention project. Science 318 (no.5858); 1937–1940 (21st December 2007)

Open Doors for Europe's Children. (July 2014). IPA II Funding Secured in Bosnia and Herzegovina. http://www.openingdoors.eu/ipa-ii-funding-secured-in-bosnia-and-herzegovina/ [accessed 12 August 2015].

Open Doors for Europe's Children. (17 October 2014). "Commissioner Andor Wishes for DI to be Reinforced for Most Vulnerable Children. http://www.openingdoors.eu/news/ [accessed 12 August 2015].

Pashkina. (2001). Sotsial'noe obespechenie, 11:42–45. Cited in Holm-Hansen J, Kristofersen LB, Myrvold TM eds. Orphans in Russia. Oslo, Norwegian Institute for Urban and Regional Research (NIBR-rapport 2003:1).

Pinheiro, P. (2006). World Report on Violence against Children. United Nations, New York

PL 109-95. (2009). Third Annual Report to Congress on Public Law 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005: U.S. Government and Partners: Working Together on a Comprehensive, Coordinated and Effective Response to Highly Vulnerable Children http://pdf.usaid.gov/pdf_docs/PDACN600.pdf [accessed 14 November 2015]

Punaks, M. and Feit, K. (September 2014). "Orphanage Voluntourism in Nepal and its Links to the Displacement and Unnecessary Institutionalisation of Children." Institutionalised Children Exploration and Beyond, Volume 1, Number 2, September 2014.

US Government Action Plan on Children in Adversity (December 2012). A Framework for International Assistance: 2012-2017. http://www.

childreninadversity.gov/about/how/action-plan [accessed 12 August 2015].

Republic of Ghana, Ghana Audit Service. (2013). Performance Audit Report of the Auditor General on the Regulation of Residential Homes for Children (Orphanages) by the Department of Social Welfare.

Roelen, K. & Shelmerdine, H. from the Centre for Social Protection (CSP). (April 2014). Researching the Linkages Between Social Protection and Children's Care in Rwanda: The VUP and Its Effects on Child Wellbeing, Care and family reunification. http://www.familyforeverychild.org/sites/default/files/resources/Rwanda_ social_protection_report-web.pdf [accessed 12 August 2015].

Save the Children and Center for Educational Research and Consulting. (December 2013). Development Perspectives of Foster Care in Armenia: Research Analysis Results.

Scottish Government. (2013). Staying Put Scotland: Providing care leavers with connectedness and belonging: Guidance for Local Authorities and other Corporate Parents: Supporting looked after children and young people to remain in care as part of a staged transition towards adulthood and greater independence.

Seedee, D. PLAN Liberia to Build Homes for Ebola Orphans in Bomi. (9 October 2014). http://www.liberianewsagency.org/ pagesnews.php?nid=2886

Smyke, A., Zeanah, C., Fox, N., Nelson, C. (2009). New Model of Foster Care for Young Children: The Bucharest Early Intervention Project, Infant and Early Childhood Mental Health July 2009 Vol 18, Number 3.

Spiller, S. (17 April 2014). "Europe's Hidden Shame: An undercover investigation reveals disturbing evidence about the abuse of disabled people in Romania," http://www.aljazeera.com/programmes/peopleandpower/2014/04/europe-hidden-shame-2014414124139195247.html [accessed on 27 October 2014].

The Embassy of Japan in Timor-Leste, Japan's Assistance to Timor-Leste, Grant Assistance for Grassroots Human Security Project. 2011 "The Project for Renovation of Orphanage Dormitory in Bacucau District," 15 November 2012. http://www.timor-leste.emb-japan.go.jp/ggp56_e.htm (retrieved on 23 October 2014).

Townsend, D. (17 October 2008). UNICEF, In Georgia, Help For Disabled Children Affected by Conflict, UNICEF in Emergencies and Humanitarian Action. Available at: http://www.unicef.org/emerg/index_46006.html [accessed September 29, 2014].

Uganda's Official Alternative Care Framework. Situation Analysis and Response." Presentation by Riley. M. (04 December 2013). Children without Appropriate Care in Uganda Workshop. Kampala, Uganda.

United Nations General Assembly. (2010). Guidelines for the Alternative Care of Children, A/Res/64/142. United Nations, New York.

UN. (1989). UN Convention on the Rights of the Child. New York: United Nations. UNICEF, Residential Care in Cambodia Fact Sheet. http://www.unicef.org/cambodia/Fact_sheet_-_residential_care_Cambodia.pdf [accessed 12 August 2015].

UNICEF-Terre des Hommes Foundation (TdH). (2008). Adopting the rights of the child.

UNICEF Croatia. (2012). What Children Say about Foster Care: A Study of the Children's Perspective on Foster Care with Recommendations for Improvement.

UNICEF, et al. (2010). Children and AIDS: Fifth stocktaking report.

UNICEF CEE/CIS. (September 2010). At Home or in a Home?: Formal Care and Adoption of Children in Eastern Europe and Central Asia

UNICEF CEE/CIS. (September 2010). Blame and Banishment: The Underground HIV Epidemic Affecting Children in Eastern Europe and Central Asia.

UNICEF. (2007). Key Information on Child Protection. UNICEF Latin America and Caribbean Regional Office. http:// www.unicef.org/lac/Key_info_on_Child_Protection(1).pdf [accessed November 2014].

UNICEF, Children First: Reuniting children with their families. http://www.unicef.org/turkey/dn_2006/cp42.html [accessed 12 August 2015].

USAID, Tubarerere Mu Muryangyo! (Let's Raise Children in Families!). Shared with consultant by USAID/DCOF.

USAID and CHF, Ishema Mu Muryango Overview. Shared with consultant by USAID/DCOF.

Ward, J. (22 December 2009). "USACE Caucasus Project Office Builds Special Needs Home for Georgia. http://www.army.mil/ article/32195/ [accessed 24 October 2014].

Williamson, John and Aaron Greenberg (2010), Families, Not Orphanages. Better Care Network Working Paper Series.

World Bank, Integration of Children with Disabilities into Mainstream Schools. http://www.worldbank.org/projects/P144618/ integration-children-disabilities-mainstream-schools?lang=en [accessed 28 October 2014].

World Bank, Social Safety Nets Modernization Project. http://www.worldbank.org/projects/P128344/social-safety-nets- modernization-project?lang=en&tab=overview [accessed 28 October 2014].

World Vision International. (2012). Welcoming Europe's Youngest: How the EU Accession Process Transformed Child Protection in Romania and Lessons For Current EU Enlargement and Neighbourhood Policies to Increase the Impact of Child Protection Reform in the Region, Written by Jocelyn Penner.

Annex A: Additional Case Studies

World Food Programme (WFP) Supporting Orphanages

The World Food Programme (WFP) guidance document, Getting Started: Programming Food Assistance for Orphans and Vulnerable Children, provides comprehensive guidance for WFP field staff and partners who intend to design or implement food security interventions for orphans and vulnerable children (OVC).[127] The guidance acknowledges that "keeping children in safe and caring family settings is one of the highest priorities of an OVC response"[128] and explicitly outlines ways to support caring settings in communities. In addition, it recognises that global evidence has shown that institutional care is harmful to children and family-based care is the best environment for vulnerable children.

In parallel, the guidance document also acknowledges that as part of its mandate to provide services for families and children WFP also supports institutional settings for children: "WFP has a mandate to support carefully selected programmes that provide care and protection to that group of children for whom there is no other option."[129]

The guidance outlines a checklist to help staff when meeting with institution facility management and investigating the facility.

A number of stakeholders consulted for this study did note their concerns in regards to WFP's extensive support to institutional care and possible lack of thorough investigation before providing this support, particularly in Sub-Saharan Africa and humanitarian situations: "One area to consider is how WFP are de facto supporting institutionalisation through their feeding and food and emergency programmes. I know that WFP has funded residential care institutions through their HIV funding programmes in Southern Africa, without any alignment with other UN policies on institutional care." [130] In Haiti following the 2010 earthquake, for example, WFP carried out targeted distribution of staple foods and supplement for children in Port-au-Prince's many children's homes.

Japanese Government Supporting Family-Based Care in Kazakhstan

As of 2005, the Government of Kazakhstan reported approximately 74,000 children growing up in 614 residential institutions. As a result, over the last decade there has been increased focus by the Government, UNICEF and other implementing partners to strengthen the child protection system to ensure that children continue to grow up in a family environment. One example is UNICEF's project, 'Every Child has a Right to Grow Up in a Family Environment,' which is funded by the Government of Japan. The 2005-2007 programme goal was to reunite families and establish community-based social centres to promote foster care and in-country adoption and counsel families that may be at risk of institutionalising their children. The end result is the creation of gatekeeping mechanisms that will prevent child institutionalisation.[131]

EU Funding Orphanages in India

On-going violence in the Jammu and Kashmir region has lead to serious humanitarian consequences for the civilian population. In 2011, EU funds were made available to allow approximately 16,000 people to receive psychosocial support and protection, including children in orphanages and specialised services for people living with disabilities.[132]

References

1. US Government Action Plan on Children in Adversity, A Framework for International Assistance: 2012-2017. (2012). http://www.childreninadversity.gov/about/how/action-plan [accessed 12 August 2015].

2. PEPFAR. (2012). PEPFAR Guidance for Orphans and Vulnerable Children Programming. http://www.pepfar.gov/documents/organization/195702.pdf [accessed 14 November 2014].

3. See http://www.globalallianceforchildren.org/about/. The Global Alliance for Children partners include: USAID, World Childhood Foundation, Childhood, Maestral International, Save the Children, Lumos, GHR Foundation, US Department of Labour, The World Bank Early Childhood Development, UBS Optimum Foundation.

4. Bilateral and multilateral aid includes aid given from a donor government to a recipient country or to a multilateral organisation, such as the UN, which then administers the money to several recipient countries.

5. Because institutionalisation is often misunderstood and defined as something else (e.g. poor quality residential special schools; pediatric wards of hospitals) the consultant and research assistants used a range of terminology associated with institutions to conduct the research.

6. The conditions described here are taken from the European Commission. (2009). Report of the Ad Hoc Expert Group on the Transition from Institution to Community-Based Care. http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=614&furtherNews=yes [accessed 12 August 2015].

7. UNICEF estimates that more than 2 million children are in institutional care around the world, but this is an outdated figure based on a limited country scan, and UNICEF frequently acknowledges it as an underestimate. See UNICEF (2009), Progress for children: A report card on child protection. A 1985 report, which has been cited in other reports, puts the figure at 8 million. See Defence for Children International (1985), Children in Institutions, DCI, Geneva.

8. Csaky, C. (2009). Keeping Children out of Harmful Institutions: Why we should be investing in family-based care, Save the Children.

9. Republic of Ghana. (2013). Ghana Audit Service, Performance Audit Report of the Auditor General on the Regulation of Residential Homes for Children (Orphanages) by the Department of Social Welfare.

10. Numbers are not known, but estimated between 225,750 and 516,600. DEPSOS, Save the Children and UNICEF, 'Someone that Matters': The quality of care in childcare institutions in Indonesia, Save the Children UK: Jakarta, Indonesia, 2007, p19. http://www.savethechildren.org.uk/sites/default/files/docs/someone-that-matters_1.pdf [accessed 12 August 2015].

11. Altshuler, B., et al. (2013) Alternative Report 2013 on children's rights by a Coalition of Russian NGOs. http://groups.rightsinrussia.info/archive/right-of-the-child/alternative-report-2013 [accessed 12 August 2015].

12. Estimate calculated from data given in: Human Rights Watch. (2014). Without Dreams: Children in Alternative Care in Japan.

13. RELAF and SOS Children's Villages International. (2010). Informe Latinoamericano Situación de la niñez sin cuidado parental o en riesgo de perderlo en América Latina: Contextos, Causas y Respuestas pp.68-72. http://www.relaf.org/Informe%20Latinoamericano.pdf. See also English summary: http://www.crin.org/docs/Documento_ Relaf.pdf [accessed November 2014].

14. Berens, A. E., & Nelson, C. A. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children? The Lancet. Csaky, C., (2009). Keeping Children out of Harmful Institutions.

15. EveryChild. (June 2011). Fostering better care: improving foster care provision around the world; UNICEF Croatia (2012), What Children Say about Foster Care: A Study of the Children's Perspective on Foster Care with Recommendations for Improvement; Save the Children and Center for Educational Research and Consulting (December 2013), Development Perspectives of Foster Care in Armenia: Research Analysis Results; Family for Every Child (2013), My World, my vision. Consultations with children on their priorities for the post-2015 framework. Written by Gillian Mann.

16. The UN defines an "orphan" as a child who has lost one or both parents. According to this definition, there are 153 million orphans worldwide, of which 17.8 million have lost both parents. More than 88% of "orphans" have a living parent. Approximately 10% of the 153 million orphans worldwide have lost one or both parents due to AIDS. See UNICEF, et al. (2010). Children and AIDS: Fifth stocktaking report. Most orphaned children continue to live in families – typically with a surviving parent or members of their extended family. See Hosegood, 2008. Demographic evidence of family and household changes in response to the effect of HIV/AIDS in Southern Africa: Implications for efforts to strengthen families. Joint Learning Initiative of HIV/AIDS. Monasch and Boerma (2004). Orphanhood and childcare patterns in sub-Saharan Africa: an analysis of national surveys from 40 countries. AIDS. 2004 Jun: 18 Suppl 2:S55-65.

17. Csaky, C. (2009). Keeping children out of harmful institutions: Why we should be investing in family-based care. Save the Children.

18. UNICEF-Terre des Hommes Foundation (TdH). (2008). Adopting the rights of the child.

19. UNICEF. (2007). Key Information on Child Protection, UNICEF Latin America and Caribbean Regional Office, p2. http:// www.unicef.org/lac/Key_info_on_Child_Protection(1).pdf [accessed 10 November 2014].

20. UNICEF, Children First: Reuniting children with their families. http://www.unicef.org/turkey/ dn_2006/cp42.html [accessed 30 Oct 2014].

21. UNICEF statement, quoted in 'Haiti - Social: 80% of children in orphanages are not orphans' Haiti Libre. (2013). http://www.haitilibre.com/en/news-7685-haiti-social-80-of- children-in-orphanages- are-not-orphans.html [accessed 30 October 2014].

22. Ghana Business News (GBN). (March 15 2013) "Social Welfare Department Defines Conditions for Placing Children in Orphanages" http://www.ghanabusinessnews.com/2013/03/15/social-welfare- department-defines-conditions-for-placing-children-in-orphanages/. Article is referencing the Department of Social Welfare 2006-2007 study, supported by OrphanAid Africa.

23. Afghanistan Country Report to the Second International Conference on 'Children & Residential Care: New strategies for a new millennium', Stockholm, 2003. Cited in: Csáky, C. (2009).

24. UNICEF, Residential Care in Cambodia Fact Sheet. http://www.

unicef.org/cambodia/Fact_sheet_-_residential_care_Cambodia.pdf [accessed 12 August 2015].

25. Numbers are not known, but estimated between 225,750 and 516,600. Only 5.6% of a sample of 2,248 children had both parents deceased, but an additional 4.8% were unknown. DEPSOS, Save the Children and UNICEF, 'Some one that Matters': The quality of care in childcare institutions in Indonesia, Save the Children UK: Jakarta, Indonesia, 2007, p19, p83.

26. EveryChild Russia. http://www.everychild.org.uk/where- we-work/russia [accessed 30 October 2014].

27. UNICEF CEE/CIS. (September 2010). UNICEF CEE/CIS (2010); Better Care Network and EveryChild (2012), Enabling Reform: Why Supporting Children with Disabilities Must Be at the Heart of Successful Child Care Reform; Csaky, C. (2014) Why Care Matters: The impact of care on children and on society. Family for Every Child: London.

28. UNICEF CEE/CIS. (September 2010). At Home or in a Home?: Formal Care and Adoption of Children in Eastern Europe and Central Asia; UNICEF CEE/CIS (2010) Blame and Banishment: The Underground HIV Epidemic Affecting Children in Eastern Europe and Central Asia; Csáky (2009); Lumos (2014) Ending the Institutionalisation of Children Globally – the Time is Now. http://www.wearelumos.org/sites/default/files/Lumos%20The%20Time%20is%20Now%20April2014%20FINAL.pdf [accessed 30 October 2014].

29. Berens, A., Nelson, C. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children? The Lancet.

30. Barth, R.B. (2002). Institutions vs Foster Homes: The Empirical Base for a Century of Action; Johnson, D. E., & Gunnar, M. R. (2011). IV. Growth Failure in Institutionalized Children. Monographs of the Society for Research in Child Development, 76:92–126. doi: 10.1111/j.1540-5834.2011.00629.x [accessed 12 August 2015] http://onlinelibrary.wiley.com/doi/10.1111/mono.2011.76.issue-4/issuetoc; Dobrova-Krol, N. A., Van IJzendoorn, M. H., Bakermans-Kranenburg, M.J., Juffer, F., & Cyr, C. (2008). Physical growth delays and stress dysregulation in stunted and non-stunted Ukrainian institution- reared children. Infant Behavior and Development, 31, pp. 539–553. www. sciencedirect.com/science/article/pii/S0163638308000404; Nelson, C, Zeanah, C, Fox, N, Marshall, P, Smyke, A, Guthery, D, (2007) Cognitive recovery in socially deprived young children: The Bucharest early intervention project. Science 318 (no.5858); 1937–1940 (21st December 2007); Smyke, Anna, Charles Zeanah, Nathan Fox, Carles Nelson (2009), New Model of Foster Care for Young Children: The Bucharest Early Intervention Project, Infant and Early Childhood Mental Health July 2009 Vol 18, Number 3; Kevin Browne (2010), The Risk of Harm to Young Children in Institutional Care, Better Care Network and Save the Children Working Paper Series.

31. Barth. (2002).; Johnson, D. E., & Gunnar, M. R. (2011).; Dobrova-Krol et al (2008).; Nelson et al (2007).; Smyke et al (2009).; Browne (2010); Williamson, Greenberg, J., Greenberg, A. (2010). Families, Not Orphanages. Better Care Network Working Paper Series.

32. Johnson, D. E., & Gunnar, M. R. (2011).; Dobrova-Krol et al (2008); Nelson et al (2007).; Smyke et al (2009).; Browne (2010).

33. Nelson et al (2007).; Smyke et al (2009).

34. Nelson et al (2007).; Smyke et al (2009).

35. Berens, A., Nelson, C. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children? The Lancet, 27 January 2015.

36. United Nations. (1989). Convention on the Rights of the Child (UNCRC). Art.7,8,9,18. Geneva: United Nations.

37. UN. (1989). UN Convention on the Rights of the Child. New York: United Nations; UN 2010); United Nations General Assembly (2010) Guidelines for the Alternative Care of Children, A/Res/64/142. United Nations, New York (Para. 3).

38. In addition the Convention on the Rights of Children with Disabilities and African Charter on the Rights of the Welfare of the Child (Article 16) calls for States to prevent the neglect and abandonment of children.

39. Central Child Welfare Board (CCWB). (2011). The State of Children in Nepal 2011.

40. Uganda's Official Alternative Care Framework. Situation Analysis and Response."Presentation by Mark Riley, 4 December 2013. Children without Appropriate Care in Uganda Workshop. Kampala, Uganda.

41. Pinheiro, P. (2006). World Report on Violence against Children. United Nations, New York.

42. Jareg, E. (2005). Community-based foster homes in Ethiopia: An Account of a Follow-up Experience 10 years after phase out; Human Rights Watch (2010a), My So-Called Emancipation: from Foster Care to Homelessness for California Youth; Avery, Rosemary (2010), "An examinationof theory and promising practice for achieving permanency for teens before they age out of foster care, Children and Youth Services Review 32 (2010) 399-408; Havlicek, Judy (2011), Lives in motion: A review of former foster youth in the context of their experiences in the child welfare system, Child and Youth Services Review 33 (2011) 1090-1100. Munson, Michelle and J. Chris McMillian (2009), Natural mentoring and psychosocial outcomes among older youth transitioning from foster care, Children and Youth Services Review 31 (2009), 104-111; Scottish Government (2013), Staying Put Scotland: Providing care leavers with connectedness and belonging: Guidance for Local Authorities and other Corporate Parents: Supporting looked after children and young people to remain in care as part of a staged transition towards adulthood and greater independence.

43. UNICEF CEE/CIS. (2010). Blame and Banishment: The Underground HIV Epidemic Affecting Children in Eastern Europe and Central Asia.

44. Pashkina, N. (2001). Sotsial'noe obespechenie, 11: 42-45.As cited in: Fedulova, A.B. & Firsov, M.V. (2003). Orphans in Russia. Norwegian Institute for Urban and Regional Research, p83. http://www.nibr.no/filer/2003-1.pdf [accessed 25 August 2015].

45. In Cambodia, for example, since 2005, there has been a 75% increase in the number of residential care facilities in Cambodia, totaling 269 in 2010. The number of children in residential care has also increased from 6,254 to 11,945 between 2005 and 2010. UNICEF, Residential Care in Cambodia Fact Sheet. http://www.unicef.org/cambodia/Fact_sheet_-_residential_care_Cambodia.pdf [accessed 10 November 2014]. In Ghana, between 2005-2012, institutional care increased by 169%. See Republic of Ghana (2013). In Uganda the number of orphanages went from 30 in late 1992 to an estimated 800 in 2013. See Uganda's Official Alternative Care Framework. Situation Analysis and Response."Presentation by Mark Riley. 04 December 2013. Children without Appropriate Care in Uganda

Workshop. Kampala, Uganda.

46. Csaky, C. (2009). UNICEF-Terre des Hommes Foundation (TdH), (2008). Adopting the rights of the child; EveryChild (2011), Scaling Down: Reducing, Reshaping and Improving Residential Care Around the World. Positive Care Choices: Working Paper 1. EveryChild, London.

47. Better Care Network, ChildFund Alliance, Consortium for Street Children, Family for Every Child, Keeping Children Safe, Maestral International, Plan International, Retrak, Save the Children, SOS Children's Villages, Terra des Hommes, Terra dos Homens and World Vision. (2013). Protect my future. Why child protection matters in the post-2015 development agenda. London: Family for Every Child; Doyle, J. (2010).Misguided Kindness: Making the Right Decisions for Children in Emergencies. Save the Children UK.

48. Doyle. (2010). Stephen Hanmer, Aaron Greenberg and Ghazal Keshavarzian, "Religious Communities take the lead."Article was originally published in the April-June 2009 issue of Dharma World Kosei Publishing Company and republished on Baylor University's website. http://www. baylor.edu/content/services/document. php/145965.pdf [accessed 10 November 2014].

49. The annual cost for one child in residential care in the Kagera region of Tanzania was more than USD 1,000, about six times the cost of supporting a child in foster care. See World Bank, Confronting AIDS: Public priorities in a global epidemic, Oxford University Press, 1997, p. 221 cited in Williamson and Greenberg (2010). The text reports that institutional care was 10 times as expensive as foster care, but a subsequent review of the data indicated that the ratio was closer to six to one. A study in South Africa found residential care to be up to six times more expensive than providing care for children living in vulnerable families, and four times more expensive than foster care or statutory adoption. See Desmond, Chris and Jeff Gow, The Cost Effectiveness of Six Models of Care for Orphans and Vulnerable Children in South Africa, University of Natal, Durban, South Africa, 2001. Save the Children UK found residential care to be 10 times more expensive than community-based forms of care. See Diane M. Swales, Applying the Standards: Improving quality childcare provision in East and Central Africa, Save the Children UK, 2006, pp. 108-110.

50. Williamson and Greenberg (2010).

51. Carneiro, P. M. & Heckman, J.J. (2003). Human capital policy. NBER Working Paper Series, Vol. w9495; Knudsen, E., et al. (2006). Economic, neurobiological, and behavioral perspectives on building America's future workforce. Proceedings of the National Academy of Sciences, 103(27). pp. 10155-10162

52. Boothby, N, Balster, R L., Goldman, P, Wessells, M G, Zeanah, C.H., Huebner, G., & Garbarino, J. (2012) Coordinated and Evidence-Based Policy and Practice for Protecting Children outside of Family Care. Child Abuse and Neglect, Volume 36, Issue 10 (October 2012), p. 743-751.

53. Calculations by Lumos based on information from the Regional inter-departmental planning group, on file with Lumos.

54. EveryChild. (June 2011). p 16.

55. Mulheir, G., Browne, K., et al. (2007). De-institutionalising and transforming children's services: A guide to good practice, WHO Collaborating Centre for Child Care and Protection, University of Birmingham.

56. Ex-ante conditionality 9: 9.1, REGULATION (EU) No 1303/2013 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL,of 17 December 2013, Official Journal of the European Union L 347/449, p. 129.

57. Ibid.

58. Republic of Bulgaria. (2013). Draft Partnership Agreement of the Republic of Bulgaria outlining the support from the European Structural and Investment Funds for the 2014-2020 period. Version 3.0., 21 August 2013.

59. Open Doors for Europe's Children. (July 2014). IPA II Funding Secured in Bosnia and Herzegovina, http://www.openingdoors.eu/ipa-ii-funding-secured-in-bosnia-and-herzegovina/

60. PEPFAR. (July 2012). PEPFAR Guidance for Orphans and Vulnerable Children Programming. http://www.pepfar.gov/documents/organization/195702.pdf [accessed 14 November 2014].

61. US Government Action Plan on Children in Adversity, A Framework for International Assistance. (December 2012). http://www.childreninadversity.gov/about/how/action-plan [accessed 12 August 2015].

62. The partners include: USAID, World Childhood Foundation, Childhood, Maestral International, Save the Children, Lumos, GHR Foundation, US Department of Labour, The World Bank Early Childhood Development, UBS Optimum Foundation. www.globalallianceforchildren.org [accessed 13 August 2015].

63. Creative Associates International, IC. and the Aguirre Division of JBS International, Inc. (June 2009). The Job that Remains: An Overview of USAID Child Welfare Reform Efforts in Europe and Eurasia: Final Report

64. World Vision International. (2012). Welcoming Europe's Youngest: How the EU Accession Process Transformed Child Protection in Romania and Lessons For Current EU Enlargement and Neighbourhood Policies to Increase the Impact of Child Protection Reform in the Region, Written by Jocelyn Penner.

65. World Vision International. (2012). The period of accession (2000-2006), saw the greatest reduction in the number of children in institutional care and in the number of residential institutions, p 15.

66. Ibid.

67. USAID provided USD 44.7 million in funding for child welfare reform over a 17 year period. USAID contributed to human capacity and policy development and to the creation of community-based, family-focused child welfare services. In the early 1990s, programs focused on humanitarian assistance in the institutions. Beginning in 1992, funded pilot community-based child welfare services. Creative Associates International, IC. and the Aguirre Division of JBS International, Inc. (June 2009).

68. Creative Associates International, IC. and the Aguirre Division of JBS International, Inc. (June 2009).

69. Quote from child participating the in Lumos Moldova programme.

70. National Bureau of Statistics of the Republic of Moldova. "Millenium Development Goals indicators by Indicators and Years." http://statbank.statistica.md/pxweb/Database/EN/databasetree.asp [accessed 12 August 2015].

71. Biroul Național de Statistică al Republicii Moldova, National Bureau of Statistics of the Republic of Moldova. http://www.statistica.md/newsview.php?l=ro&idc=168&id=4412. [accessed 22 January 2015].

72. World Bank has invested in inclusive education via the programme: "Integration of Children with Disabilities into Mainstream Schools Project for Moldova." The project, which began in May 2013 and will end in July 2016, objective is to demonstrate through pilot activities that local governments can successfully apply national policies that promote integration of children with disabilities into the mainstream education system. The project will integrate children with disabilities into their community hub-schools and into community social activities. The project could trigger additional financing from donors by demonstrating practical ways to apply progressive policy at the local level, the project will open the way for other donors and for Ministry of Education (MoE) to funf the integration of children with disabilities in further hub schools. See World Bank, Integration of Children with Disabilities into Mainstream Schools. http://www.worldbank.org/projects/ P144618/ integration-children-disabilities-mainstream-schools?lang=en (accessed 28 October 2014).

73. Ministry of Gender and Family Promotion, Republic of Rwanda (MIGEPROF) and Hope and Homes for Children (2012). National Survey of Institutions for Children in Rwanda. http://www.crin.org/docs/NATIONAL%20SURVEY%20OF%20INSTITUTIONS%20FOR%20CHILDREN%20IN%20RWANDA_FINAL.pdf [accessed 12 August 2015].

74. Hope and Homes for Children. (May 13 2015). Last child leaves Rwanda's largest and oldest institution. http://www.hopeand-homes.co.uk/news/2015/last-child-leaves-rwandas-largest-and-oldest-institution. Hope and Homes for Children. (2014, September 4). Emergency closure of illegal institution in Rwanda. http://www.hopeandhomes.co.uk/news/2014/emergency-closure-of-illegal-institution-in-rwanda

75. USAID provides $13 million in global funding for such programmes each year. US Agency for International Development. (2014). Annual Report to Congress the U.S. Government Action Plan on Children in Adversity. http://www.childreninadversity.gov/docs/default-source/annual-reports/pl109-95_hvc_final.pdf?sfvrsn=4 [accessed 12 August 2015].

76. DFID. (March 8 2013). Policy Paper: Vision 2020 Umurenge Programme Rwanda – Business Case and Intervention Summary: https://www.gov.uk/government/publications/vision-2020- umurenge-programme-rwanda-business-case-and-intervention-summary--3 [accessed 24 October 2014].

77. Roelen, K. & Shelmerdine, H. from the Centre for Social Protection (CSP). (April 2014). 83 Keetie Roelen & Helen Shelmerdine from the Centre for Social Protection (CSP) (April 2014),

78. Ibid.

79. Better Care Network and UNICEF (forthcoming), Liberia Country Profile on Care Reform (on file with the author).

80. Ibid.

81. Cantwell, N., Davidson, J., Elsley, S., Milligan, I., Quinn, N., Moving forward: Implementing the 'Guidelines for the Alternative Care of Children', Centre for Excellence and Outcomes in Children and Young People's Services (C4EO), 2012. http://www.alternativecareguidelines.org/MovingForward/tabid/2798/language/en-GB/Default.aspx

82. UNICEF et al. (2011). A Study of Attitudes Towards Residential Care in Cambodia. 90 Save the Children (2009), p12

83. Hanmer et al. (2009).

84. Johnson, D. E., & Gunnar, M. R. (2011); Dobrova-Krol et al (2008); Nelson et al (2007); Smyke et al (2009); Browne (2010).

85. Csáky, C. (2009). Keeping Children Out of Harmful Institutions: Why we should be investing in family-based care. London, UK: Save the Children.

86. UNICEF. Residential Care in Cambodia. http://www.unicef.org/cambodia/Fact_sheet_-_residential_care_Cambodia.pdf [accessed 22 June 2015].

87. In CEE/CIS region, where we have seen great child welfare reform, recent studies have found that children with disabilities are left out of these reforms. UNICEF found that "Children with disabilities represent a large proportion of all children in residential care: According to data from 2007, more than one third of all children in residential care are classified as having a 'disability'. The number of children with disabilities in residential care has remained remarkably stable over the past 15 years, suggesting that little has been done to provide non- residential alternatives for them. Although there are differences in the diagnosis and classification of mental or physical disabilities between countries, as well as differences in the methodologies used for collecting statistics on disability, figures indicate that at least 230,000 children with disabilities or classified as such, were living in institutional care in CEE/CIS in 2007. This is equivalent to 315 per 100,000 children." UNICEF CEE/ CIS (September 2010), p 6. See also Better Care Network and EveryChild (2012), Enabling Reform: Why Supporting Children with Disabilities Must Be at the Heart of Successful Child Care Reform.

88. Doyle, J. (2010). Misguided Kindness: Making the Right Decisions for Children in Emergencies. Save the Children UK.

89. Csaky, C. (2009).

90. Faith-based group have played a role in the proliferation of orphanages over the last few decades. In 2003, a study by UNICEF and the World Conference of Religions for Peace of 686 faith-based organizations in Uganda, Kenya, Mozambique, Namibia, Malawi, and Swaziland found that institutional responses — supporting orphanages or shelters for street children — constituted nearly 20% of their activities for children. Faith based groups have played a role in supporting orphanages in Asia as well. In Vietnam, for example, Buddhist nuns play an active role in running orphanages. A study found that more than 14,575 Vietnamese children (or 11.5%of the total child population without parental care) are residing in several types of institutions in Vietnam. Foster, G. (2006). Study of the responses by faith-based organizations to orphans and vulnerable children. http://www.unicef.org/media/files/FBO_OVC_study_summary.pdf [accessed 12 November 2014].

91. Orphanage tourism has become a major issue in a number of countries, such as Cambodia and Nepal. In Cambodia, NGOs and government have found that many residential care facilities have turned to orphanage tourism to attract donors. Since almost all residential care facilities are funded by individuals from overseas, many homes turn to tourism to attract more donors. In the worst case scenario this becomes the basis for an "orphanage tourism" business, in which children are routinely asked to perform for, or befriend donors, and in some instances to solicit the funds to guarantee the facilities existence. Some facilities have also turned to international volunteers to help raise money and many of these volunteers have not undergone background checks and pose a child protection risk to children. Ministry of Social Affairs, Veterans and Youth Rehabilitation (2011), With the Best Intentions: A Study of Attitudes Towards Residential Care in Cambodia 2011. http://www.

thinkchildsafe.org/thinkbeforevisiting/resources/Study_Attitudes_towards_RC.pdf [accessed 12 November 2014]. Similar patterns are seen in Nepal. See Punaks Martin and Katie Feit (September 2014). "Orphanage Voluntourism in Nepal and its Links to the Displacement and Unnecessary Institutionalisation of Children." Institutionalised Children Exploration and Beyond, Volume 1, Number 2, September 2014, p 179-192. In response to this, the Better Care Network and Save the Children have initiated the Better Volunteering, Better Care initiative. See Better Volunteering, Better Care: Executive Summary (2014). http://bettercarenetwork.org/ BCN/details.asp?id=32465&themeID=1002&topicID=1017 [accessed 10 November 2014].

92. Save the Children. (2009). p12

93. Human Rights Watch. (2010b). Once You Enter, You Never Leave: Deinstitutionalisation of Persons with Intellectual or Mental Disabilities in Croatia. http://www.hrw.org/reports/2010/09/23/once-you-enter-you-never-leave [accessed 20 October 2014]; Human Rights Watch interview with Ivan Drabek, World Bank, Zagreb, Croatia, December 16, 2009.

94. National University of Ireland Galway, Lumos, et al. (2013). Joint Memorandum: Community Living for All – The need to provide clarity in Thematic Conditionality 10.

95. Ibid. NUI Galway et al.

96. Human Rights Watch (2010b).

97. Human Rights Watch. (2010b). citing Ministry of Health and Social Welfare,"JIM Progress Report,"p. 52. 119 Human Rights Watch (2010b), p. 91.

98. Human Rights Watch. (2010b). p. 91.

99. Quoting Elana Tudose of Institute for Public Policy in Romania. In CEE/CIS region, where we have seen great child welfare reform, recent studies have found that children with disabilities are left out of these reforms. UNICEF found that "Children with disabilities represent a large proportion of all children in residential care: According to data from 2007, more than one third of all children in residential care are classified as having a 'disability'. The number of children with disabilities in residential care has remained remarkably stable over the past 15 years, suggesting that little has been done to provide non- residential alternatives for them. Although there are differences in the diagnosis and classification of mental or physical disabilities between countries, as well as differences in the methodologies used for collecting statistics on disability, figures indicate that at least 230,000 children with disabilities or classified as such, were living in institutional care in CEE/CIS in 2007. This is equivalent to 315 per 100,000 children." UNICEF CEE/ CIS (September 2010), p 6. See also Better Care Network and EveryChild (2012), Enabling Reform: Why Supporting Children with Disabilities Must Be at the Heart of Successful Child Care Reform.

100. Spiller, S. (17 April 2014). "Europe's Hidden Shame: An undercover investigation reveals disturbing evidence about the abuse of disabled people in Romania" http://www.aljazeera.com/programmes/peopleandpower/2014/04/europe-hidden-shame-2014414124139195247.html [accessed 27 October 2014].

101. The Strategy states: "The Commission will work to promote the transition from institutional to community-based care by: using Structural Funds and the Rural Development Fund to support the development of community-based services and raising awareness of the situation of people living with disabilities living in residential institutions, in particular children and elderly people. European Commission (2010), European Disability Strategy 2010-2020, p 5-6. http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=URISERV:em0047 [accessed 12 August 2015].

102. Spiller, S. (17 April 2014). "Europe's Hidden Shame: An undercover investigation reveals disturbing evidence about the abuse of disabled people in Romania" http://www.aljazeera.com/programmes/peopleandpower/2014/04/europe-hidden-shame-2014414124139195247.html [accessed 27 October 2014].

103. European Commission. (2010). European Disability Strategy 2010-2020.

104. Open Doors for Europe's Children. (17 October 2014)."Commissioner Andor Wishes for DI to be Reinforced for Most Vulnerable Children http://www.openingdoors.eu/news/ [accessed 12 August 2015].

105. Save the Children, Indonesian 'orphans'on the increase as Tsunami pushes parents into poverty and children in institutions," Martin, F. & Sudraja, T. (2006). A Rapid Assessment of Children's Home in Post-Tsunami Aceh, Save the Children UK and Indonesia Ministry of Social Affairs.

106. Martin, F. & Sudraja, T. (2006).

107. At least 85,000 children are living in Ukraine'orphanages and disability institutions. Disability Rights International, Ukraine International Development Aid Policy Memo, Rosenthal, E. & Mathews, E. (April 8 2014) http://www.disabilityrightsintl.org/ukraine-international- development-aid-policy-memo/#_edn4 [accessed November 2014].

108. National Council on Disability (NCD), NCD Letter to Defense Secretary Hagel Regarding Humanitarian and Economic Assistance to Ukraine. (23 May 2014). http://www.ncd.gov/publications/2014/05232014/ [accessed 12 August 2015].

109. TIME MAGAZINE for example has published a number of articles on the plight of orphans in Liberia and the building of orphanages to support these children. See, for example, Aryn Baker, 1 October 2014, Ebola's Orphans Have No Place to Go. https://time.com/3453660/ ebola-orphans/ [accessed 12 August 2015].

110. Email communication with PLAN International (16/10/2014) and the Better Care Network (14/10/2014). On file with Lumos.

111. Disability Rights International. (2013). Left Behind: The Exclusion of Children and Adults with Disabilities from Reform and Rights Protection in the Republic of Georgia.

112. DRI. (2013).

113. US Ambassador John Bass (Ambassador to Georgia 2009-2012) together with Minister of Health reopened the Martkopi Special Needs Residence, that houses up to 80 adults. Embassy of the US in Georgia, 2011 Embassy News, US Ambassador Reopens Home for Adults with Disabilities, http://georgia.usembassy.gov/programs-and-events/embassy-news-2011/home_adults_diasbilities.html. Justin Ward, December 22, 2009, "USACE Caucasus Project Office Builds Special Needs Home for Georgia. http://www.army.mil/article/32195/ [accessed 24 October 2014].

114. Disability Rights International. (2013). op. cit. In addition to DOD funding, following the 2008 conflict with Russia, other donors also funded refurbishment of institutions, specifically Senaki orphanage: "UNICEF and its German National Committee raised

hundreds of thousands of euros to help restore and maintain the [Senaki] institution. Dorn Townsend, UNICEF, (Oct. 17, 2008) In Georgia, Help For Disabled Children Affected by Conflict, UNICEF IN Emergencies and Humanitarian Action http://www. unicef.org/emerg/index_46006.html [accessed 12 August 2015].

115. Matthews et al. (2013). p iii-iv citing Department of State, Foreign Operations, and Related Programs Appropriations Bill 2013, S.3241, 112th Cong. (2nd Sess. 2013) (Committee on Appropriates submitted the Report to accompany S. 3241) www.gpo.gov/fdsys/pkg/CRPT-112srpt172/pdf/CRPT-112srpt172.pdf [accessed 12 August 2015].

116. USAID, Global Health. (19 June 2015) http://www.usaid.gov/where-we-work/europe-and-eurasia/georgia/global-health [accessed 12 August 2015].

117. See, for example, the Embassy of Japan in Kenya fundingguidelines in which construction or renovation of buildings isone funding area http://www.ke.emb-japan.go.jp/ggp1.html [accessed 12 August 2015].

118. This is a conversion from the original figure of $67,664 (USD), based on exchange rates on xe.com on 22/06/2015. The Embassy of Japan in Timor-Leste, Japan's Assistance to Timor-Leste, Grant Assistance for Grassroots Human Security Project 2011 "The Project for Renovation of Orphanage Dormitory in Bacucau District,"15 November 2012. http://www.timor-leste.emb-japan.go.jp/ ggp56_e.html [accessed 23 October 2014].

119. Göransson, A., Von Bothmer, A., & Makhanko, A. (2008). Improving Care and Institutional Conditions for Orphans and Children Deprived of Parental Rights in Belarus. Sida. http://www.sida.se/contentassets/6ad5c8cc3d744febab919132c7459a3c/200820-improving-care-and-institutional-conditions-for-orphans-and-children-deprived-of-parental-rights-in-belarus_1939.pdf [accessed 12 August 2015].

120. Mulheir, G., Browne, K., et al. (2007). De-institutionalising and transforming children's services: A guide to good practice, WHO Collaborating Centre for Child Care and Protection, University of Birmingham.

121. Mathews et al. (2013).

122. Doyle. (2010).

123. The USG response to the needs of children following the Haiti earthquake led to the USG Evidence Summit on Protecting Children Outside of Family Care, which led to a commitment by 10 senior USG officials in the Lancet to develop a strategy that resulted in the USG Action Plan on Children in Adversity. See PL 109-95 (2009), Third Annual Report to Congress on Public Law 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005: U.S. Government and Partners: Working Together on a Comprehensive, Coordinated and Effective Response to Highly Vulnerable Children. http://pdf.usaid.gov/pdf_docs/PDACN600.pdf [accessed 12 August 2015].

124. Child Protection Working Group of the Global Protection Cluster, Too Little, Too Late: child protection funding in emergencies. http://resourcecentre.savethechildren.se/sites/default/files/documents/4382.pdf [accessed 15 November 2014].The report found that funding of child protection emergency response work is significantly lower than for other humanitarian sectors even though children are at risk of abuse, neglect and exploitation during an emergency and there is need specific technical skills and services to address these issues. Child protection accounted for only a fraction over overall humanitarian funding: 1% of total funding across all Consolidated Appeals Process (CAP) and Flash Appeals in 2007; and 2% of total CERF funding.

125. Disability Rights International, Ukraine International Development Aid Policy Memo, Eric Rosenthal & Eric Mathews, April 8, 2014. http://www.disabilityrightsintl.org/ ukraine- international-development-aid-policy-memo/#_edn4 [accessed November 2014].

126. This includes the U.S. Departments of Agriculture, Defense, Health and Human Services, Labor, and State, as well as the U.S. Agency for International Development and PeaceCorps.

127. WFP (June 2008), Getting Started: Programming Food Assistance for Orphans and Vulnerable Children. https://www.wfp.org/content/getting-started-programming-food-assistance-orphans-and-vulnerable-children [accessed 12 August 2015].

128. Ibid, p. 27.

129. Ibid, p 28.

130. Stakeholder consulted for the study.

131. UNICEF. (14-15 March 2005). Foster Care Workshop in Kazakhstan: Japanese Government Funds Foster Care Initiative in Kazakhstan. http://www.unicef.org/ceecis/media_1489.html [accessed 23 October 2014].

132. European Commission. (2012). Commission Staff Working Document, Accompanying the document Report from the Commission to the European Parliament and the Council, Annual Report on the European Union's Humanitarian Aid and Civil Protection Policies and their Implementation in 2011. http://www.parliament.bg/pub/ ECD/121043SWD_2012_254_EN_DOCUMENTDETRAVAIL_fdoc [accessed 25 October 2014].

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