



JIMMA UNIVERSITY
COLLEGE OF LAW AND GOVERNANCE
SCHOOL OF LAW

**IMPLEMENTATION OF THE RIGHT TO ALTERNATIVE
CARE OF PHYSICALLY ABANDONED INFANTS IN
ETHIOPIA: THE CASE OF HAWASSA CITY, HOSANNA AND
WOLKITE TOWNS OF SNNP REGION.**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS OF LL.M. DEGREE IN HUMAN RIGHTS AND
CRIMINAL LAW**

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Declaration

‘I declare that this thesis titled **Implementation of the Right to Alternative Care of Physically Abandoned Infants in Ethiopia: The Case of Hawassa City, Hosanna and Wolkite Towns of SNNP Region** is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references’.

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Abbreviation and Acronyms

ACRWC- African convention on the right and welfare of child

CRC- Convention on the right of child

CDFE-Children deprived of their family environment

ICA-Inter-country adoption

ICCPR- International Covenant on Civil and Political Rights

ICESCR- International Covenant on Economic, Social and Cultural Rights

ICPRMWMF- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families

ISS- international social service

KC-Kinship care

MOLISA- Ministry of Labor – Invalids and Social Affairs of Vietnam

OVC- Orphan and vulnerable children

RFC- Revised family code of Ethiopia

SNNP- South Nations Nationalities and People

UDHR- Universal declaration of human rights

UN- United Nations

USA- United States of America

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Abstract

The UN Convention on the Rights of the Child (CRC) and African Charter on the Rights and Welfare of the Child (ACRWC) oblige the states parties to ensure the provision of alternative care to children deprived of their family environments (CDFE) within their domestic jurisdictions. Physically abandoned infants are among the CDFE. Ethiopia is one of the member states to both CRC and ACRWC. As such, the country is responsible to ensure alternative care to abandoned infants both in law and in practice. After examining the domestic Laws, Policies and Guidelines regulating alternative care to CDFE in Ethiopia, the study came to the conclusion that the existing laws are inadequate to effectively ensure the right to alternative care of physically abandoned infants in the country. Having also examined the practical implementation of alternative care to physically abandoned infants in Hawassa City, Hosanna and Wolkite Towns which are among the top areas where the practice of physical abandoning of infants is highly observable in SNNP Region. The study found several shortcomings affecting the provision of alternative care to the physically abandoned infants mainly due to the reason that the Women, Children and Youths Affairs Bureaus in the City and Towns under investigation don't prepare alternative care to such infants in advance. Accordingly, the study recommends several measures which should be taken in order to redress the problems including adoption of comprehensive legislative frameworks required to effectively regulate alternative care services to physically abandoned infants in the region.

Chapter One

Introduction

1.1 Background of the Study

Family is the fundamental unit of society where children are conceived, born and reared. Thus it is an institution that needs protection by state and the society.¹ The Universal Declaration of Human Rights (UDHR) Article 16(3), the International Covenant on Civil and Political Rights (ICCPR) Article 23(1), International Covenant on Economic, Social and Cultural Rights (ICESCR) Article 10(1), ACRWC Article 18(1) and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICPRMWMF) Article 44(1) has recognized family as a basic unit of society and entitled it to protection by state and the society.

The term family refers to parents, extended family (grandparents, aunts, uncles and their children), the community, nuclear family (parents and their children), separated parents, single-parent family and adoptive family.² CRC and ACRWC have recognized that children should grow up in such a family environment in an atmosphere of happiness, love and understanding.³ Family environment is a universally recognized prerequisite for the full and proper development of a child because of the presumption of care, nurture, love and understanding within that environment.⁴

¹ Office of the United Nations High Commissioner for Human Rights, “The Core International Human Rights Treaties”, 2006, p 97.

² Rachel Hodgkin and Peter Newell, “Implementation Handbook for the Convention on the Rights of the Child”, (3rd ed), Geneva, 2007, p279.

³United Nations Child Rights Convention, 1989 [Here in After CRC] preamble, para 7; African Charter on Rights and Welfare of Children, 1990, CAB/LEG/153/Rev.2 [Here in After ACRWC] preamble, para 5.

⁴ SOS Kinderedorf International, “A Child’s Right to a Family: Family-based Child Care”, (<http://www.crin.org> accessed on May1/2019).

Though the international and regional laws recognized that children should grow up in a family environment, millions of children in the world are deprived of their family environment.⁵ CDFE are those groups of children who are temporarily or permanently removed from their family environment due to reasons such as the death of parents, children's abandonment by parents, armed conflict, internal displacement, temporary or permanent incapacity of parents (due to imprisonment, illness or disability) and or in their best interests by administrative or judicial decision.⁶ Extreme poverty, accidents, terminal diseases and epidemics are also among the reasons that could deprive a child from his/her family environment.⁷

Physically abandoned infants are those children who are deprived of their family environment in situations that their parents and other families are unknown. Such infants are abandoned anonymously; they cannot tell about their families and also can't protect themselves from danger due to their immaturity. Compared to other Children, physically abandoned infants are more vulnerable to harm such that they need special attention and care required by the gravity of their situation.

CDFE including physically abandoned infants are entitled to special protection and assistance under CRC Article 20 and ACRWC Article 25. They have the right to alternative care which shall be ensured by state parties.

Alternative care could include, inter alia, foster placement, *kafalah* of Islamic law, adoption or if necessary placement in suitable institutions.⁸ Like any other children, those children who are placed in alternative care should grow up in a family environment in an atmosphere of happiness, love and understanding. States have obligation to provide special protection from harmful family environment and ensure that there are suitable alternative care options in place.⁹ A harmful

⁵ World Wide Orphans, "Defining Orphans: The World's Most Vulnerable Children", (www.orglawstreetmedia.com/.../world accessed on May1/2019).

⁶ Supra note 2.

⁷ "Orphans", (https://www.unicef.org/media/media_45279.html accessed on May1/2019).

⁸ CRC, Article 20; ACRWC, Article 25.

⁹ Nigel Cantwell and Anna Holzscheiter, "Article 20: Children Deprived of Their Family Environment", *Martinus Nijhoff publishers, Boston*, 2008, p 38.

family environment of a child placed in an alternative care could be known through a periodic review that must take place in the placement of such child.¹⁰

States are obliged to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child¹¹ and such protective measures should include procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of the child maltreatment and, as appropriate, for judicial involvement.¹²

There are many children deprived of their family environment in Ethiopia and the main reasons for such deprivation are family instability, disintegration, violence in home, abuse of children, disabilities, neglect and abandonment.¹³ Physical abandonment of infants exists in the country. However, such infants cannot benefit from the Country's strong culture of caring by extended family and other relatives or they can't protect themselves. Thus, they need an alternative care. Ethiopia is one of the countries that ratified both CRC¹⁴ and ACRWC¹⁵. The Country is obliged to ensure alternative care to those physically abandoned infants within its legal systems. Therefore the study examines adequacy of domestic laws of Ethiopia to implement alternative care to physically abandoned infants in the country and its implementation in some selected areas: Hawassa City, Hosanna and Wolkite Towns of SNNP Region.

¹⁰ CRC, Article 25.

¹¹ CRC, Article 19.

¹² CRC, Article 19(2).

¹³ The African Child Policy Forum (ACPF), "Inter-country Adoption Alternatives and Controversies: Proceedings", Addis Ababa, *The Fifth International Conference on the African Child*, 2012, p19.

¹⁴ International Justice Resource center (IJRC), "Ethiopia", (<https://ijrcenter.org/wp-content/uploads/2017/11/Ethiopia.pdf> accessed on May2/2019).

¹⁵ Ibid.

1.2 Statement of the Problem

Physical abandoning of infants becomes the major problem in Ethiopia. It is mainly observable in roads, ditches and hospitals especially in cities and towns. They are mostly abandoned in unsafe ways that affects the life and health of the child.

Ethiopia has adopted the 2009 alternative childcare guidelines on community-based childcare, reunification and reintegration program, foster care, adoption and institutional care service (the 2009 alternative care guidelines of Ethiopia)¹⁶ and the 2010 standard service delivery guidelines for Orphans and Vulnerable Children (OVC) care and support programs¹⁷ based on which alternative care is to be ensured for the OVC in the Country. The alternative care to CDFE is also regulated under the Revised Family Code of Ethiopia (RFC), its amendment proclamation No. 1070/2018 and the national child policy. The implementation of alternative care to those children who are deprived of their family environment in SNNP region of Ethiopia is regulated under the SNNP Region foster care guidelines and the regional family code in addition to the above laws, policy and guidelines.

The laws, policy and guidelines put in place to regulate alternative care are adopted to govern the implementation of alternative care to all CDFE. Thus this study examines that whether such general laws are adequate to regulate implementation of alternative care to physically abandoned infants in Ethiopia. The research also assess the existence of an alternative care system for the physically abandoned infants in the country and its implementation in Hawassa City, Hosanna and Wolkite Towns which are areas where physical abandoning of infants is highly observable in SNNP region.

¹⁶ Ministry of Women's Affairs, "Alternative Childcare Guideline on Community-based Childcare, Reunification and Reintegration Program, Foster Care, Adoption and Institutional Care Service", 2009, Addis Ababa, Ethiopia.

¹⁷ Ministry of Women's Affairs, "Standard Service Delivery Guidelines for Orphans and Vulnerable Children's Care and Support Programs", 2010, Addis Ababa, Ethiopia.

1.3 Research Questions

- Are the domestic laws, policy and guidelines of Ethiopia for alternative child care adequate to ensure the right to alternative care of physically abandoned infants in the country?
- Are such domestic laws, policy and guidelines compatible with international minimum alternative care standards?
- Is there an alternative care system to the physically abandoned infants in Ethiopia and how is this being implemented in Hawassa City, Hosanna and Wolkite Towns?
- In particular, what are the challenges in effectively ensuring the right to alternative care to the physically abandoned infants in the study areas?

1.4 Objectives of the Study

1.4.1 General Objective

The general objective of this study is to examine that whether the Ethiopian laws, policy and guidelines regulating alternative care of CDFE are adequate to implement alternative care to physically abandoned infants in the Country and to assess the practical implementation of alternative care system to physically abandoned infants in Hawassa City, Hosanna and Wolkite Towns of SNNP Region.

1.4.2 Specific Objectives

- ✓ To examine whether the laws, policy and guidelines of Ethiopia that regulate alternative child care are compatible with the international minimum alternative care standards
- ✓ To investigate adequacy of the existing institutions put in place to provide alternative care to physically abandoned infants in Ethiopia in general and in SNNPR in particular
- ✓ To assess the available alternative care mechanisms in the specified places
- ✓ To examine the challenges in the implementation of the right to alternative care of physically abandoned infants in the city and towns.
- ✓ To provide recommendations which are important for the implementation of alternative care in the country and particularly in Hawassa, Hosanna and Wolkite.

1.5 Scope of the Study

Though children could be deprived of their family environments due to many reasons, this research focused on only those CDFE due to abandonment and physically abandoned infants who are below one year old are the subjects of the study. The researcher selected physically abandoned infants out of all CDFE due to their high vulnerability to harm and for because physically abandoned infants are widely observable in many cities and towns of Ethiopia.

The research studied about the right to alternative care to physically abandoned infants and its implementation in Hawassa City, Hosanna and Wolkite Towns which are among the areas of SNNP region where physical abandoning of infants is widely observable. According to the information from the SNNP region women and children affairs bureau, infant abandonment is widely observable in Cities and Towns of Hadya, Gurage, Sidama, Gedeo, Silte and Wolaita Sodo Zones.

1.6 Significance of the Study

This research will have relevance to achieve a better alternative care system to physically abandoned infants in Ethiopia and particularly in the study areas. The study will also help to draw the attention of the Regional Government and Federal Government of Ethiopia to work seriously on the issue which has been less considered.

The study helps civil societies in their effort to create the awareness to the society about the problem and their roles in decreasing infant abandonment and will also lay important background for further research on the topic.

1.7 Methodology

The study followed the mixture of both doctrinal and non-doctrinal methods in answering the research questions stated above. It employs qualitative approach. To this end, both primary and secondary data are used in the research. As of primary data, the researcher has used international, regional and domestic laws, policies and guidelines of Ethiopia to explore the laws recognizing

the right to alternative care of CDFE and to assess the adequacy of such instruments in order to implement alternative care of physically abandoned infants in Ethiopia and in the study areas. In the examination of practical implementation of the alternative care services, the researcher selected SNNP from the regions in the country. The country has no data which indicates the number of physically abandoned infants in each region and where such abandoning is highly observable.¹⁸ From the city and towns of SNNP region, the researcher selected Hawassa City, Hossana and Wolkite Towns of SNNP region for such city and towns of the region are areas where physical abandoning of infants is highly observed.¹⁹ In this regard, the data are mainly obtained through interview with key informants in the respective places. The researcher personally conducted interviews with key informants in Hosanna and Wolkite Towns but was forced to rely on the assistance of other persons in interviewing with key informants in Hawassa City. The researcher has also made interview by phone with the key informant in Hawassa referral Hospital because of the extremely precarious security situations in the City. The researcher has read the notes taken by the interviewers at the time of conducting the interview and also carefully listened to the interview records which verified the veracity of the same. Moreover, Hawassa City Women and Children Affairs Bureau has written a stamped letter indicating that the person assigned by the researcher to conduct the interview has conducted interview with key informant in the office of Children rights and welfare protection. The researcher has also reviewed a court case on issue that involved court decision relating to infant abandoning in Hosanna.

Different websites and literatures such as books, articles and journals are used as secondary sources of data in order to have further information on the topic of the study.

¹⁸ Interview with Mr. Dereje Tegyalew, Legal Practitioner in the Ministry of Women, Children and Youths Affairs, Addis Ababa, (Addis Ababa, August 15, 2019).

¹⁹ Interview with Mr. Tesema Lema, Worker in Children Rights and Welfare Protection in SNNP Region Women, Children and Youths Affairs Bureau, Hawassa, (Hawassa, August 27, 2019).

1.7.1 Sampling Technique

Purposive sampling technique is applied in the research. In Hawassa, there are seven child rearing institutions which are engaged in providing care to physically abandoned infants. Their names are Beteseb, SOS, Netsanet, Ajuja, Rohobot, Abenezer, and Hawassa child rearing institutions. The first three are not engaged in facilitating alternative family care to physically abandoned infants and the others are engaged on it. From the seven child rearing institutions, the researcher purposively selected two for data collection. One from the child rearing institutions that facilitate alternative family care and one from those institutions that do not facilitate alternative family care. Directors of the two child rearing institutions are interviewed.

1.8 Literature Review

There are researches in Ethiopia which are related to the right to alternative care of CDFE. Such researches are mainly focused on inter-country adoption (ICA) based on the subsidiarity principle. Those researches were conducted at the time when ICA was being applicable in the Country. After the ban on inter-country adoption in Ethiopia, the right to alternative care and its implementation has not been studied with exception of the research by Melat Assefa.

Melat Assefa in her LLM thesis studied about the ban on ICA in Ethiopia and its implications on the right to alternative care. According to her study, the banning of ICA in Ethiopian context goes against the best interest of the OVC. She argued that the Country lacks conducive environment to support its OVCs by exclusive focus on domestic alternative care options. The nationals of Ethiopia lack awareness, willingness and economic capacities in order to apply domestic alternative care options exclusively. It takes a considerable time to fulfill these three conditions simultaneously. She found that the problems on ICA are abuses on the process which could have been rectified through administrative measures and by filling the gaps on the legal and institutional framework for inter-country adoption. She asserted that ICA was the only viable chance of having a family-based alternative care to CDFE.

This study differs from the research of Melat in that she argues against the ban of ICA by raising its disadvantages whereas mine is not related to the advantages and disadvantages of the banning but focused on the post banning of inter-country adoption. This research examines the adequacy of the legal framework for domestic alternative care, the existence of alternative care system and its implementation to physically abandoned infants on selected City and Towns.

1.9 Limitations of the Study

Limitations of the research are first, the researcher couldn't make interview in person with key informants in Hawassa due to the insecurity at the time of conducting the research so that the researcher make the interview to be conducted by others who are living in the City. Second, the researcher was unable to make observation on the alternative care being provided to abandoned infants by volunteer women in order to examine adequacy of alternative care by the women and couldn't also trace foster families in order to ask them whether workers of Women, Children and Youths Affairs Bureaus are making periodic review of the foster care. The Women, Children and Youths Affairs Bureaus in Hossana and Wolkite Towns were not willing to contact the researcher with the women and also with foster families. They only give appointments and fail to contact the researcher with such people thus the researcher make analysis on such matters by relying on the interview alone. The researcher couldn't also observe physically abandoned infants who are given to Hosanna Nigist Eleni Hospital. There were no abandoned infants in the hospital at the time of conducting the interview. According to the information from the chief medical director of the hospital, two abandoned infants are given to the town Women, Children and Youths affairs bureau before five days. One of the infants has stayed in the hospital for fifteen days and the other for a month.

1.10 Organization of the Study

The research has five chapters. Chapter one is the introductory part including background of the study, statement of the problem, objectives, research questions, scope, significant ,methodology and limitations of the study. Chapter two discuss about the meaning of physical abandoning of infants, its causes in different countries and the implications on rights of children. Chapter three

explores the international, regional and national laws of Ethiopia recognizing the right to alternative care of CDFE. It also briefly discuss the minimum standards of alternative care set in the UN guidelines, the policies and guidelines regulating alternative care in Ethiopia and its consistence with the UN guidelines. Chapter four is about the implementation of alternative care in Hawassa City, Hosanna and Wolkite Towns of SNNP Region and Chapter five includes conclusion and recommendations.

Chapter Two

Physical Abandoning of Infants: Its Meaning, Causes and Implications

2.1 Introduction

Physical abandoning of infants is a universal problem and not recent phenomena. This chapter discusses about the meaning of physical abandoning of infants, its causes and implications on children rights. The aim of such discussion is to indicate about the problems of infant abandoning, how the problem is sever in different countries and how it affects the right of the abandoned children. The researcher has referred different literatures and websites in order to study about physical abandoning of infants in different countries.

2.2 Child Abandonment

Child abandonment refers to the act of leaving a child with the intention of wholly abandoning the child or failing to provide necessary care in some instances for a child living under ones roof.²⁰ Abandoned children are those children who are deprived of their family environment contrary to international human rights law.²¹ The Black's Law Dictionary also listed abandoned children as an example of children deprived of their family.²² Infants and young children are those most at risk of being abandoned.²³

²⁰ "Child Abandonment", (<https://criminal.findlaw.com/criminal-charges/child-abandonment.html> accessed on May8/2019).

²¹UNICEF Viet Nam & MOLISA, "Qualitative Research into the Root Causes of Child Abandonment and Child Relinquishment in Viet Nam", *International Social Service*, 2013-2014, p10.

²²Black's Law Dictionary 8th Ed, (http://www.republicsg.info/Dictionaries/2004_Black%27s-Law-Dictionary-Edition-8.pdf accessed on May 8/2019).

²³Hiranthi Wijemanne, "Child Rights Imperatives for Children in Alternative Care" *Scottish Journal of Residential Child Care*, (2017), p2.

Child abandonment has a universal nature and occurs globally.²⁴ In the 18th and 19th centuries, it was a very serious problem in Europe.²⁵ Up to a quarter of all babies born in the city of Toulouse, France was known to be abandoned in the 18th century and in Paris, nearly one third of all births between 1750 and 1789 were abandoned. In UK, about 50 babies are thought to be abandoned yearly²⁶ and 733 babies are estimated as abandoned in the United States between 1999 and 2015.²⁷ Although child abandonment is relatively decreasing, it still remains to be a serious concern around the world.²⁸

There are two types of child abandonment, namely, open and secret child abandonment.²⁹ Open child abandonment is defined as a child being knowingly left behind by his or her parent (s) who can be identified and no other family members are able or willing to take on the responsibility to parent and care for the child.³⁰ Open abandonment includes the cases of neglect and emotional abandonment, such as in the case of a parent who fails to offer financial and emotional support for his or her child over a long period of time.³¹ In many cases such children being left alone struggle for their own survival.³² Secret abandonment is defined as a child being anonymously

²⁴ Kathryn Whetten, Jan Ostermann, Rachel Whetten, Karen O'Donnell and Nathan Thielman, "More than the Loss of a Parent: Potentially Traumatic Events among Orphaned and Abandoned Children" *Journal of Traumatic Stress*, (2011), p174.

²⁵ "Child Abandonment and Its prevention in Europe", *Institute of Work, Health and Organizations Nottingham: University of Nottingham*, (2012).

²⁶ Ibid.

²⁷ "How Many Newborns are Discarded in the US?", (<http://splinternews.com/how-many-newborns-arediscarded-in-the-US-no-one-kno-1793847106> accessed on May 23/2019).

²⁸ John Thorpe, "Why Do Women Abandon Their Babies? Here's What Can Be Done to Help", (<https://www.bustle.com/p/why-do-women-abandon-their-babies-heres-what-can-be-done-to-help-76071> accessed on May 23/2019).

²⁹ Supra note 20.

³⁰ Ibid.

³¹ Ibid.

³² Kevin Gledenhuis, "Child Abuse Prevention: Abandoned Babies and Children", 2012, p30.

left behind in a way that his/her parents are unknown.³³ In both open and secret abandonment the abandoning parent intention is not to return for the child but to willingly relinquish parental responsibility.³⁴ Child abandoning typically involves physical abandonment.³⁵

2.2.1 Physical Abandoning of Infants

Physical abandoning of infants is one type of secret child abandonment.³⁶ It refers to the act of leaving a child younger than twelve months in a public or private place with the intent of terminating their care for the child.³⁷ Those who physically abandon infants have no intention of returning for that child.³⁸ Newborns and infants are those mainly being abandoned now days.³⁹ An infant may be abandoned in the day of its birth, within days, weeks or months that is from the day of birth up to 12 months. Abandoned infants are also called foundlings.⁴⁰

Infants may be abandoned in findable or un-findable location.⁴¹ They may be abandoned in public areas such as market place, road-side, at the door-front of a social protection center, a church, in a hidden or dangerous places.⁴² They may also be abandoned in specially created places for the purpose of safe abandonment which are usually called baby boxes (baby

³³ Ibid.

³⁴ Ibid.

³⁵ “What is Child Abandonment?”, (<https://resources.lawinfo.com/criminal-defense/child-abandonment/> accessed on May 23/2019).

³⁶ Ibid.

³⁷ Ibid.

³⁸ Michael Burnstein, “Child Abandonment Historical, Sociological and Psychological Perspectives” *Human sciences press*, (1981), volume11 No. 4, p214.

³⁹ Supra note 32.

⁴⁰ Supra note 35.

⁴¹ Lorraine Sherr, Joanne Mueller and Fox Zoe, “Abandoned Babies in the UK – A Review Utilizing Media Reports” *Child: Care, Health and Development*, (2009), p430.

⁴² Ibid.

hatches).⁴³ In most cases, those who abandon infants expect that the child will be found and taken care of.⁴⁴

An infant may be abandoned by its mother or any other person. For example in countries where baby hatches are found, although the assumption is often made that it is the mother who leaves her child at a baby hatch, there is increasing evidence that it is frequently men or relatives who leave infants at baby hatches, thus consent of the mothers to abandoning their children will be in question.⁴⁵

US ‘Safe Haven’ laws and the ‘accouchement sous X’ law in France allow women to abandon their newborn babies in a safe place, without prosecution.⁴⁶ Accordingly, baby hatches are found in those Countries. Baby hatches (Baby boxes) are also found in Austria, Belgium, Czech Republic, Germany, Hungary, Italy, Latvia, Lithuania, Poland, Portugal, and Slovakia.⁴⁷ Baby boxes have different names in such different Countries. For example they are called ‘Baby klappen’ (baby flaps/hatches) in Germany, incubators in Hungary, and foundling wheels in Italy.⁴⁸ Baby hatches can be found in hospital, fire station, or police station in cities and not available in rural areas.⁴⁹ They are also costly to operate.⁵⁰ Some states allow the parent to reclaim the child within a certain time frame and others not.

Baby boxes are believed to be a guarantee for a child to be found and attended to. They are also believed to serve for the purpose of safely abandoning infants in order to protect them from danger. However, sometimes children are found in baby boxes with existing issue or injury.⁵¹ Thus it does not serve its purpose in such cases. Moreover, baby boxes encourage physical abandonment of infants anonymously which is against the children right to know and be cared

⁴³ Supra note 32.

⁴⁴ Supra note 38.

⁴⁵ Ibid.

⁴⁶ Bradley Darlene, “Perspectives on Newborn Abandonment. Pediatric Emergency Care”, 2003, p110.

⁴⁷ Joanne Mueller and Lorraine Sherr, “Abandoned Babies and Absent Policies”, 2009, p30.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Ibid.

for by their parents.⁵² Thus domestic laws which allow for the existence of baby hatches are against the international human rights law.

2.3 Causes for Infant Abandonment

Different studies reveal that there are many causes for physical abandoning of infants such as poverty, financial hardship, homelessness resulted from lack of social welfare,⁵³ war and displacement of a family,⁵⁴ birth out of wedlock (in such cases the mother may abandon her child to prevent being shamed by the community),⁵⁵ Health complications (if their parents feel that they can't provide the child with the level of care that the child condition requires),⁵⁶ One child policy of China which is introduced in 1979 and set up penalties for families that choose to have more than one child,⁵⁷ Sex preference in a sense that a mother who gave birth to the same sex repeatedly may abandon a new born with similar sex,⁵⁸ HIV infection of the child,⁵⁹ being a single parent, the extreme hate of the child for the mother breaks relationship with the father of the child, post-natal depression and mental illness of the mother, poor knowledge regarding family planning, restrictions on abortion, disability of a child, pregnancy as a result of rape and abuse or force by partner.⁶⁰ Infants are not only abandoned for because their parents do not want

⁵² CRC, Article 7.

⁵³ Schweder Richard, "The Child: An Encyclopedic Companion" *University of Chicago Press*, (2009), p 3.

⁵⁴ Delaunay Valérie, "Improving Knowledge on Child Abandonment and Care in Africa: A Demographic Contribution to the Achievement of Child Protection" *Journal of African Population Studies*, (2011), p15.

⁵⁵ *ibid*, p 25.

⁵⁶ Bailey Heather, Semenenko Igor, Pilipenko Tatyana, Malyuta Ruslan and Thorne, Claire, "Factors Associated with Abandonment of Infants Born to HIV Positive Women: Results from a Ukrainian Birth Cohort" *AIDS Care*, (2010), p 22.

⁵⁷ Kristof Nicholas, "A Mystery from China's Census: Where has Young Girls Gone?" (<http://www.query.nytimes.com/> accessed on May 27/ 2019).

⁵⁸ Lorraine Sherr and Hackman Natalie, "Abandoned Babies-Abandoned Issue", 2002, p153.

⁵⁹ Hillis Susan, Rakhmanova Aza, Vinogradova Elena, Voronin Evgeny, Yakovlev Alexei, Khaldeeva Natalia, et al, "Rapid HIV Testing, Pregnancy, Antiretroviral Prophylaxis and Infant Abandonment in St Petersburg" *International Journal of STD AIDS*, (2007), p120.

⁶⁰ *Supra* note 56.

them but also due to lack of support such as social welfare available to parents and the cultural stigma on mothers give birth out of wedlock or being a single women.

Even though most parent(s) decide by themselves to abandon their infant children there are circumstances in which parent(s) abandon their children due to the advice by their family or friends when the above issues are faced. Parents may also abandon their children due to pressure from staff at hospital. This often occurs if the mother lacks identity papers, which can prevent the official registration of the child's birth.⁶¹ There are also instances in that mothers may be encouraged by medical staff to abandon their child if they are HIV positive, abuse drugs, are not married, or are very young in such cases the medical staff may abandon the infant by agreement with the mother of the child.⁶²

2.4 Physical Abandoning of Infants in Ethiopia

There are a growing number of children without parental care in Ethiopia.⁶³ One of the reasons for the lack of parental care in the country is child abandonment. Mostly babies of days-old and sometimes only hours-old are subjected to abandonment in Ethiopia.⁶⁴ In many cases, the causes for physical abandonment of infants in the country including Hawassa, Hosanna and Wolkite are social pressure that is stigma of having a child outside the bonds of marriage, pregnancy due to rape or incest and lack of resource for a single woman to up bring her child.⁶⁵ Unmarried mother in most parts of Ethiopian society is looked down on and most likely will never marry.⁶⁶ Single woman in most cases hide her pregnancy under loose, traditional clothing and goes off by herself when pain comes. Mostly abandoned infants are found in a busy market place and in the waiting

⁶¹ Supra note 58.

⁶² Ibid.

⁶³ "Alternative Child Care in Ethiopia",

(https://www.unicef.org/ethiopia/ECO_Alternative_Childcare_briefingnote.pdf accessed on June 3/ 2019).

⁶⁴ Ibid.

⁶⁵ "Why Abandon a Baby?", (<https://newlifeethiopia.org/2017/07/02/why-abandon-a-baby/> accessed on June 3/ 2019).

⁶⁶ Ibid.

room of a crowded clinic.⁶⁷ Infants who are subjected to abandonment in Hamer and Bena that is in south west of Ethiopia are called as ‘Mingi’. ‘Mingi’ infants are those who are born to unwed mothers or from a union that has not been blessed by elders, twins and children whose top teeth grow before the bottom ones. Those infants are believed to be “cursed” and subjected to death by downing them to river or throwing them to a great height or abandonment. Sometimes they are left to starve, abandoned to be eaten by wild animals or suffocated by having dirt stuffed into their mouths and no one responsibly take the children and up bring them. The ‘Mingi’ were being died for many years however such tradition is being eliminated today due to the government efforts of creating awareness about the harms of such tradition.⁶⁸ Similarly, government should engage in preventing infant abandoning in other areas of the country by creating awareness in cooperation with religious institutions.

Like any other countries in the world, infant abandonment is observable in all regions of Ethiopia especially in cities and towns.⁶⁹ However the country lacks data on the number of abandoned infants in the country as a general and in the regions in particular.

2.5 The Implications of Physical Abandoning of Infants

Infant abandoning has implications on multiple numbers of the rights of children recognized under international human rights law. In particular, when a child is abandoned, his/her right to know and be cared for by his/her parents, the right to preserve his/her family relations; his/her right to grow up in a family environment will be violated. Physical Abandoning of infants has also implication on children right to enjoy highest attainable standard of health, right to life, survival and development.

⁶⁷Supra note 63.

⁶⁸Jane Wharton, “The Peculiar Case of Mingi”, (<https://www.thereporterethiopia.com/article/peculiar-case-mingi>, accessed on June 3/ 2019).

⁶⁹ Supra note 18.

2.5.1 Its Implications on the Right to Know and Be Cared For by his/her Parents

The CRC provision Article 7 has entitled a child for the right to know and be cared for by his/her parents as far as possible. Both parents are required to care for their children ⁷⁰ ACRWC also entitle children with the right to parental care and protection.⁷¹ Children have the right to reside with their parents whenever possible.⁷² In Ethiopia a child right to know and be cared for by his/her parents is recognized under the FDRE constitution.⁷³

Children should not be separated from their parents unless a competent authority subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.⁷⁴ Such determination may be necessary in particular cases such as abuse or neglect of the child by his/her parents or where the parents are living separately and a decision must be made as to the child's place of residence.⁷⁵ Poverty⁷⁶ and disability of parents cannot be considered as the best interest reason to separate children from their parents.⁷⁷ Children could be separated from their parents when their parents fail to comply with the obligations of good parenthood.⁷⁸ Even in situations of separation, a child has the right to maintain personal relations and direct contact with both parents on regular basis unless it is contrary to the best interest of the child.⁷⁹

⁷⁰ CRC, Article 18(1).

⁷¹ ACRWC, Article 19(1).

⁷² Ibid.

⁷³ Constitution of the Federal Democratic Republic of Ethiopia, Proclamation No. 1/1995, Article 36(1)(c).

⁷⁴ CRC, Article 9(1); ACRWC, Article 19(1).

⁷⁵ CRC, Article 9(1).

⁷⁶ Nigel Cantwell, Jennifer Davidson, Susan Elsley, Ian Milligan and Neil Quinn, "Moving Forward: Implementing the Guidelines for the Alternative Care of Children" *UK Centre for Excellence for Looked after Children in Scotland*, (2012), p.38.

⁷⁷ Girmachew Alemu and Yonas Birmeta, "Handbook on the Rights of the Child in Ethiopia", *Addis Ababa University*, p111.

⁷⁸ Carolyn Hamilton, Ruth Barnes and Carolyn Regan, "Analysis of the Child and Family Welfare and Protection Services System in Viet Nam" *UK: Children's Legal Centre eds*, (2010), p 97.

⁷⁹ CRC, Article 9(3); ACRWC Article 19(2).

For children needs love and understanding to their full and harmonious development, their parents have to look after, maintain, instruct and educate them. They should provide them food, clothing, habitation and health facilities for their maintenance.⁸⁰ Parents have to secure the living conditions necessary for the child's development with their abilities and financial capacities.⁸¹ Best interests of the child should be the basic concern in the upbringing of a child⁸² and such best interest should be determined on case by case basis for each child.⁸³ Parents fail to make best interest of the child their basic concern if a child's physical, psychological or intellectual development is being impaired by the avoidable actions of the parents.⁸⁴

The term parents have been understood as biological (natural) parents in early periods but now days the term imply both the natural parents and genetic parent (the donor of egg), the birth mother and the father who claimed paternity through partnership with the mother at the time of birth in cases of egg donation.⁸⁵ Thus, a child has the right to know and be cared by both of his genetic parents and the birth mother in such cases. Anonymous birth is prohibited in cases of egg donation. The CRC committee in its concluding observation on the report of Luxembourg recommends the State party to take all necessary measures to prevent and eliminate the practice of anonymous birth and in case anonymous births continue to take place, the State party should take the necessary measures to make sure that all information about the parent(s) are registered and filed in order to allow the child to know his/her parent(s) at the appropriate time.⁸⁶

States have duty to use their best efforts to ensure the recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. They have to advise and educate parents about their responsibilities like by preparing programs to

⁸⁰ Ruth Farrugia, "Parental Responsibility and State Intervention" *California Western International Law Journal* ,(2000), p128.

⁸¹ CRC, Article 27(2).

⁸² CRC, Article 18(1).

⁸³ Supra note 80, p 233.

⁸⁴ *ibid*, p 232 .

⁸⁵ UN Committee on the Rights of a Child, General Comment No. 7, Sep 20/2006, para105.

⁸⁶ UN Committee on the Rights of a Child, General Comment No. 15, Apr 17/2013, para 28 and 29.

teach parents about their roles.⁸⁷ Additionally states should assist parents in fulfilling their responsibilities to take care of their children. Obviously state assistance is appropriate when parents are unable to undertake their responsibilities to the upbringing and development of the child.⁸⁸ State assistance may include financial benefits, housing, day care and material support.⁸⁹ Though states are required to assist parents where the parents fail to perform their responsibilities; state responsibilities for the children are not only subsidiary they have primary responsibilities to ensure that children have access to health care, education and similar services.⁹⁰

Where infants are physically abandoned, there will not be chance for them to know their parents and be cared by them. Thus infant abandoning has implication on the child right to know and be care by his/her parents in that the act is against such right of the infant.

2.5.2 Its Implications on the Right to Preserve the Child Family Relations

The Law provisions that shoulders primary responsibility of children on parents affirms the presumption that children are best cared for within families.⁹¹ State parties to CRC have also undertaken to respect the right of the child to preserve his or her identity including family relations as recognized by law without unlawful interference.⁹²

Children have the right to preserve their family relations with their parents, the extended family (grandparents, aunts, uncles and their children), the community, nuclear family (parents and their children), separated parents, single-parent family, adoptive family and they also have the right to preserve family relations which could be recognized by the domestic law of the country. Children are not only entitled to know their parents but also to know their family relations in the extended family. Where infants are physically abandoned, they will be left alone and this has

⁸⁷ Mavis Maclean and Jacek Kurczewski, "Family Law and Family Policy in the New Europe", (1997), p129.

⁸⁸ Ibid.

⁸⁹ ACRWC, Article 20(1) (2).

⁹⁰ Supra note 78, p131.

⁹¹ "Module 7: Parental and Children's Rights",

(<https://www.open.edu/openlearncreate/mod/book/tool/print/index.php?id=77847>, accessed on June 3/ 2019).

⁹² CRC, Article 8(1).

implication on the right to preserve their family relations in that the abandonment is against such right of the child.

2.5.3 Its Implications on the Right to Grow Up in a Family Environment

The term Family environment refers to ‘any non-institutional living arrangement in which the care of children takes place under the responsibility of one or more adults.’⁹³ CRC and ACRWC in their preambles have recognized that children should grow up in a family environment in an atmosphere of happiness, love and understanding for their full and harmonious development.⁹⁴ Such right is drawn from CRC Article 20 and ACRWC Article 25. The provisions requiring the ensuring of alternative care to CDFE implies that children have the right to grow up in a family environment. Moreover, Adoption, *kafalah* of Islamic law and foster care which are prioritized than suitable institutions in those provisions are means of alternative care in family environment. Thus children right to grow up in a family environment is implied in such Articles.

Though children at infancy stage understood little, they are aware of the emotional climate of the family thus a family environment is important to the infant sense of security.⁹⁵ Infant survival, well-being and development are dependent on and built around close relationships. These relationships are normally with a small number of key people, most often parents, members of the extended family and peers, as well as caregivers and other early childhood professionals. A family based or family like care is more likely to produce healthy physical and psychological development and will have positive consequences for long-term social adjustment for children under age of three.⁹⁶ Where infants are abandoned, it is a removal from a family environment and this has implication on the child right to grow up in a family environment. The act of infant abandoning is against the infant right to develop in a family environment.

⁹³Miriam Castillo, “Homeless Children and Their Right to Family Life: The Reality in Latin America”, 1996, p3.

⁹⁴ CRC, preamble para 7; ACRWC preamble para 5.

⁹⁵ “Abandonment”, (<http://www.healthofchildren.com/A/Abandonment.html> accessed on June 3/ 2019).

⁹⁶ Ibid.

2.5.4 Its Implications on Children Right to Enjoyment of the Highest Attainable Standard of Health

The right to health and health care are recognized under Article 25 of the Universal Declaration of Human Rights (UDHR), Article 5 of Convention on the Elimination of All Forms of Racial discrimination (CERD), Articles 12 & 14 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Article XI (11) of the American Declaration on Rights and Duties of Man (ADRDM) and Article 25 of the Convention on the Rights of Persons with Disabilities (CRPD).

CRC Article 24 specifically entitled children with the right to enjoyment of the highest attainable standard of health. States parties are obliged to ensure that no child is deprived of his or her right of access to health care services. However, such right refers to not only to timely and appropriate prevention, health promotion, curative, rehabilitative and palliative services, but also to a right to grow and develop and live in conditions that enable them to attain the highest standard of health.⁹⁷ ICESCR has also entitled children with the right to develop in a healthy environment.⁹⁸

In the constitution of the World Health Organization (WHO), States have agreed to regard health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.⁹⁹ Parents and other caregivers are the key determinants of children's health.¹⁰⁰ When infants are abandoned, their health will be affected due to lack of care¹⁰¹ and mostly due to unsafe abandonments. And this has implications on the infant's right to enjoyment of the highest attainable standard of health in that it is against such right and their right to develop in a healthy environment.

⁹⁷ Supra note 86, Para 2.

⁹⁸ International Covenant on Economic, Social and Cultural Rights, 1976, Article 12(2) (a).

⁹⁹ Constitution of the World Health Organization, 1946, Preamble.

¹⁰⁰ *ibid*, para 18.

¹⁰¹ Supra note 86, Para 5.

2.5.5 Its implications on Children Right to Life Survival and Development

Right to life to all human beings is recognized under Article 3 of UDHR and Article 6 of ICCPR. On the other hand, the right to life specifically for children is recognized under CRC. Children have the right to life and to the maximum extent possible, the right to survival and development.¹⁰²

States Parties have both positive as well as negative obligations flowing from the right to life.¹⁰³ The negative measures require the state “to refrain from any action that may intentionally take life away” and positive measures “designed to protect life” which includes “diminishing infant and child mortality, combating diseases and rehabilitating health, providing adequate nutritious foods and clean drinking water”¹⁰⁴ Article 24 of CRC and Article 12 of ICESCR has also obliged the states parties to diminish infant mortality. In Ethiopia, Children right to life is recognized under the FDRE constitution Article 36(1) (a).

The Committee on the Rights of the Child has referred that the right to survival and development is implemented in a holistic manner through the enforcement of all the other provisions of CRC, including rights to health, adequate nutrition, social security, an adequate standard of living, a healthy and safe environment, education and play (arts. 24, 27, 28, 29 and 31), as well as through respect for the responsibilities of parents and the provision of assistance and quality services (arts. 5 and 18).¹⁰⁵ Thus, where abandoned infants are left without care of anyone it is against their right to survival and development and where they are died it is against the infant’s right to life.

¹⁰² CRC, Article 6.

¹⁰³ Elaine Sutherland, “The Child’s Right to Life, Survival and Development: Evolution and Progress”, 2015, p281.

¹⁰⁴ OHCHR, Manual on Human Rights Reporting under Six Major International Human Rights Instruments, 1997, HR/PUB/91/1 (Rev.1), p 12.

¹⁰⁵ Committee on the Rights of the Child, General Comment No. 9, Feb 27/ 2006, paras. 44 and 45.

2.6 Conclusion

Physical abandoning of infants refers to a situation in that infants younger than twelve months are abandoned anonymously. The causes and situations in which infants are being abandoned differ in different countries. In some countries infants are abandoned in safe manner in to baby boxes and in other countries like Ethiopia infants are abandoned unsafely. However, in practice, infants abandoned in baby boxes are found harmed and affected by disease. Moreover, baby boxes are encouraging infant abandonment. Thus infant abandoning in safe as well as unsafe manner expose infants to harm and death in worst cases. Thus, infant abandoning has implications on multiple rights of children such as the child right to know and be cared for by his/her parents, the right to preserve the child-family relations, the right to grow up in a family environment, right to enjoyment of the highest attainable standard of health and the right to life survival and development. The right to alternative care of CDFE including physically abandoned infants is discussed in the next chapter.

Chapter Three

The Right to Alternative care Under the International, Regional and National Laws of Ethiopia

3.1 Introduction

The previous chapter has discussed about what physical abandoning of infants mean its causes in different countries including Ethiopia and the implications of infant abandoning in the different rights of children. This chapter discuss about the right to alternative care of physically abandoned infants under the International, Regional and National Laws of Ethiopia. The minimum standard set by UN guidelines for alternative care of CDFE in each alternative care categories and the domestic laws, policies and guidelines of Ethiopia that regulate alternative care of CDFE are discussed below in order to explore such laws, policies and guidelines, to examine consistency of the domestic laws with that of the UN minimum standard and to examine adequacy of the laws of Ethiopia to implement alternative care to the physically abandoned infants.

3.2 The Right to Alternative care

Physically abandoned infants like any other children, are subject to children rights recognized under different human right instruments. In addition, they are entitled to special protection and assistance which is required to be provided by states that is alternative care.¹⁰⁶ Alternative care to CDFE refers to any arrangement, formal or informal, temporary or permanent, for a child who is living away from his or her family.¹⁰⁷

The reason for special protection and assistance specific to CDFE in general and to physically abandoned infants in particular is that they are more vulnerable to disease, trauma, and distorted

¹⁰⁶ Stevens Irene, "The Impact of the National Care Standards in Scotland: Putting Article 20 into Practice?", *The International Journal of Children's Rights*, (2008), p16 ; Abramson Bruce "Suggestions for Guidelines Pertaining to Children and Adolescents Without Parental Care", (2005), p 27.

¹⁰⁷Fice youth, "Guidelines for the Alternative Care of Children: A Tool for Reviewing the United Nations Framework with Children", 2010, p 9.

or disturbed development and death.¹⁰⁸ Such children may suffer from ‘poor physical health and severe developmental delays.’¹⁰⁹ They are powerless to avoid or resist difficulties and are dependent on others to offer protection and promote their best interests. Vulnerability of CDFE is uncontested principle in international law.¹¹⁰

Historically, there were few non-binding international instruments which provide legal protection to children deprived of their family environment. The 1924 Geneva Declaration on the Rights of Children which is adopted by the League of Nations stated that orphaned and the waif (those children whose parents are unknown) shall be sheltered and supported.¹¹¹ The 1959 Declaration on the Rights of the Child which is the UNGA resolution on the other hand has imposed duty on the society and public authorities to extend care to children without family.¹¹²

The 1986 Declaration on Social and Legal Principles relating to the Protection and Welfare of children, with special reference to Foster placement and Adoption Nationally and Internationally is the first international instrument specifically designed to address about the care of children whose care by their parents is in appropriate or unavailable.¹¹³ However, such instrument is not binding but it has been suggested that some of the central ideas of the declaration such as the preference of family environment which has been stated in the declaration Article 4 have been incorporated in CRC.¹¹⁴ It is argued as the declaration has paved the way for some of important principles and formulations which made their way particularly to the CRC.¹¹⁵ Of course the CRC

¹⁰⁸ Supra note 95.

¹⁰⁹ Paulo Sergio, “United Nations Independent Expert for the Secretary-General Study on Violence Against Children”, 2006, p 14.

¹¹⁰ Supra note 95.

¹¹¹The Geneva Declaration of the Rights of Children, 1924, Article 2.

¹¹² Declaration of the Rights of the Child, 1959, principle 6.

¹¹³Declaration on Social and Legal principles Relating to the Protection and Welfare of Children, With Special Reference to Foster Placement and Adoption Nationally and Internationally, 1986, A/RES/41/85.

¹¹⁴ John Toblin, “The UN Convention on the Rights of the Child: A commentary”, *Oxford University Press*, p728.

¹¹⁵Charlotte Phillips, “Child-Headed Households: A Feasible Way Forward or an Infringement of Children’s Right to Alternative Care?”, 2011, p 20.

preamble paragraph 11 recalled the 1986 declaration but there is no evidence in the legislative history of CRC that indicate the direct influence of the declaration on the convention.

Among the binding international and regional legal instruments, only CRC and ACRWC expressly oblige their state parties to ensure the provision of alternative care to CDFE. Other international and regional legal instruments do not have express provisions requiring for alternative care to those children. Though ICCPR Article 24(1) doesn't provide explicit rights for CDFE including abandoned children, the human rights committee in its general comment number 17 on ICCPR Article 24 requires state parties to provide information on the special measures of protection adopted to protect children who are abandoned or deprived of their family environment in order to enable them to develop in conditions that most closely resemble those characterizing the family environment.¹¹⁶

Ethiopia is a member state to both CRC and ACRWC thus the country is required to ensure the provision of alternative care to CDFE in general and to physically abandoned infants in particular. The following discussion has focused on the legal and policy framework to alternative care in the international, regional and national level which is in Ethiopia.

3.3 The Right to Alternative Care under CRC

Children who are temporarily or permanently deprived of their family environment including physically abandoned infants are entitled to special protection and assistance under CRC Article 20. The provision reads as follows

A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

- 1. States Parties shall in accordance with their national laws ensure alternative care for such a child.*

¹¹⁶ Human Rights Committee, General comment No. 17, April 7/1989, Article 24, para 6.

2. *Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or, if necessary, placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.*

CDFE have the right to alternative care that should be ensured by state parties to the convention. Such right is implied from sub Article 1 of the provision which obliges the party states to ensure the provision of alternative care. The larger society in the country has also responsibility for the care of CDFE.¹¹⁷ Such children have a moral claim on the rest of the society.¹¹⁸

As one can understand from the reading of Article 20, States are obliged to ensure alternative care to CDFE in accordance with their national laws and such care could be foster placement, *kafalah* of Islamic law, adoption or if necessary, placement in suitable institutions. The convention didn't impose obligation on party states to apply the stated alternative care means but it recommends the party states that they may use them in addition to other alternative care which may be applied in the party states based on their domestic laws. This is intentionally made because of that the provision of alternative care differs in the different countries based on the countries culture and religion for example in countries that apply Islamic law, adoption is not permitted and instead *kafalah* is the applicable alternative care.

The requirement of paying due regard to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background in deciding the alternative care for a child is in line with a child right to preserve his/her identity including nationality and name of a child.¹¹⁹ Children's cultural identity is a very important matter in the context of Africa.¹²⁰

CRC has a provision dealing with placement by competent authorities in general and provision in adoption specifically. The convention didn't provide specific provisions dealing with foster

¹¹⁷ CRC, Article 20(1) CRC.

¹¹⁸ Supra note 106, p 77.

¹¹⁹ Supra note 92.

¹²⁰ African Child Policy Forum (ACHPF), "Africa the New Frontier for Inter-country Adoption", *Addis Ababa, The African child Policy forum*, 2012, p 26.

placement, institutions or other means of alternative care. It is the UN guidelines for the alternative care of children that deals in detail about such other means.¹²¹

3.4 The Right to Alternative Care under ACRWC

ACRWC is the only regional instrument that requires the states parties to ensure the provision of alternative care to those children who are temporarily or permanently deprived of their family environment.

Article 25: Separation from Parents

1. Any child who is permanently or temporarily deprived of his family environment for any reason shall be entitled to special protection and assistance;

2. States Parties to the present Charter:

(a) shall ensure that a child who is parentless, or who is temporarily or permanently deprived of his or her family environment, or who in his or her best interest cannot be brought up or allowed to remain in that environment shall be provided with alternative family care, which could include, among others, foster placement, or placement in suitable institutions for the care of children;

(b) shall take all necessary measures to trace and re-unite children with parents or relatives where separation is caused by internal and external displacement arising from armed conflicts or natural disasters.

3. When considering alternative family care of the child and the best interests of the child, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious or linguistic background.¹²²

The above provision is more or less similar with CRC Article 20 but somehow explicit than it. Firstly, Sub Article one of ACRWC Article 25 specify that special protection and assistance should be ensured to all children who are temporarily or permanently deprived of their family environment for any reason while CRC Article 20(1) simply states that children who are temporarily or permanently deprived of their family environment without indicating the reason

¹²¹General Assembly, Resolution A/RES/64/14223, 2010, Guidelines for the Alternative Care of Children.

¹²² ACRWC, Article 25.

for such deprivation. Secondly ACRWC specifies that such children should be provided with alternative family care whereas CRC only states that the children should be provided an alternative care. Thirdly, ACRWC obliges state parties to take all necessary measures to trace and re-unite children with parents or relatives where separation is caused by internal and external displacement arising from armed conflicts or natural disasters which is not required in CRC. Inclusion of the idea of re unification is very important but it is only limited to specific cases, it didn't require reunification in other cases of family separation including abandonment. The African charter didn't list *kafalah* and adoption as alternative family care but for the list isn't an exhaustive, they can be used as alternative care in the state parties to the convention.

Both CRC and ACRWC require alternative child care to be based on the best interest of the child. Article 20 which is the specific provision dealing with children deprived of their family environment didn't require that best interest of the child to be considered in relation to alternative care provision. The only CRC provision that requires the ensuring of best interest of the child specifically on the decision of alternative care is Article 21 which is related to adoption as discussed in the previous sections. However CRC has general provision which requires the consideration of best interest of the child in all actions concerning children that is including in actions relating to alternative care. The provision reads as follows:

*In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.*¹²³

The FDRE constitution also stated that best interest of the child should be the primary consideration in all actions considering the child.¹²⁴ The constitution used same words like that of CRC. The African charter on the rights and welfare of the child also includes similar general provision dealing with best interest of the child with some difference. It states that:

Article 4: Best Interests of the Child

1. In all actions concerning the child undertaken by any person or authority the best interests of the child shall be the primary consideration.

¹²³ CRC, Article 3(1).

¹²⁴ Supra note 73, Article 36(2).

CRC and ACRWC similarly oblige that best interests of the child should be the primary consideration in all actions concerning the child. Thus in our case, best interests of the child shall be the primary consideration in all actions related to alternative care to physically abandoned infants.

There is no universal consensus on what constitutes best interest of the child, thus it becomes discretion of a decision maker to decide on the best interest of the child on case by case basis. The UN guidelines for alternative care requires that qualified professionals in a multidisciplinary team should determine best interest of the child based on rigorous assessment, planning and review through established structures and mechanisms. Thus States should make every effort to provide adequate resources and channels for the training and recognition of the professionals responsible for determining the best form of care.¹²⁵

There are no standards on the binding international laws on which a decision maker should rely his/her decision of best interest of the child. Coming to the cases of alternative care the following points which are derived from CRC, ACRWC and the UN guidelines for alternative care can be considered as bench marks to determine the best interest of the child.

- The child's immediate safety and well-being as well as his/her longer-term care and development that is suitability of the place for the child¹²⁶
- Family environment
- Preserving Ethnic, cultural, linguistic and religious background
- Permanence

CRC requires that children placed by competent authorities for the purpose of care have the right to periodic review of all circumstances relevant to his/her placement.¹²⁷ Though CRC requires for periodic review of a child placed in an alternative care, it didn't specify that what issues should be reviewed. The UN guidelines in alternative care of children elaborated that in the periodic review, adequacy of the treatment for the child, his/her personal development and any changing needs in his/her family environment should be reviewed and such periodic review

¹²⁵ Supra note 121, para 57.

¹²⁶ *ibid*, para 58.

¹²⁷ CRC, Article 25.

should at least be in every three months.¹²⁸ Based on the review, the decision maker could decide for the change of the placement or not.¹²⁹ If it is decided to change of the placement, the new placement should be determined based on the best interest of the child after assessment is made.

3.7 The Minimum Standard of Alternative Care under the UN Guidelines

The UN guidelines on alternative care are not binding but they set minimum standards of alternative care for CDFE so that states can develop policies and implement an alternative care higher than those stated in the guidelines.¹³⁰ The guidelines serve as a reference text for governments, policy makers and all those involved in ensuring alternative care for children.¹³¹

The guidelines have no applicability to those children under the care of adoptive parents due to the reason that once a child is given to adoptive parents, child parent relation will be created not simple placement by authorities. The guidelines have only application at pre-adoption placement of a child with the prospective adoptive parents. The guidelines are not also applicable to informal alternative care it is only where specifically indicated that the guidelines will be applicable to informal care.¹³²

The guidelines require states to formulate clear policies to address situations where a child has been abandoned anonymously.¹³³ The policies should indicate whether and how family tracing should be undertaken and reunification or placement within the extended family pursued. The guidelines also requires that Planning for care provision and permanency should be carried out from the earliest possible time, before the child enters care taking into account the immediate and longer-term advantages and disadvantages of each option considered.¹³⁴

¹²⁸ Supra note 121, para 67.

¹²⁹ Ibid.

¹³⁰ *ibid*, para 1 and 26.

¹³¹ Supra note 76, p70.

¹³² Supra note 121, para 27.

¹³³ *Ibid* para 43.

¹³⁴ *ibid*, para 61.

According to the guidelines, a state should have adequate alternative care options, with priority to family and community-based solutions.¹³⁵ The competent authority to ensure the alternative care should first look for the possibility of the child reintegration with his/her parents (extended family). If reintegration is contrary to the best interests of the child or if it is not possible within an appropriate period of time, stable and definitive solutions, such as adoption or *kafalah* of Islamic law, should be envisaged; failing this, other options should be considered, such as foster care or appropriate residential care.¹³⁶ Permanent placement should be preferred but a care setting may be changed if it is proved as not suitable based on the periodic review reports. Short-term placements should only aim till an appropriate permanent solution is arranged.¹³⁷

Cultural and religious practices regarding the provision of alternative care, including those related to gender perspectives, should be respected and promoted to the extent that they can be shown to be consistent with the rights and best interests of the children.¹³⁸ The process of considering whether such practices should be promoted should be carried out in a broadly participatory way, involving the cultural and religious leaders concerned, professionals and those caring for children without parental care, parents and other relevant stakeholders.¹³⁹

3.8 Forms of Alternative care

The UN guidelines on alternative care has stated that alternative care has two forms namely Formal and informal alternative care. CRC and ACRWC on the other hand do not state the forms of alternative care but only states the alternative care means which could be applied among others.

¹³⁵ *ibid*, Para 53 and 54.

¹³⁶ *ibid*, Para 161.

¹³⁷ *ibid*, Para 60.

¹³⁸ *ibid*, Para 75.

¹³⁹ *ibid*, Para 75.

3.8.1 Formal Alternative care

Formal alternative care refers to all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.¹⁴⁰ The following sub-sections briefly discuss about Re-integration with parents or the extended family, Adoption, *Kafalah* of Islamic law, Foster placement, Suitable institutions and Residential care which are some of the formal alternative care means.

3.8.1.1 Re-integration with Parents, Nuclear Family or the Extended Family

Though re-integration with parents, nuclear family or the extended family is not listed as a means of alternative care in Article 20, it can be considered as alternative care which should be ensured by states because of that firstly, the list for alternative care in CRC Article 20 is illustrative and secondly, care by parents and the extended family (family relation) is prioritized under the convention unless it is against the best interest of the child.¹⁴¹ Preservation of the child family environment should be the first step before going to other alternative care options.¹⁴²

If an abandoned infant parent(s) become known in any means like by police investigation and is proved that it is not against the best interest of the child, the child should be re-integrated with his parents and if such re-integration is proved to be against the child's best interest, the child should be re-integrated with the extended family to preserve the child family relations again based on the best interest of the child. A resort to other family-based alternative care should only be applicable after exhausting reintegration.¹⁴³

¹⁴⁰ *ibid*, para 28(b)(ii)

¹⁴¹ CRC, Article 3, 8 and 9.

¹⁴² Eyerusalem jimma, "Ensuring a Better Protection for Children Deprived of Family Environment: The Application of Subsidiarity Principle in Ethiopia", 2016, p21.

¹⁴³ Human Rights Committee, General comment No. 17, April 7/1989, Article 24, para 6.

The UN guidelines on alternative care provide the means in which family reintegration should be applied where a child's sole or main caregiver is subjected to deprivation of liberty as a result of preventive detention or sentencing decisions. In such cases the guidelines requires for the application of non-custodial remand measures and sentences wherever possible, that is if reintegration is proved to be the best interest of the child.¹⁴⁴ But if non-custodial remand measures and sentences are impossible and a court decides for the caregiver to remain in custody, states are required to make best efforts to ensure that the children benefit from adequate care and protection in the custody again where reintegration is proved to be the best interest of the child.¹⁴⁵

Removal of a child from the care of his/her family in custody should be a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration.¹⁴⁶ If a decision is made for removal, other appropriate alternative care should be provided for the child immediately because he/she shouldn't be remained without a care giver¹⁴⁷ After a physically abandoned infant is placed in alternative care, contact with his/her family, as well as with other persons close to him or her.¹⁴⁸ Once the parents are released from detention, the child should be reintegrated with his parents based on the best interest of the child.

Family-based care within the child's extended family is called as kinship care (KC). Kinship care refers to the full time care, nurturing and protection of children by relatives, members of their tribes or clans, god parents, step parents, or any adult who has a kinship bond with a child."¹⁴⁹ KC may also include family-based care by close friends of the family known to the child, whether formal or informal in nature.¹⁵⁰ Studies indicate that children placed under KC are at high risk of neglect, abuse or exploitation.¹⁵¹ Thus Formal KC should be applied in order to prevent such neglect and abuse on children as it provides legal safeguard of periodic review of

¹⁴⁴ Supra note 121, para 48.

¹⁴⁵ Ibid.

¹⁴⁶ ibid, Para 14.

¹⁴⁷ ibid, Para 19.

¹⁴⁸ ibid, Para 81.

¹⁴⁹ Child Welfare League of America (CWLA), "Kinship Care Fact Sheet", (www.cwla.org/programs/kinship/factsheet.htm accessed on July 8/2015).

¹⁵⁰ Supra note 121, para 29(C) (i).

¹⁵¹The Faith to Action Initiatives, Children, Orphanages and Families, 2014, p.11.

the treatment provided in such KC. In most cases, parents of physically abandoned infants are not found for the parents deliberately make the abandonment secret so that the extended family will also not be found and if so, an alternative family care should be facilitated to those children

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3.8.1.2 Adoption

The term adoption is defined as the action or fact of legally taking another's child and rearing him/her as one's own.¹⁵³ It means that giving new family for a child by taking away the child's birth parents.¹⁵⁴ It is a social tool that provides a substitute family to children whose parents are unable or unwilling to care for them.¹⁵⁵

Adoption involves the legal transfer of parental rights and responsibilities to adoptive parents.¹⁵⁶ In some countries, adoption completely extinguishes parental responsibility of the birth family in the upbringing of the adopted child and in other countries it partially ends such relation in that there will be a room for informal future relations among all parties.¹⁵⁷ Adoption is a situation in which a child will grow in a family environment permanently.¹⁵⁸

CRC has a provision dealing with adoption which will be applicable to the states that permit and/or recognize adoption in their domestic laws.¹⁵⁹ The convention requires that

State parties that recognize and/or permit adoption shall ensure that the adoption of a child is authorized only by competent authorities who determine, in accordance with applicable law and

¹⁵² A Global Policy for the Protection of Children Deprived of Parental Care, "Children Without Parental Care", *The International Social Service UN Committee Day of General Discussion, Geneva*, (2005), p 8.

¹⁵³ 'Adoption', (<https://www.google.com/search?q=definition+of+adoption&ie=utf-8>, accessed on July 8/2015)

¹⁵⁴ Welbourne Penelope, "Adoption and the Rights of Children in the UK" *The International Journal of Children's Rights*, (2002) Volume 10, p 269.

¹⁵⁵ Harry Krause, "Family Law in a Nutshell", 1991, p163.

¹⁵⁶ Every Child, "Adopting Better Care: Improving Adoption Services around the World", (<https://www.everychild.org.uk>, accessed on July 8/2015).

¹⁵⁷ Ibid.

¹⁵⁸ Supra note 2, p65.

¹⁵⁹ CRC, Article 21 para 1.

*procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counseling as may be necessary.*¹⁶⁰

The provision by saying 'State parties that recognize and/or permit the system of adoption' it supposed the existence of state parties that don't permit adoption so that the Article will not be applicable to those countries.

Only adoption being authorized by competent authorities based on applicable law will create legal link between the child and the person adopting the child and 'Best interests of the child' which should be determined on case by case basis shall be the paramount (the very important, the highest rank) consideration. The law requires best interest of the child not the best interest of the adoptive family.¹⁶¹

Adoption should take place if parents are unwilling or are deemed by judicial process to be unable to discharge parental responsibility.¹⁶² Thus it could be applicable to physically abandoned infants whose parents are unwilling to care for their children. The process of examining the applicability of adoption to the child should involve both trained and independent social workers and adjudicators (who don't have relation with the family asking for adopting the child).¹⁶³

Adoption can be domestic that take place in the birth country of the child or inter-country in which a child will be taken to live in the country of the adoptive parents.¹⁶⁴ The convention requires its party states to give priority for domestic means of alternative care. It requires that inter-country adoption to be applicable if only a child cannot be placed in a foster or an adoptive

¹⁶⁰ *ibid*, Article 21(a).

¹⁶¹ Benyam Mezmur, "The African Children's Charter Versus the UN Convention on the Rights of the Child: A Zero-Sum Game?" , 2008, pp7-9.

¹⁶² *Supra* note 76, p 67.

¹⁶³ *Supra* note 2, p 65.

¹⁶⁴ *ibid*, p 3.

family or cannot in any suitable manner be cared for in the child's country of origin.¹⁶⁵ Inter-country adoption is required as a last resort.

The requirement of applying inter-country adoption only as a last resort is in line with the convention article 20(3) that require state parties to consider the child's ethnic, religious, cultural and linguistic background while providing alternative care and with Article 8, the child's right to preserve identity. The 1993 Hague convention on protection of children and cooperation in respect of inter-country adoption also requires the applicability of alternative care to be after giving due consideration to possibilities for placement of the child within the state of origin.¹⁶⁶

Though domestic adoption is preferable than inter-country adoption, many African and Asian countries have extremely low rates of domestic adoption whereas USA, China and Russia are the major domestic adopters respectively.¹⁶⁷

Once inter-country adoption is permitted, the permitting state shall ensure that the adopted child enjoys safeguards and standards equivalent to those existing in the case of national adoption¹⁶⁸ that is every inter-country adoption must be authorized as being in the best interests of the child by competent authorities of the child's state, on the basis of proper investigation and information on the child's status concerning his/her parents, relatives and legal guardians and with their proper consents (with counseling, if necessary) having been obtained. Additionally the safeguards provided for national adoption in the domestic laws of the child's country should be equally applied at time of inter-country adoption.

The convention prohibits improper financial gain of those involved in inter-country adoption.¹⁶⁹ That is to avoid sale of children which could be made within the confines of inter-country adoption.¹⁷⁰ State parties to CRC are obliged to take all appropriate national, bilateral and

¹⁶⁵ CRC, Article 21(b).

¹⁶⁶ Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption, 1993.

¹⁶⁷ Supra note 156, p11.

¹⁶⁸ CRC, Article 21(c).

¹⁶⁹ *ibid*, Article 21(d).

¹⁷⁰ Supra note 76, p 68.

multilateral measures to prevent the sale of children for any purpose.¹⁷¹ ACRWC Article 24 also states similar things with the CRC Article 21.

3.8.1.3 *Kafalah* of Islamic law

In the international law, '*kafalah*' was first recognized in the 1986 declaration on foster placement and adoption. The declaration recognized the existence of *kafalah* of Islamic law as one kind of alternative care. *kafalah* of Islamic law in relation to alternative care refers to a situation in which a family will take an abandoned child or a child without a family [or whose natural parents or family are incapable of raising him or her].¹⁷² *Kafalah* is a religious duty to all Muslim.¹⁷³

Kafalah has similarity with adoption but does not have exactly the same legal effect as it in terms of rights and responsibilities.¹⁷⁴ Unlike adoption, a child in *kafalah* is not entitled to use the family name or inherit from the family who take the child in *kafalah* (as a right).¹⁷⁵ But this does not mean that *kafalah* children will not have any property related advantage from the family taking the child in *kafalah*. Muslims can assign portions of their wealth to children in *kafalah* by *sadaqa* that is a Muslim can give one-third portion of his personal estate which can be through a will or an outright gift.¹⁷⁶ The similarity of *Kafalah* and adoption is that both types of alternative care have a permanence nature. They create a permanent bonding between the care giver and the child. Adoption is prohibited in Islamic law and *Kafalah* is applicable instead. *Kafalah* is not

¹⁷¹ CRC, Article 35.

¹⁷² Usang Assim, "In the Best Interest of Children Deprived of a Family Environment: A Focus on Islamic *kafalah* as an Alternative Care Option", (2009), pp 43.

¹⁷³ Sloth Nielsen, "Children's Rights and Law Reform in Islamic Jurisdictions (With a Focus on Africa)", 2009, p3.

¹⁷⁴ UNICEF, "Children in Islam: Their Care, Upbringing and Protection", 2005, p75; Samantha Besson, "Enforcing the Child's Right to Know Her Origins: Contrasting Approaches Under the Convention on the Rights of the Child and the European Convention on Human Rights" *International Journal of Law, Policy and the Family*, (2007), p141.

¹⁷⁵ Van Bueren, "The international Law on the Rights of the Child", 1995, xxi.

¹⁷⁶ Ahmed Sonbol, "Adoption in Islamic Society: A Historical Survey" In Elizabeth Fernea (ed) *Childhood in Muslim Middle East* (1995), p50, 54.

mostly known and practiced in Africa only the North Africa countries and other few number of states in the continent applies such alternative care.¹⁷⁷

3.8.1.4 Foster Placement

Foster placement is recognized under CRC as one means of alternative care but unlike adoption, no more provisions of the convention deals about it. The term foster placement (Foster care) refers to situations in which children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family.¹⁷⁸

Foster families are those families who have been selected, qualified, approved and supervised for providing such care.¹⁷⁹ Foster care imposes shared responsibility on state and the foster parents. States have the responsibility to finance the care system.¹⁸⁰

The 1986 declaration states that foster family care, though temporary in nature, may continue until adulthood if necessary but should not prohibit either return to the child's own parents or adoption.¹⁸¹ A foster care can be temporary or permanent.¹⁸²

3.8.1.5 Suitable Institutions

Institutions are non-family based settings for the alternative care of children. They can be established by a governmental, non-governmental or faith based organizations.¹⁸³ The

¹⁷⁷ Supra note 172, p 42.

¹⁷⁸ Supra note 121, para 29(c) (ii).

¹⁷⁹ Ibid.

¹⁸⁰ Andrew Bainham, "Children: The Modern Law", *Jordan Publications* (2nd ed), 1998, p191.

¹⁸¹ Supra note 113, Article 11.

¹⁸² Susan Waysdorf, "Families in the AIDS Crisis: Access, Equality, Empowerment and the Role of Kinship Caregivers" *Texas Journal of Women and Law*, (1994), Volume 3, p145.

¹⁸³ Tsegaye Chernet, "Overview of Services for Orphans and Vulnerable Children in Ethiopia", *Addis Ababa* , 2001, p4.

convention permits suitable institutions to be an alternative care only if necessary.¹⁸⁴ Low quality institutions are not recognized as alternative care.

Though the convention requires suitability of institutions, it didn't define its meaning and also didn't determine that in which situations suitable institutions will be necessary. The UN CRC implementing handbook for UNICEF clarifies the situations in which suitable institutions will be necessary accordingly, suitable institution could be necessary for a child who suffered from multiple family care breakdowns or for sibling children to make them live together.¹⁸⁵

The meaning of suitable institutions is not also provided in the UN guidelines on alternative care. The guidelines only mention institutions in relation to large residential care facilities. According to the guidelines, residential care facilities and family-based care should complement each other in meeting the needs of children and alternatives should be developed in the context of an overall deinstitutionalization strategy with precise goals and objectives, which will allow for their progressive elimination.¹⁸⁶ The reading of the guidelines indicates that both institutions and residential care are non-family based care but differ in that institutions are larger than residential care.

Institutions should only be used as a placement of an emergency nature or placements for a predetermined and very limited duration with planned family reintegration or other appropriate long-term care solution as its outcome.¹⁸⁷ Institutions could be the best short term alternative care until a child is placed with alternative family.¹⁸⁸

Children shouldn't be placed in institutions for a long period of time due to the adverse effects of institutions on the health and over all wellbeing of the child that results in long term and

¹⁸⁴ CRC, Article 20(3).

¹⁸⁵ Supra note 76, p 53.

¹⁸⁶ Supra note 121, para 23.

¹⁸⁷ *ibid*, para 22.

¹⁸⁸ John Williamson and Aaron Greebereg, "Families Not Orphanages, Better Care Network", 2010, pp.7.

permanent damage.¹⁸⁹ The most common problems in institutional care are the children lack of attachment with care givers due to small number of care givers in institutions where there are relatively large number of children, staff turnover and nature of shift work which resulted in long term psychological problems,¹⁹⁰ overcrowding, poor resource, high risk of abuse by untrained and irresponsible care givers, risk of becoming homelessness after institution which results in suicide and high rate of criminal record.¹⁹¹ Studies found that children reared in orphanages had on average, an IQ 20 points lower than their peers in foster care.¹⁹²

3.8.1.6 Residential Care

Like institutional care, residential care is also a non-family-based alternative care. It refers to group setting such as transit centers in emergency situation and small group homes.¹⁹³ Although residential care is a non-family-based care it is required to be as close as possible to a family.¹⁹⁴ Like institutions, residential care should be provided to children only where it is necessary.¹⁹⁵ Their objective should generally be to provide temporary care and to contribute actively to the child's family reintegration or, if this is not possible, to secure his/her stable care in an alternative family setting.

Residential care should have sufficient careers to allow individualized attention to a child and where appropriate, to create the opportunity for a child to bond with a specific career.¹⁹⁶

¹⁸⁹ David Tolfree, "Facing the Crisis: Supporting Children through Positive Care Options" London: Save the Children UK", (www.crin.org/scalin%20 accessed on July 8/2015).

¹⁹⁰ Ibid.

¹⁹¹ Ibid.

¹⁹² Ibid.

¹⁹³ Supra note 121, para 29(iv).

¹⁹⁴ Ibid, para 123.

¹⁹⁵ Ibid, para 21.

¹⁹⁶ Ibid, para 125, 126.

3.8.2 Informal Alternative Care

Informal alternative care refers to any private arrangement provided in a family environment whereby a child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.¹⁹⁷ Its difference with formal alternative care is that first, it is not an arrangement ordered by an administrative or judicial authority or a duly accredited body; second, it involve only a care by relatives, friends or anyone and that it doesn't include residential care or care in suitable institutions.

In most countries and particularly in Africa, the majority of children without parental care are looked after informally by relatives or others¹⁹⁸ however informal alternative care is not recognized in the major international and regional instruments that deal with alternative care. Both CRC and ACRWC have only provisions on formal alternative care that should be ensured by state parties.

The UN guidelines in alternative care requires that states should seek to devise appropriate means to ensure the children welfare and protection in such informal care arrangements with due respect for cultural, economic, gender and religious practices that do not conflict with the rights and the best interests of the child.¹⁹⁹ Where possible and appropriate, States should encourage and enable informal caregivers, to formalize the care arrangement after a suitable lapse of time to the extent that the arrangement has proved to be in the best interests of the child to date and is expected to continue in the foreseeable future.²⁰⁰

The above discussion has explored the international and regional laws that recognize the right to alternative care of CDFE. It also briefly discussed the minimum standard of alternative care set

¹⁹⁷ *ibid*, 29(b) (i).

¹⁹⁸ ISS& UNICEF, "Improving Protection for Children Without Parental Care, Kinship care: An Issue for International standards", (<https://bettercarenetwork.org/library/the-continuum-of-care/kinship-care/improving-protection-for-children-without-parental-care-kinship-care-an-issue-for-international> accessed on July 8/2015).

¹⁹⁹ *Supra* note 121, Para 18.

²⁰⁰ *ibid*, Para 56.

in the UN guidelines. The discussion in the following sub-sections is about the laws, policy and guidelines regulating alternative care in Ethiopia.

3.9 The Laws, Policy and Guidelines Regulating Alternative Care in Ethiopia

Ethiopia adopted laws, policy and guidelines in order to regulate alternative care to CDFE in the Country. CRC and ACRWC, which are international and regional documents that require their state parties to ensure alternative care, are integral parts of the law of the land according to 9(4) of the FDRE constitution for the country ratifies both legal instruments.

The FDRE constitution contains provisions which are related to alternative care of CDFE. Article 41(5) requires that the state shall, within available means, allocate resources to provide a rehabilitation and assistance to children who are left without parents. Article 36(5) on the other hand stated adoption as an alternative care to orphans. The provision requires that the state shall accord special protection to orphans and shall encourage the establishment of institutions which ensure and promote their adoption and advance their welfare and education. The Article recognizes adoption as an alternative care in the country but is only limited to orphans though there are many other vulnerable children including physically abandoned infants in the country. Alternative care to all CDFE in the country is regulated under the revised family code (RFC) and its amendment Proclamation No 1070/2018, the FDRE national children's policy, the 2009 alternative childcare guidelines on community-based childcare, reunification and reintegration program, foster care, adoption and institutional care service, national policy of the country, the 2010 standard service delivery guideline for OVC and regional laws.

In Ethiopia, it is the Ministry of Women Children and Youth affair which is authorized to coordinate all stakeholders to protect the rights and well-being of children and follow up the implementation of treaties relating to children and submit reports to the concerned bodies.²⁰¹

²⁰¹ Definition of Powers and Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia, Proclamation No. 691/2010, Article 32(9)(10).

3.9.1 The 2009 Alternative Child Care Guidelines on Community-based Childcare, Reunification and Reintegration Program, Foster care, Adoption and Institutional care Service

The guidelines have applicability to OVC including abandoned children whose parents/families are untraceable.²⁰² Like CRC and ACRWC, it recognizes that a child should grow up in family environment and institutions to be the last resort for the development of OVC.²⁰³ They are adopted based on CRC and ACRWC and recognized a community-based childcare, reunification and reintegration, adoption, foster care and institutions as alternative care to children deprived of their family environment.²⁰⁴ *Kafalah* of Islamic law is not recognized under the guidelines.

A. Community-Based Childcare

Community-based childcare refers to an alternative care with in a community having a common obligation to the welfare of their children. Community-based childcare organizations (CBCCO) are governmental and/or non-governmental organization, community circle, religious group, individuals and any other setting that empowers a community with financial, material, technical or other resources to set-up or run a community-based childcare program.²⁰⁵

Community-based childcare includes the placement of OVC in kinship care, sponsorship care, child-headed household, community-based group home, and foster family care. Sponsorship care refers to the provision of care and support to OVC and their family through volunteers and organizations, child-headed household is where the children are 15 years old or above, community-based group home is where by a group of six to eight children are placed under one roof with a surrogate mother assigned to them as care taker and Foster family care refers to placing the children for a short or long term care with a volunteer family.²⁰⁶

²⁰² Supra note 16, p11.

²⁰³ *ibid*, preface para 1 and 5.

²⁰⁴ *ibid*, p 7.

²⁰⁵ *ibid*, p 9.

²⁰⁶ *ibid*, p 19.

Once a CDFE is placed in one of the community based care, the community-based childcare organization should follow-up (review) the health, nutritional status, physical development, psychological status, social development, emotional and spiritual development. Strong and coordinated system of regulation within the community is needed to address the challenges of CDFE.²⁰⁷

B. Reunification and Reintegration

The meaning for reintegration in the Ethiopian guidelines differs from that of the UN guidelines. In the Ethiopian guideline reintegration is defined as a rehabilitative intervention meant for children whose parents/extended families are untraceable or for those who reach the maximum age limits in the institution to facilitate their permanent placement in a community environment either individually or in groups.²⁰⁸ It is reunification which has similar meaning with that of the definition for reintegration in the UN guidelines. The term reunification refers to a rehabilitative intervention designed to facilitate the reunion of orphans or other vulnerable children separated from their families with biological parents or member/s of the extended family to restore a family environment as a means of a permanent placement for the proper upbringing and development of the child.²⁰⁹

The guidelines strongly recommended for returning children as early and safely as possible to their families or communities to achieve better outcomes for children, retention of important family connections and to avoid the often problematic pathways in out-of-home care.²¹⁰

Child care organizations implementing reunification are required to conduct family tracing and identify biological parent/s and/or member/s of extended family, convince them about their obligations and proceed to reunify the child if the outcome of the tracing is not against the best interests of the child. Such organizations are also required to conduct periodic follow-up and evaluation on a reunified/reintegrated child during the first year and once in a year there after till

²⁰⁷ *ibid*, p 42.

²⁰⁸ *ibid*, p12.

²⁰⁹ *ibid*.

²¹⁰ *ibid*, p 21.

the child is well. Child care organizations are required to submit quarterly, biannual and annual activity reports of their work to the competent government authority.²¹¹

Infant abandoning is a crime in Ethiopia. If a person who abandons an infant is found, he/she shall be punished with rigorous imprisonment not exceeding seven years²¹² and if the parent(s) of an abandoned infant are traced and it is proved that the infant is abandoned by its own parent(s), such parent(s) are punishable with simple imprisonment or fine. In grave cases, the court may in addition deprive the criminal of his family rights.²¹³ That is reunification shouldn't be applicable in such cases. However, the criminal code didn't indicate the situations which are called as grave cases. In other cases, if parents who abandon their infant children are found and reunification is found to be the best interest of the child, such parent (s) should be released and only be punished with fine so that reunification will be applicable.

If childcare organizations implementing reunification found that reunification of the child with his/her parent(s) in custody is the best interest of the child, such child should be placed with his parent particularly with his mother in correctional administration.²¹⁴ Correctional administrations are required to be suitable for care of the child and should provide him/her a budget equal with any individual prisoner in the correctional administration till the child becomes three years old.²¹⁵ The regulation on treatment of federal prisoners obliges that such infants should be provided with the necessary food, vaccination, medical care as well as other necessary items during their stay in the correctional administrations.²¹⁶ However, if it is found that the correctional administration is not suitable to the child physical and/or psychological

²¹¹ *ibid*, p 23.

²¹² The Criminal Code of the Federal Democratic Republic of Ethiopia, Proclamation No.414/2004, Article 574(2).

²¹³ *ibid*, Article 659 (1) (a).

²¹⁴ Council Of Ministers Regulations on the Treatment of Federal Prisoners, Regulations No. 138/2007, Article 12(1).

²¹⁵ SNNP Region Prison Administration Establishment Regulation, Regulation No. 137/2016, Article 30(2) (5).

²¹⁶ SNNP Prison Administration Establishment Regulation, Art 12(2).

development, the correctional administration is required to facilitate situations for the alternative care of the child.²¹⁷

C. Foster Care

Foster care may have the form of transitional homes, foster family care and community-based foster homes. Transitional homes are places where children shall be placed in a family or a center until they get other permanent alternative placement, Foster family care is a foster care where children are placed within a volunteer family supported by the foster care organizations and community-based foster homes are places where a group of children who are full orphans or whose parents/relatives are untraceable shall be placed in rented houses in the community and cared by a home mother/caretaker recruited by the organization.

An applicant to be a foster family should fulfill the requirements of being an Ethiopian, above the age of twenty five, sufficient income to raise the child, free from any incurable and/or contagious disease and mental health problem and able to produce a document from the relevant authority certifying that he/she is free from any criminal activities/past record.

After ensuring the fulfillment of the above requirements, the organization facilitating foster care should select the appropriate foster family by making assessment and shall sign placement agreement with the foster family before the placement is arranged and make periodic review of suitability of such placement after arranging the placement.²¹⁸ However in cases of emergency placement, the foster family care organization shall secure the written consent of foster parent/s to produce all the necessary information for the finalization of the agreement within one month's time following the emergency placement. If the foster parents could not produce the necessary information within this period, the foster family care organization is entitled to reclaim the custody of the child on grounds of eligibility of the foster parents/s.²¹⁹

²¹⁷ Federal Prisoners Regulation, Article 12(3); SNNP Prison Administration Establishment Regulation, Article 30(3).

²¹⁸ Supra note 16, p 29.

²¹⁹ *ibid*, p 32.

Foster families can be financially supported to compensate the additional costs incurred by the foster child.²²⁰ A foster family care organization is required to submit quarterly, biannual and annual report of its activities to the relevant authority.²²¹ Where traditional foster care modalities exist, local government authorities and child rights committees shall as much as possible support and monitor such modalities.²²²

C. Institutional Care

As to institutional care, the guidelines require it to be applied only if alternative care in a family environment is exhausted. Even after the entry to an institution; such institutions should explore every possible effort to provide other alternative care (reunification, reintegration, foster care, community-based care and adoption) as early as possible based on the best interests of the child. However physically abandoned infants should not be made eligible for adoption before two months of stay in institutions for the purpose of tracing family of abandoned children within such two months.²²³

The guidelines provide standards of institutions accordingly; a child care institution should make sure that the number of children accepted is properly balanced to the financial, material and human resource capacity of the institution, the fulfillment of basic facilities such as water, road and electric power in the location of the institution, the location to be free from dangerous environments such as military camps, flood prone areas, polluted areas and high traffic areas, they should be near to social services such as hospitals and should have Lodging (dormitory or self-contained homes), Food (Milk every two hours for children below four months, Milk and supplementary food every three hours for children between four and twelve months), Clothing and health services. The institutions are also required to keep records of life histories/background of all children. Their Family history, Health status, Nutritional status, Physical development and social development should be recorded.²²⁴

²²⁰ *ibid*, p 28.

²²¹ *ibid*, p 31 and 33.

²²² *ibid*, p 38.

²²³ *ibid*, p49.

²²⁴ *ibid*, p 62.

D. Adoption

Adoption of children is regulated at the guidelines, the federal revised family code (RFC) and regional family codes on the respective regions. Both domestic and inter-country adoption has been recognized in such legal instruments with priority to domestic adoption. However, proclamation No. 1070/2018 has amended the RFC provisions dealing with inter-country adoption in order to harmonize the RFC with the national children's policy thus; it is only domestic adoption which could be applied to physically abandoned infants in the country.

The guidelines require that an agreement of domestic adoption shall be signed between the potential adopter (the applicant) and the parent/guardian of the child and such agreement (contract) should be approved by a court.²²⁵ The applicant should be Ethiopian, at least, twenty five years of age and at most 60 years of age (when adoption is made by two spouses, it is sufficient for one of them to be of twenty five and above years of age), able to produce a documents from a relevant authorities certifying that one, he/she has an income that is sufficient to raise the child two, documents certifying that he/she is free from any incurable and/or contagious disease and mental health problem three, documents certifying that he/she is free from any criminal activities. These requirements are important for the care of CDFE.

Adoption could be facilitated by adoption service provider organizations (ASPOs) or childcare institutions in adoption. The organizations and institutions may sign the adoption agreement with the potential adopter when a child has no parents.²²⁶ The Bureau of Women, Children and Youths affairs should make a periodic visit to ASPOs and childcare institutions in adoption to ensure if they are working according to the guidelines, should give opinion to the court on whether adoption is beneficial to the child or not, considering the best interests of the child, make periodic follow-up on the status of the adopted children and Provide technical supports to ASPOs.

The RFC requirements to be selected as an adoptive parent have similarities with that of the guidelines with slight difference that is the RFC unlike the guidelines didn't set the maximum

²²⁵ *ibid*, p 42.

²²⁶ *ibid*, p 40.

age limit for adoptive parents. Several persons can never make adoption of a child.²²⁷ Like it is required in the guidelines adoption could only be revoked in exceptional circumstances based on petition by any one raising the grounds stated in the guidelines to the court.²²⁸

3.9.2 The Ban of Inter-country Adoption in Ethiopia

3.9.2.1 The FDRE Revised Family Code Amendment Proclamation No. 1070/2018

The RFC Amendment Proclamation repealed Article 193 of RFC which is a provision dealing with the adoption process where the adopter is a foreigner and deleted Paragraph (d) of sub-article (3) of Article 194 again which is a sub article dealing with the issues where an adopter is a foreigner.²²⁹ The amendment proclamation states that such amendment is made in order to harmonize the RFC with the national children's policy.²³⁰

3.9.2.2 The FDRE National Children's Policy

The 2017 national children's policy of Ethiopia recommends that OVC should be supported by domestic alternative care options alone instead of pursuing the option of inter-country adoption.²³¹ One of the specific objectives of the policy is that supporting OVC to be raised in the Ethiopian culture, traditions, customs and social values of their birth areas through strengthening community-based, local adoption, foster care and reunification and reintegration alternative care program.²³² The specific objective excludes inter-country adoption.

Both the FDRE revised family code amendment proclamation and the 2017 national children's policy didn't make an explicit sentence to ban inter-country adoption. However the banning

²²⁷The Revised Family Code, Proclamation No 213/2000, Article 189.

²²⁸The Revised Federal Family Code, Articles 195 and 196

²²⁹The Revised Family Code, Proclamation No 213/2000, As Amended, Revised family Code (amendment) Proclamation No. 1070/2018, Article 2(1) and (2).

²³⁰The Revised Family Code (Amendment) Proclamation, Preamble, para 1.

²³¹Federal Democratic Republic of Ethiopia (FDRE) National Children's Policy, (2017), Addis Ababa, p 7.

²³²FDRE National Children's Policy, p 13.

could be implied from the readings of both the amendment proclamation and the national children's policy and the reason for such banning is related to preserving the identity of an Ethiopian child.

3.9.3 The 2010 Standard Service Delivery Guidelines for OVC Care and Support Programs

The Standard Service delivery guidelines are provided by the Ministry of Women, Children and Youths affairs and the federal HIV/AIDS prevention and control office. The guidelines provide the standard of services which are required to be delivered to OVC. The guidelines define OVC by referring to the 2009 alternative care guidelines.²³³ Accordingly the alternative care services which should be provided to physically abandoned infants should fit the standards set in the guidelines. The guidelines outline the specific actions that must be taken by OVC service providers to assure a systematic approach and effective delivery of services to children.

The guidelines set standards for the services of shelter and care, legal protection, health care, psychosocial support and food and nutrition which should be applied to all OVC. The guidelines, provides dimensions of quality in which such services quality will be examined. Quality of a service is subject to be examined by its safety, accessibility, effectiveness, technical performance, efficiency, continuity, compassionate relations, appropriateness, participation and sustainability.²³⁴ Safety refers to minimizing of risks related to service provision that is based on do no harm principle. Accessibility is about lack of geographic, economic, social, cultural, organizational or linguistic barriers to services. Effectiveness refers to degree to which desired results or outcomes are achieved. Technical performance refers to the degree to which tasks are carried out in accordance with program standards and current professional practice. Efficiency refers to the extent to which the cost of achieving the desired results is minimized so that the reach and impact of programs can be maximized. Continuity refers to the delivery and stability of care by the same person. Compassionate Relations refers to the establishment of trust, respect, confidentiality and responsiveness achieved through ethical practice, effective communication and appropriate socio-emotional interactions. Appropriateness refers to the adaptation of services

²³³ Supra note 17, p 3.

²³⁴ *ibid*, p 8.

and overall care to needs or circumstances of a child. Sustainability refers to the service is designed in a way that it could be maintained at the community level, in terms of direction and management as well as procuring resources, in the foreseeable future.

3.10 The Laws, Policy and Guidelines Regulating Alternative Care in SNNP Region.

The alternative care to children deprived of their family environment is regulated under the SNNP family code²³⁵ and the region foster care guidelines²³⁶ in addition to the country laws discussed above.

3.10.1 Alternative Care under the SNNP Region Family Code

The regional family code of SNNP states that a court may appoint guardian or tutor to a child remains without a guardian or tutor that is a child without anyone to take care of his person and his pecuniary interests.²³⁷ A court by its own initiative or through application by a government organ that has the authority to follow up the security of children or by the application of any interested party may assign a guardian or tutor to a physically abandoned infants in the region.²³⁸

The family code didn't impose an obligation on the court to assign a guardian or tutor to a child but it only requires that a court may assign such care givers which indicates that an alternative care giver could be assigned by other authority and not only by the court. The region proclamation that defines powers and duties of the executive organs has authorized Women and Children affairs Bureau which name is now changed to Women, Children and Youth affairs Bureau to follow up the implementation of international conventions and agreements that Ethiopia is signed concerning women and children and report to the competent organs thereof²³⁹

²³⁵SNNP Region Family Code, Proclamation No. 75/2004.

²³⁶ The SNNP Region Foster Care Guidelines, (2016), Hawassa, p 13.

²³⁷ Supra note 235, Article 242(1).

²³⁸ *ibid*, Article 242(2); Article 242(3).

²³⁹ Definition of Powers and Duties of the Executive Organs of the SNNP region, Proclamation No. 161/2015, Article 25(11).

thus, the Women, Children and Youth affairs Bureau in all levels of the region has to follow up the implementation of alternative care to physically abandoned infants.

The family code of SNNP region has also provisions dealing with adoption which are similar with that of the federal RFC.

3.10.2 SNNP Region Foster Care Guidelines

The SNNP foster care guidelines have similarities with that of the national alternative care guidelines discussion in foster care but the regional one is more detailed relatively. The regional guidelines recognizes all the three types of foster care discussed in the national alternative care guidelines which are transitional homes, foster family care and community-based foster homes and additionally emergency foster care which is to be provided for those children in cases of natural and man-made disasters such as flood, fire and so on.

Foster care is to be provided till reunification is made or other permanent alternative care is applied however it may last up to a child attain majority if such permanent alternative care means can't be attained in the meantime. A foster family may also voluntarily change the foster care in to adoption through the required procedures to adoption.²⁴⁰

Women, Children and Youth affairs Bureau in Zonal, Cities, Towns and Woreda levels in the region is the higher responsible office for the organization of the provision of foster care. Registered and licensed foster care organizations which have temporary placement for OVC can also organize the provision of foster care in the region. Foster care should only be applied after a foster placement agreement is made between the foster family and with the body which give the child to the family. The requirements to take children for foster family care in the regional foster care guidelines are almost similar with that of the 2009 alternative care guidelines of Ethiopia.

In the regional foster care guidelines, the Women, Children and Youth affairs Bureaus are made responsible to involve the society, governmental and non-governmental organizations in the foster care program.

²⁴⁰ The SNNP Region Foster Care Guidelines, p 13.

3.11 The Ethiopian Laws, Policy and Guidelines Consistency with the International Standard of Alternative Child care

The Ethiopian laws, policy and guidelines that regulate alternative care to CDFE has both similarities and differences with the international standards of alternative care set in the UN guidelines. To start with the similarities, the Ethiopian laws, policy and guidelines that regulate alternative care to CDFE is consistence with the UN guideline in:

- The adoption of community based alternative care and the priority given to family based alternative care than institutional care.
- The requirement of facilitating alternative care based on the best interest of the child and the requirement of periodic review after ensuring the alternative care
- The requirement of prioritizing permanent alternative care except in case of child abandonment. A temporary alternative care should first be provided to abandoned infants in order to get time for tracing the parents.
- Fine punishment set on the Ethiopian Criminal code and non-custodial measure required to be taken under the UN guidelines on those parents who abandon their infants is important for reunification where it is found to be the best interest of the child.
- Where decision is made for a parent(s) to be in custody, both legal instruments in Ethiopia and UN guidelines require that alternative care should be facilitated to the child.
- Adoption is required to be authorized by competent authority who determine in accordance with applicable law.
- Foster care is required to be financially assisted by the state.
- Both the legal instruments in Ethiopia and UN guidelines set the standards for institutional care.

Regarding the difference, though the UN guidelines requires states to adopt specific policy for regulating the alternative care to those children who are abandoned anonymously, Ethiopia didn't make any policy or guidelines that specifically regulate the alternative care to abandoned children. All the Ethiopian laws, policy and guidelines regulating alternative care to CDFE govern the alternative care to all CDFE. The serious attention given to physically abandoned infants under UN guidelines is absent in the laws, policy and guidelines of Ethiopia.

The other difference is that on the meaning of foster care. The UN guidelines refers it as a foster family care whereas the Ethiopian alternative care guidelines includes the care in centers and small group homes to be provided by recruited mothers. The meaning given in the Ethiopian guidelines differs not only from the meaning given by the UN guidelines but also it is different from the well accepted definition to foster care. An alternative care in small group homes is referred as residential care in the UN guidelines. Thus it's better to reconsider the concept of foster care and amend the guidelines of Ethiopia accordingly.

From the above discussions it is clear to understand that the Ethiopian laws, policy and guidelines regulating alternative care to CDFE has many similarities with that of the UN guidelines and differs in the points discussed above. The serious attention given to abandoned infants in the UN guidelines should be given in the laws of Ethiopia. The situation of physically abandoned infants by itself requires specific regulation of alternative care to such infants. Physically abandoned infants are left alone without care in a manner their parents or relatives are not known at all so that they can't be benefited from the care in extended family or they couldn't tell their families and even they can't protect themselves from harm due to their immaturity. Moreover, such abandoning is observed as increasing through time in the country. Ethiopia needs comprehensive alternative care guidelines specific to physically abandoned infants which set the standard for alternative care of such infants and the administrative measures which should be taken against those who are authorized to ensure alternative care but fail to do so .

3.12 Conclusion

Chapter three has discussed a number of issues. It explores that only CRC and ACRWC has recognized the right to alternative care of CDFE. Alternative care to physically abandoned infants refers to the care which should be provided to those infants who are left without the care of their parents, relatives or anyone. States parties to CRC and ACRWC are obliged to ensure the provision of alternative care and such care could include foster care, adoption, *Kafalah* of Islamic law and alternative care in suitable institutions if necessary. Although not binding, the UN guidelines set the minimum standard for alternative care of CDFE. The laws, policy and guidelines of Ethiopia regulating alternative care to CDFE in the country are also explored in the chapter. The alternative care standard set for CDFE in the Ethiopian guidelines have many

similarities with that of the UN guidelines but the meaning given to foster care in the Ethiopian alternative care guidelines is different from that of the UN guidelines and the very concept of foster care in that the Ethiopian guidelines requires foster care to be provided by recruited mothers under group homes and care with in centers though foster care refers to foster family care and the same is required in the UN guidelines.

The chapter has also examined the adequacy of Ethiopian guidelines to implement alternative care of physically abandoned infants in the country and it is found that such guidelines are inadequate for because the guidelines are too general regulating alternative care to all CDFE. There is a need for the adoption of a comprehensive guideline which specifically regulate the alternative care of physically abandoned infants for because infant abandoning is highly observable in the country specially in cities and towns and for it is the main issue of concern that make women, children and youths affairs bureaus busy for implementing alternative care to such infants Moreover, physically abandoned infants are left alone they couldn't even be benefited from care of relatives, they cannot explore their families or help themselves.

Chapter Four

The Implementation of Alternative Care to Physically Abandoned Infants in Hawassa City, Hossana and Wolkite Towns

4.1 Introduction

As it is discussed in the above chapter, CRC and ACRWC required the States Parties to ensure the provision of alternative care to CDFE. Accordingly Ethiopia is obliged to ensure the provision of alternative care as the country is party to CRC and ACRWC. The implementation of alternative care to CDFE is also regulated under the different domestic laws, policy and guidelines discussed above.

Alternative care services to physically abandoned infants in Hawassa City, Hossana and Wolkite Towns are facilitated by the workers on children rights and welfare protection in the respective Women, Children and Youths Affairs Bureaus of the city and towns as well as by few child rearing institutions in Hawassa City. The Women, Children and Youths Affairs Bureaus are only aware of the 2009 alternative child care guideline and the regional family code; that means, they are providing alternative care services based on the guideline and the family code alone. The child rearing institutions on the other hand are aware of none of the legal instruments discussed above neither they have their own internal legislations.

The following discussion has briefly explore how alternative care is being provided to physically abandoned infants in Hawassa City, Hossana and Wolkite Towns and adequacy of such alternative care is examined. Workers on children rights and welfare protection in the respective Women, Children and Youths Affairs Bureaus of the city and towns who are primarily responsible for ensuring alternative care, workers in child supporting institutions, Medical director and Neo natal intensive care unit (NICU) Nurses who work in Hospitals where physically abandoned infants are taken has been interviewed in order to examine the implementation of alternative care in the city and towns and asses the adequacy of such care.

4.2 Persons and Institutions Involved in the Implementation of Alternative Care to Physically Abandoned Infants in Hawassa City, Hossana and Wolkite Towns

People who saw abandoned infants should report such abandonments to police for it is crime in Ethiopia. However in most cases, people who saw abandoned infants fail to report the crime due to the fear of being suspected and staying at police station till inquiry is made.²⁴¹ The infants vulnerability to harm increases when they stay as abandoned. Others who are willing to report an infant abandonment lacks knowledge of where to inform such abandonment thus, they will take such infants to hospitals, child rearing institutions or to Women, Children and Youth affairs Bureaus in the city and towns.

When infants are brought to hospitals or where they are found abandoned with in the compound or near to hospitals, medical directors of the hospitals will inform Women, Children and Youths affairs Bureaus to take the infants after such infants get medical treatment. However the bureaus will not quickly take the infants so that such children will stay in the hospital up to four months.²⁴² In case of Hawassa, the hospital may give abandoned infants to child rearing institutions.²⁴³ Police, as well as Women, Children and Youths Affairs Bureaus also bring abandoned infants to hospitals for the purpose of medical treatment and leave the infants in the hospital by telling them that it is better if the infants stay in the hospital till alternative family is found. The bureau raises lack of temporary placement in the bureaus as a reason for placing infants in hospital.²⁴⁴ However once an abandoned infant has got medical treatment, no one cares for the child because the workers in the hospital are busy of giving medical treatment for patients.²⁴⁵

²⁴¹ Interview with Dr. Paulos Ashebo, Chief Clinical Director in Queen Eleni Mohamed Hospital under Wachemo University, Hosanna, (Hosanna, September 2, 2019).

²⁴² Ibid.

²⁴³ Interview with Mrs. Tsehaynesh Melaku, Neo-Natal Intensive Care unit (NICU) Nurse in Hawassa University Specialized Referral Hospital, Hawassa, (Hawassa, September 5, 2019).

²⁴⁴ Supra note 241.

²⁴⁵ Ibid.

Abandoned infants who are given to Women, Children and Youths affairs Bureaus will be given either to hospitals as discussed above or to women who are volunteer to take care for such infants till alternative family is found.²⁴⁶ An abandoned infant may stay with volunteer woman for years.²⁴⁷ Such women are poor and their only income to care for the children is little money which is three hundred up to four hundred birr that will be irregularly collected from the pockets of workers in Women, Children and Youths Affairs Bureaus. Such amount of money may be used for two months to rear up to four infants who live with a single woman.²⁴⁸ Thus, an alternative care provided in such manner couldn't be adequate.

Though the workers of Women, Children and Youth Affairs Bureau of the City and Towns said that they facilitate alternative care to physically abandoned infants based on the 2009 alternative care guideline of Ethiopia, the practice of giving physically abandoned infants to hospitals and volunteer women is not recognized as an alternative care in the guidelines. Even the other laws, policy and guidelines governing alternative child care in Ethiopia do not recognize such kind of alternative care. Thus, the bureaus have no any legal ground for such practice.

In case of Wolkite, a small resident that is zonal temporary placement which was called as '*kidme- mahiber*' has engaged in giving care to physically abandoned infants for whom alternative care is not provided and in facilitating alternative care to such infants in child rearing institutions in Hawassa. However, now days such temporary placement stops receiving physically abandoned infants due to lack of budget from government. It was unable to receive abandoned infants who are taken to the placement from all of the Woredas in Gurage Zone.²⁴⁹ Such kind of temporary placement never exists in Hossana and Hawassa. This indicates fragmentation in the practice.

Though the 2009 alternative care guidelines of Ethiopia requires for an alternative care to be facilitated by organizations established for such purpose, there are no such kind of organizations

²⁴⁶ Interview with Mr. Admassu Gezehagn, Worker on Children Rights and Welfare Protection in Wolkite Town Women, Children and Youths affairs Bureau, Wolkite, (Wolkite, September 6, 2019).

²⁴⁷ Ibid.

²⁴⁸ Interview with Mr. Abebe Abura, Team Leader of Children Rights and Welfare Protection in Hosanna Town Women, Children and Youths affairs Bureau, Hosanna, (Hosanna, August 29, 2019).

²⁴⁹ Supra note 246.

in Hawassa, Hosanna and wolkite. Alternative care is being facilitated only by the Women, Children and Youths affairs Bureaus and by child rearing institutions (in Hawassa).

4.3 Implementation of Alternative Family Care

Based on the 2009 alternative care guidelines of Ethiopia, Reunification, Foster care, Domestic Adoption and Community based alternative care are supposed to be implemented as alternative family care in the Country. However, only reunification, foster care and domestic adoption are being applied in Hawassa, Hossana and Wolkite. Community based alternative care is not being applied in the City and Towns.

4.3.1 The Implementation of Reunification

Reunification is being applied through the cooperative works of police and Women, Children and Youth Affairs Bureaus in the city and towns. Police search the parents of abandoned infants and when such parents are found, Women, Children and Youth Affairs Bureaus being together with police reunify the infant with its family by telling the parents that they are primarily responsible to take care of their child. However, only few parents of abandoned infants are found.²⁵⁰

The practice of fully applying reunification in cases where parents of abandoned infants are found indicates that such reunification is being applied without assessing the best interest of each child. However, sometimes reunification may be against the best interest of the child in cases such as where the mother has mental problems. Such practice indicates arbitrariness in the implementation of alternative care

Though infant abandoning is crime in the country and those people who abandon infants should be prosecuted and punished, only one woman was charged before Hossana Town First Instance Court. However, the case was subsequently closed due to lack of evidence which proof that the mother has really abandoned her child. In all other cases in the city and towns, reunification has

²⁵⁰ Interview with Mrs. Bizunesh Birhanu, Team leader of Children Rights and Welfare Protection in Hawassa City Women, Children and Youths Affairs Bureau, Hawassa, (Hawassa, September 6, 2019).

been applied without prosecuting the parent(s). Even reunification with the extended family was applied to the infant whose mother is charged before Hossana Town First Instance Court though the file was closed due to lack of evidence for the abandonment.

4.3.2 The Implementation of Foster Care

Women, Children and Youths Affairs Bureaus in Hossana and Wolkite are concerned in finding foster families to abandoned infants after such infants are brought to the bureaus. As discussed above, the bureaus will give such infants to hospitals or to volunteer women till a foster family is found.

Women, Children and Youths Affairs Bureaus searches foster families informally. They ask their neighbors, friends and all people they know to take abandoned infants in foster care if they want to rear children. However, mostly, foster families are not found quickly; it may take up to six months, a year or two years. That is why the Women, Children and Youths affairs bureaus give the infants to volunteer women, Hospitals or child rearing institutions (without resorting to alternative family care). The implementation of foster care in the city and towns is poor.

4.3.3 The Implementation of Domestic Adoption

Physically abandoned infants in Hawassa, Hossana and Wolkite are being domestically adopted by those people who take the infants in foster care. Foster families who are happy of the familial relationship will change such foster care in to domestic adoption.²⁵¹ However, only few people adopt such infants.²⁵² In most cases, foster families do not change the familial relation in to domestic adoption in which the infants get stable and relatively permanent alternative care.

²⁵¹ Ibid.

²⁵² Ibid.

4.4 Implementation of Institutional Care

There are a number of child rearing institutions in Hawassa and all such institutions are privately owned.²⁵³ However, there is none in Hossana and Wolkite Towns. This is also the other indication of fragmentation in the implementation of alternative child care to physically abandoned infants.

The names of child rearing institutions in Hawassa are Ajuja, Netsanet, Rohobot, Abenezer, Beteseb, SOS and Hawassa child rearing institutions. Such institutions are engaged in rearing orphans, children of poor families and physically abandoned infants.²⁵⁴ Physically abandoned infants who are found in such institutions do not get individual care and support by close caregivers thus it will have negative effect in the psychological and emotional development of the infants.

The institutions take abandoned infants from people who got the abandoned infants, Hospitals and Women, Children and Youths Affairs Bureau of the city.²⁵⁵ Eventhough CRC, ACRWC and the 2009 alternative child care of Ethiopia requires institutional care to be applied only if necessary, the child rearing institutions in Hawassa take physically abandoned inafnts without checking that whether the institutional care is necessary for the child.

Among the child rearing institutions only Ajuja, Rohobot Hawassa and Abenezer are engaged in facilitating alternative family care to physically abandoned infants in cooperation with the Women, Children and Youths Affairs Bureau of the City. The other institutions are engaged only in child rearing activities they do not facilitate alternative family care to physically abandoned infants. The institutions failure to facilitate alternative family care in practice is inconsistence with the UN alternative care guidelines and the 2009 alternative child care guideline of Ethiopia requirements to facilitate alternative family care. Moreover, the right to alternative family care of the infants is violated in such practice.

²⁵³ Supra note 19.

²⁵⁴ Interview with Mr. Haile Mariam Eyayu, Administrator in Rohobot Voluntary Service Organization Which also Engaged in child rearing program, Hawassa, (Hawassa, September 9, 2019).

²⁵⁵ Interview with Mrs. Yeshi, Owner of Beteseb Child Rearing Institution, Hawassa, (Hawassa, September 5, 2019).

An alternative care system exists in Hawassa City, Hossana and Wolkite Towns but it is inadequate as discussed above and also fragmented in that, in Hawassa, alternative care is being facilitated by the City Women, Children and Youth Affairs Bureau and child rearing institutions whereas in Hossana and Wolkite, Women, Children and Youth Affairs Bureaus alone facilitate the provision of alternative care. The other thing is that there was a governmental temporary placement to physically abandoned infants for whom alternative care is not facilitated in Wolkite though it stopped working now due to lack of budget whereas such kind of governmental temporary placements do not exist in Hawassa and Hossana.

4.6 Challenges for the Implementation of Alternative Care to Physically Abandoned Infants in Hawassa, Hossana and Wolkite

The main challenges for the Implementation of Alternative care to Physically Abandoned Infants in Hawassa City, Hossana and Wolkite Towns are lack of comprehensive guideline regulating alternative care to physically abandoned infants, lack of data, the society lack of knowledge on alternative care, lack of cooperation with the community, the institutions lack of knowledge on that institutional care should be applied only where it is necessary and lack of institutional care in Hossana and Wolkite.

4.6.1 Lack of Comprehensive Guideline Regulating Alternative Care to Physically Abandoned infants

The main reason for the fragmentation occurred in the implementation of alternative care in Hawassa, Hossana and Wolkite is that lack of comprehensive guideline regulating alternative care to physically abandoned infants. Due to the reason that Ethiopian laws, policy and guidelines regulating alternative care to CDFE are general and applicable to all OVC in the country, Women, Children and Youth Affairs Bureaus couldn't find specific provisions governing alternative care to physically abandoned infants thus, the implementation of alternative care for such infants differs in the City and the Towns. Moreover, the lack of comprehensive guideline makes the Women, Children and youth affairs Bureau workers

somehow to implement alternative care to physically abandoned infants arbitrarily that is without the ground of any law, policy or guideline.

4.6.2 Lack of Data

According to the information from the Women, Children and Youth Affairs Bureaus in Hawassa, Hossana and Wolkite, physical abandoning of infants is increasing through time in the city and Towns. However, the bureaus do not have documented information on the number of physically abandoned infants in the City and Towns. They only register names of those abandoned infants who are given to foster care. Such lack of data on the number of abandoned infants found in each City and Towns results to failure of intervention and special attention by any interested person may be by government or non-governmental organizations on places where infant abandonment is high.

4.6.3 The Society Lack of Knowledge on Alternative Care

The society's lack of knowledge on the responsibility of the government to provide or facilitate an alternative care for the physically abandoned infants is one of the reasons why some people do not report an abandonment of the child to the competent body quickly as possible.

4.6.4 Women, Children and Youth Affairs Bureaus Lack of Cooperation with the Community

Women, Children and Youth Affairs Bureaus in the City and Towns lacks cooperation with the society that is why they couldn't prepare foster families before an abandoned infant is brought to the bureaus but just give the infants to hospitals and volunteer women till foster family is found.

The reason for having only few domestic adoptions in the city and towns is again the bureaus lack of cooperation with the society. The bureaus don't encourage foster families to develop such relation to domestic adoption where the foster care take long period and the parents are not found.

The bureaus lack cooperation with community-based organizations such as *idir* and religious organizations. They didn't encourage such organizations to involve in the provision of alternative care that's why the organizations do not engage themselves in community based alternative care.

The bureaus are not also engaged in encouraging informal alternative care givers to change such care in to formal. They don't even communicate informal care givers due to the reason that the bureaus are busy of facilitating alternative care to those abandoned infants brought to their offices. Such lack of communication with informal care givers and absence of periodic review will there result in the continuation of maltreatment if the care givers are not adequately providing alternative care to the infants.

4.6.5 Child Care Institutions Lack of Knowledge on that Institutional Care Should be Applied Only Where it is Necessary

The practice of taking physically abandoned infants from people who got them or from anyone without considering that whether a resort is made to alternative family care or without ensuring that such institutional care is necessary for each infant is the result of lack of knowledge in the institutions about that institutional care should be applied if only necessary. The lack of facilitating alternative care by child rearing institutions is also the result of lack of such knowledge.

4.6.6 Lack of Institutional Care in Hossana and Wolkite

Abandoned infants in Hossana and Wolkite for whom institutional care is necessary aren't getting institutional care due to lack of institutions in the towns. There is no any institution which is engaged in providing child care in both towns.

Alternative care in Hossana and Wolkite is being facilitated by Women, Children and Youths Affairs Bureaus alone makes it difficult for the bureaus to manage such activities due to the presence of high number of infants being taken to the bureaus and that facilitating alternative care to physically abandoned infants is not the only function of the bureaus.

Women, Children and youths affairs bureau of the city and each town which is the primary responsible organ for ensuring the provision of alternative care to physically abandoned infants should strongly work in order to provide adequate alternative care to the infants.

4.7 Conclusion

From the above discussion on the implementation of alternative care to physically abandoned infants in Hawassa, Hossana and Wolkite it is clear that in most cases, workers of children rights and welfare protection in the Women, Children and Youths Affairs Bureaus of the respective City and Towns are not adequately facilitating the provision of alternative care to physically abandoned infants. The infants don't get alternative care rather they are being given to volunteer women and Hospitals where the infants don't get adequate alternative care Moreover, in case of Hawassa, physically abandoned infants are being given to child rearing institutions without exhausting the alternative family care options and some of such institutions care don't engage in facilitating alternative family care. These practices are against the infant's rights and inconsistency with the Ethiopian guidelines regulating alternative care. The main challenges for the lack of adequate implementation of alternative care of the infants are the workers failure to aware and work in cooperation with the community and community based organizations, the child rearing institutions lack of knowledge in the application of institutional care only where necessary and lack of residential care in Hossana and Wolkite towns. The Women, Children and youths affairs bureau should remove their drawbacks and work to provide adequate alternative care to the infants.

Chapter Five

Conclusion and Recommendations

Conclusion

Physical abandoning of infants refers to a situation in which infant younger than twelve months are abandoned anonymously. It is a global problem and not a recent phenomenon. The causes for such abandonment differ in different countries. The abandonment may be in safe baby boxes or unsafe abandonment like abandonment in public places such as roads, ditches and market places. In both cases the infants are found affected by harm practically. Physical abandoning of infants has implications on children rights to know and be cared by their families, right to preserve their familial relation, right to grow up in a family environment. It is against such rights and if the infant affected by disease it is against his/her right to enjoyment of highest attainable health and if the infant died, it is against his/her right to life. Physical abandoning of infants has also implications on the right to survival and development.

CRC and ACRWC have recognized the right to alternative care of CDFE including physically abandoned infants. States parties including Ethiopia are obliged to ensure the provision of alternative care based on their national laws. Accordingly Ethiopia has adopted laws, policy and guidelines regulating alternative care to CDFE. The Ethiopian guideline has many similarities with that of the UN guidelines and somehow differs in the meaning of foster care. The laws, policy and guidelines in Ethiopia are so general governing alternative care to all CDFE. The country needs a comprehensive alternative care guideline to regulate alternative care specifically to physically abandoned infants. Such need of comprehensive alternative care is justified by the reason that physical abandoning of infants is highly observable in the country especially in Cities and Towns, it is a major issue of concern to Women, Children and Youths Affairs Bureau that make the bureau busy, the children couldn't benefit from kinship care for they are abandoned anonymously or even they can't help themselves due to their immaturity.

Physical abandoning of infants is increasing in Hawassa, Hossana and Wolkite. It becomes the main concern to Women, Children and Youths Affairs Bureaus in the city and towns which are primarily responsible to facilitate alternative care to such infants. Like in other places in the

Country, the main reasons for physical abandoning of infants in the city and towns are stigma of having a child outside the bonds of marriage, pregnancy due to rape or incest and lack of resource for a single woman to up bring her child.

Though abandoning is increasing through time, Women, Children and Youths Affairs Bureaus don't prepare alternative care to the infants before such infants are brought to the bureaus thus, the infant's right to get alternative care is being violated. Even the child rearing institutions in Hawassa which are engaged in facilitating alternative family care to physically abandoned infants in cooperation with Women, Children and Youths Affairs Bureau of the city are busy of accepting and rearing orphans, the poor and physically abandoned infants rather than facilitating alternative family care to the physically abandoned infants which is against the infants right to develop in family environment and against the CRC and ACRWC requirement that institutional care should be applicable only where Necessary. On the Other hand the lack of institutional care to physically abandoned infants who are in need of institutional care is against the right to alternative care of those infants.

Recommendations

Based on the above discussion and the conclusions arrived on, the researcher would like to recommend the following so as to address the issues stated above:

- The Country should adopt a compressive guideline that specifically regulate alternative care of physically abandoned infants and should also include the administrative measures to be taken on those who works with in the competitive body to facilitate alternative care but who violate the right to alternative care of abandoned infants.
- The meaning of foster care in the 2009 alternative care guideline of Ethiopia shall be limited to foster family. The guideline should be revised to avoid foster care in group homes and centers.
- Women, Children and Youths Affairs Bureaus in the country shall register the number of abandoned infants who are found in each area.
- Women, Children and Youths Affairs Bureaus shall do in cooperation with the society and should mainly focus on preventing physical abandoning of infants by creating awareness on the criminality of infant abandonment. They should also work in cooperation with religious institutions. Women and children affairs bureaus should strongly tell the religious institutions to teach about the sin nature of infant abandonment. They should also tell them to report the crime of infant abandonment to police.
- Government has to financially support or coordinate NGOs to help poor women in order to prevent infant abandoning due to lack of financial resource.
- Those parents who abandon their infants shall be prosecuted before court and be punished for the purpose of general deterrence.
- Reunification should be applicable only after assessing and ensuring that it is the best interest of the child.
- Women, Children and Youths Affairs Bureaus in the City and Towns shall prepare foster families before physically abandoned infants are brought to their offices the bureaus shall formally meet the society and teach about alternative care in *kebeles* so that they could found foster families there. Thus giving abandoned infants to hospitals and volunteer women should stop.

- Women, Children and Youths Affairs Bureaus shall encourage foster families who give foster care to long period to change such relation in to domestic adoption, take out its hand from foster families and give attention in facilitating alternative care to other abandoned infants.
- Women, Children and Youths Affairs Bureau in Hawassa shall create awareness to child rearing institutions in the city that the institutions should accept physically abandoned infants only where it is necessary and shall give attention to facilitating alternative family care. Those institutions which are not engaged in facilitating alternative family care shall also engage on and give attention to it.
- Women, Children and Youths Affairs Bureau in Hawassa shall stop giving abandoned infants to child rearing institutions without making effort to facilitate foster family care.
- The institutional care to physically abandoned infants should be in small residents than large institutions thus NGOs in Hawassa should be engaged in residential care to physically abandoned infants and the same kind of residents should be established in Hosanna and Wolkite towns.
- Community based organizations such as *idir* and religious institutions should engage in Community based alternative care to physically abandoned infants in the City and Towns.

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ባለፈው ጊዜ፡

እኛ ለመጠቀሚያ ዘመን ይዘን ለሌሎች ለሌሎች ለሌሎች
ተገቢው ግብር ገንዘብ ተጠቅሞ ለሌሎች ለሌሎች
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አጠቃላይ ለገንዘብ ማጠቃለያ ማድረግ
ለገንዘብ ማጠቃለያ ማድረግ

አጠቃላይ 1. ለገንዘብ ማጠቃለያ ማድረግ
2. ለገንዘብ ማጠቃለያ ማድረግ

Annex II

Interview Questions

ዕድሜአቸው ከ19መት በታች የሆኑ የተጣሉ ጨቅላ ህፃናትን በተመለከተ

ለክልሉ ሴቶች ና ህፃናት ቢሮ ፣ ለህፃናት ጉዳይ ሀላፊ

የተዘጋጀ ቃለ መጠይቅ

1. የጨቅላ ህፃናት መጣል በክልሉ የት የት ቦታዎች ላይ ይበዛል? Top 5 ከተሞች?
በእያንዳንዱ 5 ከተሞች በአማካይ በአመት ምን ያክል ህፃናት ተጥለው ይገኛሉ?
Documented የሆነ መረጃ አላችሁ ወይ?

የከተሞቹ ስም በአማካይ በአመት ምን ያክል ህፃናት ተጥለው ይገኛሉ?

- 1.-----
- 2.-----
- 3.-----
- 4.-----
- 5.-----

➤ Documented የሆነ መረጃ ከሌለ Top 5 ከተሞችን እንዴት ለያችሁ?

2. በክልሉ ውስጥ እስካሁን ምን ያህል ህፃናት alternative care አግኝተዋል? የወንድ ቁጥር፣ የሴት ቁጥር ? Documented የሆነ መረጃ አላችሁ ወይ? ካለ ማየት & photo ማንሳት (photo copy መውሰድ)

3. በከተሞች ውስጥ የተጣሉ ጨቅላ ህፃናትን ያገኘ ሰው ጥቆማ ማድረግ ያለበት ለየትኛው የመንግስት አካል ነው? በየትኛው ህግ መሰረት ነው መስርያ ቤቱ ህፃናቱን የመቀበል ሃላፊነት የተጣለበት?

4. የተጣሉ ጨቅላ ህፃናትን alternative care (አማራጭ እንክብካቤ) ማመቻቸትን በተመለከተ ባለድርሻ አካላት የትኞቹ ናቸው? ምንድነው ድርሻቸው ? ድርሻቸው በየትኛው ህግ መሰረት ነው የተወሰነው?

5. በክልሉ ከተሞች ውስጥ የሴቶችና ህፃናት ቢሮ alternative care (አማራጭ እንክብካቤ) የማመቻቸት ስራን የሚሰራው የትኛው ህግ በሰጠው ስልጣን መሰረት ነው?
6. የተጣሉ ጨቅላ ህፃናትን alternative care (አማራጭ እንክብካቤ) የማመቻቸት ስራን በተመለከተ የሚመለከተው አካል ስራውን እንዴት መስራት እንዳለበት የሚያመለክት ክልሉ ያወጣው ህግ (መመሪያ) አለ ወይ? ካለ ይጠቀስ

ክልሉ የራሱ ህግ (መመሪያ) ከሌለው በየትኛው ህግ (መመሪያ) መሰረት ነው የክልሉ ከተሞች ሴቶችና ህፃናት ቢሮ alternative care (አማራጭ እንክብካቤ) የማመቻቸት ስራን እየሰሩ ያሉት?

7. የክልሉ ሴቶች ና ህፃናት ቢሮ ለተጣሉ ህፃናት ቋሚ ቤተሰብ እስኪገኝ ድረስ ለጊዜአዊ ማቆያቸው እንዲሆን ብሎ የሚመደበው ገንዘብ አለ ወይ? ካለ በአመት ምን ያህል ገንዘብ ይመድባል? ከ2007 ዓ.ም ወዲህ በ የአመቱ የሚመደበው የገንዘብ መጠን ስንት ነው?

2007.-----
 2008-----
 2009-----
 2010-----
 2011-----

8. በክልሉ ውስጥ የተጣሉ ጨቅላ ህፃናትን ተቀብለው የሚሳድጉ ድርጅቶች አሉ ወይ? ቁጥራቸው ስንት ነው? ስማቸው እና የት የት ከተሞች ላይ ድርጅቶቹ እንደሚገኙ ይጠቀስ
9. በክልሉ ውስጥ ከሴቶች ና ህፃናት ቢሮ ውጪ ለተጣሉ ጨቅላ ህፃናት alternative care (አማራጭ እንክብካቤን) የሚያመቻቹ አካላት (ድርጅቶች) አሉ ወይ? ካሉ ቁጥራቸው ስንት ነው? የግል ወይስ የመንግስት ድርጅቶች ናቸው? ስማቸው እና የት የት ከተሞች ላይ ድርጅቶቹ እንደሚገኙ ይጠቀስ

- 10. ለተጣሉ ጨቅላ ህፃናት አሳዳጊ ቤተሰብ ካልተገኘ ለምሳሌ ህፃኑ አካል ጉዳተኛ ከሆነና አሳዳጊ ቤተሰብ ካልተገኘለት የህፃኑ ዕጣ ፈንታ ምንድነው ሚሆነው? የከተማው ሴቶች ና ህፃናት ቢሮ ምን ማድረግ ይጠበቅበታል?
- 11. የተጣሉ ጨቅላ ህፃናትን በተመለከተ ከfederal መንግስት ጋር በትብብር ምትሰሩት ስራ አለ ወይ? ካለ ይጠቀስ
- 12. አንድ ህፃን የሚሰጠው alternative care (አማራጭ እንክብካቤ በቂ ነው ምንለው ምን ምን ነገሮች ሲሟሉለት ነው? የሴቶች ና ህፃናት ቢሮ periodic review ሲያደርግ የሚመለከታቸው ነገሮች ምን ምንድናቸው? በህግ የተቀመጠ standard አለ ወይ? በየትኛው ህግ ነው standard set የተደረገው?
- 13. አንድ ህፃን በጉዳፊቻ ከተሰጠ በኋላ ወላጅ ነን ባዮች ቢመጡ የከተሞች ሴ/ህ ቢሮ ምን ማድረግ አለበት?

ዕድሜአቸው ከ19መት በታች የሆኑ የተጣሉ ጨቅላ ህፃናትን በተመለከተ ለከተማው ሴቶችና ህፃናት ቢሮ የህፃናት ጉዳይ ሀላፊ

የተዘጋጀ ቃለ መጠይቅ

1. ማነው የተጣሉ ጨቅላ ህፃናትን ወደ ከተማው ሴቶችና ህፃናት ቢሮ ይዞ ሚመጣው (ሚጠቁመው)
2. ከ2007 ዓ.ም ጀምሮ በከተማው ተጥለው የተገኙ ህፃናት ቁጥር ስንት ነው

	የወንድ ቁጥር	የሴት ቁጥር	ድምር
በ2007 ዓ.ም	_____	_____	_____
በ2008 ዓ.ም	_____	_____	_____
በ2009 ዓ.ም	_____	_____	_____
በ2010 ዓ.ም	_____	_____	_____
በ2011 ዓ.ም	_____	_____	_____

Documented የሆነ ማስረጃ አላችሁ ወይ?

3. ተጥለው ከተገኙት ህፃናት ውስጥ ምን ያህል ታማሚዎች ነበሩ ምን ያህል ደሞ ሞተዋል?

	ታመው የተገኙ ህፃናት ቁጥር	ሞተው የተገኙ ህፃናት ቁጥር	ቢሮው ከተረከባቸው በኋላ የሞቱ
በ2007 ዓ.ም			
በ2008 ዓ.ም			
በ2009 ዓ.ም			
በ2010			

ዓ.ም			
በ2011			
ዓ.ም			

Documented የሆነ ማስረጃ አላችሁ ወይ?

4. የሴቶችና ህፃናት ቢሮ በህይወት ከተረከባቸው በኋላ የሞቱ ህፃናት ለሞታቸው መንስኤው ምን ነበር?
 5. ተጥለው ከተገኙ ህፃናት ውስጥ ምን ያህሉ አካል ጉዳተኛ ነበሩ? በከባድ ህመም ውስጥ የነበሩት ስንት ህፃናት ናቸው?
 6. ተጥለው ከተገኙት አካል ጉዳተኛ ህፃናት እና በከባድ ህመም ውስጥ ከነበሩ ውስጥ ስንቱ የሚሳድጋቸው ቤተሰብ ተገኝተዋል?
- የሚሳድጋቸው ቤተሰብ ያልተገኘላቸው አካል ጉዳተኛ እና ከባድ ህመም ውስጥ ያሉ የተጣሉ ህፃናት ዕጣ ፈንታቸው ምን ነበር? ለማን አስረከባችኋቸው?
7. ቢሮአችሁ ለተጣሉ ጨቅላ ህፃናት አሳዳጊ ቤተሰብ እስኪገኝላቸው ድረስ ህፃኑን የት ነው የሚያስቀምጠው? የህፃኑ ወጪስ በማን ነው ሚሸፈነው? ቢሮአችሁ ጊዜአዊ ማቆያ ቦታ አለው ወይ?
- በጊዜአዊ ማቆያ ቦታ እጥረትና ለህፃኑ ወተት እና ሌሎች ወጪዎች መሸፈኛ ገንዘብ በማጣት ምክንያት የታመሙ ህፃናት ቁጥር ስንት ነው? የሞቱስ?
8. የ Foster care እና adoption criteriaዎችን አሟልተው ህፃናቱን ለመውሰድ ብቁ የሆኑ ሰዎች
- በቀላሉ ይገኛሉ ወይ? እነዚህ ሰዎች እንዴት ነው ምታገኝቸው?
9. ለተጣሉ ህፃናት አሳዳጊ ቤተሰብ ቶሎ ይገኝላቸዋል ወይ? አሳዳጊ ቤተሰብ እስኪገኝላቸው ድረስ ምን ያህል ቀናት (ወራት)ይፈጃል?
 10. የሴቶችና ህፃናት ቢሮ የተጣሉ ጨቅላ ህፃናትን እንደተረከበ የሚወስዳቸው እርምጃዎች ምን ምንድናቸው በቅደም ተከተል ይቀመጥ

11. ለህፃናቱ የህክምና አገልግሎት የሚሰጥላችሁ ሆስፒታል ስም-----ነፃ የህክምና አገልግሎት ይሰጧቸዋል ወይ?

12. እስካሁን ተጥለው ከተገኙ ህፃናት ውስጥ ወላጆቻቸው የተገኙላቸው ህፃናት አሉ ወይ? የስንቶቹ ህፃናት ወላጆች ተገኙ?

የተጣሉት ህፃናት ወላጆች የተገኙት ቢሮአችሁ ህፃናቱን ከተረከበ ከስንት ቀናት(ወራት፣አመታት) በኋላ ነው? የእያንዳንዱ ህፃን ወላጅ የተገኘበት ጊዜ ይገለፅ ጥያቄው መመለስ ያለበት እንደሚከተለው ነው; ለምሳሌ

በ2007 ዓ.ም የ _5_ ህፃናት ወላጆች ተገኝተዋል የ1ኛው ህፃን ወላጅ የተገኘው ህፃኑን ከተረከብን ከ 3 ወር በኋላ ነው የሁለተኛው ከ 1 ዓመት በኋላ የ 3ተኛው ህፃን ወላጅ...

በ2007 ዓ.ም የ_(ቁጥር)_____ ህፃናት ወላጆች ተገኝተዋል የ1ኛው ህፃን ወላጅ የተገኘው ህፃኑን ከተረከብን ከ 3 ወር በኋላ ነው የሁለተኛው....

በ2008 ዓ.ም _____

በ2009 ዓ.ም _____

በ2010 ዓ.ም _____

በ2011 ዓ.ም _____

Documented የሆነ ማስረጃ አላችሁ ወይ?

ወላጆቻቸውን እንዴት ነበር ማግኘት የተቻለው?-----

13. ወላጆቻቸው ከተገኙላቸው ህፃናት ውስጥ ስንቱ ከወላጆቻቸው ጋር እንዲቀላቀሉ ተደረገ? ከዘመዶቻቸው ጋር እንዲቀላቀሉ የተደረጉ ህፃናትስ ስንት ናቸው?

14. ህፃናቱን ከወላጆቻቸው(ከዘመዶቻቸው) ጋር ስትቀላቅሉ የተከተላችሁት ሂደት ምን ነበር?

15. ከተገኙት ወላጆች ውስጥ በፍርድ ቤት ክስ የተመሰረተባቸው አሉ ወይ? ካሉ የተገኙት ወላጆች እና የህፃኑ ስም ይጠቀስ የፍርድ ቤት መዝገብ ቁጥሩም ሚታወቅ ከሆነ ይጠቀስ የትኛው ፍርድ ቤት ነው ጉዳዩ ላይ ውሳኔ የሰጠው?
16. ለአንድ ህፃን alternative care (አማራጭ እንክብካቤ) ካመቻቻችሁ በኋላ በየሰንት ጊዜው እየሄዱትሁ ትጎበኙታላችሁ? የሚሰጠው አማራጭ እንክብካቤ በቂ ነው ሚባለው ምን ምን ነገሮች ሲሟሉለት ነው? መሟላት ያለባቸውን ነገሮች የሚወስነው ማነው? በህግ(መመሪያ) ላይ መሟላት ያለባቸው ነገሮች ተቀምጠዋል? መልሱ አዎ ከሆነ በየትኛው ህግ(መመሪያ) ላይ ነው የተቀመጠው
17. Alternative care (አማራጭ እንክብካቤ) ካመቻቻችሁላቸው ህፃናት ውስጥ አማራጭ እንክብካቤውን የቀየራችላቸው ህፃናት አሉ? ለሰንት ህፃናት አማራጭ እንክብካቤ ቀየራችሁ? በምን ምክንያት ነው አማራጭ እንክብካቤውን የቀየራችሁላቸው
18. በከተማው ተጥለው ከተገኙ ጨቅላ ህፃናት ውስጥ ቢሮአችሁ ለሰንት ህፃናት alternative care (አማራጭ እንክብካቤ) አመቻቻላቸው?

	2007	2008	2009	2010	2011
በreunification (ወላጆች ሲገኙ ልጆቹን ለወላጆች መልሶ መስጠት)					
ልጆቹን ለዘመዶች መስጠት)					
በCommunity based					

alternative care (ዕድር ወይም የሀይማኖት ተቁዋማት ህፃናቱን እንዲረዱ ማድረግ)					
በ foster care					
በ adoption (ጉዳይ)					
በ institution (ህፃናት ማሳደጊያ ድርጅት እንዲያደጉ ማመቻቸት)					

Documented የሆነ ማስረጃ አላችሁ ወይ?

19. የከተማው ሴቶችና ህፃናት ቢሮ የተጣሉ ጨቅላ ህፃናትን በተመለከተ ለየትኛው alternative child care ነው ቅድሚያ ሚስጠው? በቅደም ተከተል ይቀመጡ. ቅድሚያ የሚሰጥበት ምክንያቶች ምን ምንድናቸው?

20. በከተማው ውስጥ ከሴቶችና ህፃናት ቢሮ በተጨማሪ ለተጣሉ ጨቅላ ህፃናት alternative care (አማራጭ እንክብካቤን) የሚያመቻች አካል (ድርጅት(ቶች)) አለ ወይ? ካለ ስንት ናቸው? የግል ድርጅት(ቶች) ናቸው ወይስ የመንግስት? የድርጅቱ (ቶች) ስም ይጠቀስ

ከነዚህ ድርጅት(ቶች) ጋር ግንኙነት አላችሁ ወይ? ምን ምን ጉዳዮች ላይ ነው አብራቹ ምትሰሩት?

21. በከተማዎ ውስጥ የተጣሉ ጨቅላ ህፃናትን ተቀብለው የሚያሳድጉ ድርጅቶች አሉ ወይ? የግል ድርጅት(ቶች) ናቸው ወይስ የመንግስት? የድርጅቱ (ቶች) ስም ይጠቀስ ከነዚህ (ድርጅት(ቶች)) ጋር አብራቹ ትሰራላቸው ወይ? ምን ምን ጉዳዮች ላይ ነው አብራቹ ምትሰሩት?

22. የተጣሉ ጨቅላ ህፃናትን በተመለከተ አብሯቸው ሚሰሩ የመንግስት ወይም የግል መስሪያቤቶች

ወይ ግለሰቦች አሉ ወይ መልሱ አዎ ከሆነ የመስሪያ ቤቶቹ ወይም የግለሰቦቹ ስም ይጠቀስ በምን ጉዳይ ነው አብራችሁ ምትሰሩት?

23. የክልሉ መንግስት ለከተማው ሴቶችና ህፃናት ቢሮ የተጣሉ ጨቅላ ህፃናትን በተመለከተ የሚሰጠው መመሪያ አለ ወይ? ካለ ምን ምን ጉዳዮች ላይ ነው መመሪያ ሚሰጠው? _____

24. የከተማው ሴቶችና ህፃናት ቢሮ የተጣሉ ጨቅላ ህፃናትን ተቀብሎ alternative care የማመቻቸት ሀላፊነት የተጣለበት በየትኛው ህግ (መመሪያ) መሰረት ነው? _____

25. የከተማው ሴቶችና ህፃናት ቢሮ ለተጣሉ ጨቅላ ህፃናት alternative care (አማራጭ እንክብካቤን) እንዴት ማመቻቸት እንዳለበት የሚያሳይ ህግ (መመሪያ) አለ ወይ? ካለ የትኛው ህግ (መመሪያ) እንደሆነ ይጠቀስ

ከሌላ በየትኛው ህግ (መመሪያ) መሰረት ነው የከተማው ሴቶችና ህፃናት ቢሮ ለተጣሉ ጨቅላ ህፃናት alternative care (አማራጭ እንክብካቤን) የማመቻቸት ስራን እየሰራ ያለው

ዕድሜአቸው ከ19መት በታች የሆኑ የተጣሉ ጨቅላ ህፃናትን ለሚቀበሉ ድርጅቶች የተዘጋጀ ቃለመጠይቅ

የተጣሉ ጨቅላ ህፃናትን የሚቀበለው ድርጅት ስም _____

1. ድርጅቱ የመንግስት ነው ወይስ የግል? የመንግስት ድርጅት ከሆነ የትኛው መስሪያ ቤት ነው ድርጅቱን ያቋቋመው?
2. ድርጅቱ የተቋቋመበት አላማ ምንድነው? መቼ ተቋቋመ?
3. ድርጅቱ የተጣሉ ጨቅላ ህፃናትን ብቻ ነው ወይስ ሌሎች ሰዎችንም (ህፃናትንም) ይቀበላል? ከተጣሉ ጨቅላ ህፃናት ውጪ ምን አይነት ህፃናትን (ሰዎችን) ነው ምትቀበሉት?
4. ከ2007 ዓ.ም ጀምሮ ከተጣሉ ጨቅላ ህፃናት ውጪ የተቀበላችኋቸው ህፃናት(ሰዎች) ቁጥር ስንት ነው?

	የወንድ ቁጥር	የሴት ቁጥር	ድምር
በ2007 ዓ.ም	_____	_____	_____
በ2008 ዓ.ም	_____	_____	_____
በ2009 ዓ.ም	_____	_____	_____
በ2010 ዓ.ም	_____	_____	_____
በ2011 ዓ.ም	_____	_____	_____

Documented የሆነ ማስረጃ አላችሁ ወይ?

5. ድርጅቱ የተጣሉ ጨቅላ ህፃናትን ከማነው የሚረከበው
6. የተጣሉ ጨቅላ ህፃናትን ስትቀበሉ የምትከተሉት ሂደት ምን ይመስላል?
6. ከ2007 — 2011 ዓ.ም ባለው ጊዜ ውስጥ ድርጅቱ ምን ያክል የተጣሉ ጨቅላ ህፃናትን ተቀብሏል?

	ድርጅቱ የተቀበላቸው የተጣሉ ጨቅላ ህፃናት ቁጥር	ድርጅቱ የተቀበላቸው አካል ጉዳተኛ	ድርጅቱ የተቀበላቸው ታማሚ የተጣሉ	ድርጅቱ ከተቀበላቸው በኋላ የሞቱ

				የተጣሉ ጨቅላ ህፃናት ቁጥር	ጨቅላ ህፃናት ቁጥር	ህፃናት ቁጥር
	ሴት	ወንድ	ድምር			
በ2007 ዓ.ም						
በ2008 ዓ.ም						
በ2009 ዓ.ም						
በ2010 ዓ.ም						
በ2011 ዓ.ም						

Documented የሆነ ማስረጃ አላችሁ ወይ? ካለ ከ 2007 ዓ.ም ጀምሮ ያለውን መረጃ ማየት & photo ማንሳት (photo copy መውሰድ) ማስረጃ ከሌለ የለም ተብሎ ይጻፍ

7. ድርጅቱ ከተቀበላቸው በኋላ የሞቱ ህፃናት ለሞታቸው መንስኤ የነበረው ምንድነው?

8. ድርጅቱ የተጣሉ ጨቅላ ህፃናትን ለመቀበል ያዘጋጀው መስፈርቶች አሉ? ካሉ መስፈርቶቹ ይጠቀሱ

9. ድርጅቱ የተጣሉ ጨቅላ ህፃናትን ለምን ያህል ጊዜ ያቆያል (ይንከባከባል)?

10. ድርጅቱ ለአሳዳጊ ቤተሰብ ያስረከባቸው የተጣሉ ጨቅላ ህፃናት ቁጥር ምን ያህል ነው?

	ድርጅቱ ለአሳዳጊ ቤተሰብ ያስረከባቸው የተጣሉ ጨቅላ ህፃናት ቁጥር		
	ለ foster ቤተሰብ	በ ጉዲፈቻ	ሌላ (specify ይደረግ)
በ2007 ዓ.ም			
በ2008 ዓ.ም			
በ2009 ዓ.ም			
በ2010 ዓ.ም			
በ2011 ዓ.ም			

Documented የሆነ ማስረጃ አላችሁ ወይ?

11. በምን አይነት መንገድ ነው አሳዳጊ ቤተሰቦችን ምታገኙት?
12. ድርጅታችሁ የተጣሉ ህፃናት ወላጆችን ያፈላልጋል? መልሱ አዎ ከሆነ ከየትኛው መስሪያ ቤት ጋር በመሆን ነው ስራውን ሚሰራው?
13. ወላጆቻቸው የተገኙላቸው የተጣሉ ህፃናት ቁጥር ስንት ነው?

2007 ዓ.ም _____

የ2008 ዓ.ም _____

የ2009 ዓ.ም _____

የ2010 ዓ.ም _____

የ2011 ዓ.ም _____

Documented የሆነ ማስረጃ አላችሁ ወይ?

14. ድርጅታችሁ ከወላጆቻቸው (ከዘመዶቻቸው) ጋር የቀላቀላቸው ህፃናት ቁጥር ስንት ነው?

	ድርጅቱ ከወላጆቻቸው (ከዘመዶቻቸው) ጋር የቀላቀላቸው ህፃናት ቁጥር		
	ከወላጆቻቸው ጋር የተቀላቀሉ ህፃናት ቁጥር	ከዘመዶቻቸው ጋር የተቀላቀሉ ህፃናት ቁጥር	ድምር
በ2007 ዓ.ም			
በ2008 ዓ.ም			
በ2009 ዓ.ም			
በ2010 ዓ.ም			
በ2011 ዓ.ም			

Documented የሆነ ማስረጃ አላችሁ ወይ?

ህፃናቱን ከወላጆቻቸው (ከዘመዶቻቸው) ጋር ስትቀላቅሉ የተከተላችሁት ሂደት ምን ይመስል ነበር?

15. ከተገኙት ወላጆች ውስጥ በፍርድ ቤት ክስ የተመሰረተባቸው አሉ ወይ? ካሉ የተገኙት ወላጆች እና የህፃኑ ስም ይጠቀስ የፍርድ ቤት መዝገብ ቁጥሩም ሚታወቅ ከሆነ ይጠቀስ የትኛው ፍርድ ቤት ነው ጉዳዩ ላይ ውሳኔ የሰጠው?
16. ለአንድ ህፃን alternative care (አማራጭ እንክብካቤ) ካመቻቻችሁ በኋላ በየሰንት ጊዜው እየሄዱት ትጎበኙታላችሁ? የሚሰጠው አማራጭ እንክብካቤ በቂ ነው ሚባለው ምን ምን ነገሮች ሲሟሉለት ነው? መሟላት ያለባቸውን ነገሮች የሚወስነው ማነው? በህግ(መመሪያ) ላይ መሟላት ያለባቸው ነገሮች ተቀምጠዋል? መልሱ አዎ ከሆነ በየትኛው ህግ(መመሪያ) ላይ ነው የተቀመጠው
17. Alternative care (አማራጭ እንክብካቤ) ካመቻቻችሁላቸው ህፃናት ውስጥ አማራጭ እንክብካቤውን የቀየራችሁላቸው ህፃናት አሉ? ለሰንት ህፃናት አማራጭ እንክብካቤ ቀየራችሁ? በምን ምክንያት ነው አማራጭ እንክብካቤውን የቀየራችሁላቸው
18. ህፃናትን በጉዲፈቻ ከሰጣችሁ በኋላ ወላጅ ነን ባዮች መጥተው ያውቃሉ? መልሱ አዎ ከሆነ ሰዎቹ ምን ምን ምላሽ ተሰጧቸው?
19. ድርጅቱ በአጠቃላይ ምን ያህል ሰራተኞች አሉት?
20. በድርጅቱ ውስጥ ስንት ሞግዚቶች አሉ?
21. ድርጅቱ ያሉት የህፃናት ማቆያ ክፍሎች ስንት ናቸው? በአንዱ ክፍል ምን ያህል ህፃናት እንክብካቤ ይደረግላቸዋል?
22. ድርጅታችሁ ከሚቀበለው የህፃናት ቁጥር መብዛት የተነሳ የህፃናት ማቆያ ቦታ፣ የሞግዚቶች፣ የወተትና የመሳሰሉት ነገሮች እጥረት የለበትም ወይ? እጥረት ካለበት ችግሩን ለመፍታት ምን ምን ስራ ተሰራ? ያገዛችሁ ተቋምስ አለ? ካለ ስሙ ይጠቀስ
23. ድርጅቱ የሚገኝበት አካባቢ ለህፃናቱ ጤንነት አመቺ ነው ወይ? የግቢው ንፅህና እና የመሰረተ ልማት ሁኔታዎች?
24. የድርጅቱ ዓመታዊ በጀት ስንት ነው? ከ2007 — 2011 ያለው ዓመታዊ በጀት ይጠቀስ
- የ2007 ዓ.ም ዓመታዊ በጀት _____
- የ2008 ዓ.ም ዓመታዊ በጀት _____
- የ2009 ዓ.ም ዓመታዊ በጀት _____
- የ2010 ዓ.ም ዓመታዊ በጀት _____

የ2011 ዓ.ም ዓመታዊ በጀት _____

Documented የሆነ ማስረጃ አላችሁ ወይ?

25. የተጣሉ ጨቅላ ህፃናትን በተመለከተ ከድርጅቱ ጋር አብረው የሚሰሩ መስሪያቤቶች ወይም ግለሰቦች አሉ ወይ? ካሉ ስማቸው ይጠቀስ ምን ምን ስራ ላይ ነው አብራችሁ ምትሰሩት?

26. ከሴቶችና ህፃናት ቢሮ ጋር ያላችሁ ግንኙነት ምን ይመስላል ምን ምን ስራ ላይ ነው አብራችሁ ምትሰሩት?

27. በየትኛው ህግ(መመሪያ) መሰረት ነው ስራችሁን የምትሰሩት?

ዕድሜአቸው ከ19መት በታች የሆኑ የተጣሉ ጨቅላ ህፃናትን በተመለከተ ለከተማው ሆስፒታል የተዘጋጀ ቃለ መጠይቅ በሆስፒታሉ Medical Director እና Nursing Director /NICU Nurse የሚሞላ

የሆስፒታሉ ስም _____

1. የተጣሉ ጨቅላ ህፃናትን ወደ ሆስፒታሉ የሚያመጣው ማነው?
2. የሴቶችና ህፃናት ቢሮ ተወካይ (ፖሊስ) የተጣሉ ጨቅላ ህፃናትን ለምንድነው ወደ ሆስፒታሉ የሚያመጣው?
3. የሴቶችና ህፃናት ቢሮ ተወካይ (ፖሊስ) ለ checkup (ለጤና ምርመራ) ወደ ሆስፒታሉ ያመጡዎቸው ህፃናት ቁጥር ስንት ነው?

	የሴቶችና ህፃናት ቢሮ ተወካይ (ፖሊስ) ለ checkup (ለጤና ምርመራ) ወደ ሆስፒታሉ ያመጡዎቸው ህፃናት ቁጥር				
በ2007 ዓ.ም	ሴት	ወንድ	ድምር	በሽታ የተገኘባቸው	የሞቱ
በ2008 ዓ.ም					
በ2009 ዓ.ም					
በ2010 ዓ.ም					
በ2011 ዓ.ም					

Documented የሆነ ማስረጃ አላችሁ ወይ?

4. ተጥለው የሚገኙ ህፃናት በአባዛኛው ምን ምን በሽታ ነው ሚገኝባቸው?
5. የሴቶችና ህፃናት ቢሮ ተወካይ (ፖሊስ) የተጣሉ ህፃናትን ለህክምና ወደ ሆስፒታሉ ካመጡ በኋላ ለህፃናቱ አሳዳጊ ቤተሰብ እስኪገኝ ድረስ በማለት በሆስፒታሉ ውስጥ በጊዜያዊነት እንዲቆዩ የተደረገው ህፃናት ቁጥር ስንት ነው?

	የሴቶችና ህፃናት ቢሮ ተወካይ (ፖሊስ) ለህክምና ወደ ሆስፒታሉ ካመጡ በኋላ ለህፃናቱ አሳዳጊ ቤተሰብ እስኪገኝ ድረስ በማለት በሆስፒታሉ ውስጥ በጊዜያዊነት እንዲቆዩ የተደረገው ህፃናት ቁጥር
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በ2007 ዓ.ም	ሴት	ወንድ	ድምር		የሞቱ
በ2008 ዓ.ም					
በ2009 ዓ.ም					
በ2010 ዓ.ም					
በ2011 ዓ.ም					

Documented የሆነ ማስረጃ አላችሁ ወይ?

- የሴቶችና ህፃናት ቢሮ ተወካይ (ፖ.ሊ.ስ) ህፃናቱን ወደ ሆስፒታል ካመጡ በኋላ ህፃናቱ በሆስፒታሉ ውስጥ ለምን ያህል ጊዜ ይቆያሉ?
- በሆስፒታሉ ቅጥር ግቢ ውስጥ(አቅራቢያ) ተጥለው የተገኙ ህፃናት ቁጥር ስንት ነው?

	ተጥለው የተገኙ ህፃናት ቁጥር				
በ2007 ዓ.ም	ሴት	ወንድ	ድምር	በሽታ የተገኘባቸው	የሞቱ
በ2008 ዓ.ም					
በ2009 ዓ.ም					
በ2010 ዓ.ም					
በ2011 ዓ.ም					

Documented የሆነ ማስረጃ አላችሁ ወይ?

- ከሴቶችና ህፃናት ቢሮ ተወካይ (ፖ.ሊ.ስ) ውጪ የተጣሉ ህፃናትን ያገኙ ሰዎች ወደ ሆስፒታሉ ያመጡዋቸው ህፃናት ቁጥር ምን ያክል ነው?

	የተጣሉ ህፃናትን ያገኙ ሰዎች ያመጡዋቸው ህፃናት ቁጥር				
በ2007 ዓ.ም	ሴት	ወንድ	ድምር	የታመሙ	የሞቱ

በ2008 ዓ.ም					
በ2009 ዓ.ም					
በ2010 ዓ.ም					
በ2011 ዓ.ም					

Documented የሆነ ማስረጃ አላችሁ ወይ?

9. ሰዎች የተጣሉ ህፃናትን አግኝተው ወደ ሆስፒታሉ ሲያመጡ ወይም የተጣሉ ህፃናት በሆስፒታሉ ቅጥር ጊቢ ውስጥ(አቅራቢያ) ሲገኙ ሆስፒታሉ የሚወስደው እርምጃ ምንድነው?
10. በሆስፒታሉ ግቢ ውስጥ ተጥለው የተገኙ ህፃናትን ወይም ሰዎች ወደ ሆስፒታሉ የሚያመጧቸውን ህፃናት ለማነው የምታስረክቡት?
11. በሆስፒታሉ ቅጥር ግቢ ውስጥ ተጥለው የተገኙ ህፃናት ወይም ሰዎች ወደ ሆስፒታሉ ያመጧቸውን ህፃናት የሚረከባችሁ አካል በምን ያህል ጊዜ ህፃናቱን ይቀበላችኋል?
12. የሴቶችና ህፃናት ቢሮ የተጣሉ ህፃናትን አንረከብም ብለዋችሁ ያውቃሉ ወይ? መልሱ አዎ ከሆነ ችግሩን ለመፍታት ሆስፒታሉ ምን አይነት እርምጃ ወስዳል?
13. ህፃናት በሆስፒታሉ ቅጥር ግቢ ውስጥ ተጥለው ሲገኙ ወይም ሰዎች ህፃናቱን ወደ ሆስፒታል ሲያመጡ ለሚረከባችሁ አካል እንዴት ነው የምታሳውቁት?