

**Alternative Orphan Care in Uganda - Policy, Practice and Perspectives:
What's Love Got to Do With It?**

© Jennifer B. Rossiter, MA

Keywords: Uganda, alternative care, orphans and other vulnerable children,
intercountry adoption, kinship, best practice, social development theory

Abstract

According to UNICEF, there are currently over 150 million orphans in the world. In Africa, this situation is predominantly explained as one of the consequences of HIV/AIDS, conflict, and poverty. Children are placed into orphanages for numerous reasons, often without consideration of the capacity of extended family to care for them and without an understanding of the social conceptualizations of institutional care. In Uganda, there has been a significant increase in the number of orphanages, from which children are eligible for both domestic and intercountry adoption. Intercountry adoption practices over the last two decades have increased the vulnerability of Ugandan children, placed them in precarious situations with weak protection and care, and put pressure on a particularly weak national childcare system. Domestic solutions are being sought to overcome these challenges and to preserve cultural traditions and structures. Alternative care policy and practice, however, are at odds with one another, despite government and NGO attempts to formulate a strong domestic framework to provide security and stability for Uganda's vulnerable children.

This paper presents findings from fourteen stakeholder interviews conducted in Kampala in summer 2013 with Ugandan adoptive parents and representatives of local and international NGOs, government, and academia. All interviewees were involved with vulnerable and orphan childcare policy or practice. The paper presents stakeholders' perspectives on the challenges and opportunities related to alternative care interventions in Uganda. It also discusses the implications of these findings for childcare practitioners, potential intercountry adoptive parents, and policymakers.

Table of Contents

Definitions	5
Acronyms	6

Section One: **Introduction** 7

Alternative Care Explained	
1.1 Alternative Care in Africa	
1.2 Alternative Care in Uganda	
1.3 Significance of the Study	
1.4 Objectives and Research Questions	
1.5 Structure of the Paper	

Section Two: **Literature Review** 19

2.1 Intercountry Adoption and Child Protection Frameworks	
2.1.1 International Conventions and Guidelines	
2.1.2 African Charters and Guidelines	
2.1.3 Domestic Policy and Legislation of Uganda	
2.2 Academic Discourse	

Section Three: **Methodology** 35

3.1 Research Design	
3.2 Respondents	
3.3 Data Collection	
3.4 Data Analysis	
3.5 Limitations & Challenges	
3.6 Positionality	

Section Four: **Findings and Discussion** 47

4.1 Government System Weaknesses	
4.1.1 Government Capacity Issues	
4.2 Misunderstandings: Abandonment and Institutional Care	
4.2.1 Loss of Community Responsibility	
4.3 Alternative Care and Eligibility	
4.3.1 Dimensions of Intercountry Adoption	
4.4 NGO and Government Partnerships	
4.4.1 Child's i Foundation: A Critical Appraisal	

Section Five: **Conclusions**

70

5.1 Conclusions

5.2 Recommendations

5.3 Future Research Considerations

Acknowledgments

78

References

79

Appendices

85

Definitions

Adoption: A legal practice in which a child is placed under the care of non-biological parents, thus terminating rights with the child's natural parents (when applicable). The adopted child receives all legal rights as a biological child to the new parents.

Alternative Care: A term to describe care for children who are unable to be raised by their biological parents, or deprived of a family setting. Alternative care options can include kinship care or foster placement, adoption, or institutional care. Informal alternative care refers to placements that are not monitored or registered with government officials.

Best Practice: Implementation of policy and procedure to high ethical standard, in this case focusing on the best-interests of the child based on individual needs.

Biological Parents: Birth parents of the child.

Childcare Institution: A residence designed to host children and babies deprived of parental care. Also known as Orphanage or Residential Care.

Domestic Adoption: The adoption of a child by citizen(s) of the child's country of origin.

Family-based (alternative) Care: The care for a child within a family household setting. This can be through kinship care, foster care, or domestic adoption.

Foster Care: The placement of a child with a person who is not biologically related, or with a member of the extended family (kinship care), who takes on short term responsibility to support and care for the child.

Intercountry Adoption: Permanent adoption of a child by individuals who are not citizens or residents of the child's country of origin. The child is placed legally with the individual(s), becoming a resident of the receiving country.

Kinship Care: Care for a child by extended family members.

Orphan: A child that has lost either one or both parents, as per UNICEF definitions.

Orphans and Other Vulnerable Children: Children including those with disabilities, affected by conflict, street children, or who are otherwise disadvantaged by factors such as poverty, health, and limited access to basic needs and services.

Receiving Country: The country of destination for children of intercountry adoption.

Sending Country: The country of origin (birth) for children of intercountry adoption.

Acronyms

ACPF	African Child Policy Forum
CRC	Convention on the Rights of the Child
ICA	Inter-country Adoption
MGLSD	Ministry of Gender, Labour, and Social Development
NGO	Non-Governmental Organization
OAU	Organization of the African Union
OVC	Orphans and Other Vulnerable Children
UN	United Nations
UNICEF	United Nations Children's Fund

Section one: **Introduction**

UNICEF and global partners define an orphan as a child who has lost one or both parents... [This] 'orphan' statistic might be interpreted to mean that globally there are 132 million children in need of a new family, shelter, or care. This misunderstanding may then lead to responses that focus on providing care for individual children rather than supporting the families and communities that care for orphans and are in need of support.

(UNICEF Press Release, 21 August 2008)¹

In many parts of the developing world, and in various regions of Africa, child vulnerability continues to be a pressing concern for social development due to conflict, natural disaster, and HIV/AIDS, among other issues. However, there are innumerable domestic factors relating to income, poverty, and even social conceptualizations of family environments that affect the setting in which children grow. The effect that these factors have on individual families directly influences their capacity to care for and raise children within a safe household setting. According to the United Nations (UN), there are millions of children in precarious situations in which family care is not a viable option. For these children, local communities and non-governmental organizations (NGOs) alike have developed alternate living arrangements, that is, alternative care, for their wellbeing and protection. This response to child vulnerability has, through development agencies, extended to the international community, changing the nature of alternative care trends.

¹ By 2014, this global statistic had risen to over 150 million children.

² See MGLSD publications including: *A Guide for National Quality Standards (2007)*; *A Guide for Interpreting and*

Alternative care provides numerous options for child welfare and protection. Traditional, informal, placements include living with older relatives such as aunts, uncles, or grandparents (known as kinship care), with neighbours, or with family friends. These unregulated practices are common in developing countries where clan or community ties are significant. More formal options have increased the number of opportunities available for children in need of such care, including formalized foster care, institutional care, adoption, supervised independent living (as per the United Nations Guidelines for the Alternative Care of Children, 2010, III/29/c), and intercountry adoption (ICA). The latter involves the legal adoption of a child to a family living in a foreign country, typically within the Global North, thereby severing the child's legal ties with its biological family (Republic of Uganda, Children Act, 1997, VII/51) and its extended family kinship network. ICA is considered a last resort option by international law, but the practice has become a mainstream approach for privileged Western families who are looking for alternative means of creating a family (Hubing, 2001), as well as becoming a solution for poor, overburdened, institutional care centres (Riley, 2012).

ICA as a form of alternative care was popularized after WWII, reaching a peak in 2004 when over 45,000 children were adopted around the world (Selman, 2009). Between 2000 and 2010, an estimated 400,000 children had been placed by ICA agencies (Selman, 2012), but during this time an increased awareness of illicit activities led to evidence of child trafficking, corruption and fraud. Annual ICA numbers had begun to decline by 2010 (Tessler, Tuan, & Shiao, 2011; Smolin, 2010) and have continued to decline gradually due to government policy changes and increased safeguards for children, economic development, and ICA suspension in many of the previously popular sending countries such as Korea and Russia. Prospective parents have had to

find alternate destinations with fewer regulations; Africa has become the ‘new frontier’ for ICA programs.

Unfortunately, most forms of alternative care are not closely monitored in the developing world. It is especially difficult to regulate informal care, and the prevalence of corruption and bureaucracy often prevent formal practices from taking root (Csáky, 2009). Countries that have not ratified, or are less committed to, international adoption or child rights laws like the Hague Convention (an international instrument outlining safeguards for children and ICA procedures, discussed further in Section Two), predominantly in the Middle East and Africa, are even more susceptible to the development of unauthorized alternative care practices, with minimal consequence. Systemic government weaknesses create space for innumerable humanitarian charities and NGOs to establish programs to care for these vulnerable children. While ICA is often considered a permanent solution to the harms of institutional care, it has its own risks and damaging consequences to children, and society as a whole. Alternative care decision-making is too often made neither with the child’s best interests at heart, nor in consideration of best-practice guidelines provided by international and national law (Republic of Uganda, Ministry of Gender, Labour and Social Development [MGLSD], 2011d).

1.1 Alternative Care in Africa

Intercountry adoptions reached a peak in Africa in 2009 when 70% of the continent’s ICA children came from Ethiopia (African Child Policy Forum [ACPF], 2012b). Despite falling global trends, ICA’s popularity has increased three-fold in Africa since 2010 (ACPF, 2012c). There have been over 41,000 adoptions in less than ten years (ACPF, 2012b) originating in

African countries, with Ethiopia and South Africa regularly listed as the top two sending countries.

Traditionally, kinship care for vulnerable children has been the norm for African households (UNICEF, 2003); however, weakening family structures and public policy are resulting in increased child abandonment and a reliance on institutional care (Frimpong-Manso, 2013; Williamson & Greenberg, 2010). This change indicates how current childcare systems are failing in developing societies, combined with issues of conflict, environment, health, and economic factors, consequentially leading to a rise in ICA practices. Many sending countries in Africa are ill-equipped in law, policy, and practice to adequately provide safeguards for children and alternative care programs, particularly ICA. As such, most institutional care centres are largely privatized, not under state regulation, and accountable, primarily, to foreign donors/ stakeholders (ACPF, 2012c).

The role of civil society in this context is crucial. As a platform to propagate local awareness of best-practice alternative care, NGOs are key to lobbying for strong domestic care options for children and reducing the publicly perceived need for ICA. There are few circumstances that should require a child to be raised abroad, and strong domestic care programs would encourage local solutions to child vulnerabilities. Civil society groups have access to resources, both material and financial, that governments alone do not, as well as often having an ability to mobilise these resources more rapidly. These characteristics allow groups (be they NGOs, community-based groups, or other) to negotiate public, private, and government spheres in a development context (Krut, 1997).

African states such as Ethiopia, Liberia and the Democratic Republic of Congo have recently begun suspending ICA over child rights and trafficking concerns. Prospective parents are therefore turning to agencies in neighbouring sending countries on the continent for child adoption programs, in particular, countries that are not bound by international ICA laws.

The Hague Convention generally regulates global ICA practices, however, as of 2012, only fifteen of fifty-four African states had ratified the treaty (Hague Conference, 2014). Intercountry adoption through non-member states is usually speedier, unimpeded by international regulations. Uganda's relative stability in Africa and its non-Hague status have made it an attractive destination for prospective parents interested in ICA.

1.2 Alternative Care in Uganda

Uganda became one of Africa's top ten sending countries between 2010 and 2011, when the number of adoptions to the USA jumped from 62 to 207 (US Department of State, 2013). The formal process of intercountry adoption is, in general, a lengthy and bureaucratic one for prospective parents. Current Ugandan law stipulates that a parent must be over the age of 25 and at least 21 years older than the child they adopt, and that single parents can only adopt a child of the same sex. Once matched, parents must foster the child in Uganda for thirty-six months and receive approval through the judicial system to complete the adoption process (Republic of Uganda Children Act, 1997, VII/46). Uganda's system appears to be lengthy and complicated, but a cursory search for legal guardianship applications shows that the majority of international adoption agencies encourage this course of action, thereby bypassing protracted requirements by

reducing procedural timelines, saving on personal costs, and completing the adoption in the receiving country rather than abroad.

These factors broadly affect child eligibility, the implementation of national government oversight, and can shed light on the weaknesses between policymaking and practice in Uganda. The number of children available for ICA reflects a breakdown in communication between families, communities, and childcare actors.

Though relatively stable at present, Uganda has had a tumultuous history of conflict and tension since independence from British colonial rule, first under Idi Amin in the 1970s, and, since 1986, under the presidency of Yoweri Museveni. The state has struggled to maintain social stability, and to deliver adequate services of health, education, and social safety nets for its population. As such, there have been major shifts in traditions and family responsibilities over the last few decades, which have put more children at risk and in need of alternative care options.

Households headed by grandparents or children are increasingly common, learning to cope not only with, among other things, migration and illness, but also with negotiating kinship care traditions (Roby & Shaw, 2006). Recent coping strategies often result in vulnerable children now less likely to be raised within family-based kinship placements; instead, they are increasingly sent to institutional care centres where their vulnerabilities are amplified. There are no exact figures to draw from in Uganda, but a baseline government study conducted in 2012 indicates that approximately 40,000 Ugandan children are living in institutional care (Walakira, Ochen, Bukuluki, & Allen, 2014), where an estimated 60% of these children are not, in fact, orphaned (Republic of Uganda MGLSD, 2011d). Research shows that for every three months in

institutional care, a child loses one month of development (Williamson & Greenberg, 2010), and that the institutionalization of children under the age of three can severely damage brain function and delay cognitive development (UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States, 2010). The majority of these institutions are overcrowded, causing deeper fissures in the emotional and social development of a child, affecting a child's ability to create attachments to people (van IJzendoorn et al., 2011). These children are in need of additional support, but not always permanent alternative placements. Many of these children have families, and this raises the issue of child eligibility within alternative care. In Uganda, ICA is a free-for-all system that bypasses domestic policy preferences for appropriate childcare placements. Despite the potential benefits associated with ICA, it is used as an easy solution to a difficult problem for individuals.

1.3 Significance of the Study

This study provided an opportunity to explore domestic alternative childcare practices available in Uganda in contrast to ICA, and the perspectives of relevant stakeholders. It has produced insight into the local context and efforts of Uganda to care for orphans and other vulnerable children (OVCs).

This research relates directly to three particular categories: a) local communities in Uganda, b) NGOs and government actors, and c) prospective parents interested in ICA. Due to the lack of academic research on current alternative care in Uganda, this paper will attempt to bridge the gap between childcare researchers and actors. It is also my hope that prospective parents will also realize the importance of objective research in their own planned ICA activities.

General mainstream attitudes in Uganda often fail to recognize the benefits of formal family-based alternative care and its ability to strengthen the social development of the general Ugandan population in the long term. These environments allow children to retain cultural environments and traditions, and to benefit from natural social integration. Children that are sent for placement in institutions and ICA are at a disadvantage when these social practices are not identified or promoted. Additionally, childcare actors, such as government officials and NGO managers in positions of authority often end up working independently of one another in Uganda (Republic of Uganda, MGLSD, 2011d). The ad-hoc system that now exists only threatens to continue hindering social development and to neglect the welfare of vulnerable children.

Between 2010 and 2011, ICA numbers from Uganda increased by 400% (Riley, 2012, p. 5). This shocking statistic suggests, among other things, the need for strengthened domestic alternative care practices. Potential adoptive parents are led to believe, by media, adoption agencies, and popular reporting, that there is an overabundance of children living in institutions who are in need of foreign intervention in order to be saved from a life of destitution (Williamson & Greenberg, 2010). Rather, focusing on family-based care would drastically reduce the number of children placed in institutional care and made eligible for ICA. Due to the significant increase in recent years of both the number of children in institutional care and those sent abroad through ICA, consideration of the on-going vulnerability of children is crucial to the social development of Ugandan society. Shortfalls in government welfare provision for children only exacerbate the demand for social protection services well into adulthood (Apt, 2002).

Financial and material investment in the development of family-based alternative care is critical. An increase in domestic solutions would reduce the number of children who are sent abroad through ICA and who are abandoned to institutional care. Strong networking and campaigning to educate the public, as well as the regulation of ICA, are essential for the improvement of alternative care systems. These changes could stimulate dialogue between policy makers and practitioners, which would only strengthen best-practice alternative care implementation measures (Isooba, 2005). A union of NGO and government skills and knowledge could strengthen domestic alternative programs in Uganda, ultimately benefiting the children who are eligible and in need of these services.

By developing childcare policy and strengthening protection services in Uganda, childcare actors will be better able to support the social development of OVC populations. Vulnerable children are far less likely to access education and health services without these welfare programs (Okidi & Mugambe, 2002; Republic of Uganda, MGLSD, 2007a). Although there is no universal definition for social development, it is, by and large, accepted to be a process of change within the structures and frameworks of social institutions- at all levels of society: from individual to national. It aims to “empower people by creating more inclusive, cohesive, resilient, and accountable institutions and societies” (World Bank, 2014, “Context”). According to the World Bank (2014), to ensure sustainable social development, priority must be placed on the establishment of trust between state and society for social cohesion, and on promoting accountability within government structures.

Although social development theory is essentially poverty-driven, its principles of accountability, cohesion, and inclusion directly link to childcare systems and the need for strategic policy and practices. These also tie in with the need to raise awareness within societies, notably Ugandan society, to support social systems such as kinship care and domestic adoption practices that will reduce child vulnerability and unnecessary stresses on social welfare systems in the future. In Uganda, long-term development considerations are equally as important as finding solutions to immediate needs within childcare frameworks. Short-term financial investment to improve alternative care can, in the long run, result in long-term savings that could be sourced for vulnerable children who are, and will be, in need of social welfare support (Frimpong-Manso, 2013; McCall, 2011).

General implications of this study include the possibility of a regulated social welfare system with a particular focus on childcare policy and service provision, and a coordinated network across Uganda for both informal and formal alternative care practices. More direct implications exist for Ugandan communities, childcare policy makers and practitioners, and ICA prospective parents: first, for communities to engage with one another and to share concerns for vulnerable neighbours; second, for NGOs and government actors to dialogue with the intention of establishing strong networks, to standardize childcare practices, as well as to educate the public on policy and available support for OVCs. Finally, implications for prospective parents include the provision of more research on existing child protection policies and ICA agencies, to encourage them to consider investing in the support of families within sending countries.

There is no perfect prescription for child vulnerability and alternative care placements. Family-based kinship care cannot be idealized, nor are all childcare institutions negligent with regard to child development. Children in family-based settings can be vulnerable to abuse and marginalization, although these placements do still support better integration of OVCs into society (Subbarao, Mattimore, & Plangemann, 2001) and stimulate traditional community welfare systems (Frimpong-Manso, 2013). By contrast, some institutions have been re-established as small group homes or children's villages and shown to provide adequate development support and skills training for children, in comparison with the average childcare institution (Williamson & Greenberg, 2010). The current research, however, is based on evidence of the broader unfavourable conditions of institutional care in Uganda, the overall benefits of family-based care, and the perceptions of various stakeholders with respect to formal alternative care practices.

1.4 Objectives and Research Questions

The research presented in this paper will address several factors that influence alternative care in Uganda. The objective of this study, therefore, is to explore intercountry adoption as a form of alternative care in Uganda. Three objectives were chosen to guide the research:

- (1) To examine the connections between OVC policy and practice
- (2) To explore the perspectives of local actors towards alternative care and ICA
- (3) To consider the challenges and the opportunities of alternative care in Uganda.

To this end, the research questions directing the study were:

(a) What are the implications of intercountry adoption within alternative care policy and practice in Uganda?

(b) What are the challenges facing domestic alternative care placements in Uganda?

1.5 Structure of the Paper

This paper will comprise five sections that will contribute to a discussion of the alternative care system in Uganda and ICA in general. Section One provides background on alternative care in Africa and how ICA is navigated within Uganda's current childcare system. The second will present current government policies and international frameworks, along with contemporary academic discourse on ICA as alternative care, in particular the issues and opportunities that relate to this practice. Section Three will provide methodological considerations of this study, including research design, methods used during fieldwork, limitations and challenges of the study, and a reflection of researcher positionality within the research process. The fourth section will present the findings from this research and relate them to the broader discussion of alternative care. Finally, Section Five will summarize the findings, provide recommendations for community members, alternative care actors, and prospective parents; and propose suggestions for further research.

Section Two: Literature Review

Intercountry Adoption and Child Protection Frameworks

As of 2011, UNICEF estimates that there are over one hundred and fifty million orphans in the world (UN Statistics Division, 2013). This statistic implies a pervasive vulnerability within populations worldwide. To protect these communities, international, regional, and domestic groups have each created guidelines on law and policy for basic human needs. Child protection and safety are at the core of these, and they help set the foundation for best-practice models in this area. However, research shows that despite existing instruments, difficulties continue to plague the safety and wellbeing of children everywhere. Domestic solutions are being sought to meet the challenges that OVCs face and to preserve their cultural traditions and systems.

The following section provides a foundation to understanding how childcare policy and practice are often at odds, and explores the advantages and disadvantages that intercountry adoption and alternative care models produce.

2.1 International Conventions and Guidelines

The first of its kind on child protection and wellbeing, the *UN Convention on the Rights of the Child* (CRC) was adopted in 1989 as a legally binding agreement affecting all levels of human rights for children less than eighteen years of age. It was the first convention to indicate that children had fundamental rights unique to their being, and it has been nearly universally ratified. The convention, in particular Articles 20 and 21, is receptive to ICA as a form of alternative childcare when all options within the child's country of origin have been examined, considered,

and deemed ill-suited for the best interests of the child. Predominantly, it speaks to the rights of a child to be raised in the context of his or her own family and culture.

The fifty-four articles of the CRC emphasize identity, prevention of trafficking and harm, and child welfare. Articles 20 and 21 directly address the role of intercountry adoption in the preservation of child wellbeing and protection. The former recognizes the role of identity and family history in alternative care, in which individual background information and best interests are essential for placement consideration. Article 21, on the other hand, asks that ICA “be considered as an alternative means of child’s care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child’s country of origin” (art. 21/b), and to “ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption” (art. 21/b). The CRC stands as the pillar to all subsequent conventions and laws pertaining to children, critical in the discussion on alternative care and intercountry adoption practices.

Established to provide a practical component for ICA based on CRC provisions, the *Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption* (known most commonly, and herein, as the Hague Convention), is used as an instrument for international cooperation to institute safety and best-practice for overseas adoptions. Initiated in 1993 and entered into force in 1995, there are, at the time of writing, ninety countries that have signed and/or ratified this convention, only fifteen of which are African (Hague Conference, 2014). Considered as the leading instrument for reputable intercountry adoption protocol, it aligns with the CRC in considering ICA as a form of childcare if all other possibilities have

previously been considered within the child's country of origin (Hague Convention, 1993, preamble).

The Hague Convention relies on the commitment of member states to uphold particular standards and safeguards prior to the transfer of a child from a sending country to a receiving country. The convention addresses corruption and unlawful gains made through ICA practices, and calls for affiliates to target these issues at a domestic level. Its objectives are to protect the rights of the child subjected to intercountry adoption, to prevent corruption surrounding the movement of children, and to ensure cooperation between states as legitimate and binding (Hague Convention, 1993, art. 1). Chapters III and IV of the Hague Convention assert the need for a central authority within each participating country to oversee adoption, who, in Chapter VI, are made accountable to the laws and resolutions of that particular country. The convention is more concerned with the responsibilities of each state during the process of ICA than the actual protection of the child, an aspect covered by the CRC.

While the Hague Convention does not mention domestic alternative care options for children, the United Nations General Assembly opted to establish the *UN Guidelines for the Alternative Care of Children* to complement the above two international conventions. This resolution, drafted in 2010, also builds on the CRC and child rights, emphasizing the protection and wellbeing of children deprived of parental care. Although not an official instrument for ICA protocol, it operates as a guide to the policy and practice of alternative care (art. I/2) by encouraging governments and service providers to consider primarily family-based solutions. Should there be concerns regarding the child's best interests, it is the government's responsibility to ensure that

the child is provided care through alternative means, be it kinship, foster care, or other residential home placements. Efforts to place the child in a permanent family environment should not cease, however, until the child's own wellbeing has been fully considered and prioritized. In addition, Chapter IV of the resolution provides guidelines on particular efforts that the state should implement to promote family care and encourage family reintegration, while Chapter VI gives guidance on appropriate and successful childcare models for vulnerable children.

2.2 African Charters and Guidelines

Few institutions have published ICA-related documents from a purely African perspective, with the exception of The African Child Policy Forum (ACPF), a pan-African think tank, and the Organization of African Unity (1990, OAU, now the African Union), both of which provide an overview of issues and best practices on the topic. Membership in these organizations has brought various nations together to expand the discourse on the protection of the child and other vulnerable populations on the continent. As of 1990, the OAU's *African Charter on the Rights and Welfare of the Child* (ACRWC) (African Union Commission, 1990) has been one of the most widely recognized instruments with direct bearing on African policy development and childcare, supporting legal frameworks on the safeguard and welfare of children raised in Africa. Of the fifty-four states of the African Union, three quarters have ratified the ACRWC (African Union Commission, 1990).

The ACRWC was established by the OAU as a legal means to promote and protect child rights of the CRC within an African context reflecting customary practices. Article 19 refers to the protection of the family as a base environment, while Article 20 describes the role of the state in

ensuring that those who care for children are provided with “material assistance and support programmes” (art. 20/2/a). Article 24 is the only article specific to adoption practices and child wellbeing, recommending that intercountry adoption, “as the last resort, be considered as an alternative means of a child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin” (art. 24/b). Article 24 requires that the best interests of the child be prioritized, invoking the CRC and acknowledging ICA only “if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child’s country of origin” (art. 24/b). An echo to the position of the international community, the ACRWC helps develop direct national policy on childcare practices in accordance with broader international frameworks.

Rather than focus on alternative options for child placement, the core of the ACPF *Guidelines for Action on Intercountry Adoption of Children in Africa* (2012a) is the development of families as the fundamental environment for children. Presented at the International Policy Conference on the African Child in 2012, it provides a pan-African framework for domestic ICA policy development. Building on, inter alia, the ACRWC, the CRC, the Hague Convention, and the *UN Guidelines for the Alternative Care of Children*, these recommendations cover child rights and protection throughout the process of intercountry adoption, upholding the best interests of the child and proper legal proceedings. It looks to “promote, at the levels of governmental, professional and civil society institutions the development and implementation... of intra- and inter-agency child protection policies and collaboration frameworks” (para. A/1/g). These guidelines are by no means part of a legally binding document, but work to influence policy-making by individual African governments. They neither promote nor encourage ICA (para.

A/2), but, rather, target the process of intercountry adoption and advocate the importance “of the need for respect of family life, and the diversity of family and kinship forms in Africa that sustain and support children’s growth and development in a family environment” (para. B/6/a). Family, as the base unit, is to be sufficiently protected and supported to fulfil its community responsibilities (para. D/22). Decision-making prior to adoption, and state protection during- and post- adoption, need support to establish efficient domestic models of childcare and protection.

2.3 Domestic Policy and Legislation of Uganda

Within the Government of Uganda, the Ministry of Gender, Labour and Social Development (MGLSD) oversees issues of social protection, gender equality, human rights, culture, labour conditions, and empowerment for oft-marginalized groups such as women, children, the unemployed, the elderly, and persons with disabilities (Republic of Uganda, MGLSD, n.d.).

These groups are frequently marginalized or excluded from the benefits of national development, and children in particular are at risk in Uganda. This is a country with approximately 2.6 million orphans (UNICEF, n.d.a), whose rights and protection are under the jurisdiction of the ambitious Ministry.

In the last decade, reports and policies for orphan care and service providers within Uganda have developed rapidly. The most crucial child-centred publications are the Republic of Uganda’s Legislation of the *Children Act* (1997), the *National Orphans and Other Vulnerable Children Policy* (2004), the *Social Development Sector Strategic Investment Plan 2011/12 – 2015/16* and the *National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children 2011/12-2015/16* (2011b), as well as *Uganda’s National Framework for Alternative*

Care (2011d). These policies and frameworks have been designed to guide childcare and protection, provide insight into domestic alternative options, and address the issues that indirectly impact Uganda's position within the ICA debate.

As the legally binding framework for childcare actors, the *Children Act* has been at the forefront of domestic policy in child-oriented programming since 1997. Establishing law on the care, protection, and judicial processing of children, the Act outlines requirements by actors making decisions towards or for children. It presents the rights of the child, followed by direction for foster care and adoption in Parts VI and VII, respectively, describing processes and conditions under which these transactions may legally take place. Rather than consider ICA as an 'if and only if' option like the CRC, the Children's Act accepts ICA based on compliance by prospective parents with legal applications and rules within both receiving and sending states (art. 46), effectively easing ICA procedures for those who opt instead for legal guardianship.

The *National Orphans and Vulnerable Children Policy*, drafted in 2004 by the Republic of Uganda MGLSD, looks at the factors underlying child vulnerability (poverty, health, education, conflict, and HIV/AIDS), to help develop rights-based program policy for OVCs and their caregivers. Emphasizing, like the ACPF, community and family development (para. 2.2), the policy demonstrates the awareness of the Ugandan government of weaknesses and needs for better childcare in the country. Development goals are, however, merely passive recommendations with very little practical or sustainable application, and vague objectives that suggest providing support, mobilising resources, or advocating publicly (para. 4.2). Despite this, best-practice alternative care supporters often cite the policy, as it calls for institutionalization to

be an absolute last resort (para. 4.3.1) and is intended specifically for children in need of alternative options (para. 6).

In addition to this legislation and other national strategies are the leading policy frameworks for government development and vulnerable populations: the *Social Development Sector Strategic Investment Plan 2011/12 – 2015/16* (SDIP-2) and the *National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children 2011/12-2015/16* (NSPPI-2), both published by the Republic of Uganda, MGLSD in 2011. SDIP-2 is a macro-level document on interventions and strategies to increase labour to improve productivity and development within Uganda, focusing on rights and protections through structural change, and designed to address the marginalization of vulnerable groups in development (MGLSD, 2011c). The NSPPI-2 expands on this document by specifically targeting the marginalization of OVCs in Uganda. This latter framework provides a response to reduce vulnerability, improve social welfare, and guide programming at all levels for better implementation of care. It serves as a form of national advocacy, to be considered by all those working for the protection of OVCs (MGLSD, 2011b).

Last, but certainly not least in terms of national policy development, is the most recent domestic childcare framework: *Uganda's National Framework for Alternative Care* (2011d), known as the Alternative Care Framework. This framework acts as the ideal for domestic alternative care practices, in line with wider international guidelines like the CRC, the ACRWC, and even the Hague Convention. Perhaps the most important in terms of alternative provision and knowledge, these guidelines are still relatively new throughout childcare networks. The document presents the Continuum of Care, an explicit hierarchy of alternative care for children without family-

based care options, and provides ways to operationalize the Framework's objectives into practice. The goals of the Framework are to limit institutional care, such that "no child should be placed in a temporary care for an unlimited or undefined period" (para. 3.3); to provide actors with clear guidelines and placement options based on the Continuum of Care outlined throughout (para. 3.2.3); and finally, to provide support to government structures, such as probation and social work officers, as they fulfill responsibilities concerning alternative care placements (para. 3.4). The Alternative Care Framework calls for the establishment a national database for children eligible for intercountry adoption, as well as the entrenchment of an objective Alternative Care Panel to oversee child and parent suitability for both domestic and international placements (para. 3.4.6) in an effort to strengthen childcare infrastructure. While the Framework is still limited in its impact so far, the findings of this research attest to the undeniable benefits of this best-practice process within Uganda's childcare system.

Uganda's MGLSD has published a great number of guides and frameworks targeting OVC care and service delivery which are meant to help frame policy and discourse for childcare practitioners.² However, the numerous documents become redundant and convoluted in terms of implementation. Oftentimes they present overly generalized ideals that are open to interpretation, and can leave actors overwhelmed. There is also the challenge of distributing this information to all childcare actors throughout the country to provide access to, and awareness of, these government goals. It is clear from the numerous publications that the issue of orphan care and vulnerability is understood, and would appear to be a priority of the Ministry. However, research

² See MGLSD publications including: *A Guide for National Quality Standards (2007)*; *A Guide for Interpreting and Applying National Quality Standards for the Protection, Care and Support of Orphans and Other Vulnerable Children in Uganda (2007)*; *Human Resources Development Planning Guide: Orphans and Other Vulnerable Children Service Delivery in Uganda (2008)*

and literature demonstrate that the implementation of these various frameworks has been limited, and children remain as vulnerable as ever throughout the country.

Academic Discourse

In the West, increased use of contraception, abortion, and the social acceptance of single parent lifestyles have reduced the domestic number of adoptable children. Youths who remain eligible in Western adoption systems are more likely to have special needs or to be older children, neither of which are characteristics favoured by prospective ICA parents (Hubing, 2001), but which are, ironically, features that are in line with global best-practice protocols. Preferring infants, prospective parents, more commonly infertile couples, LGBT couples, or singles, are turning to intercountry adoption (Hubing, 2001; King, 2009), in the hopes of raising a young child with the chance at a long and healthy life (Bartholet, 2007). The adoption of children at an early age is backed by many adoption agencies, and, in general, the majority of ICA adoptions affect children under the age of five (UN Department of Economic and Social Affairs, 2009).

Intercountry adoption is seen as a viable mainstream solution to creating a family, and to giving a child a loving and permanent home: a two-way road bringing together children who need families, and families who want children.

In light of the growing concerns over corruption, residential conditions, and increased adoption rates (Selman, 2012), intercountry adoption has become a highly publicized topic in the media and academic literature. Apart from ICA trends among celebrities like Madonna and Angelina Jolie, academics have been discussing intercountry adoption since the early 1990s, when

concerns over increased orphan rates due to HIV/AIDS became an urgent global issue. Since then debates on ICA have mounted, headed by academics David Smolin and Elizabeth Bartholet.

Smolin, a professor of Law at Samford University is one of the most published authors to argue against intercountry adoption. Focusing on the immeasurable experiences of corruption and abuses, as well as cultural and kinship separation, he strongly condemns the lack of global regulation and the weaknesses associated with rising abuses and scandals. “The primary problem,” he argues, “is not ideological disagreement about intercountry adoption, but rather regulatory failure leading to recurrent child laundering scandals and other destructive practices” (Smolin, 2010, p. 445). He also advocates for countries to implement international agreements like The Hague Convention and the CRC as cooperation tactics to reduce or prevent further abuses.

Bartholet, on the other hand, is one of a few academic supporters of sustained intercountry adoption practices. A professor of Law at Harvard, her argument is based on child rights and considerations of the best-interests of the child. Prioritizing the current situation of children rather than advocating for better institutional conditions, her arguments centre around the belief that “there should be no preference whatsoever for placing children in-country, whether in institutions, foster care, or even adoption, if children’s best-interests are the driving consideration, as the CRC, the Hague Convention, and most participants in the international adoption debate say they should be” (Bartholet & Smolin, 2012, p. 374). The majority of international treaties such as the Hague Convention and the ACRWC do not dismiss intercountry adoption as a practice, and Bartholet has established her position on this.

These two formidable voices are by no means the only ones engaged in the debate. Others such as Peter Selman and John Triseliotis also speak to the issues regarding intercountry adoption, examining the legitimacy and relevancy of ICA (Selman, 2004; Triseliotis, 1993), and its use as a solution to child vulnerability (Selman, 2004). Shani King, professor of Law at the University of Florida, argues for a need to shift the way academics frame ICA discourse, suggesting instead “that the right of a child to be raised in the context of her family and her culture is essential to pulling us back from the simplistic and ethnocentric notion that it is always in the best-interest of a child to be raised [with] ... Western conveniences” (King, 2009, p. 470). Although this conflicts with Bartholet’s main argument, King is tolerant of ICA on the condition that international legislation and reforms be effectively implemented (King, 2009). While these broad discussions are important and frame much of the subsequent writing on ICA, they address only a few aspects of academic engagement with issues related to the topic.

Discussion of alternative care practices, in terms of childcare and wellbeing, has not been prioritized within the broader discourse of ICA and child vulnerability. Oftentimes the topic of ICA creates the unintended consequence of overlooking domestic solutions to these leading issues. Publications that refer to alternative care in Africa predominantly lament the loss of traditional systems (see Foster, 2000; Hunter, 1990; Oleke, Blystad, & Rekdal, 2005), but rarely do they discuss domestic policy change, nor connect OVC alternative programming with the practice of intercountry adoption. Broader themes linked to ICA are those of health and the development of a child after adoption, the well-being of a child throughout the process, and the harms of institutionalization (van IJzendoorn et al., 2011; Csáky, 2009). Others examine how

conflict and disasters affect children and intercountry adoption shifts (Marre & Briggs, 2009). While these are important elements of international and domestic orphan care trends, they reached beyond the scope of this research.

ICA debates are usually surface level discussions, as it is nearly impossible to generalize how intercountry adoption affects the individuals and states that are directly involved in the process. Researchers can, and do, point to the most well known scandals such as those of Romania or Guatemala,³ although their arguments remain broad and vague, as demonstrated by pieces written by Selman (2012) and UNICEF (1998). What these articles and studies often miss is the story on the ground in individual nations. Country context can depict an extremely dynamic evolution in terms of child welfare and protection, as is the case in Uganda, demonstrating efforts being taken by government actors to provide security, rather than relying on foreigners and ICA as a way to solve broader problems that may exist, such as the ‘African orphan crisis’.

ICA discourse focusing on Africa can at times provide accurate accounts of individual alternative options, but predominantly frames itself with respect to HIV/AIDS. Stresses imposed on traditional family structures and social welfare have been extensively researched, emphasizing illness as a contributing factor to increased orphan rates and vulnerability of the poor (Guest, 2003). The discussion is often accompanied by references to poverty, as those who are poorest have less access to social services and support. Governments often lack the administrative infrastructure to adequately provide for communities who require these resources, which ultimately affects the entire population. In order to overcome the deficiencies in

³ Romania and Guatemala were both proven to have large-scale corruption and child trafficking issues within the adoption process during the mid 1990s. See Smolin (2010) for more on Guatemala, and Dickens (2002) for more on Romania.

government protection and services, communities and families have had to establish their own coping strategies (Foster, 2000; Roby, 2011; Skovdal & Campbell, 2010) for illness and for children in increasingly precarious situations. The discussion of resource needs for community-based organizations has continued to produce studies advocating for support to community- and family-based structures (Drew, Makufa, & Foster, 1998; Roby & Shaw, 2006).

Research on ICA and Africa predominantly focuses on Ethiopia and South Africa, two sending countries with the highest ICA process rates of the continent (Selman, 2009). However, in terms of researching alternative care options for children, studies have focussed on South Africa the most, where orphan rates are high due to security and disease, and approximately 3.7 million orphans reside within its borders (UNICEF, n.d.b). The Republic of South Africa has developed its own Children's Act (2005), enforced in 2010, that emphasises alternative care for its vulnerable children, stressing domestic adoption or fostering as the preferred alternative option for children without parental care, and implementing a nation-wide deinstitutionalization program. Working closely with UNICEF, the country has established strategies targeted to child protection and welfare through formal data collection, skills training, management systems, and alternative care advocacy (UNICEF, n.d.b). Despite these ambitious changes, academics have continued to focus on the outcomes of HIV/AIDS and its impact on traditional systems of family care, such as kinship care, and care provision in South Africa (Madhavan, 2004; Montgomery et al., 2006), much like the studies of Uganda.

Despite some interest in domestic alternative care in Africa, there have been few empirical studies conducted within a Ugandan context that investigate the issues surrounding these

alternative options from a policy or best-practice viewpoint. Uganda has become one of Africa's most popular source countries for intercountry adoptions, and parents from the Netherlands and America are choosing it over previously popular African countries like Ethiopia. The academic literature on children and Uganda, however, has focused primarily on HIV/AIDS issues (see Hunter, 1990; Ntozi, 1997; Ntozi & Nakayiwa, 1999), community coping (see Ntozi et al., 1999), and conflict (see Oleke et al., 2005). Conversely, alternative care options have become a topic of discussion at government and NGO levels in the country, as demonstrated by the numerous policy frameworks outlined above. Academic research does not address children who have been abandoned because of factors related to poverty. It does not speak to the families who have been misled by the misrepresentation of institutions and the absolute outcomes of intercountry adoption. Nor do Uganda-focused studies make reference to the existence of the Alternative Care Framework or other government strategies. When it comes to policy, academic discourse concentrates on the weaknesses of government, the failure of social welfare systems, and the consequential struggles of local communities.

There are, of course, both advantages and disadvantages to choosing alternative care options over intercountry adoption solutions, which are often indirectly referred to through academic debate. Some of the disadvantages to prioritizing alternative care placements align with Bartholet's arguments on what is truly considered best for the child and the need to change immediate environments. The lack of resources, or allotted resources, to childcare and social services in developing countries like Uganda creates limitations, as do a lack of domestic training and capacity for those who are in positions to regulate or implement these systems. In addition, institutional care has become extremely overcrowded, often leaving children in

destitute situations, lacking human connections and social support (van IJzendoorn et al., 2011). Policy makers and the international community, however, inherently understand the advantages of a strong domestic childcare programme. Voluntary instruments like the CRC and the Hague Convention, as with regional and domestic legislation and guidelines, attempt to ensure that domestic care is the primary option for a child. The inherent advantages of domestic and family-based care are advocated for directly and indirectly by those who critique intercountry adoption, like Smolin and Triseliotis, and those who lament the weakening of traditional family systems in Africa. It has been well established that children develop and thrive better within a family-based context, and within their own cultural environments.

Based on the literature, it is clear that despite circumstances that leave communities coping with OVC numbers, there is an internal movement to refine orphan policy and perspectives in Africa, and especially in Uganda. This has the potential to eventually help children access welfare services and education, and for them to grow up with opportunities to contribute to the development of their own country.

Section Three: **Methodology**

The following section describes the research methodology for this project including the research design, tools used, data analysis methods, as well as challenges I encountered as a researcher during the data collection process.

The methodological process of this study allowed me to explore alternative care in the context of Ugandan communities, childcare policy makers and practitioners, and to provide suggestions for ICA prospective parents. Direct relevance for these key childcare actors emerged from the study: a need for shared responsibility between community members, improved NGO and government partnerships to standardize alternative care policy and practices, including nation-wide public education on best-practice childcare and current support, and for prospective parents interested in ICA to objectively investigate a sending country's policies, and the operating adoption agency.

3.1 Research Design

This research illustrates efforts being realized in the development of domestic child care practices in one of Africa's ICA sending countries, and also acts as an instrument for educating prospective parents interested in intercountry adoption. As such, it will communicate to these parents certain concerns about adoption that may not be apparent or relayed prior to formal procedures. It is important for prospective parents to consider these matters associated with adoption in order to enter into the process with thorough consideration of their intentions, and to gain a comprehensive understanding of local childcare circumstances in Uganda in general. The

following discussion is also presented for childcare actors in Uganda who may not be aware of the various efforts being realized for OVC best-practice guidance.

In order to realize this research, a ten-week work placement in Kampala, Uganda was undertaken with the support of a local host organization, Child's i Foundation⁴ This NGO is both a transition home for abandoned babies as well as a social work centre, focusing its efforts on reuniting babies with families and advocating for domestic solutions to child vulnerability.

A focus on formal alternative care, such as institutionalization, is ultimately essential to the discussion of broader childcare policy and practices since these are the environments where children are situated prior to ICA placements. To strengthen culturally appropriate, informal, family-based alternative care would reduce the need for formal, costlier placements and ultimately benefit individual children and national social development strategies.

3.2 Respondents

Interviews were conducted with a total of fourteen actors in the field of childcare policy and practice in Uganda. They were predominately conducted with staff members of NGOs (both advocacy-based and residential) and with individuals who had adopted children in Uganda. These respondents were anticipated to have the most knowledge about adoption procedures in the country, as well as an understanding of the perspectives of community members on the topic.

⁴ www.childsifoundation.org

Upon my arrival, Child's i Foundation provided a list of attendees to a recent conference held in Kampala in the spring of 2013 on the topic of alternative care, hosted by the MGLSD. Attendees included government actors, child rights advocates, NGOs, academia, and residential home managers. I initiated contact by email, describing the research project and any anticipated participation requirements, with several meetings set up soon after. Other conference attendees were contacted by phone when no email response was received to this invitation within one week.

Respondents were chosen based on their relationship to orphan care and adoption, categorized as government employees at MGLSD, NGO staff from local and international organizations, and parents who had adopted or were currently fostering a child. The majority of respondents lived within Kampala city limits or its neighbouring villages. Nearly all of the respondents were Ugandan by birth, except for two mixed couples, one of Uganda and the other of European birth, and a government consultant from Europe. Despite being foreigners, these particular individuals had permanently settled in Uganda, and had all lived in the country for several years. Four of the respondents were male, and were represented in each of the targeted categories.

Government Employees

I had intended to interview several government actors regarding existing policies, the Hague Convention, as well as to gain their perspective on the strengths and weaknesses of the government's role in alternative care. This group proved to be the most difficult to contact, however, and I only managed to successfully conduct one interview with a government representative: a consultant with MGLSD who accepted an interview immediately upon personal

introduction. Other actors such as Probation Officers and Police Officials were invited by email or telephone, but attempts at contact were eventually abandoned when no response from these individuals was received after follow-ups.

NGO Staff

NGOs are understood to play a prominent role in alternative care programming, and I anticipated that they be able to provide a perspective on policies, challenges, and the public's outlook on the topic. In the end, eight of the total fourteen respondents were employed by NGOs, working either as advocates for child welfare, such as UNICEF and Holt Uganda, or as residential home staff. Most NGOs who made contact were enthusiastic to share their knowledge on the subject and eager to encourage wider discussion within and beyond the country's borders.

Local Adoptive Parents

Families were a key category due to their ability to share lived experiences and personal knowledge of alternative care practices in Uganda. I had to rely on the host organization to make contact with families that were involved with adoption, considering individual privacy and sensitivity within Uganda. Child's i Foundation suggested seven interested respondents, who I then directly emailed or telephoned when deemed appropriate by the host. Five of these individuals indicated openness to participating in the research, but some then showed reservations during scheduling. A nine-hour trip to the northern province of Gulu to do an interview set up by Child's i Foundation resulted in the couple's preference to have the questions and their answers emailed directly. Two other families that had agreed to take part were hesitant to do face-to-face interviews, and they too took part by responding to the questions via email.

Needless to say, these responses were less dynamic and engaging than the direct interviews, but still provided essential perspectives on the topic.

Though unanticipated, one respondent was encouraged to take part in the research based on his academic position at Makerere University. Questions were directed towards topics regarding government role, policies, and community responsibility. This respondent proved to be valuable, having done extensive research on various subjects related to this topic, and in providing an objective perspective on the subject.

3.3 Data Collection

The research was conducted largely in Kampala for reasons of access. A wide array of actors work within the capital city limits, and flexibility with time and dates for interviews was essential. Had the research been conducted in a village or town, data collection would have been extremely limited, and language barriers would have been a major obstacle. English is widely used within the city, but local dialects are used with higher frequency throughout the various districts.

The respondents were chosen through purposive sampling, as noted, based on their connection to alternative care in Uganda. The data collected while in the field consisted of interviews⁵, observation, detailed notes taken during field visits and informal discussions, as well as personal and online journals.

⁵ Interview questions for respondent groupings (government, NGOs, adoptive parents, and academia) are appended to this paper. See appendices A, B, C, and D, respectively.

Interviews with NGOs and families opened with short surveys; each respondent was asked no more than seven standardized questions. These questions focused on demographic information to determine access to resources, and household/ institutional organization. They were semi-structured, with both open- and closed-ended questions. Their purpose was to gain general background information on these participants and their knowledge of alternative care resources and support. These questions at times initiated longer discussions, merging into the interview itself, but acted as guides for the forthcoming interview questions, and as an opportunity to gain an understanding of each individual's particular situation with OVC care.

Interviews were conducted with all respondents. These were primarily face-to-face interviews, except in the particular circumstances of email exchanges previously noted. Questions were generally directed towards respondents' attitudes to intercountry adoption and orphan care, current resources provided to stakeholders, and an understanding of the Conventions, Charters, and policies in place. A pilot test was conducted with a staff member from the host organization, who provided feedback on the wording, the topics, and the flow of questions.

The interviews were semi-structured, with in-depth open-ended questions, and lasted between thirty-five and sixty minutes. All but one of the meetings were recorded with an audio digital recorder; written notes were also made on supplementary thoughts or comments during the interview process.

Observation was a constant part of the research, undertaken on a daily basis. The majority of observations were made during time spent at the Child's i Foundation transitional home: seeing

the children's routines, the carers' techniques and the organization's policies at work. It was natural to separate my dual role as both researcher and volunteer since these two activities were logistically carried out in separate buildings. As a researcher I was under the guidance of the social workers within an office setting. While at the babies home I spent time with a different set of staff that interacted with me as a part-time volunteer with the children. I relied on memory to record observations at the home, logged immediately at the end of the day, and so was rarely seen in research mode within this setting. Excursions to observe children reunited with families, children living in other institutional care centres, as well as those who were within foster care homes were research initiatives supported by the host. In addition, notes taken during observation of procedures for placing recently abandoned children, residential orphan care support, as well as observations taken during field visits with practitioners were made in the course of the research process.

3.4 Strengths and Weaknesses of Data Collection and the Research Process

Having semi-structured questions allowed the meetings to develop into conversations rather than formal interviews. All respondents were fluent in English, and therefore all meetings were conducted in English with no external translation required.

Despite the sensitive subject, no respondents appeared to take offence to any questions or find them intrusive. I had anticipated that family members may be more apprehensive towards the research but there were few reservations towards the questions asked, especially from those interviewed in person.

During observation and field visits, it was necessary that I ask questions to learn more about procedures and particular circumstances. Finding a balance to asking questions that could be answered in situ without being intrusive was key. It took only a short time to realize that the hosts would not translate for me any discussions that took place in local dialects, and so I then had to establish an appropriate strategy to determine the individual's circumstances and record the relevant information.

One of the major weaknesses to the research process was my own failure to follow up with several respondents on particular topics brought up during the discussion. Rather, questions that may have arisen during one interview were addressed with the next respondents rather than by re-connecting with the original speaker. The majority of interviews having been conducted at places of employment during work hours, it was felt that follow-ups would be an undue imposition.

In addition, it was difficult for me to allow some of the interviews to unfold organically, as I attempted to remain faithful to my list of interview questions. It seemed key at the beginning to adhere closely to the semi-structured script in order to avoid tangential discussions that may be considered irrelevant or intrusive. However, this meant that there were lost opportunities to explore potential digressions that could have benefited the research. This was unfortunately only realized during follow up transcription reviews back in Canada. Despite this, the interviews were constructive and easy-going discussions, subject to the central idea based on the participant's knowledge base and experiences.

It was difficult to manoeuvre around the host organization to gain access to potential interviewees. Child's i Foundation was understandably protective of providing contact information for adoptive families, and acted as gatekeeper by suggesting or dismissing potential interviewees. Besides this, the organization was supportive of my research, and readily acted as a point of contact for numerous NGOs that may have otherwise been inaccessible. While they maintained good standing with many of these organizations, these established relationships could have influenced how respondents interacted with me as a researcher; perhaps by providing me with credibility, or perhaps overemphasizing their own best-practice models.

Challenges regarding cultural nuances were anticipated due to the short-term fieldwork placement, but were generally unobtrusive to the interview process. Clarification was easily provided during the meetings by both parties, and did not severely limit the interview content.

3.5 Data Analysis

Data was analyzed both during and after the fieldwork placement. It consisted predominantly of a qualitative thematic analysis of the interviews, surveys, and documents collected, as well as the use of personal interpretation of information related to cultural practices, language, and traditions. A general comparison between Ugandan ICA policy and research-informed practice was produced to determine official protocol standards versus what is practiced and understood on the ground; this also produced a comparison of the kinds of support that are considered necessary by childcare actors in terms of orphan care. In addition, based on interview and survey results, as well as field notes and observations, an analysis was undertaken to determine the

attitudes and understandings of the respondent population on intercountry adoption, alternative care, resources, and practices.

Interviews were transcribed in the field at the end of each day in order to maximize recall for further notation and circumstantial awareness. Once back in Canada, each transcription was reviewed to ensure quality and precision. The interviews were then read and coded to determine consistencies and inconsistencies. The first round of coding noted general themes discussed such as abandonment, resources, and advocacy. These topics were then assigned more concise topics based on patterns that had emerged from the transcripts: policy, family, identity, capacity, corruption, institutional care, networks, roles, abandonment, safety, location, general perceptions, and opportunities and challenges.

The transcripts were then re-coded to these topics, noting particular excerpts that depicted current, previous and desired practices. The frequency of key words within each interview was recorded to determine dominant considerations, which supported analysis of connecting themes between the transcripts. Challenges, opportunities, and practical suggestions for the future were extracted from discussions, as were participant interpretations of the perspective of government and NGO stakeholders, and of the general public. These were separated from the participant's own attitudes to analyze how they perceived the issue in comparison to how they believed others to perceive the issue.

For the purpose of this paper, each participant was assigned a number, e.g. P1 or P2, based on chronology⁶, with the email responses grouped together at the end. The pre-assigned category within which the individual had been initially approached, that is, government actors, NGO representatives, and local adoptive families, were associated with each participant in order to provide context to their comments. NGO participants were further distinguished between organizations that were advocacy-based, and those that functioned as residential homes for children. See Appendix G for a breakdown of interview details.

3.6 Positionality

It would have been impossible to disconnect the research and researcher from the general Ugandan preconception concerning Westerners' wealth and status. Due to this, it is entirely possible that respondents provided answers that they anticipated me to expect, or held back in speaking openly about particular situations, as they might have done with a local researcher. As a researcher in this position, I had to rely on my respondents' interview answers at face value, due to limited knowledge of the country and nuances of the various cultures.

Association with the host organization may have also affected respondents' interactions.

Although it was rarely indicated at initial contact, all but one of the respondents were aware of the connection between myself and Child's i Foundation by the time the interview took place. It is a highly regarded organization within the field, and quite possible that the association may have affected my position as researcher and the respondents' reactions during interviews. As noted, this could have been by either providing me with credibility that I would have otherwise

⁶ P8 was split into two recordings (P8 & P9) resulting in the appearance of 15 total participants rather than the actual 14. See Appendix E.

lacked as an independent student researcher, or by the respondent overstressing ideal childcare practice.

All respondents were willing participants to the research, and genuinely interested in my work and experiences. Despite potential reservations, the interviews were all very constructive, and produced conversations between equally invested individuals.

This section has justified/ described the methodology undertaken during the research process. All told, the research process was successful, and provided a multi-faceted exploration of alternative care opportunities and challenges in Uganda through direct discussion with childcare stakeholders in the field. There are on-going challenges with limited government oversight and social perceptions of alternative care operations resulting in unfavourable childcare practices; there are also currents of opportunity within growing childcare policy and practice networks. These are further explored in the next section within the context of ICA in Uganda and the current discourse on alternative care for children.

Section Four: **Findings and Analysis**

This paper has thus far presented insight into alternative care in Uganda. Academic discourse, however, commonly overlooks the perspective of relevant stakeholders within the field. The knowledge imparted by respondents in this study provided an understanding of ICA and alternative care from the perspectives of various stakeholders involved in childcare protection and care. This section emphasizes findings from the interviews that were conducted during the research fieldwork, supported by government reports and external studies.

To provide insight into the world of alternative care and adoption in Uganda, this research focused on three main objectives: to examine the link between policy and practice, to explore the attitudes of local actors regarding alternative care and ICA, and to consider ICA challenges and opportunities in Uganda. Four emergent themes were ascertained from the data: 1) weaknesses in the current government system, 2) misunderstandings regarding abandonment and institutional care, 3) child eligibility for alternative care placements, and 4) partnerships between the government and NGOs. These four themes indicate the importance of discussing the state of alternative care in Uganda within intercountry adoption discourse. The majority of respondents negotiated the current needs and structure of alternative care for children in Uganda throughout each interview, mainstream ICA practices being just one of several placement options.

4.1 Government System Weaknesses

In general, current alternative care and adoption practices are the result of implementation issues at the international level. Instruments such as the CRC and The Hague Convention were created to provide general guidelines for prioritizing safety and wellbeing for children affected by shifting national borders. Both instruments are key documents for legal intercountry adoption considerations, and they help guide domestic policies on alternative care frameworks.

Unfortunately, these instruments do not provide regulation and implementation support, requiring individual governments to provide the adequate oversight.

Although Uganda upholds the CRC and cites it in ICA reporting, the government has yet to ratify the Hague Convention. Despite this, the Ugandan government has recently designed its child welfare policies to conform to Hague standards for future consideration. Childcare frameworks in the country have been carefully researched, and they lay the groundwork for appropriate decision-making relevant to a child's particular needs and best practice. In spite of this, there are discrepancies between the theoretical policy-making and on-the-ground implementation. For example, The Children's Act underlies all child welfare policies and practices in Uganda, including ICA procedures, and yet its application throughout the country is not standardized or monitored. Government publications indicate an awareness of the various factors that make children vulnerable in the country (see Republic of Uganda, MGLSD, 2011a, 2011c) and have targeted focus areas that need development and strengthening. Unfortunately, many child welfare practitioners do not seem to have realized the social and financial benefits of supporting family-based alternative care options, or the long-term benefits of

deinstitutionalization that would remove the high costs of maintaining institutions, and could ultimately strengthen a national child protection system (McCall, 2011).

Lack of oversight for these overarching frameworks creates opportunities for loopholes to develop within the alternative care and adoption systems, consistently threatening legal structures and best-practice models. In Uganda, ICA law states that prospective parents must reside in the country for three years fostering a matched child before the court approves the legal adoption. While there are many foreign couples that have chosen to reside in the country on a permanent basis, the majority of ICA adoptions from Uganda have not adhered to this statute. An informal discussion with a representative from UNICEF, while in the field, revealed knowledge of prospective parents who had hired Ugandan families to foster the child in their absence during this mandatory period. Legal guardianship, which permits prospective parents to remove a child from the country within weeks and to complete the adoption abroad, is yet another loophole. According to the government,

“[t]hat whole process isn’t in the Children’s Act” (PI- government)

and results in a misrepresentation of child protection needs to outsiders. The higher the ICA numbers are from a single country, the more it appears that interventions are increasingly needed to resolve an orphan crisis, one that may not actually exist. Exposure to children that have been adopted through ICA alerts individuals to the practice and to fashionable sending countries (often made popular based on accessibility and straightforward paperwork), rather than sending countries publicizing a need for ICA families for their children in need of ICA solutions.

Observation of an increase in the number of children sent abroad from Uganda through intercountry adoption is not a reflection of an inherent need for this practice, but rather demonstrates weaknesses in the current government protection system. This is an issue that even the government is aware of, openly reported in development programming publications such as the *Social Development Sector Strategic Investment Plan 2011/12 – 2015/16* (SDIP-2). With only 0.5% of national level funding directed towards the Social Development Sector (Republic of Uganda, MGLSD, 2011a), the MGLSD is one of the least funded ministries in the Ugandan government. Yet, the ministry is expected to oversee some 2 million OVCs and marginalized groups, the labour market, and social development programs across the country. The ministry does not have the capacity to manage this portfolio effectively, resulting in the current inadequate system.

“They can say ‘We’re going to sensitize parents’, or ‘teach people about national adoption,’ but it will end up remaining on paper. The problem is our government draws plans with many objectives. They are overambitious plans... [T]he major problem with our country [is that] we don’t have enough resources. Resources are limited.” (P6- NGO, residential)

Two respondents who work closely with the government were clear to state that although the Hague Convention could help regulate practice, it is more important for Uganda to improve its internal system before attempting to meet the expectations of an international agreement (P1- government; P2- NGO, advocacy).

“I think we should first get our house in order, and make sure that children which really need an international solution are the ones which we are putting forward for an international solution.” (P1- government)

The internal changes discussed included the termination of legal guardianship applications and establishing a fixed foster time period.⁷

“The problem is not that there is intercountry adoption. The problem is not having the proper processes and procedures to follow to ensure legal and proper adoptions” (P7- NGO, advocacy)

Respondents working with best-practice-oriented NGOs hope that the Alternative Care Framework will provide the impetus for the re-organization of Uganda’s domestic system that is clearly needed. The practitioners interviewed who are incorporating the Alternative Care Framework into their own operations are dedicated to ensuring that the best-interests of the child are met and are in accordance with government guidelines. The Alternative Care Framework could in fact provide a standardized set of expectations for workers and enforcers, thereby reducing the redundant and often overwhelming guidelines that currently exist.

4.1.1 Government Capacity Issues

Policy, as well as government and NGO reports, clearly state that domestic, family-based options are considered a priority over international placements for children, but practitioners are aware that the resources to implement this strategy are weak and the structure for national level oversight is missing (P2- NGO, advocacy). There is little government support to ensure that local Ugandan families are able to adequately care for vulnerable children in their communities,

⁷ There is an on-going debate to reduce this to only one year of fostering.

restricting traditional practices like informal kinship care, as well as modern childcare practices that could provide permanent protection for vulnerable children.

In the current system, government staff is overworked and/or unable to fulfil duties. For example, Uganda's 111 districts have an average population of 200,000 (Republic of Uganda, Ministry of Local Government, n.d.), and each district should have government Probation and Welfare Officers (PWOs). These PWOs are key officials in implementing the Children's Act and overseeing adoption, foster, and resettlement cases - instrumental placement options for a strong domestic alternative care program. Unfortunately, some districts have only one PWO, while 44% are without one at all (Republic of Uganda, MGLSD, 2011a), thereby removing any chance of social work support. These government positions are neither afforded adequate resources nor able to oversee child protection issues effectively.

Participants within NGO, family, and academia categories expressed frustration with these government inadequacies and weaknesses during the interviews. Some indicated failures of PWOs to supervise families; one NGO was critical of child care-orders not issued in a timely manner; other participants mentioned a lack of government inspections to institutions, weak record keeping, and the absence of a centralized database for OVC registration and protection. Ultimately, these government level deficiencies can expose the system to policy neglect. This neglect can result in childcare practices that put children in need of alternative care at a disadvantage by disregarding their eligibility and personal needs for adequate development, perpetuating their vulnerability within society.

4.2 Misunderstandings: Abandonment and Institutional Care

Participant responses were consistent to indicate that child abandonment rates have been increasing in Uganda. This is not simply a result of HIV/AIDS, as so much of the literature maintains (see Freeman & Nkomo, 2006; Roby & Shaw, 2006; Foster, 2000); rather, they state that it is due largely to poverty, to a lack of awareness of alternative options for children, and to public perception.

“I think the greatest problem is lack of awareness and sensitization.” (P4-academia)

There is a general misunderstanding in Uganda that placing children in institutions will provide them with an education, health care, and a chance to succeed in life. The institutions themselves who are in the ‘business’ of childcare help to perpetuate this idea, since the more children they house, the more they can appeal to foreign donors. Local communities are not informed of the harmful developmental outcomes that institutional care has on a child.

An extension of the assumed benefits of institutional care is the opportunity for a child to be adopted by a foreign family. Parents, families, and communities are under the false impression that when it comes to international adoption, the children they relinquish will ultimately return to them after several years. One participant mentioned that the public tend to believe that

“... someone can actually help us look after this child, and the child grows up, the child will come back to us and we shall be in a better situation.” (P3- NGO, residential).

Another participant stated that

“... Africans believe that if you go to the West your life automatically becomes better. So they believe that their children will go to the West, and then they’ll come back when they are better educated, and money and whatever, and they’ll improve the family generally.” (P8- adoptive parent)

It cannot necessarily be claimed that these individuals are acting against the best interests of the child, as they believe that this act is, in fact, an ideal route. There is clearly a misunderstanding that institutional care will lead to ultimate success, and that the situation will benefit everyone involved. Demonstrating the ubiquity of this misunderstanding, nearly all NGO and adoptive parent respondents generalized the public’s assumption that being raised by a Western family is considered to be an opportunity that any child should take if given the chance.

“... [A]ctually if you tell them no, they will think you are depriving them of an opportunity for their children. So because of that, you find that children who are going into international placement are children that don’t require an international placement solution. They require a bit of support, but not that.”
(P2- NGO, advocacy)

Unfortunately, according to the government baseline study from 2012, institutions are creating a larger issue by providing inadequate childcare support (Riley, 2012):

- 78% of existing residential institutions are not registered with the MGLSD
- 62% have no social work staff
- 52% have no alternative care program
- 40% have an ICA program

22% are set up solely for ICA business

10% have a foster care program

7% have a domestic adoption program.

Most institutions are not giving these children support for social development, as they provide only the very basic necessities to an overwhelming number of children across the country. Over 80% of children are placed in institutions due to abandonment (Walakira et al., 2014), which demonstrates a prevalent lack of awareness and inadequate support to family-based care.

4.2.1 Loss of Community Responsibility

According to respondents, child abandonment rates reflect a fragmentation in traditional kinship care. In previous eras, family members, neighbours or community members would have likely cared for OVCs. Now there is a discernible loss of individual and shared responsibility. Children who are in vulnerable situations are not necessarily taken in and raised within neighbouring households, but are immediately sent to childcare institutions by the very people who are meant to oversee their protection and welfare. One participant explained that

“... many people think that’s where the child belongs. They never really think beyond the... child having a life, the child having a family beyond the institution. They just think if the child is abandoned, take the child to a babies home.” (P7- NGO, advocacy)

During one interview, a staff member at a government-registered childcare institution recounted a recent incident concerning an attempted abandonment. The uncle of a child had driven to the institution, *“in a Porsche car, by the way,”* with the 15-month-old. He was planning to leave the

child at the institution on behalf of the father. The father, he said, was willing to pay the organization a significant sum to take the child until it reached the age of five, when the child could then go on to boarding school. Appalled at the request, the staff member suggested that with the money, the father should instead hire a nanny for the house where they could care for the child in their home *“and the child will be safe.”* The uncle was *“eager to get rid of the child”* and kept pushing for other suggestions. The staff member managed to talk to the man *“about the laws and the framework that [have] changed, and that the purpose is not taking the child and keeping them from families, but actually returning them to families.”* The attempt at abandoning a family member does not bode well for a neighbour’s child who may find itself in need of alternative care.

“It’s that sense of everyone does not want to take responsibility and they are trying to push it away.” (P13- adoptive parent)

There are clearly obstacles to overcome in the attitudes of the general public before domestic alternatives are understood and accepted by individuals in Uganda.

Each participant in this study was asked how he or she considered traditional systems of childcare, such as kinship care, to be changing. The general consensus was that abandonment is on the rise, kinship care is weakening, and reliable government support is minimal. Informal traditions of fostering orphaned children have been prevalent in Uganda for centuries in various forms: households taking in children to strengthen family or political ties, to help with domestic labour, or as an act of community duty (Oleke et al., 2005; Republic of Uganda, MGLSD, 2004). However, these family-based traditions have still not yet embraced foster care as a legal practice, and are being challenged by modern-day pressures. Although prioritizing family placements for

a child may seem self-evident to foreigners, respondents echoed academic discourse on the challenges of sustaining kinship care in Uganda, indicating that family decision-making has shifted over time, causing unnecessary disruptions. The shift in mentality to move away from shared responsibility and family-based care can be correlated to changing family dynamics: extended family members are not informed of a mother's decision to abandon or relinquish a child (P4- academia; P5- NGO, residential), or they may be unwilling to take a child into their own household, as demonstrated by the narrative above. Participants touched on an ongoing lack of support for formal foster care or adoption within the broader community, and the stigma that continues to plague its development (P8- adoptive parent). Still, one third of the participants indicated positive changes: people are slowly beginning to embrace these new and modern childcare practices.

"The couple says in their culture they value girls so much but also believe that adopting a child is one way of helping the nation instead of waiting for someone from the western world to come in." (Anonymous note on an adoption application form)⁸

As I had anticipated as a researcher, the impetus to develop alternative care will remain absent if the community at large does not embrace the benefits of domestic family-based placements. Findings from the research indicate that participants have noticed a social shift towards individuals passing responsibility on to others, which has created an ad-hoc system for childcare in Uganda (P2- NGO advocacy), and resulted in the decline of shared responsibility within communities and family networks.

⁸ Research-based access to these files was given with full consent by Child's i Foundation

“We’ve seen [community decision-making] erode because of the advent of orphanages. That decision process from the community has been disenfranchised from making those decisions because children are just being removed immediately and put into orphanages.” (P1- government)

Changing traditions, coupled with weak government structures, put children at higher risk of falling through the cracks and ending up in circumstances that are inappropriate for their development. If NGOs are relied on, and willing, to step in and take charge of children in precarious situations, then institutions need not alter their disadvantageous practices, and the process of ICA will inevitably continue for children who may not require it.

4.3 Alternative Care and Eligibility

A crucial yet often overlooked factor that indirectly affects alternative care placement and OVC policy is the definition and general interpretation of the term ‘orphan’. Mainstream understanding of this term in the Global North is that of a child deprived of both parents. However, the official conceptualization provided by high-level actors such as UNICEF and The Hague, and throughout much of the developing world, is that an orphan has lost *either* one or both parents (see UN epigraph, Section One). Although there is conflicting data, of the approximate 2.6 million orphans in Uganda, it is estimated that only half these have lost both parents (Republic of Uganda, MGLSD, 2011d; P4- academia), and of these,

“... 90% still have families where they can grow up. So the question would be how do you make sure that these families have the capacity, the knowledge and the skills to look after these children.” (P4- academia)

A substantial number of these children may have supportive family members, but they are nevertheless labelled ‘orphaned’ and placed in an institution, waiting for someone to claim responsibility and guardianship over them. The vague and incongruent definition of orphan creates the perception of a multitude of adoptable children in need of parents and homes (King, 2009).

“I think we need to start talking about child vulnerability rather than the status of a child, whether or not the parents are living or dead... If the parents are dead, the child doesn’t necessarily mean that it’s vulnerable, or needs saving, or needs to be deemed an orphan and included in their 2.4 or 2.6 million orphan statistic which people band about on websites that there’s an orphan crisis. They’ve made it up.” (P1- government)

Numerous children who are sent abroad through ICA do not, in fact, require ICA placements. This is one of the more difficult issues to manage in a fractured system, and it has caused global concern with best-practice childcare actors. In essence, this is one of the most pressing issues within alternative placement programs and intercountry adoption practices in Uganda. Child intervention strategies have evolved in the last three decades, and traditional practices are unable to support the high number of children that require alternative care. Alternative care practitioners do not, in the current system, usually consider the available domestic family-based alternatives for these children, such as reunification or fostering, as outlined in the Alternative Care Framework. Instead, people in positions of authority are primarily sending children to institutions immediately rather than as a last-resort option, where they are kept at these institutions or made available for ICA. One respondent described it as a situation whereby

“... people like to polarize the argument in terms of they’re either brought to institutions or we’ll adopt them into the West. So therefore any attempts to keep them in-country is seen as being bad.” (P1- government)

Children who have been abandoned or come from the streets may only require support to be resettled or fostered within a family, but are instead sent abroad with no effort to trace their past, their families, or their communities. These children are not legally considered eligible for ICA, but, in the current unmonitored system, can nonetheless be matched with a prospective family who has simply been informed of the child’s apparent orphan status and taken abroad. One respondent spoke about the matching process within their ICA-focused institution. Rather than considering the individual child, the child’s needs, and the potential of prospective parents to be able to tend to these needs, this organization explained that matches could be made based on the facial features and desired qualities indicated within the application form. The blatant disregard for the children is only one example of the inconsistencies between policy and practice.

4.3.1 Dimensions of Intercountry Adoption

The most common benefit of ICA practices discussed by respondents was its ability to provide care to children with HIV/AIDS or special needs children who require medical treatment.

Uganda is not equipped to adequately support these children, and the chance for them to thrive in the West where these particular needs are more likely to be met is widely considered an appropriate measure. Mainstream attitudes among educated policy makers and practitioners that ICA is best suited for children with special needs and illness are certainly valid, but are not commonly considered by foreign parents looking to build their ideal family (UN Department of Economic and Social Affairs, 2009). Children would have reasonably better access to health care

and medical treatment, and some participants saw ICA as a way for children to experience new things like language or culture, to get a good education, and to have any chance at success. However, prospective parents who are paying high sums of money for a child, upwards of \$20,000 (USD) in Uganda (Uganda Child Rights NGO Network, 2012), do not necessarily opt for children who will have on-going medical bills, or who will require additional educational or developmental support.

Along with the benefits, potential risks of ICA for children were discussed with participants, and generated mixed responses. In terms of considering a child's loss of cultural traditions and African identity when abroad, the answers generally turned to trans-racial concerns. These included loss of personal and tribe identity, discrimination based on skin colour, and marginalization. There were two respondents who made interesting arguments, however. One adoptive parent, the manager of an institutional care centre, did not foresee identity issues so long as the child was adopted at a young age, or had been abandoned (P15- adoptive family). The other participant, an NGO-based social worker, speculated that issues of cultural identity loss might be less pronounced if ICA procedures were adhered to. In the end, this would mean eligible, older children who had already spent several years growing up in Uganda who would have created lingering memories and a base understanding of their cultural surroundings (P12- NGO, residential). Issues of race and identity are central to the arguments of academics that advocate against mainstream intercountry adoption practices (such as King, 2009); though they are issues contemplated by Ugandans, participants did not consider these to be adequate reasons to suspend ICA and deprive a child of a loving home.

High rates of child abandonment are associated with poverty among young mothers, and there is an obvious lack of necessary support services available to these women in Uganda. While poverty was not a pressing issue for parents who had adopted children, means and capacity are both integral components of a strong domestic adoption program and family-based alternative care options in Uganda. However, domestic adoption itself costs no more than the administrative fees associated with retrieving specific documents. One participant noted that

“[i]n Uganda not everyone is so poor and broke- a lot of families have the money, but they don’t know about any domestic adoption” (P3- NGO, residential)

The domestic adoption agenda as family-based alternative care is still a relatively new one and has not yet been embraced by the general public. There are still numerous efforts required by the government and participating NGOs before the programme can be analysed for success.

4.4 NGO and Government Partnerships

A recurring frustration among nearly all the participants was the ambiguous roles played by NGO and government actors regarding childcare and protection. There is a lack of organization, resulting in disorder among the varying actors and which practices are to be considered appropriate. One respondent from an NGO and one adoptive parent argued that the government is not taking responsibility for its own mandate. One of the respondents stated:

“... that’s our biggest problem I think- government handing over the responsibility to NGOs. And I get the need to maybe share responsibility and delocalize, things like that. But at the end of the day I think they [the

government] have to take an active role, a supervisory role... ” (P7- NGO, advocacy)

The need for better oversight is both a result *of* and a factor contributing *to* the rising number of institutions in the country. The government baseline study shows that there were only 35 childcare institutions in 1996, a number that jumped to over 500 in 2011, and was estimated to be nearer one thousand in reality (P1- government; P4- academia).

The Ugandan government has acknowledged in their various reports the challenges that exist for alternative placement decision-makers, but very little has been done to alter the current system, as the MGLSD continues to be faced with capacity limitations.

“... I think they are trying to do the best they can. Still, there are big gaps here and there, but again when you have a government which doesn't have a very organized system, you'd rather go with what they offer than have nothing in place.” (P4- academia)

Civil society organizations have regularly stepped in to fill service gaps and to substitute for perceived inadequacies within weak government structures - acting as institutional homes cum adoption agencies, child rights advocacy organizations, or government policy lobby groups. Many of these organizations end up playing a dual role working as both policymakers and practitioners. Unfortunately, these NGOs have their own conflicts and limitations. They are predominately foreign run, foreign funded, and implementing foreign agendas, struggling with the ability and authority to substitute for insubstantial domestic service provision. The various processes among NGOs of allocating funding, making decisions, and ranking the numerous advocacy priorities encourage the current ad-hoc system throughout the country. If transparency

for NGO and government level advocacy could be established to ensure complementary targets for vulnerable child protection, then perhaps family-based alternative care programs could ultimately benefit (Republic of Uganda, MGLSD, 2007a). NGOs help to network, campaign, and lobby for best-practice alternative care measures in Uganda, but, like the government, they lack the resources necessary to adequately support the vast population. Few respondents criticized the presence of the innumerable international NGOs in Uganda, but rather focused on two outcomes: 1) the weaknesses within the existing system that lead to breakdowns in policy and practice, and 2) the need for a coordinated effort between government and NGO actors via networks and national campaign strategies.

“.... The network is on the ground, and they are working with the organizations, NGOs, that are complementing the government. Because it should have been the government doing the work that we are doing. But because they are not able to, we come alongside the government and complement in one way or another. So if we have a network that is uniting us, and the network is training us in doing the right thing, it’s sensitizing us about the policies and the right procedures. I think there should be a link between the government and the network, so that it’s strengthened and the government policies are implemented better.” (P5- NGO, residential)

There is a certain amount of difficulty in coordinating numerous NGOs working on separate but related areas (take, for example, UNICEF versus a small local orphanage), not to mention the various government actors with overlapping roles in the process. However, the opportunities that exist for children when NGOs are able to work together with the government should outweigh issues of official agendas. A concerted effort is needed to coordinate and organize the varying

NGOs that exist, remove harmful non-compliant groups, and work in a unified manner to ensure that Ugandan children are provided with adequate protection and alternative care placements suited to their individual needs.

4.4.1 Child's i Foundation: A Critical Appraisal

Child's i Foundation (CiF) has been operating since 2010, and is considered a model for other NGOs working on child welfare and protection in Uganda, demonstrating what can be achieved when best-practice is implemented in line with government policy. To this end, CiF is partly a transition home for babies, and partly a social work centre. Based in Kampala, the organization works throughout the country in various ways. The organization has four projects, implemented by a team of local staff: 1) a transition home for children under two years of age, 2) family support, 3) a resettlement and adoption program, and 4) adoption advocacy campaigns.

1) Malaika Babies Home: The primary role of CiF is to take in and care for a maximum of twenty-five abandoned babies or children who are in precarious situations. The majority of children have been abandoned and referred to the home by hospitals or police officers (Walakira et al., 2014). The children are given a medical examination, and as much detailed information about the child's personal history is recorded. It is the intention of the home to care for children for no more than six months in the hope of tracing the child's family within a month of their arrival and resettling the child, or failing that, to match the child with a foster parent (the majority of these being foster-to-adoption placements). During this tracing month, adverts are placed on radio, in newspapers, and posted around the area where the child was found (when applicable). Social workers interview anyone who was involved in referring the child, and

individuals who may work or live near the area to gather as much information as possible to help trace the family of the child.

2) Family Support: CiF encourages and facilitates income-generating projects when necessary, as well as providing education on child development and hygiene. Once it is determined that a family can provide care for a child, they are supplied with a starter kit of clothes, toys, hygiene products, and basic food staples for the whole family (this is the case for resettlements and adoption matches). After a bonding period, while the child is still at the babies home, and after ensuring a safe environment, the child is placed with its family. There are seven social workers and two family support workers at CiF, each in charge of overseeing the progression of families to counsel and build support both before and after the child is permanently placed within the household.

3) Resettlement and Adoption: Resettlement is the top priority for CiF, and the social workers put a lot of effort into supporting families to ensure a safe, stable environment for the child to return to. In less than two years (from 2010 to 2012), CiF had completed sixty-four resettlements and thirty-five foster-to-adoption matches (Walakira et al., 2014). At the time of my research, none of the fostering families had reached the end of the three-year period, as directed by the Children's Act, and so had not yet legally adopted a child from CiF's babies home.

4) Advocacy: CiF has worked tirelessly on nation wide campaigns. These are a means to promote the work they do and to find families to adopt children, but they also provide a platform to sensitize the country about the damages of abandonment and institutional care, and to promote

family planning. Their childcare procedures are within government policy regulation, and they have worked closely with the MGLSD to implement and advocate for the Alternative Care Framework's Continuum of Care. Focusing on mediums such as radio, national television, billboards, websites and even church services, CiF has attempted to notify the mass public on alternate solutions to child abandonment, ICA and institutional care (Walakira et al., 2014).

Ultimately, the organization has attempted to consider every angle and has established a process that prevents corruption or malpractice. Despite working with the best intentions, and with best-practice models at the forefront, there was an observed disconnect between staff and the organization's role in the implementation of the Alternative Care Framework. None of the three CiF staff members who were interviewed appeared to have more than a rudimentary grasp of the Alternative Care Framework, despite training workshops on the very topic provided by the organization. By contrast, three quarters of the participants from other NGOs referenced it during the interviews prior to any questions with direct reference.

CiF management recognizes and applies best-practice models in its mandate. They hire local social workers who have had previous experience with international NGOs or child protection agencies. They are able to negotiate the field using this experience as well as their knowledge of various dialects that are spoken throughout the country. However, there is an administrative isolation in that the most senior positions are held by (white) European staff who liaise with government and manage top level decision-making. CiF is a UK-based organization with its CEO and administrative staff manifesting Western values of policy knowledge and best-practice, whose attempts to teach local practitioners these same values have so far been limited. Although

the actual work done by CiF is to high standards, the concern lies in the perpetuation of neo-colonial structures and knowledge transference. Despite the benefits of employing local staff, there is a continuing expectation of particular standards, beliefs, and values that conform to the Global North. This could limit the potential reach of the program within Uganda if it does not identify as being culturally appropriate for the local population to which it is accountable, in turn reducing its impact on social development.

The immediate goals and successes of the local CiF staff are inspiring, nonetheless. Each individual is dedicated to finding families for every single one of the children who passes through the babies home and to changing local perceptions on adoption and abandonment. Since the program began in earnest, they have changed the lives of over one hundred children. When the study was conducted, there was a list of ten Ugandan families waiting to be matched with a child for adoption. The organization is highly commended by other NGOs within Kampala, and its efforts to network, to host workshops and to advocate for domestic solutions seem to be gaining ground. Working closely with the MGLSD provides legitimacy to their work and demonstrates to NGOs who may be wary of government involvement that there is common ground for state and civil society. Despite shortcomings in both parties, a unified front for child protection and wellbeing is possible and can change the way in which Ugandan actors implement policy and practice. There is now an urgent need to communicate these advantageous principles and values across the country to all NGOs and childcare practitioners, and to have it resonate within communities.

CiF continues to work at ensuring that their practice follows government policy and resonate within communities as culturally appropriate efforts. It is one organization among a myriad, however, and though it has achieved moderate success with its approach, there is still work to be done to get nation-wide actors working towards these same goals.

The challenges and opportunities presented in this section concerning government regulations, child abandonment and misunderstandings towards institutional care, child eligibility, and the potential in partnerships between government and NGOs are small in scale to the immeasurable scope of issues that affect ICA and alternative care in Uganda. The following section will present several recommendations for future investigation, and conclude the discussion.

Section Five: **Conclusions**

This paper has explored policy and implementation issues, the need for childcare actor partnerships and public sensitization on family-based childcare practices, and perceptions of community responsibility. This section will present a summary of the key findings from the study, recommendations for alternative care stakeholders, as well as considerations for further research.

5.1 Summary of Key Findings

The findings from this study indicate that unregulated government policies can impede alternative care practitioners in Uganda from implementing best-practice models. Redundant domestic guidelines and minimal resources available to government authorities create barriers to the implementation of the Alternative Care Framework and particular international policies such as the ACRWC or the *UN Guidelines for the Alternative Care of Children*. The reconfiguration of internal childcare systems must be considered a priority within Uganda, with investment from both government and NGO actors. Government investment would provide substantial guidance and leadership to establishing family-based alternative care practitioners and to individuals within communities.

Inaccurate information regarding institutional placements and intercountry adoption opportunities currently dominates social awareness of alternative care, which further limits the access of OVCs to appropriate support and protection. Changing attitudes towards community

and family responsibilities, as well as the modern stresses on traditional kinship care, have increased child abandonment and, in turn, the perceived need for institutional care centres.

Issues of child eligibility should be the most crucial considerations for alternative care placements. The majority of children in institutional care have families who are doubtless in need of additional support, but who face a non-existent social welfare program. Many childcare institutions function as businesses, neglecting to promote the benefits of appropriate alternative care for the individual needs of children. ICA as a form of alternative care has beneficial implications for children who require medical assistance or who are otherwise hard to place. It has the potential to be an admirable life-saving and positive operation, but only if implemented to best-practice standards; otherwise, sending children abroad could ultimately result in a harmful and unnecessary practice. A non-orphan child who is sent abroad for, say, monetary gain ends up losing cultural and social ties, a disadvantage in the long-term social development of any sending country.

Government and NGOs actors are faced with numerous capacity issues, limiting their abilities to provide substantial care to vulnerable children and families. Available services have significant gaps that civil society is attempting to bridge, but there is still structural isolation between coordination and accountability, perpetuated by the various alternative care placements and childcare decision-makers.

Despite issues relating to policy implementation and public attitudes with respect to alternative care in Uganda, the system remains invaluable to the children who rely on protection and safety beyond a biological family setting.

5.2 Recommendations

This section presents recommendations directed in particular towards: 1) individuals and community members, 2) NGOs and government actors, and 3) prospective parents who are considering ICA.

(1) Individuals and Communities At Large

The participants of this research felt that the following recommendations should be prioritized in order to reduce child vulnerability. These are largely preventative measures to reduce child abandonment and the perceived need for institutional care.

The top priority for individuals and communities should be that of engaging with social groups to promote family values such as child safety and welfare. Informal assemblies, namely, women's groups, youth groups, and church congregations tend to be collaborative associations united by a sense of collective responsibility. They are likely to share these values with friends, family, and neighbours, thereby disseminating positive knowledge.

Second, citizens should take more responsibility for their surrounding communities. Engagement with neighbours helps to establish shared concern for vulnerable members, and strengthens the value of individuals and children.

Lastly, there is an emerging need for those who have learnt about family planning and birth control to share their knowledge with neighbours and community members, especially teenagers and youth. To target the very root of future social welfare and childcare issues could reduce an overwhelming demand for services and support.

Change is possible, provided that communal investment, be it emotional or financial, can be mobilized.

(2) NGOs and Government Actors

Significant changes are required within the Ugandan government system as a whole, and a network system should be further developed between NGO and government childcare actors, as proposed in Section Four, to standardize practice and coordinate implementation. This is, however, a recommendation that is put forward by numerous Ugandan government publications. This section, therefore, provides initial suggestions for alternative care implementation and childcare support services.

First is the initiation of communications and dialogue between relevant government and NGO actors. Government-based decision-makers must also take into consideration the NGO networks that currently exist, to begin conversations and negotiations to coordinate efforts that can benefit children currently affected by alternative care.

One of the most common suggestions throughout the data collection was to educate the population through national campaigns: inform people about the realities of long-term institutionalization, alternative care programs, and especially the law. Participants in the study were optimistic towards the possibility of increased resources and sensitization of locals on these topics. Understanding how people consider adoption and family-based care is integral to understanding i) how it can be communicated throughout the country and ii) what knowledge gaps exist in civil society in order to generate the space for these alternatives to take root and make positive changes.

Once particular measures are in place, efforts can focus on the numerous support services that are in demand: parental counseling, community monitoring of families in need, and centers for children and young mothers. Training local Ugandans on how to care for children with disabilities, providing support for pregnant teenagers and adoptive families, and basic childcare skills training at all levels would benefit the social welfare sector in the long term.

Finally, officials in Uganda should consider temporarily suspending ICA practices. This paper does not attempt to suggest that ICA should be suspended permanently, as the high number of children who are vulnerable and in need of stable, loving homes is too consistent, and, despite its flaws, ICA does provide an alternative for some children. However, a temporary suspension could allow the government and NGOs to coordinate an efficient internal system, to ensure that only children who require ICA are made eligible, to deinstitutionalize children, and to strengthen domestic adoption practices.

Once these arrangements are in place, then children who require an ICA solution can be processed confidently and safely within a new and compliant ICA system.

(3) Prospective Parents

This paper has provided readers with a basic understanding of the circumstances that can be found within a sending country such as Uganda prior to the initiation of ICA proceedings.

Although this research paper has focused predominately on alternative care practitioners within Uganda, there is an underlying need for the information presented to reach prospective parents who are going abroad to adopt children- no matter what country they are considering.

Foremost, any interested party should do extensive research on the chosen country's child policies and learn as much as possible about the partner agency. Do they support best-practice models? Do they support domestic adoption? How many ICA adoptions do they process each year, and how many domestic adoptions? Is a family trace for each child part of their procedure?

Next, prospective parents should enlist the help of local and objective parties to corroborate the information received from the adoption agency. Corruption is not inherent, but naïve reliance on particular ICA actors to provide clear and reliable information is not recommended.

Individuals who are considering adoption should not enter the process of ICA without personally considering all other options that may be available for the child. Intercountry adoption is a transaction that should be child-centered: considering the individual needs of the child and what is in his or her best-interests.

Lastly, and often unintentionally overlooked, individuals who are considering overseas adoption could consider supporting families within a chosen country rather than removing children to create their own. Adoption can be an altruistic act, but it functions best when ensuring minimal damage and harm to societal structures, family structures, and especially child development.

Orphans do not exist solely because they have lost their entire family. Orphans are oftentimes the consequence of social misunderstandings and misrepresentation. Uganda is in need of a social welfare system to protect and inform individuals, and to support strong domestic development. Investment in a national childcare system rather than in one individual child would go a long way in helping to establish an effective working model.

5.3 Future Research Considerations

Limitations to this research included difficulty accessing respondents, low turnout numbers, as well as challenges negotiating the innumerable aspects of livelihood that are ultimately affected by, and have an effect on, family-based alternative care. Therefore, further exploration of alternative care and ICA could involve the following themes:

(a) Inclusion of the voices and narratives of children affected by alternative care, and especially by ICA. These are the very individuals that rely on and validate the system.

Knowing more about their experiences, their desires, and their expectations would be invaluable to the broader discourse of alternative care.

(b) A further examination of the difficulties associated with placing children in family-based alternative care and the opportunities that ICA could provide to them. The marginalization of

disabled children was frequently referred to throughout the fieldwork. Children with mental or physical disabilities are often abandoned or sent to institutions for care. An examination of their difficulties, as well as the possibility of domestic support, such as medical or educational assistance, would be an asset to the field.

(c) The implementation of a financial incentive program to support domestic adoption and fostering. Providing a cash incentive to families who foster or adopt could encourage domestic change and provide an opportunity for families and children to experience local commitment to OVC care. ICA can be considered a solution for individual children, but it is never a solution to poverty. Hence, the funds spent on ICA proceedings could be more effective if invested in improving family-based care placements within Uganda.

Change and improvement are possible. The determination of actors is in place, and with further investment and dedication, policy and practice have the potential to come together to provide a system that benefits and protects orphaned and vulnerable children in Uganda.

“We’re making baby steps. Uganda is still young; it has a lot to learn. But civil society is being more aggressive in its campaigns to create a better society, to create better systems to take care of children and generally the vulnerable in communities, so I see it changing. Baby steps, but we will get there” (P7 – NGO, advocacy)

Acknowledgements

This Master's Research Paper was submitted in partial fulfilment of the requirements for the degree of Master of Arts in Development Studies, April 2014, at York University, Toronto, Canada. I am grateful to the staff at Child's i Foundation for hosting and facilitating my field research, to all of my research participants in Uganda, and to York University for their input and resource support. Thank you also to my supervisor, Dr. Christina Clark-Kazak, as well as my second reader, Dr. Pablo Idahosa, for their continuous guidance through this process. Their knowledge and advice was greatly appreciated. Most of all, thank you to my family for their encouragement, feedback, and support throughout this experience.

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Appendix A

Government interview questions

Date _____
Participant # _____
Length _____

Definitions and Understanding

1. The term 'family' has many meanings across cultures. How do you think this affects child care policy in Uganda, considering the strong international presence?
2. According to UNICEF, an orphan has lost either one or both of its parents. In the West, an orphan is considered to be a child that has lost both of its parents. What problems do you see arising from these different definitions in how adoption is perceived and processed in Uganda?

Policies

3. What is your department's attitude towards intercountry adoption?
4. Do you believe it is feasible for the government of Uganda to develop community level childcare?
 - a. If yes, how would the government go about implementing this?

Transnational

5. Is intercountry adoption appropriate for Uganda's children today?
 - a. Are there worries that personal and cultural identity loss will be an issue for Ugandan children raised in foreign countries by foreign parents?
 - b. Are there advantages to international adoption?

International Instruments

6. How has the UN's Convention on the Rights of the Child been integrated into intercountry adoption practices in Uganda?
7. Do you have any thoughts on why Uganda has not ratified the Hague Convention?
 - a. Does this make the country vulnerable to external pressure from those making a business out of intercountry adoption?

Adoption

8. Do parents understand that orphanages can lead to permanent displacement of children?
 - a. Does the government provide education about this in rural/urban communities?
 - b. Do families understand that this could result in their child being adopted by a foreign family and raised abroad?
9. What policies and indicators are in place to ensure legal intercountry adoption practices in Uganda?
10. How publicly transparent are intercountry adoption processes here?

Misconduct

11. Do you have the sense that there is an increasing amount of business interest in adoption within Uganda? (increased NGOs etc.)

12. Do you think potential profit can cloud decision-making in foreign-run orphanages? How so?

13. What percentage of the national budget is allocated to programs/ services for orphaned and vulnerable children in Uganda?

Support

14. What kind of support exists for families caring for orphaned children?

a. Is it enough?

Orphanages

15. How many orphanages are in Uganda? In Kampala?

16. Are the majority of children who are adopted, internationally, from urban or rural locations?

17. Is there government regulation for institutions that work with adoption processes?

a. Is it effective?

18. Based on current orphan care policy in Uganda, do you believe that there is enough support for these children to grow up as productive citizens through skills training, or other programs?

Final

Do you have any further comments? Do you have any questions for me?

Appendix B

NGOs: Residential and Advocacy interview questions

Date _____
Participant # _____
Length _____

ADVOCACY NGOs: Short Survey Questions

1. How many years has this program been in Uganda?
2. What services do you provide for families caring for orphaned children?
3. Is enough support being offered to families who care for orphans?
4. In your opinion, who should care for orphaned children in Uganda?
Extended Family [] Institutions [] Government [] Other _____

HOMES: Short Survey Questions

1. How many years has this home been in Uganda? _____
2. How many children live at this facility? _____
3. How many staff are employed here? _____
4. How many local volunteers do you have? _____ How many international volunteers do you have? _____
5. What services (if any) do you provide for families caring for orphaned children?
6. In your opinion, who should care for orphaned children in Uganda?
Extended Family [] Institutions [] Government [] Other _____

CHILD'S i FOUNDATION: Short Survey Questions

1. How many families is CiF working with at the moment? _____
2. Approximately how many families has CiF worked with since it began? _____
3. How many staff are employed here? _____
4. How many local volunteers do you have? _____ How many international volunteers do you have? _____
5. What services (if any) do you provide for families who have adopted?
6. What services (if any) do you provide for families caring for children who have been resettled?
7. Is enough support being offered to families who care for orphans in Uganda?
8. In your opinion, who should care for orphaned children in Uganda?
Extended Family [] Institutions [] Government [] Other _____

Definitions and Understanding

1. The term 'family' has many meanings across cultures and around the world. How do you think this could affect child care policy in Uganda, considering the strong international presence?
2. According to UNICEF, an orphan has lost either one or both of its parents. In the West, an orphan is a child that has lost both of its parents. What problems do you see from these different definitions in how adoption (domestic and international) is perceived and processed in Uganda?

3. How has Uganda adapted to the increasing number of orphans?
4. What improvements could be made towards current orphan care practices?

Policy

5. Do you believe it is the government's duty to provide support for vulnerable children, or can this be left to the care of NGOs in the country?
6. Do you have any thoughts on why Uganda has not yet ratified The Hague Convention on Intercountry Adoption?
 - a. Do you think this makes them vulnerable to external pressure from those making a business of international adoption?

Children

7. Approximately how many children have been brought by their own family (as opposed to being found abandoned) to this home?
 - a. What reasons are given by the family?
8. Do you trace the background of each child that arrives?
 - a. How long does this usually take?
 - b. What happens if the family is found?
9. Do parents understand that orphanage care can be a permanent situation for the child?
10. Is there any relationship between NGOs that work on international adoption in Uganda?
 - b. What are the advantages and disadvantages of this type of relationship?

Issues

11. Are there worries about the loss of personal and cultural identity through international adoption?
12. Do you think international adoption is a good solution to any orphan issues that may exist right now? Which ones/ how so?
13. Do you have the sense that there is an increasing amount of business interest in international adoption from people within Uganda?

Support

14. What help would you like to see offered to families to encourage more formal domestic adoption?
 - a. How would this help orphans in Uganda?
15. Does the government provide enough help to orphan care programs and orphanages? Could you explain?

16. How much, in %, of your budget is received from international donors, how much from Ugandan government?

17. What are some NGOs that provide support to families who have adopted?

18. What could be done at the community level to strengthen kinship so that fewer children are left to the care of orphanages?

Final

Do you have anything to add, or any questions for me?

Appendix C

Adoptive Family interview questions

Date _____

P# _____

Length _____

Short Answer Questions

1. How many people live with you in your home?
 - a. Are you: married single widowed other _____
2. How many children under 18yrs live with you in your home?
 - a. How many of those children are your own biological children?
 - b. How many of those children are adopted? [If applicable]
 - c. How many of your children are in school?
 - d. How many of your children are working?
3. Do you receive any support from the government or from NGO programs for child care?
Government/ NGO/ Both/ None
 - a. What is the purpose of this support?
 - b. What is your occupation?
4. What services do families who have adopted receive from the government?
5. Do families who have adopted receive support from other NGO programs (not CiF)?
 - a. Can you name any other NGOs that work with families who want to adopt?
6. What is your relationship with Child's i Foundation?
7. In your opinion, who should care for orphaned and abandoned children in Uganda?
 Family only Orphanages Communities Government Other

Questions

1. Who do you consider to be a part of your family?
2. What do you know about institutional care for children in Uganda?
3. What do you know about international adoption?
4. The majority of adopted children will be raised by white families in America- what advantages do you think this creates for the child? What disadvantages do you think this creates for the child?
5. Do you think there could be issues relating to personal or cultural identity loss for Ugandan children who are adopted out of the country?
6. What would make international adoption a good option for a child?
7. Why do you think white families come to adopt from Uganda?

8. Do you expect that children adopted by local Ugandans will get treated differently at school? at home? by the community? by the extended family?

9. Do/ will you feel more worried about issues such as money or community traditions with an adopted child?

10. What could your community do to help support you and your family during the adoption process? After a successful adoption?

11. Are there other services that you would like to see available to Ugandan families that adopt by the government or other NGOs?

12. Why did you choose to go through the adoption process with Child's i (as opposed to another home or through another NGO)?

13. Do you have any further comments? Do you have any questions for me?

Appendix D

Academia interview questions

Date _____
Participant # _____
Length _____

1. No one definition exists for the word “family”- Do you think that this could affect childcare in Uganda considering the strong international presence?
2. According to UNICEF, an orphan has lost either one of both of its parents. In the west, an orphan is typically a child that has lost both parents. What problems do you see from these different definitions in how adoption is perceived and processed in Uganda?
3. What do you think could improve in orphan care now?
4. Do parents understand that orphanage care can lead to international adoption?
5. What are the negative and the positive aspects of international adoption for children from Uganda?
6. Is there any worry about the loss of personal and cultural identity for children who are adopted and raised in a foreign country?
7. What help would you like to see offered to families to encourage more domestic adoption?
8. Do you believe that there could be more done at the community level to strengthen kinship so that fewer children are left to the care of orphanages?
9. Do you have any questions for me?

Appendix E

Participant interview details

	Date	Location	Category
P1	May 23, 2013	Kampala	Government
P2	May 27, 2013	Kampala	NGO, advocacy
P3	June 04, 2013	Kampala	NGO, residential
P4	June 05, 2013	Kampala	Academia
P5	June 13, 2013	Kampala	NGO, residential
P6	June 14, 2013	Kampala	NGO, residential
P7	June 20, 2013	Kampala	NGO, advocacy
P8/9	June 25, 2013	Kampala	Adoptive family
P10	June 25, 2013	Kampala	Adoptive family
P11	July 09, 2013	Kampala	NGO, residential
P12	July 17, 2013	Kampala	NGO, residential
P13	July 5, 2013	Email	Adoptive family
P14	June 11, 2013	Email	Adoptive family
P15	June 20, 2013	Email	Adoptive family